What Imagined Futures?

Constructions of Asperger's Syndrome and adult becomings in an age of uncertainty.

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Abstract

What Imagined Futures?: Constructions of Asperger's Syndrome and adult becomings in an age of uncertainty.

This doctoral research examines the intersection between the fluidity of contemporary classifications of Asperger's Syndrome and the uncertainty of modern transitions to adulthood. Through this I explore the historical emergence of contemporary constructions of Asperger's Syndrome in the UK and the impact these have had on our ideas about children and young people diagnosed with the condition. The substantive discussion in the thesis focuses on the analysis of an in-depth ethnographic study into the lives of young men (16 to 19 years of age) living in a specialist residential Further Education college in England. Through a discussion of their lives and experiences I consider the ways in which staff and students at the college construct ideas about what it means to have Asperger's Syndrome and examine the tactics and techniques that staff and students use in the setting to make sense of becoming an adult with a diagnosis of the condition.
In memoriam of Hans Asperger (February 18, 1906 – October 21, 1980).

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On a personal level, I wish to give my deepest thanks to:

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1 Hans Asperger with children at the Kinderklinik Vienna © Medizinische Universität Wien Archiv (Medical University Vienna Archive) 2010.
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Statement of Originality

'This thesis and the work to which it refers are the results of my own efforts. Any ideas, data, images or text resulting from the work of others (whether published or unpublished) are fully identified as such within the work and attributed to their originator in the text, bibliography or in footnotes. This thesis has not been submitted in whole or in part for any other academic degree or professional qualification. I agree that the University has the right to submit my work to the plagiarism detection service TurnitinUK for originality checks. Whether or not drafts have been so-assessed, the University reserves the right to require an electronic version of the final document (as submitted) for assessment as above.'

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Chapter 1: Introduction

An Asperger's kind of behaviour

Over the years, people have used a plethora of expressions to depict children who exhibit socially distant and highly intelligent behaviours and thinking. They have called them *little professors, baby Spocks* (after the well known fictional *Star Trek* character *Mr Spock*), *walking, talking calculators, human ipods* and *human robots* (see Frith, 2003 for further examples). However, increasingly in contemporary British society, we are seeing these descriptions supplemented with the term *Asperger's*.

In its broadest usage, Asperger's has come to describe ways of behaving that are deemed socially awkward or demonstrate a lack of awareness of the rules that govern social interaction. People described in this way are seen as having a social distance from those around them and an apparent inability to empathise with others (Attwood, 2007). This is usually communicated through reference to an intense interest in a specialised area, such as computing, mathematics, science fiction, historical events or transport, what Dinah Murray and colleagues (2005) characterise as *'monotropic'* thought. Further, it is typically suggested that these individuals have an unusual, highly specialised talent in one area, what Darold Treffert (1989) calls 'savant ability'. Thus, when we commonly talk of someone being 'Asperger's', we mean someone that is seen to be highly intelligent; however having a high level of intelligence that leads them to become absorbed in their interests to the detriment of their relations with others.

Asperger's Syndrome

This idea of an Asperger's way of behaving and thinking has come about through the popularisation of a psychiatric diagnosis called 'Asperger's Syndrome'. The classification was introduced and propagated in the English-speaking world through the work of the eminent child psychiatrist, Lorna Wing (1981). Although it was not officially recognised as a psychiatric classification until 1994 (WHO; APA), the condition proved popular with parents and clinicians who were looking for a new way of describing children whom they saw as having a social impairment, but who did not meet the criteria for existing diagnoses.
Lorna Wing (1981), drawing on the work of an Austrian psychiatrist Hans Asperger (1944), coined the term to specifically describe a group of children who had features of, but did not meet the full criteria for, another psychiatric classification called *autism*. Autism, which had been in English-speaking clinical description since (Kanner) 1943, is seen to be a developmental condition where the individual has a low IQ (Intelligence Quotient), has significant delays to their language and communication skills, adopts restrictive and repetitive behaviours, and cannot engage in reciprocal social interaction. Whilst there are similarities between ideas about the two conditions, Asperger's Syndrome is seen to describe, a higher level of intelligence than autism, an ability (even if restricted) to function socially, and scope for a potentially positive future (prognosis). That said, the diagnostic criteria retain similar descriptions of impairment in social interaction (including non verbal communication), stereotyped behaviours, interests and activities that all have a substantive impact on their lives. The distinguishing feature is the perceived level of social functioning: autism being low and Asperger's Syndrome being high.

Because Asperger's Syndrome emerged to describe those children that could not be accounted for in the autism diagnosis, the two classifications have remained in an uncertain, but close, relationship to one another. This has led to a longstanding debate over whether Asperger's Syndrome represents a different and distinct psychiatric condition from High Functioning Autism (HFA) (Wing, 2002). Like autism, clinicians have not been able to identify a definitive biological marker for Asperger's Syndrome, which has led to wider ranging deliberations over its origin (aetiology) (Schreibman, 2006). These include debates over whether the condition derives from an innate genetic disposition (see Nadesan, 2005) or an external environmental trigger (see Fitzpatrick, 2009). As a consequence, to date, diagnosis of the condition has been based on the qualitative assessment of behaviours by clinicians, psychiatrists or psychologists.

At the time it was introduced to the English-Speaking world, Asperger's Syndrome was considered to be a relatively uncommon condition. However, recent studies have suggested a minimum prevalence rate of 3.6 per 1,000 of the population (Ehlers & Gillberg, 1993), which in the United Kingdom would equate to at least
222,451 people. The lack of a biological marker and continued ambiguity around the diagnosis has, however, left many researchers arguing that the actual rate could in fact be much higher (Klin, McPartland & Volkmar, 2005, p.102).

**Asperger’s Syndrome as a cultural phenomenon**

The increased use and awareness of the classification as a diagnosis has led to it penetrating the popular British media and being incorporated into our cultural representations (Murray, 2008). Since the 1990s, there have been a plethora of televised, literary and filmic portrayals of characters with Asperger’s Syndrome (ibid). Iconic films, such as *The Rain Main, Mozart & the Whale* and *Adam*, have created detailed profiles of the thinking and behaviours associated with Asperger’s. Many of these are based on the lives of real people, and in some cases (particularly in the documentary formats) feature the person with Asperger’s themselves (for example, Channel 4, 2010).

In these productions, psychiatric and cultural ideas about Asperger’s interact. The actors, producers, directors, editors, etc have all had professional advice on how to portray a person with Asperger’s and have been coached on what such a person’s likely responses to a given context could be. For example, Donald Treffert, a leading expert on savant ability, was a consultant on Barry Levinson’s production of *The Rain Main* (Feinstein, 2010, p. 232). The writers, directors, etc use the clinical and cultural ideas about Asperger’s to help them to rationalise how the story can unfold. In this way associations are formed between, for example, the Asperger’s mind and criminal detection. Perhaps the most well-known and widely drawn upon contemporary example of this association is *Christopher Boone*, the fictional teenage protagonist in Mark Haddon’s (2004) *The Curious Incident of the Dog in the Night-Time*. In the novel, Haddon uses ideas about the Asperger’s mind to shape Christopher’s investigation of the killing of a neighbour’s dog with a pitchfork.

Concurrent with the proliferation of these fictionalised characterisations has been the publication of accounts of the lives of people diagnosed (usually in adolescent or adult life) with Asperger’s Syndrome: Temple Grandin (2006; with Scariano, 1986),

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Donna Williams (1992), Liane Holliday Willey (1999), Kenneth Hall (2000), Luke Jackson (2002), Daniel Tammet (2006), Kamran Nazeer (2006), John Elder Robison (2008) and Jesse Saperstein (2010), to name but a few. These biographies are typically retrospective examinations of the person’s life, in which their behaviours, thoughts, emotions, actions, experiences, etc have been remade in line with psychiatric classifications of Asperger’s Syndrome. These texts are what Mitzi Waltz (2005) calls pathobiographies.

Some authors have extended this practice to remake the lives of famous people as being characterised by Asperger’s. Frequently, the people chosen are thought leaders, political figures, artists and commentators who, despite their perceived strangeness (now characterised as Asperger’s traits), radically changed or characterised a generation of thinkers, scholars, musicians, etc. The lives of Issac Newton, Jonathan Swift, Vincent van Gogh, Adolf Hitler, James Joyce, Bertrand Russell, Andy Warhol, Albert Einstein, Bill Gates and Gordon Brown (see Fitzgerald, 1999, 2000a, 2000b, 2004, 2005; Fries, 2009; James, 2003, 2006; Whelan, 2009; Harris, 2006) have all come under scrutiny. Viktoria Lyons and Michael Fitzgerald (2007) have even gone so far as to suggest that Hans Asperger, the man after whom the psychiatric condition is named, had Asperger’s Syndrome. These explorations give legitimacy to the notion that Asperger’s has a strong association with high intelligence and ability.

The demand for these contemporary and historical biographies over the last two decades can be seen in the specialisation of publishing houses to commission and print these books. One of the most notable examples is Jessica Kingsley Publishers who describe themselves as the recognised ‘leading publisher on autism and Asperger (sic) Syndrome’. Publishers like Jessica Kingsley have increased the availability of self-help guides for both parents and individuals. The early self-help literature focused on the experiences of parents of Asperger’s children and, whilst this has remained a popular and widely consumed genre, more recently there has been a marked turn towards the publication of guides that focus on personal,
parental or professional perspectives of growing up with a diagnosis of Asperger’s Syndrome (Howlin, 2006).

These new books have been created for an adolescent audience and aim to explain to adolescents with Asperger’s how they can be successful in different areas of adult life: everything from employment (Meyer, 2001) to sexual relationships (Hénault, 2006). The internet has opened up to young people with Asperger’s Syndrome new forums by which they can exchange experience, guidance and advice on what it means to grow up with the condition. The growing usage of peer to peer advice sites, such as Wrong Planet⁴ and Aspies for Freedom⁵, has diversified the ways in which people can think and talk about their experiences of growing up. Some national organisations, such as the recent example of the Autism Education Trust’s ‘Den’⁶, have attempted to set up online spaces in which people with Asperger’s can draw on both peer and expert advice about growing up.

**Growing up as Asperger’s**

The new focus on adolescents has been driven, in part, through the fact that many of the parents and clinicians who wrote about their experiences in the late 1980s and 1990s now have, or treat, children who have recently passed through, are in, or are approaching, teenage. This has created a parental and clinical interest in the new challenges that these children’s social impairments may pose in becoming an adult. With this, has come a heightened parental concern over the kinds of adult futures that are open to their Asperger’s children. Nick Lee (2005, p. 16) describes this apprehension as ‘separation anxiety’, where parents become anxious over what will happen to their children when they move towards independent adult living or if parents are no longer able to provide financial, emotional or personal assistance. As such, the self-help publications and guidance aim to rationalise for parents, therapists and young people, what it is like to grow up with Asperger’s, some of the potential challenges they may face in adulthood and what strategies (personal, parental and therapeutic) can be adopted to support people through this transition.

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⁴ For more information see http://www.wrongplanet.net/forums.html Retrieved 01/08/10.
⁵ For more information see http://www.aspiesforfreedom.com/forums.php Retrieved 01/08/10.
⁶ For more information see http://www.autismeducationtrust.org.uk/the-den.aspx Retrieved 01/08/10.
The problematic of growing up in contemporary times

The refocus of information and advice on Asperger’s youth and adulthood reflects a wider anxiety about the position of youth, and ideas of growing up, in modern British society. Recently, there has been intense focus on a range of social phenomena that have been constructed by social commentators and policy makers as symptoms of youth being in crisis. These include the discourses surrounding the issues of antisocial behaviour\textsuperscript{7}, gangs and knife crime (Heale, 2008), the continued anxieties around underachievement of boys (Griffin, 2000) and the number of young people who are not in education, employment or training, referred to in the policy literature as the ‘NEET’ generation (DCSF, DWP, BIS, 2009). All of these debates are unified in their presentation of an idea that modern youth is irresponsible, unnecessarily dependent on others and dangerous (i.e. to the economy or to other members of their community).

This was a sentiment which was embedded and popularised in the work of the Centre for Social Justice (2006) (a centre-right think tank chaired by the now secretary of State for Work and Pensions, the Rt. Hon. Iain Duncan-Smith), which described the decline in young people’s sense of societal and community obligation as an illustration of ‘Broken Britain’. They recommend a wide range of policy and community interventions to re-establish young people’s sense of adult responsibility, ranging from initiatives to deal with feckless fathers to programmes to disincentivise participation in criminal activity and drug taking.

The work of the social theorist Nick Lee (2001, pp. 8-10) has presented an alternative analysis of these youth transitions. He suggests that the important point in this polemic is not a failure of young people themselves, but rather the very ideas of adulthood and youth on which these phenomena are based. Lee claims that the social conditions that brought about the idea of traditional markers of a ‘standard’ and ‘stable’ adulthood (i.e. financial independence, economic participation and marriage) are disappearing and, as such, the notion that young people will achieve these markers is becoming problematic.

\textsuperscript{7} See, for example, the work of the self-entitled Independent Commission on Youth Crime and Antisocial Behaviour: \url{http://www.youthcrimecommission.org.uk/} Retrieved 01/08/10.
Lee (ibid) argues that previously, in the Fordist conception of modernity, the sense of a stable standard adulthood was demarcated by lifelong careers and prescribed gender roles within the family. More recently, there has been a shift towards a flexible, network and knowledge-based society characterised by shorter career pathways, more fluidic relationships and a plurality of identities available for young people to draw upon (ibid, pp. 11-19). Nick Lee characterises this as an ‘age of uncertainty’. This change in the way that we orientate ourselves and our lives means that the likelihood of realising these more stable and standard forms of adulthood become obscured. Despite this, he argues (ibid, 2005, p. 1) that the idea of a standard, stable adulthood remains prevalent and dominant within modern British society. As such, children and young people are still seen as adults in the becoming, journeying towards the eventual development of adulthood.

**State intervention in growing up**

The consequence of this is that young people (and in particular adolescents) are trapped in the void between the becoming of standard adults and the modern instability of an adult destination. In this way, their behaviours and actions, which are bound up in this space, are taken up by adults and scrutinised for evidence of (adult) responsibility and independence. In instances where this cannot be ascertained, their lives are open to intervention (2005, pp. 10-11), more recently under the guise of ‘early intervention’ models (Glass, 1999). This position has been instrumental, for example, in the National Autistic Society’s (2008) recent rebranding and major campaign which aimed to highlight (make visible) how, without state intervention, adults with autism and Asperger’s Syndrome cannot be supported to achieve the referents of standard adulthood and the cumulatively negative consequence that this has on their quality of life (see also Jennes-Coussens et al, 2006). A similar opinion is presented in the previous Government’s (Cabinet Office, 2005) aspiration to improve the life chances of disabled people by 2025.

The reason for this, and other advocacy for interventions, is that adults (such as parents, professionals, policy makers, pedagogues, etc) locate value in children’s development into future (adult) contributors (Lee, 2005, p. 9, 11). For some parents, the value may be located in the need for financial, social or emotional support in old age. On a par with this, nation states may construct value in children and the
acquisition of specialised skills as the future workforce of the country. Furthermore, for parents of disabled children this is heightened by the 'separation anxiety' experienced about their child's future (building upon Lee, 2005, p. 16).

Following Nick Lee's (ibid) ideas about the value adult social actors place on children's futures, I would suggest that the sense of legitimacy of intervention in the lives of young people is established though the continued anxiety about the realisation of these children's future (human) value as adults. We can clearly see this sentiment being putting into practice in the social policy adopted by the previous and current UK Government administrations. For example, following the enactment of the Children Act of 2004, the New Labour Government introduced a national outcomes framework for children's services: 'Every Child Matters' (DCSF, 2008). The framework (HM Government, 2004) aimed to specify five broad outcomes that children's service should be orientated towards: being healthy; staying safe; enjoying and achieving; making a positive contribution and achieving economic wellbeing. These five outcomes professed to build resilience, responsibility and contribution into the lives and experiences of English children. For example, interventions that were said to instil positive participatory behaviour outside of school were used to pursue the outcome of 'make a positive contribution' and interventions targeted to get more young people into further education, training and work-preparation were justified for realising the outcome of 'achieve economic wellbeing'.

The new Coalition Government, whilst adopting a very different approach to that outlined in Every Child Matters, has in their programme for Government (HM Government, 2010a) proposed its intention to get young people involved in creating the 'Big Society'. Their notion of the Big Society relies on young people and adults alike, taking an active role in participating and contributing to the development of their local community. The realisation of the value the Coalition Government (2010b) places on young people taking their place in bringing about this vision is articulated in one of its 'flagship' projects, the National Citizen Service. This service will 'provide a programme for 16 year olds to give them a chance to develop the skills needed to be active and responsible citizens, mix with people from different backgrounds, and start getting involved in their communities'. Note the emphasis placed here on 'active' and 'responsible' as markers of adult citizenship, which are in turn measured...
by referents of an idealised (standard) adulthood (community participation, broader life experience, etc).

The individualisation of growing up

Whilst these national programmes are now part and parcel of modern state intervention, more recently there has been an increasingly visible shift towards tracking and following individual (rather than collective) transitions and outcomes in adulthood (Beck & Beck-Gernsheim, 2003). For me, this trend is located in a broader social move, which has been described by the social philosopher Ulrich Beck. Beck (1992) writes that contemporary Western societies are characterised by an erosion of collective consciousness and an increase in individualism. In what he calls the 'risk society' individuals become the central unit (Beck-Gernsheim, 2003) of modern life and social value.

In this context state interventions, according to Beck, focus on building individual tactics and strategies for reducing or managing 'risk' of uncertainty of outcome and devolving responsibility of outcome to the individual. In the disability context this is evident in reform of welfare, social care and support. For example, the increasing importance and emphasis placed on Direct Payments and Personal Budgets, where the budget is devolved to the disabled person (or their parent) to enable them to self-direct, self-commission and self-fund support services to increase their choice and control (c.f. DH, 2007; ODI, 2008).

This individualism has, Nick Lee (2005) suggests, affected the traditional cultural locales of individual independence and responsibility. Whereas in Fordist modernity it was the standard adult who was imbued with these characteristics, in contemporary times, and in particular with the advent of the children’s rights movement, more value is being associated with the extent to which children and young people can assert their independence of voice and take responsibility for decisions which affect their lives: what Lee has referred to as the ‘separability’ of the child (ibid, pp. 14, 18-19). Prominence is given to the planning and realisation of individual (rather than collective) trajectories in an attempt to navigate children’s and young people’s multiple possibilities and futures.
Asperger’s and disability transitions to adulthood

In the context of Asperger’s Syndrome, and disability more widely, the expression of individualism has manifested in the rapid growth of a range of interventions that aim to make sense of, and plan for, possible futures for disabled children in adulthood. Collectively these have been called Person-centred Planning (PCP) techniques. PCP is about working with children and key adult decision-makers (parents, authority representatives, educators, etc) to plan for a disabled young person’s transition from children’s services to adult services and mitigating the risks that may arise during this transition (Mount, 1992).

PCP was an attempt by inclusionist pedagogues of the late 1980s, from Canada (Vandercook et al, 1989) and North America (O’Brien & O’Brien, 2000), to replace the overly-medicalised and functional transition planning (which focused primarily on bureaucratic and condition management) with a model which focused on both the child’s needs and social outcomes (O’Brien & O’Brien, 1998). A plethora of resources have been developed to further the use of this technique and aid the development around how these social outcomes can be achieved by young people (Cole & Lloyd, 2005). PCP was adopted later as a formal part of British transition planning, but did not substantively take hold until the later part of the 1990s. The previous Government administration did eventually embed the approach as a core part of social policy relating to future planning strategies for disabled young people in 2001 (DH, 2001) and in 2007 invested significant resources (£19 million) through a Transition Support Programme⁸. This programme aimed at creating a robust evidence base of good practice for practitioners and service commissioners to ensure that ‘disabled young people and their families benefit from intensive, coordinated support and person centred planning’ (HM Treasury & DfES, 2007, p. 7).

The proliferation in the use of PCP and transition support has created a social value to interventions in disabled children’s lives. The aptly named Department of Health (2001, pp. 19, 26) strategy Valuing People extends this by specifying a ‘successful’ transition as an important way of establishing a positive value of the disabled young person by providing a pathway ‘towards a fulfilling and productive adult life’ and

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⁸ For more information about the Transition Support Programme see: http://www.transitionsupportprogramme.org.uk/ Retrieved 09/05/10.
getting as many 'disabled young people as possible to participate in education, training or employment'. A value which was restated in the previous Government’s (2009) update to the strategy, Valuing People Now, and has been further evidenced in a recent National Audit Office (2009) report and instilled in the past Government administration’s (2010c, p. 46) strategy for adults with autism and Asperger’s Syndrome in England9, which states that improving transition planning will ‘give people [with autism and Asperger’s Syndrome] the right start in their adult life’.

Thus, the discourse around transition planning for young people with Asperger’s Syndrome is about ensuring that their human value as participating and preferably contributing adults is established. Despite this bourgeoning of social policy on transition, we are left with the problem that in the age of uncertainty (Lee, 2001) the referents of standard adulthood to which transitioning is oriented (employment, independent living, friendship, love, etc) are flexible and fluid. As a consequence these young people’s futures become (to borrow a phrase from Ian Hacking, 2007) a moving target. Whilst transition planning aims to mitigate the risk of a reduction in the value of the future adult, it cannot fully ensure that the desired outcome will be achieved.

Specifying the research question

Ultimately this problematic leads me to the research question that this thesis aims to investigate. Given the uncertainty about the classification of Asperger’s Syndrome and the individualisation of adulthood in modern British society, how do young people, and the people who support them, make sense of growing up with a diagnosis of the condition? In posing this question I am interested in uncovering the intersections been the constructions of Asperger’s Syndrome, youth, adulthood and futures.

In order to explore this question I will need to do two things. Firstly, consider the historical emergence of contemporary ideas about Asperger’s Syndrome. My aim here is to unearth the macro constructions and reconstructions of Asperger’s Syndrome and the impact they have had on our ideas about children and young

people diagnosed with the condition. Through this I hope to create what Michael Foucault (1972) calls an archaeology of knowledge about Asperger's Syndrome. That is, a history of the knowledge that has been produced about people now described as having Asperger's Syndrome and the factors that have influenced the subsequent development of contemporary ideas about them. The consideration of the archaeology of knowledge will seek to describe regularities, differences and changes in relation to the idea of what it means to be Asperger's in the clinical sense.

Secondly, and more substantively, I will explore micro, localised ideas of young people, and the staff surrounding them, about Asperger's syndrome and growing up with the diagnosis. In this I will look at how people mark contemporary ideas about the diagnosis and growing up onto their lives and the responses that the young people and staff have to this inscription. In doing so, I will be constructing what Michael Foucault calls a history of the present, which examines the everyday practices and technologies in which these ideas operate (Dreyfus & Rabinow, 1982, p. 105). This is achieved through the analysis of an in-depth ethnographic study into the lives of young men (16 to 19 years of age) living in a specialist residential Further Education college in England for young people with Asperger's Syndrome. Through a discussion of their lives and experiences, I consider the ways in which staff and students at the college construct ideas about what it means to have Asperger's Syndrome and grow up with the label. I further look at the tactics and techniques that staff and students use in the setting to make sense of becoming an adult with a diagnosis.

A question of focus
The work in this thesis represents a social constructionist (Hacking, 1999) contribution to understanding the phenomena that surrounds the diagnosis of Asperger's Syndrome. As such, questions which relate to the internal physiology of the mind – be it biological, genetic, neurological – or the issue of causes of the behaviours that are seen to be symptomatic of Asperger's Syndrome, are not the ones I aim to address. The reader can find numerous accounts and discussions of these in dedicated texts on the subject of diagnosis, cause and therapy (such as Feinstein, 2010).
As a sociologist, I analyse scientific discourse in order to uncover a range of underlying assumptions within it. I draw upon historical and ethnographic data to understand how these assumptions form the foundation for the creation of a 'reality' about the condition that becomes embedded in the politics of discourse and social performance (Foucault, 1990 [1984]). The ideas I explore in subsequent chapters of the thesis are concerned with why the idea of Asperger's Syndrome has arisen in our society, why it has been constructed in the ways it has at particular moments in time, what were the drivers for these constructions, what society makes of people who have been identified and diagnosed with the condition and, in turn, how these individuals react to the position they find themselves in.
Chapter 2: The making of Asperger's Syndrome and the constructions of autistic futures

Introduction
The classification of 'Asperger's Syndrome' has become a widely accepted diagnostic category used to describe people who are perceived to have marked impairments in social interaction, behaviour and thinking (Attwood, 2007). People who receive or seek a diagnosis are repeatedly characterised as being socially withdrawn, lacking in empathetic understanding and displaying inappropriate interpersonal behaviours (Howlin, 2004). The label and the impairments associated with it have become commonplace descriptors in the professional repertoires of psychiatrists (APA, 1994), psychologists (Frith, 1991) and therapists (Fitzpatrick, 2009) working in the UK.

Despite this frequent usage of the classification in British society, Majia Holmer Nadesan (2005) reminds us that the ideas associated with Asperger's Syndrome were not in our collective consciousness and were not even describable, until the 1940s, and not really observable in the English-speaking world until the late 1980s. If she is right, how is it that we can now think, watch, read about, describe and interact with this kind of person? The social philosopher, Ian Hacking (1999; 2007, pp. 288-289), in his exploration of the construction (or what he calls making) of different kinds of people offers an answer to this question. Following the work of Michael Foucault (1981), he (1999) suggests that in order for a kind of person to become knowable in society, we first must have a language by which we can describe them. Only through their description can we construct an idea of what the kind of person is.

Hacking uses a number of examples to illustrate this including a discussion of several mental health conditions (1995a; 1998). However, in my opinion, his clearest articulation of this is in his exploration of the 'making of child abuse' (1991; 1992). In this work, he differentiates between objects (behaviours, such as the act itself, or, practices, of child abuse) and the concept, classification or rather idea of 'child abuser', 'child abusers' and 'child abuse victims'. He argues that the concept of 'child abuser' and 'child abuse victim' are kinds of people that have been constructed from the historical development of the idea of 'child abuse'.
Without this core idea of ‘child abuse’, he claims, there would not be these kinds of people in our society. In this he is not saying that the objects would not exist (that is the act of, for example, an adult touching a child’s genitalia), but rather they would not be described as ‘child abuse’ and would not give rise to subject positions relating to it (‘the abuser’ or ‘victim’). Because the idea of ‘child abuse’ does exist in society, it enables individuals and groups of people to remake their experiences in relation to it. Thus, once we have the classification, a language, of ‘child abuse’, we get the notion that there is a definite type of person related to it (the ‘child abuser’ for example) and this kind of person becomes reified through our practices, beliefs and structures that we build around them (child protection, vetting procedures, etc) (1999, p. 27). Hacking (ibid, p. 10), however, writes that these ideas do not operate in a vacuum and that they are made and remade in relation to a matrix in which the idea operates (for example, broader constructions of childhood and vulnerability). This matrix refers to the systems, structures and documents (etc) that are constructed to interact with the kind of person that has been made.

Using an approach akin to Hacking’s exploration of child abuse, I aim, in this chapter, to review the literature to explore the genesis of the idea of a classification or kind of person with Asperger’s Syndrome, to see how they have become describable in contemporary British society. I do this in two ways, firstly by considering the emergence of the idea of Asperger’s Syndrome as a describable condition, and secondly, through delving deeper into this emergence and the socio-political contexts surrounding it to consider specific instances which I believe uncover the core underlying preoccupation of the construction of a kind of person who has Asperger’s Syndrome. Through this, I will argue that the central concern is one of imagined futures, and in doing so, will demonstrate the need to investigate this empirically to understand in more substantive detail what it means to be an Asperger’s kind of person in contemporary British society.

The founding of an idea of autism
Much of the contemporary literature presents discussions of Asperger’s Syndrome alongside another diagnostic condition of ‘autism’ (i.e. Frith, 1991). The reason for this, as we will see in this chapter, is that the idea of a distinct condition called
'Asperger's Syndrome' is wrapped up in the historical construction of autism. In unravelling the idea of Asperger's Syndrome in the literature, we will also be considering the ways in which it interacts with autism as both a classification and official diagnostic criteria.

An obvious place to begin the tracking of the idea of autism is in the work of Eugen Bleuler (1910, 1911, 1919), a Swiss psychiatrist (Tölle, 2008), who first coined the term autism in his typification of schizophrenia. Bleuler describes 'autism' as a fundamental symptom of schizophrenia, which is characterised by a loss of contact with reality and is manifested as 'communicative distance', 'repetitive behaviours' and 'withdrawal from the external world'. Bleuler asserts that this loss of contact is something that can be identified through the qualitative psychiatric observation of (autistic) behaviours. These autistic features, he believed, originate from the interaction between an 'organic disease' and 'external factors' (Stanghellini, 2001).

His classification of autism as a symptom of schizophrenia is important as it lays down a number of founding 'truths' about autistic behaviours (see also 1913). The first is that the behaviours are a result of an interaction between the individual’s own organic make up and external, environmental factors. This establishes the notion that causation may, at least in part, exist beyond the individual themselves. It further suggests that there could be an external intervention that could help this group to re-establish their contact and a bi-directional looping, from a lack of contact, to establishing contact, and back again.

Eugen Bleuler’s description of the (autistic) schizophrenic classification permeated across European and American psychiatric communities and was popularised through, in particular, his (1916; 1924) widely used textbook of psychiatry (Lehrbuch der Psychiatrie) that was adopted throughout German-speaking psychiatric establishments to teach students about the fundamentals of psychiatry and included descriptions of his work on schizophrenia (Neumaker, 2003). In this way, his works became the staple diet of any aspiring student of psychiatry in the German-speaking

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world (Kuhn, 2004). His ideas prompted wide debate in European academic and clinical research, triggering a number of further elaborations\(^1\).

One elaboration was in the work of Hans Asperger, who had been a student in Vienna when Bleuler's theories of schizophrenia were part and parcel of the student psychiatrist's curriculum (Asperger-Felder, 2002, p. xi). By 1931, Asperger was working with the Children's Clinic (Kinderklinik) at the University of Vienna (Universität Wien)\(^2\) and it was during these early years at the clinic that he began to construct his ideas about abnormality in childhood and in particular autistic thoughts and behaviours (1938; 1944). For an overview of the historical development of the Kinderklinik see Appendix A. His making of an 'autistic psychopathic' (Autistischen Psychopathen) classification takes place, primarily, over two works that were published in German-language journals in 1938 and 1944 respectively\(^3\).

**Asperger's specification of an autistic psychopathology**

In his 1938 paper\(^4\), Hans Asperger begins to describe a group of children whom he characterises as having a common set of behaviours and thinking. Drawing on his clinical experience and cases from his practice, he constructs a picture of what these children look like, how they think and how they behave. From the outset he develops (as did Bleuler before him) the idea of a distance between the external and the inner world of the children he was observing, writing that they are 'switched off' and that their 'relations to the world [are] restricted' (ibid, p. 1317). The restrictive contact with, and social distance from, the external world is extended through Asperger's characterisation of these children being typically 'peculiar', 'loners', who 'do not strive for community' and whose social and physical 'clumsiness' is evident in their lack of social relationships (ibid. p. 1316). What is important here is that Asperger places

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\(^1\) For example Eugene Minkowski's phenomenological construction, 1926; 1927.

\(^2\) The earlier stages of Hans Asperger's academic career are rather clouded, with scholars and historians offering contradictory accounts and dates (see Feinstein, 2010 for an overview). For example, Asperger's daughter has suggested that he began working at the Children's Hospital of the University of Vienna after graduating from medical school in 1931 (Asperger-Felder, 2002, p xi); conversely Ribas (2004, p. 109), who uses archival data, proposes that he began working at the Children's Hospital and seeing cases around 1926. Adam Feinstein (ibid, p. 15) seems to have settled on 1932, based on a radio interview given by Asperger in 1974.

\(^3\) In the Wiener Klinische Wochenschrift, and Archiv fur Psychiatrie und Nervenkrankheiten, respectively. The 1938 paper was a published version of a speech delivered at the University Hospital of Vienna on 3rd October 1938 (Feinstein, 2010, p. 10).

\(^4\) All translations of the original 1938 paper were taken from consultation with native German-language speakers and translators when necessary.
importance on the interaction context for identifying and understanding the
behaviours and thinking he describes.

Whereas Bleuler (1910; 1911) had suggested that the autistic schizophrenic had lost
contact with reality, Asperger (1938. p. 1316) argues that these children never had
this contact, or ‘instinctive’ social understanding. This feature of the Asperger’s
autistic type created a distinction from the schizophrenic (autistic) symptom and
suggests a distinctive kind of person, that Asperger (ibid. p. 1316) describes as
Autistischen Psychopathen or autistic psychopaths.

The mutual conditions of special ability and sensitivity
Parting company from the popular use of individual psychology\(^{15}\) at the time he was
writing, Asperger conveys a much closer and interdependent relationship between
the ideas of ‘ability’ and ‘inability’, and thus ‘normality’ and ‘abnormality’. He (ibid. p.
1316) writes: ‘but there is one thing in these so badly restricted personalities... that is
very often not only disturbed, but even outstandingly well developed’. The idea of this
‘disturbance’ being a simultaneous expression of a highly developed ‘intelligence’ is
central to his autistic psychopathic. He goes on to characterise the features of this
intelligence as the ‘capacity to think logically’ with ‘astoundingly mature special...
often very scientific... or technical interests’ (ibid). What Asperger is saying here is
that there is a mutual expression and close interrelationship between the children’s
restricted relationship with their external environment and their inner intelligence. It is
this ‘intelligence’ which marks this group of children as ‘weird, strange and eccentric’
(ibid).

These technical interests, this intelligence, this special ability, is complementary to
the socially restricted behaviours. Asperger (ibid, p. 1315) extends this sentiment
further by claiming that the child ‘pays’ for their special abilities with their socially
distanced behaviours. He argues that: ‘children who are extraordinarily gifted with un-
child-like intelligence have to pay for this, their richness, with special inner difficulties,
also with psychopathic features’ (ibid). This same sentiment is reiterated and
reversed elsewhere in the paper through his assertion (ibid) that ‘the difficulties this

\(^{15}\) Such as the work of the Viennese practitioner, Alfred Adler (1920; 1928a; 1928b).
boy has with himself as well as with his relationships to the world, are the price he has to pay for his special gifts'.

The use of the words 'gift' and 'richness' imply a positive value of the intelligence, whereas the use of 'pay', 'price' and 'difficulties' suggests a loss of value. Taken together, this mutual conditionality can be seen as a trade-off between positive and negative values. It is in this point that Asperger clarifies his distinction between 'abnormality' and 'inferiority'. He challenges the idea that these children 'hyper-compensate' for their feelings of inferiority, resulting from their organic difficulty, by developing 'extraordinary mental performance'. Asperger does not believe that these features of intelligence emerge from an attempt to 'save' themselves from feelings of innate inferiority, but rather are a core part of the abnormality, their value, the 'autistic psychopathy' itself.

He is not simply correlating the restricted behaviours with the special intelligence, but rather is suggesting that they are intrinsically connected, and more that they have a mutually conditional value. They are part of the same condition, they constitute (taken together) a 'homogenously laid out personality'. They are mutual expressions of the same autistic psychopathic person: an 'intellectually extraordinary gifted child... with multiple physical and psychological sensitivities' (ibid). Asperger is constructing a kind of person who is constituted by two mutually inter-dependant features of one condition. As he wrote (ibid): 'this boy's positive and negative features are two naturally necessary, connected aspects of one'. The use of the word 'necessary' is conceptually essential as it establishes an idea in which one feature cannot exist without the other.

Thus, Asperger (ibid, p. 1314) is able to argue that 'not everything that steps out of the line, and thus is “abnormal”, must necessarily be “inferior”'. He accepts that this group of children are abnormal (it is the basic premise of the paper); however, he chooses not to characterise this difference as an inferiority; rather as offering multiple possibilities. Asperger's positioning of these mutually conditional features means that the child's 'capabilities', 'failures', 'possibilities' and 'dangers' are

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16 I will suggest later in this chapter that this has more to do with the socio-political framing of this argument, rather than a diagnostic specification by Asperger.
complexly bound together (ibid, p. 1315). The binding of both positive and negative possibilities, outcomes and values leads to the suggestion that the whole condition needs to be addressed when attempting to construct positive outcomes and value for this kind of child. This is markedly different from Bleuler's suggestion that the emphasis should be on re-establishing a contact with reality. For Asperger, the two features of the child's condition are the reality and, as such, it is both elements that need to be engaged.

The social value of autistic thinking
Asperger builds on the notion of the social worth (value) of these children by presenting the potential that autistic intelligence offers for the benefit of society. He describes a hypertrophied (enlarged) intensity of these special interests, which enables the child to achieve 'supreme performances' (ibid, p. 1316). Developing this further, Asperger constructs a positive and tangible picture of what these special abilities could lead to: 'who would not know the autistic scientist, who, for his clumsiness and instinct, has become a caricature, but who can perform the extraordinary or at least bring forward his often pretty restricted special field' (ibid). Asperger claims that whilst these behaviours may seem strange, they only become visible in social interaction and are not necessarily problematic. For in another context the 'autistic originality' (behaviour and thinking) of a scientist (for example) seems 'weird, strange and useless' (ibid). In other words, the social good of these children's 'unique' way of thinking outweighs their strange behaviours, which are mutually dependent on it. Asperger is claiming that psychiatrists' assessments of the social value of these children's thinking should not be undermined by their 'abnormal' behaviour; rather it is the mutual conditionality of the behaviour and thinking that should be seen as socially beneficial in its entirety.

The centrality of the doctor as educator
Asperger dedicates the final third of his paper to a discussion of the type of physician who can effectively support these children. The narrative begins with a reassertion that the prognosis of these children is determined by the support, growth and cultivation that their doctors can offer them. Here, he is attempting to persuade his fellow paediatricians in Vienna that they should be teaching these children to 'bear' or understand their 'difficulties' and 'train' them to utilise their 'special problems'
through the manifestation of 'special performances' of autistic thinking. He goes further, specifying that the doctor, in supporting the child, must ensure they give to him the 'consciousness, that he is not ill, but responsible'. The use of the word 'responsible' here is important as it denotes that the child must actively understand their condition and actively engage in managing it.

Asperger is trying to reach out to fellow psychiatrists and paediatricians to persuade them to become not only the physicians, but also the educators, of abnormal children. It is through welfare-pedagogical means that Asperger sees the doctor's support coming to fruition. Through 'suggestive therapy; Asperger argues that the practitioner can build trust with their patients and 'force the child into the right course'. By guiding and suggesting ways of interacting and providing education on social 'etiquette', these children could learn how to use their 'special abilities' and develop techniques to compensate for their 'difficulties'. The more that the doctor educates and cultivates the children's interaction with their environment the more positive results could be. Asperger (ibid) states this education 'could lure out, what good predispositions there may exist; they could also avoid further damage'.

The style of medical practitioner that is created in Asperger's paper is one that understands, but does not dwell, on the organic basis of the autistic psychopathic thinking and behaviours of this group of children. Rather they recognise and concentrate their intervention, as both physicians and pedagogues, on the cultivation of the child's own special abilities and educate them about how they can improve their interaction and contact with others. What is important about this argument is that it makes the case for the doctor to be considered as an expert of the social domain, working with patients to find a social use for their intelligence and mitigate the impact of their unusual social interactions. In this, Asperger argues, the practitioner would recognise the social value of these special abilities, but also the contribution that the child could make to society.

17 This approach was based on the work of his predecessor at the clinic, Erwin Lazar (1913; 1925). Asperger published his own ideas about the approach called Heilpädagogik in 1956. Whilst he was advocating this approach in the 1938 paper, the only reference made to Heilpädagogik is in the descriptor of the institution where the author is based.
Asperger's specification of the autistic psychopathology

In 1944, Asperger published what was to become known as his landmark paper on autistic psychopathy in childhood (see Feinstein, 2010). In this paper, he strengthens the previous characteristic by providing focused detail and illustration through his discussion of four cases of young boys who attended his clinic: Fritz V., Harro L., Ernst K. and Hellmuth L. At least one of these children (Frith V.) was referred to the clinic in 1939 (1991 [1944], p. 39), just a year after the publication of Asperger's first paper. As such, there is a close relationship between his first articulation in the 1938 paper and subsequent discussion in this one of 1944. As much of this paper explores in more depth previous features of his construction, I will refrain from a reanalysis, but rather consider the four additional or reworked features that appear in this paper: problematic infantile sexuality; male intelligence; hereditary abnormality and the proof of social contribution and outcomes.

Constructing an infantile sexuality

The first new feature focuses on Asperger's description of what he considers to be a pathological infantile sexuality. Throughout his cases, he highlights instances of childhood sexuality, which he uses to illustrate the children's lack of understanding in their interactions with the external world. A clear example of this is in the discussion of Harro L.; an eight and a half year old boy referred to the clinic as his school thought him unmanageable. Asperger (1991[1944], p. 51) writes that

'On a more unpleasant note, [the child] also showed his social unconcern in sexual play with other boys, allegedly going as far as homosexual acts, coitus [penetrative] attempts... for about a year he had been masturbating a good deal... any feelings of shame or guilt are largely absent'

Asperger uses this manifestation of infantile sexual behaviour as a marker of pathological thought. Note, however, that whilst this behaviour is perceived as 'unpleasant', and presumably unwanted by his parents and school (this may have been one of the reasons for his exclusion), the focus of Asperger's narrative remains

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18 All quotations from Asperger's 1944 paper are taken from Lorna Wing's translation (Asperger, 1991).
on the child's demonstrable 'social unconcern' and lack of 'shame or guilt' for the actions.

Whilst there had been a burgeoning of literature and study on infantile sexuality, and in particularly onanism (masturbation), in Vienna during the latter parts of the nineteenth century (c.f. Kraft-Ebing, 1892; Breuer & Freud, 1895; Freud, 1905; 1923, 1929) and the early part of the twentieth century (Shorter, 1977; Danto, 1998), I do not believe that the inclusion of sexuality at this point was necessarily to correlate it to a sexual theory of autism. Rather, it was about providing further detail about the manifestation of the autistic pathology using widely understandable signifiers of male sexual activity in childhood. Thus, the intention, in my reading, would have been to broaden the description of behaviours to include sexual behaviour and distanced sexualized thought (i.e. the lack of shame or guilt). That said, later in the article (1991 [1944], p. 86) he discusses a speculative characteristic of autistic psychopathic adults being hyposexual (have a low sexual drive). His inclusion of these kinds of sexuality may relate to a wider trend that had been set in motion from the late nineteenth century drawing causal links between masturbation and numerous medical 'disorders' (Skultans, 1979, p. 73; Engelhardt, 1974). The anxiety caused by the introduction of ideas about 'masturbatory insanity', and concerns in the nineteenth century about boys' masturbating practices (Turner, 1996, p. 117), led to the publication of advice on how to discourage such practices. This led, in turn, to greater surveillance of boyhood sexuality in family, schooling and medical spheres (Foucault, 1979a).19

Establishing a male intelligence

Connected to the identification of problematic infantile sexuality was the notion that this form of thinking (and behaviour) was gendered. He develops this theme further (1991 [1944], p. 84) by characterising these boys as 'tend[ing] to have a gift for logical ability, abstraction, precise thinking and formulating, and for independent scientific investigation'. This builds on gendered constructions of sex difference in intelligence that were being popularised in the German-speaking world at the time (Goldberg, 1999, pp. 85-101). It was a normative assumption within medical practice

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19 A recent filmic exploration of masturbatory anxiety in childhood, in Germany during this period, can be found in Michael Haneke's (2009) production of Das Weisse Band (The White Ribbon).
at the time to follow the gendered formulation that sex was a biological distinction between male and female. Through the discovery of new psychiatric conditions, it was believed that further fundamental differences between the sexes could be established (Laqueur, 1992, pp. 3-5). Many of these distinctions were based on arguments of differences in levels of intelligence (Hayman, 1998).

In Asperger's classification of the autistic psychopathy, he is specifying that the autistic psychopath is a gendered type, a *male* type. However, it is not just a male kind of person, but an 'extreme male' person. He describes (1991 [1944], p. 84) the autistic thinking and behaviours as an 'extreme variant of male intelligence', as the 'male pattern [of thought] exaggerated to the extreme'. The argument here is that this form of thinking typifies what it means to be male and what it is to be a male. He suggests that the 'logical ability' and the 'precise thinking and formulation' of the male mind becomes abnormal because in this kind of child it is an extremity.

Following the line of argument from the 1938 paper, this can be interpreted as Asperger stating (be it in a more implicit way) that these boys are abnormal but not inferior, as they are demonstrating an exaggeration of normative male thought. In this sense, the inferiority of the child is offset by the value of male thought (rational, controlled, etc), which in this case is attributed a higher value because it is manifested in the 'extreme'.

The notion of an extreme *male* intelligence is extended in Asperger's characterisation of 'malice' and 'calculated naughtiness' (1991 [1944], pp. 43, 46). Note the use of the word 'calculated', as it signifies a distinction between normative ideas of 'boyhood' and 'naughtiness' (Timimi, 2005, pp. 1-33, 64-66) and the abnormal and problematic extreme behaviour he is observing in these psychopathological boys with autistic intelligence. This brings into play a further distinction between the normative boy behaviour of 'mischief' and the more pathological conception of 'malice'.

The differentiating factor that characterises the boys' behaviour as abnormal is the heightened extent to which they are seen to take pleasure in causing harm to others. For example, in the case of Ernest K., Asperger (1991 [1944], p. 61) recounts that 'when the smaller children or the teacher were upset about [his behaviour], he was
only spurred on to further mischief. Here, Asperger is signalling to the reader that the 'normal' inhibitor of continuing this behaviour (upset of others) fails to be effective in deterring the child from 'mischief'. Importantly, Asperger (ibid, p. 83) does not think that this 'malice' is due to a quantitative 'poverty of emotion' (i.e. they do not lack emotions). Rather this is a manifestation of their 'qualitative difference' and a 'disharmony in emotion and disposition'. In this, he is claiming that they do have emotions, but their form of extreme male intelligence (and the lack of social intelligence it brings) means that they are unable to present and manage their emotions in a normal 'disposition'.

This idea of a restricted emotionality relates to wider gendered ideas about boyhood in Western societies. In both popular fiction and child guidance literature at the time Asperger was writing20 (Kidd, 2000), there was a plethora of accounts which constructed three specific ideas about emotions in boyhood (building on Shields et al, 2007). The first of these is that boys are less emotional and empathetic than girls. Secondly, that when boys do exhibit emotion it tends to manifest in an explosive and uncontrollable fashion. Finally, adding a temporal lens, a core aspect of growing up and becoming a man is seen as bringing rationality to, and control over, emotions.

Nicky Hart and colleagues (2006) in their discussion of Attention Deficit Hyperactivity Disorder (ADHD) have similarly shown how contemporary psychiatric and medical practitioners have focused on gendered ideas about what it means to be a boy. In their discussion of the pathologising of 'inattention' and 'hyperactivity' (see also Timimi, 2005), they demonstrate how children are taken up by practitioners as subjects in a medical gaze. In a similar way, Asperger has used normative, gendered ideas about boyhood emotionality to construct the male extremities of these children. In his account, he notes the lack of emotional awareness that these children have in relation to the feelings of others. What is interesting about Asperger's characterisation is that he explicitly writes about intentionality (a rationality) in their behaviours. The references to 'mischief' and 'malice' give the impression of rational control of behaviour and emotion. However, he indicates that these children are only

20 There had been an expansion of interest in the psychology of emotions amongst many of Asperger's contemporaries and particularly those who were part of the Viennese and German-speaking psychoanalytic community: Sigmund Freud, Melanie Klein, etc.
seemingly malicious as it is their lack of emotional understanding of others and their social awkwardness that makes their behaviour seem 'cruel' or 'unkind'.

In constructing this picture of extreme-male (un)emotionality, Asperger is describing, and simultaneously reiterating, two features of his previous argument. Firstly, he is re-establishing the 'un-childlike' intelligence of their behaviour and the seemingly calculated way in which they plan and then recount their actions to staff. This is most evident in the descriptions of a seemingly rationalised maliciousness of these children. Secondly, he is asserting that the lack of emotional understanding is yet another dimension of the impaired social awareness being exhibited in everyday interactions. In doing so, he is signalling that these children's extreme technical intelligence is again mutually conditional on their emotional understanding, as without the technical mind they would have a more normal distribution of male emotion, and vice versa. As we will see to later in this chapter, this conditional gendering of types of intelligence in Hans Asperger's descriptions has had a significant impact on contemporary constructions of an Asperger's diagnosis.

Whilst Asperger's cases and discussion focus on male patients, he does not preclude female children from exhibiting this kind of thinking and behaviours. Rather, he (ibid, p. 85) leaves the possibility of females having the condition open to future study by writing that 'it may be only chance that there are no autistic girls among our cases, or it could be that autistic traits in the female become evident only after puberty. We just don't know'. In this, he suggests the idea of a female case of autistic psychopathy remains an unknown as Asperger and his team have not come across a case in their clinic. Interestingly, he identifies puberty as a possible point of onset for females, which reflect wider anxieties about adolescent bodies at the time and in particular adolescence being a period of discovery of pathology as young people's bodies change (for further discussion see Lesko, 2001).

**Hereditary abnormality**

The third characteristic which Asperger introduces in the 1944 paper is that of 'hereditary abnormality'. This is done through his inclusion of the family background and parentage of the cases he discusses in the paper. He uses this discussion to set out a correlation between the behaviours and thinking of the children and their
parents. For example, in the cases of Fritz V. and Harro L., Asperger notes that their fathers exhibited similar withdrawn and restricted behaviours to their sons.

Extending this further he draws a correlation between the child and any further "behaviour identified in his meetings with the parents or reported through his consultation with one of the parents. In the case of Harro L., Asperger reflects on the fact that he never actually met the mother, something he puts down to the father not wanting her to meet him. This, he insinuates, is due to her own 'abnormal' constitution (Asperger, 1991 [1944], p. 52): 'The mother, whom we never saw... was supposed to be highly strung. In both the father's and mother's families there were said to be many highly strung people'. The use of the words 'both', 'families' and 'many' signals to the reader that Asperger saw a hereditary dimension at play in the organic basis of the autistic psychopathy. This, however, is not explored substantively in his paper.

**Strengthening social contribution**

Finally, Asperger provides further comment on his previous assertion (1938) that these autistic psychopaths can achieve positive outcomes and have a contributory value to society. This is primarily achieved through the use of an adult comparator, which a reader would be able to recognise as making a positive contribution and having a social worth, such as a scientist. It further enables him to counter any assumed negativity of the thinking or behaviours. For example, in his discussion of his observation of these children's obsessive hoarding and collecting of objects, he writes (1991 [1944], p. 82) that by adulthood this becomes a positive and 'rational' characteristic: 'the real collector-type is often an eccentric with pronounced autistic trait[s].'

The final section of his paper outlines the positive outcomes that these children can achieve, stating that whilst their relationship to others remains 'disturbed' in adulthood their 'work performance is excellent' and it is this utilisation of their intelligence that enables them to achieve social contribution and integration (ibid, p. 87). He does not stop there, asserting that they are capable of superior achievement (in positions and performances) at work, which could not be achieved if they did not have this form of thinking (and subsequently behaviour) (ibid, p. 88). It is at this point
that the speculative future of these boys becomes important. The social contribution of the autistic psychopathological child can be realised in adulthood and thus Asperger is building a case for investment in these children now, to realise the social benefits (their contributory value) at a later time (ibid, p. 89).

**Leo Kanner's autism**

At the same time that Hans Asperger was writing his 1944 paper, an Austrian psychiatrist, working at the Children's Psychiatric Service at John Hopkins Hospital in America (Neumaker, 2003; Kanner, 1935), was also describing a classification of 'autism' as a distinct condition. The psychiatrist, Leo Kanner (1943, 1944), discusses the cases of eleven children he had been observing (eight boys and three girls between the ages of two and eight years) as part of his work at the hospital. He identifies these children as differing from his usual referrals, by reference to their common abnormal behaviours.

Broadly speaking, he describes three distinct sets of behaviours which characterise this group of children. Firstly, Kanner (1943, pp. 235, 236, 244) describes their preference for social isolation or 'extreme autistic solitude', and secondly, their insistence on repetitive behaviours and sameness in their social environment. This he characterised as their 'anxiously obsessive desire for the maintenance of sameness', 'limitations in the variety of spontaneous activity' and 'presence of masturbatory orgiastic gratification'. Finally, Kanner writes about what he perceives to be an abnormal use of language. He noted 'monotonous repetitions' and 'personal pronouns are repeated just as heard'. Drawing on our knowledge of Asperger's own descriptions we can see marked similarities to Kanner's descriptions, for example the socially restrictive behaviours and the extensive use of infantile obsessive masturbation to illustrate the characteristics of these children.

Being similarly au fait with Bleuler's (1913) work on schizophrenia and his conception of autism, Kanner writes that 'the condition differs in many respects from all other known instances of childhood schizophrenia' in that there seems to be an 'extreme solitude from the very beginning of life'. In coining the term 'early infantile autism' (1944) Kanner argues, in a similar way to Asperger (1938), that infantile autism constituted a whole, distinctive and 'unique syndrome'. Adopting an approach
similar to that of Asperger, he rejects Bleuler’s schizophrenic characterisation of a loss of contact with reality and rather maintains that this contact never existed in the first place; it is ‘innate’, as he describes it (1943, p. 250).

As Asperger did in his 1944 paper, Kanner describes and discusses the parents and wider family of these children, drawing a correlation between the parents’ behaviours, the families’ intelligence and the behaviours of the children described in his cases. However, unlike Asperger, he does not go as far as to draw a conclusion from this correlation. He characterises the parents (and notably the fathers) of these children as having awkward or restricted social behaviours and being absorbed, although successful, in their careers: four psychiatrists and one ‘brilliant lawyer’ are included in the list. In general, he describes the families as being ‘strongly preoccupied with abstractions of scientific, literary, or artistic nature, and limited in genuine interest in people’ and in a number of cases as being ‘cold’ (Kanner, 1943, pp. 248-250).

Kanner focuses primarily on the identification, discussion and classification of abnormal behaviours, whereas Asperger’s intention was to present both the autistic behaviours and thinking (intelligence) as two constituent parts of his autistic psychopath. Although Kanner does consider intelligence, it is mainly limited to his brief consideration of the results of the children’s IQ (*Intelligence Quotient*) testing. The emphasis on IQ tests themselves are a significant difference to Asperger’s work, in that Asperger advocated that physicians should not overly invest in testing as a way of understanding the autistic thinking he was observing.

Unlike the descriptions provided in Asperger’s paper, Kanner’s commentary lacks substantive reference to a *special ability*. As discussed in the last chapter, for Asperger, the autistic behaviours were complemented by special abilities that if supported and cultivated could provide the basis of a positive future and social participation for these children. He goes further in using successful adult comparators to demonstrate the social contribution their special ability could make (for example, through becoming scientists and technicians). Whilst Kanner does discuss at the end of his paper the intelligent families that the children he is
describing came from, he does not attribute a special ability to these children: something which is reinforced in his follow up study of the children (1971a).

The emergence of the autistic classification in the English-speaking world
The end of the Second World War marked an important moment in the emergence of a distinctive autistic kind of person. Both Leo Kanner and Hans Asperger had set out very different classifications and, given the closeness of their publication, the two ideas should have interacted. Despite this, only Kanner's making of the infantile autistic remained in circulation (c.f. 1951; 1965), whereas Asperger's work became obscured due to the nation-rebuilding activities of Austria after the losses of the Second World War (Cave, 1948). Professor Gilbert Lelord explains (quoted in Feinstein, 2010, p. 18) that 'even though Asperger was undoubtedly a victim of the war, German-language papers were not popular [after the end of the war]'. For this reason, Kanner's were established as the origins of the idea of autistic children, primarily because he was based at a US institution and had published in an English-language journal. This positioning of Kanner's work as the initial description of the autistic classification would have important repercussions when the ideas of Asperger's Syndrome were eventually introduced to the English-speaking world.

Blaming parents
Kanner continued publishing on infantile autism in English-language journals (c.f. 1951) and from the early 1950s gained popularity amongst American and English-speaking European psychiatrists and psychologists (Eisenberg & Kanner, 1956; Eisenberg, 1956; Eveloff, 1960). During the late 1950s and 1960s, the discourse around infantile autism became centred on the aetiology (cause) of the condition (Bettelheim, 1967; Rimland, 1964). During this period, more focus was given to the character and behaviours of the parents of these autistic children (Eisenberg, 1957). This gave rise to a new conception that autistic behaviours of children were determined by the actions, behaviours and emotional state of their parents. This paralleled a wider phenomenon of parent, in particular mother, blaming across Europe and the US (Ladd-Taylor & Umansky, 1998; Eyal, 2010).

The most notorious conception of a parental cause of infantile autism in the literature was proffered by Bruno Bettelheim (1959; 1962). He was building on what he saw as
the parental influence element of Kanner’s initial concept of infantile autism (1943). Kanner, throughout his works, characterises these children’s parents, and in particularly their mothers, as ‘cold’, ‘distanced’, ‘withdrawn’ and lacking a maternal interest in their child (1943; 1944). Although he came to their defence in 1941, later Kanner would write that these children are: ‘kept neatly in refrigerators which did not defrost’ (1973, p. 61). Kanner, however did maintain that this was something in-born and therefore also beyond the mother (1943). Bettelheim popularised the notion of a ‘refrigerator mother’ (Pollak, 1998) by concluding (1967) that children became autistic as a direct result of cold and emotionally distant mothers and absent fathers.

This thesis was, however, soon challenged by the rising parents’ movement and parents’ organisations that evolved in 1960s Britain and the USA (see Eyal et al, 2010 and Feinstein, 2010, for fuller overviews). One of the most well-known challenges came from an American psychologist and parent of an autistic child, Bernard Rimland. In 1964, he published a landmark book confronting what he saw as the falsity of the parental-blame thesis and suggested a neurological basis for autism. This was complemented by the publication of a book by Lorna Wing (1971), a parent and researcher, based in the UK, who challenged the parental causation thesis and promoted alternative causation ideas. She described the positive role that parents could play in their children’s lives. Both promoted the idea that autism was caused by genetic rather than parental factors and their assertions have been supported by subsequent research (c.f. Koegel et al, 1983; Schreibman, 2006). More recently, serious concerns about the quality, legitimacy and accuracy of Bettelheim’s claims have been raised with some writers questioning if the subjects of some of his cases even existed (Pollak, 1998). Despite this, the notion of parental blame for the autistic behaviours that the children exhibited has had a lasting effect on the experiences of parents. The parents’ movement was, however, instrumental and successful (in particular, Wing and Rimland), in ensuring that scientific study was focused on exploring the genetic basis of autism.

The making and remaking of Kanner's autism

The challenges to the parental causation thesis, whilst not exonerating parents totally from blame, refocused academic discourse on the development of official diagnostic criteria for infantile autism (Feinstein, 2010, pp. 76-116). It was not, however, until the third edition of the *American Psychiatric Association's* (1980) *Diagnostic & Statistical Manual* (DSM III)\(^2\) that Kanner's infantile autism was included. The first (1951) and second (1968) editions did not include autism as a distinct classification, but rather as a childhood form of schizophrenia: *schizophrenic reaction, childhood type* and *schizophrenic childhood type*, respectively. However, in these classifications it is noted that 'autism' is the primary manifested symptom (1951, p. 28). The latter does begin to describe some of the key features of Kanner's infantile autism, such as 'autistic, atypical, and withdrawn behaviour' (1968, p. 35).

The sea change came with the inclusion of infantile autism in the ninth edition (1975) of the *World Health Organisation's* (WHO) *International Classification of Diseases* (ICD – 9). Not only does it acknowledge Kanner in its alternative names (*childhood autism, Kanner's syndrome* or *infantile psychosis*), but it draws substantially on his descriptors of the infantile autism, including abnormalities in verbal and non-verbal communication and ritualistic, repetitive behaviours. This marked the first official recognition of infantile autism as a legitimised diagnosis.

The official recognition of infantile autism as a distinct condition from childhood schizophrenia provided the impetus for symbolic changes in the positioning of the classification in the psy-medical literature. For example, in 1979, the well-established *Journal of Autism and Childhood Schizophrenia* became the *Journal of Autism and Developmental Disorders*, to reflect the wider acknowledgement by researchers that infantile autism represented a distinct condition (Schopler et al, 1979). This saw the bourgeoning of a group of academics all claiming that their primary research aims were in the area of autism (such as the work of Rutter, 1978 who influenced the subsequent approach adopted in the DSM III). This is important as it broadened the base of researchers commenting on and remaking Kanner's autism. It also lessened

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\(^2\) The DSM is widely used in both the US and the UK as the authoritative guide of psychiatric classifications.
the extent to which Kanner himself could retain ownership over subsequent remakings.

In 1980, the third edition of the DSM (APA, 1980) reflected the wider discourse that had been revitalised by the inclusion of Kanner's autism in an internationally recognised diagnostic framework (WHO, 1975). The APA did, however, note that their decision to classify infantile autism as a distinct classification remained 'controversial'. The new DSM description contains two categorisations of infantile autism: the 'full syndrome' and the condition in a 'residual state'. The full syndrome is described as having six constituent features; early onset, a pervasive lack of responsiveness to other people, restricted language development and if speech is present, peculiar speech patterns. The children in this making are described as having 'bizarre' responses to various aspects of the environment and importantly the absence of core features of schizophrenia, such as delusions or hallucinations. In contrast, the 'residual state' describes a child who once exhibited the features outlined in the full syndrome, but who no longer displays all the characteristics. This contrast between a full and residual state allowed for a possibility that through 'social adjustment' children could become independent and engage in work in adulthood (APA, 1980, p. 88). Here we see the articulation of an imagined future that has parallels with those described by Hans Asperger. The value of independence and employment are used to signify that through the right kind of intervention these children could have a social worth. There is, however no specification of the factors that determine whether a child will become a 'full' or 'residual' case.

The early considerations of Asperger's ideas of autism

Until 1981, the ideas of Hans Asperger went largely unnoticed. There were, however, a number of authors who recognised the contribution that Asperger's ideas could make to expand understanding of autism. The common feature of these authors is that they spoke and wrote in both the German and English languages. During the 1950s, two Dutch psychiatrists Van Krevelen and Kuipers began to read about Kanner's theorization of autism. Being German-language speakers as well they were exposed to Asperger's publications and began to draw comparisons with Kanner's. In their joint 1962 article, and later in Van Krevelen's independently
authored articles (1962, 1963, 1971), a comparison and distinction is made between Kanner's infantile autism and Asperger's autistic psychopathy.

They see the two classifications as similar, but different, conditions, and reiterate one of the key differences being the variant in closeness to normal sociality and the projected prognosis. In regards to the first, they distinguish between the description of infantile autism which they assert positions the child as living in their own world and the description of the autistic psychopathy that positions the child as lacking an essential intuition that leads to an alternative contact with the world. As Van Krevelen (1971, p. 84) writes, Kanner's child 'lives in a world of his own', whereas Asperger's 'lives in our world in his own way', giving the impression that the children described by Hans Asperger are nearer to normal as it is the way that they interact with the world (rather than their contact) that is different. This is then related to the prognosis for the child, with Kanner's lack of contact being correlated with poor outcomes and Asperger's intuition with potentially better ones.

These sentiments are reflected in the works of Gerhart Bosch (1962), Isaev (with Kagan, 1974; Mnukhin with, 1975) and Asperger (1968) himself. They similarly identify two of the primary differences between Kanner's and Asperger's descriptions as being in the levels of reported intelligence (logical thinking and/or special ability) and prognosis. Asperger's article, however, goes further in asserting the nearer normalness of the children he described by claiming that the behavioural intervention advocated by Kanner would be inappropriate as Kanner's children would be aware enough to 'value their freedom'.

Gary Mesibov and colleagues (2001, p. 16) write that the reason these earlier articles did not have any significant impact on the official construction of autism in the DSM III, despite Van Krevelen writing in English (1962, 1963, 1971), was because autism had not yet become officially recognised until its inclusion in the ICD - 9 and DSM III. This changed with the official recognition of autism in the DSM III.

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23 Hans Asperger's was a German-language article within an international multilingual journal.

24 Asperger also talks in this article about autism existing within a whole range of personality types, which was subsequently taken up by another group of academics revisiting the distinction between autism, schizophrenia and personality disorders. I do not explore this intersection in this chapter as it is beyond the remit of my discussion. For more information see: Kolvin et al, 1971; Isaev & Kagan, 1974; Mnukhin & Isaev, 1975; Wolff & Barlow, 1979; Wolff & Chick, 1980.
and ICD – 9, in that ideas about the condition were communicated to a much wider audience and it focused debate on the usefulness of the official typification. Hans Asperger rejoined the debate (1979) after the official diagnosis writing for the first time in English. He uses the three makers of nearer normalness, special ability and positive prognosis to differentiate his descriptions from Kanner’s.

He talks of the marked higher level of intelligence and ‘extraordinary abilities’ (ibid p. 50) in the ‘areas of logic and abstration’ (ibid, p. 45) of the children he describes. In doing so, he asserts a more positive imagined future than Kanner did for autistic children, writing that ‘they may achieve the highest university professorships or become artists’ (ibid, p. 45). What is interesting about Asperger’s development of his autistic psychopath, using Kanner’s as the comparator, is that the child he describes does have life long ‘quirks’, but also can achieve seemingly beyond normal ‘originality of thought’ and social outcomes (ibid). In this way, Kanner’s construction, and the subsequent official classifications based upon it, becomes a key comparator for Asperger’s autism: in that the reported lower social functioning and outcomes in Kanner’s and the official classification accentuate the usefulness of Asperger’s conceptualisation to aspirations of the parent’s movement and the resolution of clinical and familial reports of higher functioning and better social outcomes on the ground.

A resurgence of Asperger’s ideas
Hans Asperger’s positioning of his autistic psychopath in the 1979 article, in part, influenced the ideas of Lorna Wing. Based on research she conducted in the late 1970s (Wing & Gould, 1979; Wing, 1979), Wing (1981) reappraises Asperger’s description of autism (which she coins as Asperger’s Syndrome) and in her revision agrees with the core tenet of Asperger’s own analysis by asserting that the children he described do not withdraw from society, but rather lack an ability to understand all of the different rules that govern social interaction and appropriate behaviour.

Wing (ibid) writes that whilst some children do have a marked special intelligence, as a result of a ‘narrow, pedantic, literal, but logical, chain of reasoning’ which resulted in an original insight into something, the majority of cases result in inappropriate behaviours and actions. Rather than the positive, participatory and
contributory imagined future that Asperger typified in his accounts, Wing presents a much less clear picture of prognosis, concluding that more comparative research needs to be undertaken to establish the social outcomes of this group. In doing so, she begins to deconstruct Asperger's making of the mutual conditionality of ability and inability. This is an important shift, as until this moment the social impairments of Asperger's autistic psychopath had been characterised as not being able to exist without the special interests and abilities of the children, and vice versa.

Wing states that the causation of the autistic traits is most likely genetic and more common in boys. She further writes that although these autistic conditions could be described as a normal variant of personality (thinking of people who are avid stamp collectors), the very different (and intense) way that these traits manifest, for Wing, suggests a distinct pathology. She agrees with both Kanner and Asperger that children presenting with autistic features are not schizophrenic. However, she does not think that Asperger's Syndrome (as she terms it) should be characterised as a distinct condition from Kanner's autism as it would not be helpful and only stand to complicate the diagnostic classification. Rather, she saw the syndrome that Asperger describes as being part of a wider continuum of autistic conditions on which Kanner's autism (as specified in the DSM and ICD) was also located.

Despite her clear assertion that, in her opinion, and that of other leading researchers in the field (Schopler, 1985; Rutter, 1989, p. 504), there was no clinical merit in creating a distinct classification of 'Asperger's Syndrome' over and above that of autism, many researchers took an interest in her discussion of Asperger's Syndrome and began to develop diagnostic tools to identify and classify it as a distinct condition in their own work (c.f. Gillberg, 1985). Whilst some did claim at the time that there did not 'appear to be sufficient evidence to suggest that the two disorders [Kanner's and Asperger's] are truly distinctive' (Volkmar, Paul & Cohen, 1985, p. 439), they also found the idea of Asperger's Syndrome (as described by Wing) a tool for understanding behaviours that the autism framework could not fully account for.

This led to a fascinating discussion over two letters to, and a response from, the editor (Eric Schopler) in the 1986 (Vol. 16 Num. 4) *Journal of Autism & Developmental Disorders*. Wing (1986), in her open letter to the editor, reflects on
the growing adoption of her term Asperger's Syndrome and its application as denoting a distinct autistic classification in contemporary research and clinical practice. In this letter, she disputes the notion that she should be accredited with introducing the term Asperger's Syndrome to the English-speaking world (citing her references to the work of Van Krevelen). She further restates that there was no clinical need to create a new, distinct, classification of Asperger's Syndrome, but does acknowledge that its introduction has led to useful outcomes. The editor, Eric Schopler (1986, p. 518), in his response, agrees with Wing, asserting that whilst it may have had a slight social benefit, it will only confuse rather than add to the existing diagnostic specification around autism.

The second letter to the editor, in the same edition of the journal, is by Peter Szatmari and colleagues (1986), entitled A Vote for Asperger Syndrome. The authors highlight a number of studies that they see as referring to the diagnostic validity of Asperger's Syndrome as distinctive from autism (ibid, pp. 515-516). They argue that focusing 'rigidly' on the official diagnostic criteria of autism means that researchers and clinicians fail to consider the experiences of a 'fascinating group of "atypical" children lying just outside this category' (ibid, p. 517). Addressing both Lorna Wing's and Eric Schopler's idea that the term 'Asperger's Syndrome' would create diagnostic confusion, they argue that the classification opens up a larger field of enquiry to researchers than the traditional debates surrounding autism and, importantly, that 'sometimes science must proceed by introducing more confusion before a clearer understanding emerges'. Following this, the author suggests that the term Asperger's Syndrome should be retained and explored until a control or cohort study can show that 'autism and Asperger's syndrome have a similar etiology (sic), prognosis, and response to treatment' or otherwise.

Constructing the diagnostics of Asperger's Syndrome

Once the idea of Asperger's Syndrome as a distinct classification from autism had been presented, it gained growing interest and popularity amongst researchers (c.f. Goodman, 1987; Ribas, 2006, p. 7). Despite this, the revised version of the DSM III (APA, 1987, pp. 38-39) did not include the idea of Asperger's Syndrome; however, it does make a number of important changes to the classification of autism. Firstly, it renames the diagnosis Autistic Disorder from infantile autism. In recognition of the
substantive elaboration on the idea since Kanner's original description, it only makes a reference in the historical section to its relation to Kanner's Syndrome (ibid, p. 456). The new diagnostic criteria are more in line with the notion of a core triad of impairments in social interaction, verbal and non-verbal communication and activity or interests, that all observed cases with autistic traits were presenting (see Wing & Gould, 1979; Wing, 1981). Finally, in the DSM III-R there is no clear discussion of Autistic Disorder in a residual state as there was in the DSM III. The authors of the DSM III-R state that this revision of the classification was undertaken to reflect the richer clinical descriptions that had been made since the DSM III was written (APA, 1987, p. 414). This change in name also reflects an acknowledgement of adults with this condition and does not limit the age-range to 'infantile'.

The specificity of a triad of impairments and the lack of a substantive sub-section on a residual state refocused the minds of researchers on the gaps in the official classifications of those people who exhibited in different ways the behaviours outlined in the criteria for Autistic Disorder. It led to the conditions necessary for a further specification of classifications for those who do not fully meet the official diagnosis, a subject which dominated the first international conference on Asperger’s Syndrome that was held in London in 1988 (Attwood, 2007, p. 36). The conference brought together researchers and parents from around the world all of whom had an interest in how a classification of Asperger’s Syndrome could help to explain the behaviours of children and adults with more high-functioning forms of autism and who did not quite fit into existing official criteria. The conference focused researchers’ minds on creating new diagnostic criteria for Asperger’s Syndrome. For example, Digby Tantam (1988, p. 246) notes that Asperger’s Syndrome helps to explain the features of intelligence being seen in studies of children with autistic traits and that the introduction of this classification could stimulate further specification on sub-diagnoses of autistic conditions.

Just a year after the first international conference, two diagnostic criteria were published; one based on studies in Sweden by Christopher Gillberg (with Gillberg, 1989, Gillberg 1991) and the other a Canadian study by Peter Szatmari and colleagues (1989). These diagnostic criteria broadly describe seven features of the condition, including; a social impairment, narrow and restrictive interests, preference
for routines, impairments in both verbal and non-verbal communication, clumsiness and not meeting any of the official classifications of autism. If we return to the gap left by the earlier revision of the official autistic condition and the key distinguishing features that Asperger was writing about (near normalness, special ability and positive prognosis) we can see that just one remains in its entirety. The diagnostic criteria created by Gillberg and Szatmari does articulate a closeness with normality, but refrains from specifying that either a special ability or positive prognosis are core features of a diagnosis of Asperger’s Syndrome. Here we can begin to identify the impact that Wing’s (1981) previous deconstruction of the mutual conditionality of ability and inability had on subsequent remakings of Asperger’s ideas. The lack of emphasis placed on special ability and positive prognosis made a very different kind of person emerge from the diagnostics than the one that Asperger had had in mind when he was describing these children (1938, 1944, 1971): it was a child whose imagined future was unspecified.

**The official making of Asperger’s Syndrome**

Asperger’s Syndrome was introduced as an official classification in the World Health Organisation’s (WHO) tenth edition of the International Classification of Diseases (ICD – 10) and the fourth edition of the DSM. The ICD – 10 (WHO, 1994), in addition to the classifications of Childhood Autism and Atypical Autism, includes the diagnosis of ‘Asperger Syndrome’ (F84.5). It is described as having an ‘uncertain nosological validity’. The use of the term ‘uncertain’ signifies the wider debate over the extent to which Asperger Syndrome should be seen as a distinct classification. This is reflected in the sentence which notes that the traits are of the ‘same type’ as autism. It does, however, note that a difference between the conditions can be made on the presence and use of language and level of cognitive impairment. This narrative portrays Asperger’s Syndrome as a higher functioning form of autism. Whilst this descriptor of nearer normalness is retained, it is important to note that in this classification the other two features Asperger used to distinguish his and Kanner’s descriptions (special ability and positive prognosis) have disappeared in the official construction of the condition.

Similarly, the DSM IV (APA, 1994) introduces a classification of Asperger’s Disorder (299.80), which is described broadly as lifelong impairments in their social interaction
(including non verbal communication) and restricted or stereotyped behaviours, interests and activities, which has an impact on their life and functioning. Unlike the DSM IV criteria for autism, people with Asperger’s Disorder do not present with a language or cognitive developmental delay, though they do exhibit motor clumsiness.

Re-establishing Asperger’s as extreme-male intelligence
The establishment of an official diagnosis of Asperger’s Syndrome coincided with a growing interest amongst psychologists in the idea of Emotional Intelligence (EI). In its original conception, EI was developed to explain the idea that some people have a higher ability to rationalise and control emotions than others. It was claimed that studying this group, and comparing them with people who could not rationalise and control their emotions, uncovered the dynamics of underlying emotional intelligence. The idea of EI has proven popular amongst both popular and clinical psychologists and has led to the production (since the mid-1990s) of a burgeoning industry of testing methods, educational tools, therapeutic manuals, dedicated publications and specialist consultants all offering insight and guidance on how to build your own EI or that of others you work with (c.f. Matthews, Zeidner & Roberts, 2002, 2007; Goleman, 1998).

The clinical discussions about EI have created a plethora of psychological tests to determine an individual’s ability to understand and use emotions effectively (Mayer & Salovey, 1993; 1997; Salovey & Mayer, 1990), as well as how they control and utilise emotions to make sense of, and deal with, the social world around them (Bar-On, 1997; 2006). For example, Jack Mayer & Peter Salovey (1997, p. 11) have developed questionnaires that assess what they see to be the four branches of EI. These branches include (Mayer, Salovey & Caruso, 2002) the ability to perceive emotions, use emotions to facilitate thought, understand emotions, and manage emotions to promote individual growth.

In their discussion of these four branches, Mayer & Salovey (1997, p. 4) outline distinctions between three regions of the mind that they claim have been prevalent in Western thought since the eighteen century: cognition, affect and motivation. The inclusion of affect here is important as it underpins the relationship between the rise
of emotional intelligence and the construction of Asperger's Syndrome. The term *affect*, in the psychological and psychiatric disciplines, refers to the ways in which people show emotion and feeling. This can include hand gesture, facial expression, tone of voice, and choice of verbal expression. Both Hans Asperger (1938, 1944) and Leo Kanner (1943), not to mention the authors who revised their theories, described the children they were writing about as having disorders of *affect*. This has been extended through a wide range of studies focusing on the limited empathy (c.f. Baron-Cohen & Wheelwright, 2004), restricted recognition or expression of emotions (c.f. Grossman et al, 2000), and lack of understanding of emotional motivations for actions (c.f. Baron-Cohen et al, 1997) found in children and adults diagnosed with autism and Asperger's Syndrome.

Megan Boler (1999) has argued that the emergence of EI has made the issue of emotions in social life more visible. Similarly, the social philosopher Frank Furedi (2004) has suggested that this increasing visibility of emotions in the age of uncertainty has resulted in a heightened value being attributed to their expression and control in contemporary society. This is a phenomenon that is evident in the ever growing fields of self-help and self-management guidance and literature. From these two theorists' arguments (ibid, p. 61), I have extrapolated two specific values which accompanied the introduction of EI. The first is the ability to be open about one's feelings and emotions and the second, the ability to have control over one's emotions. Both can be seen as a part of the ongoing legacy of psychoanalysis (i.e. ideas about repression and the subconscious), the popularisation of talking therapies (Rose, 1985), and the proliferation of self-help guides (Rimke, 2000), in Western cultures.

The contemporary values of emotion play an interesting and important part in the gendering of ideas about an Asperger's intelligence. As I highlighted above, in the clinical view, people with Asperger's are seen to have a deficit in the way in which they understand, control and manifest emotion. This links, however, to a wider gendered understanding of male and female brain types in contemporary society (Cameron, 2007). Before looking at the relationship between emotion, gender and the minds of people with Asperger's it is crucial to remind ourselves of the earlier correlations that Asperger made between autistic intelligence and a lack of
emotionality. As I have explored previously, Asperger, in his 1944 paper, draws on popular notions of boyhood to explain the behaviours and thinking he was observing in his exclusively male case studies: 'malice' and 'mischief'. His explanation (1991 [1944], p. 84) for their lack of empathy and emotional understanding was that the 'male pattern [of thought in these children was] exaggerated to the extreme' and therefore, the technical abilities of these children were mutually conditional on their lack of emotional response. The work of Van Krevelen (1963, 1971) picked up on this characterisation and argues that the 'extreme male variant' is one of the key distinguishing features between Kanner's and Asperger's descriptions.

A leading psychologist researching in this area, Professor Simon Baron-Cohen, has recently explained (Feinstein, 2010, p. 217) that the rediscovery of Asperger's hypothesis of an 'extreme male intelligence' provided the impetus for contemporary investigations of Asperger's intelligence. Baron-Cohen's work (c.f. 2004) at the Autism Research Centre (ARC) based in the Section of Developmental Psychiatry at the University of Cambridge is now credited as the leading proponent of what has become to be known as the Extreme Male Brain (EMB) theory of autism.

Baron-Cohen's EMB theory brings together ideas about Asperger's intelligence and genders them with cultural notions of men and women's ability to think and act emotionally. His general thesis (2004) is based on an essentialist notion of a physiological difference between male and female brains. He claims that whilst the female brain is attuned to empathising (E>S), the male brain is primarily a systemiser (S>E). Empathising, in his description, is an essential drive to identify another person's thoughts and emotions, and respond to them through an appropriate emotion of one's own. In contrast, systemising is conceptualised as a technical and mechanical approach to the social world which is not inclined towards empathetic response.

Baron-Cohen writes that many people have neither a male or female brain, but rather a balanced ability to empathise and systemise (E=S). People with Asperger's Syndrome and autism, however, have an extreme form of the male systemizing brain

\[25\] For more information visit http://www.autismresearchcentre.com Retrieved 07/03/07.
(see also Baron-Cohen, 2000). For males, the shift from S type (S>E) to the Extreme S type requires a smaller movement than that of females (E>S), which he says may explain the higher ratio of Asperger’s Syndrome amongst males than females (10:1). In terms of total prevalence, Baron-Cohen writes that 95% of the population have either a balanced (E=S), Female (E>S) or Male (S>E) brain type. The other 5% is split between what he typifies as an EMB and an Extreme Female Brain (EFB) (ibid, p. 170). In this way, the male brain is seen as being close to technical ability and rationality, whereas the female brain is conceptualised as being nearer to emotionality.

In his account, Baron-Cohen focuses on the EMB as his primary interest, leaving discussion of the EFB elusive, hypothetical and unsubstantiated. In his short, hypothetical discussion of the EFB an important assumption of Baron-Cohen’s argument is revealed: he speculates (ibid, pp. 170-175) that the people with the EFB are irrational, hyper-empathic and oversensitive. From the outset, we can see how Baron-Cohen is using conventional ideas about male rationality and female emotionality to construct a division between types of intelligence (technical and emotional). For this reason, Professor Deborah Cameron (2007, p. 6) has criticised the basic premise of his argument, suggesting that beginning with this division exposes his fundamental conflation between the cultural constructions of gender and the physicality of brain-sex. She writes (ibid, pp. 6-11) that from this point onwards his analysis replicates and reproduces a ‘traditional [gendered] doctrine of separate spheres’, where men’s minds enable them to ‘make things’ and women’s help them to understand and ‘serve’ the needs of others. This relates to a wider critique she is making of more popular psychological / self-help theories that position men as rational and women as emotionally uncontrolled26. In this way, the core tenets of his argument conflate a gendered account of Asperger’s thinking and behaviours with the ontological existence of an essential male brain. Baron-Cohen’s argument is only achievable through its unsubstantiated reliance upon cultural narratives about an essentialist, biological brain-sex, which construct a gendered ontology of Asperger’s thought and intelligence.

26 This is particularly evident in her analysis of John Gray’s (1993) *Men are from Mars, Women are from Venus.*
In this there is an important point about the two values that emerge out of the contemporary discourse of emotional intelligence: the expression and control of emotions. In Baron-Cohen's description, Asperger's intelligence relates to an extreme form of systematising, resulting in a deficit in emotions. This leads to a hyper-rationality which is important in its suppression (if not control) of emotions. This hyper-rationality has two positive values: the first is that it is an extreme male variant; and the second is that it can lead to success and achievement in future life. Baron-Cohen illustrates this through his discussion of mathematical and technical professionals that he argues have the attributes of Asperger's Syndrome. This group, he suggests, have gone on to use their systematising Asperger's brain to achieve a positive adult life (ibid, pp. 155-169).

Here and elsewhere (Feinstein, 2010, p. 297), we see Asperger's ideas about the social value of autistic intelligence sneaking back into clinical exploration. We are left with a similar impression to the one we have when we read Asperger's 1938 paper: people with this kind of intelligence (because it is an extremity) have the potential for superior performances of technical (systematising) intellect and as such could have a significant social value. The closeness of the male and EMB in Baron-Cohen's work allows for slippage in that the value of technical intelligence becomes a distinctly male value. In contrast, the closeness between the female and EFB allows for the slippage of values; however, the lack of a positive association means that an extreme understanding of emotions becomes negatively described as over-sentimentality and irrationality. As such, we have a reiterated gendering of emotion: male as rational and female. As Majia Holmer Nadesan (2005, p. 129) explains, in both psychological and popular discourse it is widely accepted that a lack of emotionality, and essentially an autistic / Asperger's mind, is the 'cost men must pay for their technical/analytical superiority'.

The construction of an autistic spectrum
Despite the typification of Asperger's Syndrome as being an extreme variant of the male systematising brain, the nosological uncertainty and the lack of specificity of a positive prognosis in the official classifications of Asperger's Syndrome remained an issue of contention in the 1990s. These debates intersected with an emerging idea that had also been set in train from Lorna Wing's (1981) landmark article. A number
of the early researchers that explored Leo Kanner's classification of autism (such as Lotter, 1966, 1967; Rutter, 1978) had noted that a wide range of children presented different manifestations of autism, so there was a question as to how useful the classifications of autism were in describing those children who did not meet all the necessary criteria. Similarly, Wing (1981) discussed her discomfort in conceptualising autism as one classifiable condition. Furthermore, she claims that the distinction that Van Krevelen (1962) drew between Kanner's and Asperger's descriptions of autism in childhood is too clear cut and that many children fall into a grey area between the two.

Lorna Wing told Adam Feinstein in an interview (2010, pp. 150-151) that, despite her study with Gould (1979) setting out to prove Kanner's notion of autism as a distinct condition, in reality they found that the boundaries between the descriptions were uncertain. They identified just as many children who fitted different mixtures of Kanner's and Asperger's classifications, as those who met either one. This is how they reached their idea that autism existed on a continuum of a triad of impairments in social interaction, social communication and social imagination (see also Wing, 1988, 1993, 1996a). Wing's notion of a continuum proved popular, with some researchers using it to clarify or problematise the distinction between autism, Asperger's Syndrome (Gillberg, 1991), and the possible existence of other variants (Frith, 1991, p. 5). Christopher Gillberg (1991) uses the idea of the autistic continuum to locate Kanner's autism as a more severe form of autism and Asperger's Syndrome as nearer a mild form. As such, the spectrum allowed for the reassertion that the group of children classified under Asperger's Syndrome were nearer to normal than those deemed autistic.

Lorna Wing (1996a; 1996b) has more recently changed her description from a continuum to a spectrum, which is meant to signify that there are many variants on one spectrum rather than number of conditions on a continuum. Her work gave rise to the popularisation of the term Autistic Spectrum Disorder and a plethora of articles exploring the concept of a spectrum around the triad of impairments (Ozonoff et al, 2003). It did, however, add a new classification of person to the mix, which meant that autism, Asperger's Syndrome and Autistic Spectrum Disorder were operating at the same time and began to interact with each other; autism only gave meaning to
Asperger's Syndrome as it was conceived as a more severe variant and taken together they both gave meaning to the spectrum as they conveyed either end of it. Furthermore, the use of a spectrum gives a fixed starting point as normal and scales to complex-pathological. In this sense, the assertions that Wing (1981) had made about autistic traits being present in the wider ‘normal’ population became a necessary precondition of the spectrum, as beyond Asperger's Syndrome was the eccentric, the quirky, the stamp collector and ultimately, everyone else.

I would suggest that this remaking of the autistic classifications (autism and Asperger's Syndrome), as a spectrum reunites the conditions with the normal and, whilst maintaining an innate biological difference, also unites the people described under it. It does, however, risk embedding in the idea of a spectrum a stigma of those on the lower-functioning ends of it. The further away you are from the ‘normal’ functioning the worse your social outcomes. In this, two important things should be noted in the introduction of the idea of an autistic spectrum. The first is that the spectrum does not resolve the uncertainty of the classifications of autism, but rather gives it an axis on which to understand the various manifestations and provides a means by which the tension can be maintained. The second is the shift away from the use of multiple diagnostic criteria towards the use of a triad of impairments to describe the common features of the autistic spectrum. This commonality is important as it begins to negate the need to substantively differentiate between classifications of the higher and lower ends of the spectrum as distinct conditions.

Identifying underlying themes
In the previous sections of this chapter, I have examined the genesis of the idea of Asperger's Syndrome. In doing so, I have explored the ways in which the idea has emerged out of, and interacted with, the notion of a distinct kind of autistic person. As we have seen, most of the literature has been concerned with the causes of autism and Asperger's Syndrome, how the described behaviours and thinking should be dealt with by professionals and what type of therapeutic interventions can be put in place to increase the chance of a positive prognosis. Underlying all of these ideas and revisions of Asperger's Syndrome is a core preoccupation: the interlinking of imagined social futures and the construction of clinical disorders of the social. You may ask how this has become a core preoccupation in the construction of Asperger's
Syndrome. In the following section I will examine the politics of the future within key moments in the genesis of the idea of Asperger's Syndrome. In doing so, I consider the impact that the socio-political context surrounding the ideas has had on both the notions of imagined futures and social impairment.

Hans Asperger's imagining of a positive, contributory future
Firstly, I will consider the social-political context surrounding Hans Asperger's own characterisations of autistic psychopathy (1938, 1944). The publication of the first paper (1938) coincided with the Anschluß (or annexing of Austria) by Nazi Germany in 1938, before the Second World War (Reichmayr, 2004). Following annexing, Austria implemented the Nazi policies of social hygiene through sterilisation and eugenics programmes (policies based on, for example, Binding and Hoche, 1920). The same year as the paper was published, the Town Hall of Vienna founded a department to record genetic or racial 'inferiors' (Friedländer, 2000). This created a eugenic database which became of practical use when, on January 10th 1940, the law for the prevention of hereditary diseases (Berner, 2001, p. 21) came into force in Austria.

The autistic psychopathic classification that emerges from Hans Asperger's descriptions (1938, 1944) is constructed to challenge the negative future (sterilisation or euthanasia) that the eugenics programme meant for the child attending clinics like the one he directed. As Nick Lee (2005, p. 12) notes, without a positive imagined future for children, negative consequences became legitimised and in some cases came about. Asperger's characterisation of a mutual conditionality of the child's negative (behaviours) and positive (thinking) features created the possibility of a purposeful and extensive distinction between 'abnormality' and 'inferiority'. The distinction of 'abnormality' from 'inferiority' is important as it enabled Asperger to signal to the eugenics programmes in Vienna, and those of his own university, that the children he was describing were not 'inferior' and therefore should not be subjected to the practices being encouraged for those with 'hereditary inferiority'.

This construction of abnormal 'ability', over 'inferiority', allows Asperger to describe one of the most important features of his autistic psychopath: the potential for positive social contribution. In the context in which this idea came to operate, it was a
crucial foundation in the case against implementing the social hygiene agendas against disabled children. Asperger brings the social value of these children alive by giving examples of adult comparators, who have the same traits, and who play important roles within society; for instance the socially awkward, but brilliant scientist or professor. In this way he presents positive outcomes for the boys, in which their abilities enable them to achieve ‘supreme performances’.

In describing the child, Asperger also describes the adult to give context to their future potential roles within society. Similarly in his discussion of adults (both hypothetic, real and parents) he uses the child’s thinking and behaviour to make sense of the performance of these adults (the reclusive father or the clumsy, yet highly intelligent scientist). In this moment, the present and imagined future are simultaneously mobilised. The value of these children therefore becomes bound up with their future as contributing adults. Unpicking one from the other, the value and diagnosis, becomes nye on impossible. This is where the efficacy of Asperger’s claim becomes apparent. The child and potential adult become one simultaneous articulation of the same autistic psychopath and as such a physician rejecting treatment of one child would also be rejecting the potential value they could bring to society, and as such is neglecting their own role in the Reich. Linking the investment in these children to nation building is important as it creates a legitimate correlation for policy makers (Lee, 2005). As a result of this, Asperger is able to establish the idea (1938, p. 1314) he begins his paper with that ‘not everything that steps out of line, and thus is “abnormal”, must necessarily be “inferior”’.

Asperger is able to use adulthood as a stabilising comparator for the uncertainties of childhood psychopathy as he draws upon popular constructions of childhood and adulthood at the time he was writing. In this period, and in particular through the practices of psychiatry and paediatrics, the child was conceptualised as an adult in the becoming (Lee, 1998, p. 461). This is part of what Alan Prout and Allison James (1997, pp. 10-14) describe as the dominant framework of ideas about childhood. In this framework, the child is seen as a proto-individual, whose meaning is given by their relationship to a stable, knowable adulthood, what Nick Lee calls a model of ‘standard adulthood’. In this sense, there is an ontological gap between the dichotomies of the child, who is in a state of flux, and the adult, who is in a stable
way of being (Wyness, 2006, pp. 118-120). As Nick Lee (2001, pp. 7-20) suggests, standard adulthood is signified by cultural markers of stable family, work and independent living. These markers are used by society to construct an idea of adulthood as the normative status that childhood is the journey towards (Blatterer, 2007a; 2007b). Interventions in this journey could therefore be seen as influencing the kind of standard adulthood that would be reached.

These interventions in childhood, as advocated by Asperger, were aimed at influencing the becomings of the autistic psychopathic child as they move towards a stable, standardised, imagined adult future. As we have seen, Asperger specified the kind of standard adulthood to which these childhoods could become (the scientist, etc). However, he maintained that the social value of this adulthood can only be realised if the physician is compassionate and pursues a welfare-based pedagogical approach. In this, he is asserting the need for physicians to ensure they adequately understand the mutual conditionality of behaviour and thinking in the autistic psychopath before making a judgement about their future.

This judgement becomes crucial to Asperger’s argument. It has been well documented that medical and psychiatric professionals were key players in the bureaucratic and practical implementation of eugenic principles in the Nazi occupied territories (Dudley & Gale, 2002, p. 188; Muller-Hill, 1988, p. 17). The University of Vienna, through the provisional Dean of the Viennese Medical Faculty, Professor of Anatomy, Eduard Pernkopf (Archiv, 1937/1938), committed to the integration of Hereditary and Race Biology (Erb und Rassenbiologischen) into the curriculum, teaching and research of all departments from 1939 (Neugebauer, 1998). Franz Hamburger, Hans Asperger’s clinical director, made a series of speeches outlining the commitment of the University and the clinic to the Nazi project (Feinstein, 2010, pp. 15, 17).

Suddenly, through his argument for present investment in future potential, Asperger proffers a group of children the possibility of a positive imagined future, a group that under the Nazi regime had no future imagined by psychiatry and the state. Asperger, therefore, creates the idea of an alternative threat to social hygiene, not the individual’s ‘hereditary inferiority’, but an assault from external factors. Asperger
(ibid, p. 1315) writes that the vulnerability stems from the ‘refined senses’ and ‘more sophisticated brain’ of the autistic psychopathic children, which was ‘a too fine instrument’ that was ‘defenceless against an insult from outside’ and could be ‘easily injured by influences from [the wider] environment’. But because of the social value of this thinking, for which he had previously made a case, the focus needs to be the external environment and how it could cultivate the positive features to bring out the social value of the autistic psychopath. Thus, the future of these children is materially bound to effective therapeutic pedagogical intervention.

Parental aspiration and the emergence of Asperger's syndrome
Above, I have discussed how a positive imagined future was essential to Asperger's description of autism as without it there was no argument against the forced euthanasia or sterilisation of these children. In this section, I examine the notion of how a positive future is also mobilised, however, this time to the motivation and impact is very different from that of Asperger's usage. The second historical moment relates to the period just after parents had successfully contested the idea that they had caused their child's autism (Rimland, 1964; Wing, 1971).

Gil Eyal and his colleagues (2010) have recently published an interesting thesis of the centrality of the parents' movement to subsequent revisions of the ideas and classifications of autism. The authors argue that during the 1950s and 1960s in the UK, and more particularly in the USA, autism as a clinical diagnosis became popular amongst parents because of the positive potential that the idea offered. Whilst Kanner's autism was more restricted and did not offer the contributory outcomes suggested in Asperger's description, it did offer a less stigmatising condition than labels of 'Mental Retardation' in the USA and 'Mental Handicap' in the UK that were in operation at the time. The parents' movement pursued a 'diagnostic substitution' (ibid, p. 46) of these stigmatising labels with autism. The authors suggest that when something is less stigmatising it has more currency amongst parents (ibid, p. 55). This demand from parents, and the supplying of assessment from more sympathetic psychologists, led to an increased diagnosis of their children as autistic. This sentiment has also been suggested in the work of Roy Richard Grinker (2007).
According to Eyal et al, the most important feature of this was the making of a new kind of parent: a ‘parent-activist-therapist-researcher’ (2010, p. 172). They suggest, I think accurately, that a group of parents who were also recognised psy-practitioners played an important part in driving the official classification of autism as a separate condition to reduce the stigma that they and their children faced. These parent-activist-therapist-researchers were important actors in the move towards the popularisation and official classification of autism as they could straddle both worlds, bringing legitimate expertise and clinical knowledge to forward causation theories that restricted stigmatisation, and intense experiential knowledge that resonated with the lives of other parents. Eyal et al (2010, pp. 56, 63, 98) claim that these parents helped to reduce the stigmatising impact that deinstitutionalisation, and the increased visibility of these children in local communities, could have had on families. Deinstitutionalisation was eventually embraced by parents who, through the parental networks and promotion of the role of parent as therapist27, created a new focus on maximising the potential of these children (ibid, p. 143).

What is particularly interesting about the therapeutic and clinical work of these parent-activist-therapist-researchers is their identification of the ways in which Kanner’s autism failed to describe a group of children who were perceived by parents and researchers as being nearer to normal, having special abilities and a positive imagined future. The appetite for a near to normal classification of autism intersected with another academic and parental discussion taking place in the late 1970s. It focused on the identification of autistic and ‘mentally retarded’ (as they were labelled in America) children who had seemingly special skills and savant capabilities (Hill, 1978; Selfe, 1978). Parent-researchers took a leading role in this debate with well-known advocates, such as Bernard Rimland, conducting large scale surveys on the subject. Rimland’s (1978) work suggested that 10% of the 5400 parents of autistic children surveyed reported that their child had one or more ‘special abilities’ (see also Rimland & Fein, 1988), ranging from musical ability to mathematics and maps, to memory recall. Through this, and the notion of a new classification (savant syndrome), a new kind of person emerged. However, this was

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27 In approaches like Ivar Lovaas’ (1977) Applied Behavioral Analysis, which focus on the positive reinforcement of behaviours.
never recognised as an official diagnosis. Despite this, the intersection of these two ideas (near to normal and special savant ability) laid an important foundation for the subsequent remaking of the idea of autism.

As previously noted, Kanner's (1943, etc) autism could not fully account for the perceived special ability and near to normal characterisation that were being stimulated by the parents' movement and emerging academia (c.f. Dewey & Everard, 1974). Whilst he did allude to a special ability, he said that this was rare and more commonly discussed it in relation to the child's family. Indeed, he saw the intellect of the parents of the children he observed as a necessary precursor to his construction of an emotionally cold, but professionally successful, mother figure. The reader will remember that these gaps are three of the core characteristics that Hans Asperger (1938, 1944) assigned to the autistic psychopath. For him the ability and inability of autism were mutually conditional and with the right form of educational-therapeutic intervention these children could have positive futures. As we saw in the case of Hans Asperger, he had gone to great lengths to position a positive, participatory and contributory imagined future for the children he described, and when his work was reintroduced to the English-speaking world through the popularised writings of Lorna Wing (1981) they were met by clinicians and parents with a strong appetite for this kind of narrative.

However, the application of Asperger's ideas of a positive contributory future is very different in this remaking. This is because by the late 1970s, ideas about the stability of adulthood had changed (Lee, 2001). Whereas Asperger's original description had been constructed when understandings of adulthood centred around a stable, knowable kind of mature person, more recently adulthood has, as an idea, become multiple, unstable and unknowable. The instability of standard adulthood (the destination), has created a heightened focus on what it means to growing up as a child in this ‘age of uncertainty’.

The uncertainty of outcomes was reflected first in Lorna Wing’s (1981) introduction of Asperger’s Syndrome where, instead of building on the idea of special abilities to
project positive futures for children, she describes a multiplicity of possible futures. As such a standard adulthood for Asperger’s Syndrome is not established in her work. The uncertainty of imagined future is then replicated in both the ICD-10 and DSM IV classifications of Asperger’s Syndrome, which leaves children with the diagnosis in a state of temporal uncertainty. All at once we are told that this person may or may not exist as a distinct kind of person, and if they do they may or may not achieve a positive future.

Furthermore, the legitimisation that comes with the official recognition of Asperger’s Syndrome as a diagnostic classification (Hacking, 1992; 1999) is only tentative, fragile and mutable. Whereas Asperger had constructed a person that had a co-present, present and future self, the official classification removes the necessity of a positive imagined future; the past, presents and future of people diagnosed as having Asperger’s Syndrome are caught up in the resolution of uncertainty. Their very being, their existence as a kind of person, is all at once knowable (the official diagnosis) and unknowable (in the lack of a certain nosology and prognosis). Despite this, the popularisation of Asperger’s Syndrome amongst the parents’ network led to parents in the UK still pursuing the diagnosis as a preference over autism, as it was still culturally seen as having more positive outcomes.

The deconstruction of Asperger’s Syndrome as a condition
Finally, I wish to consider the consequences and potential consequences of the popularisation of Lorna Wing’s idea of an autistic spectrum on the classifications of Asperger’s Syndrome. The consequences are most clearly visible in the debates currently raging around the redrafting of a fifth version of the DSM that comes into force in 2012. The proposed revision follows the work of Lorna Wing (1981) and suggests that Autistic Disorder and Asperger’s Disorder be reclassified as Autism Spectrum Disorder (APA, 2010a). In this new, proposed, official remaking, autism and Asperger’s Syndrome will occupy the same classification space. The proposed Autism Spectrum Disorder (APA, 2010b) also re-orientates the criteria around the triad of impairments that Wing (1986) characterised as the commonality between different autistic categorisations: impairments in social interaction, communication and imagination. The proposed criteria maintains that these features of the condition need to have been manifest from early childhood (even if they were only recognised
later in the individual’s life), whilst, in the APA proposals, it says that they are still consulting on a severity scale (APA, 2010b). When I have talked to leading professionals and clinicians working in the field they have told me that it is most likely to be based on a distinction of mild, moderate and severe.

This proposed revision of the Asperger’s classification as a mild form of an autistic spectrum disorder in the DSM V leaves the classification and ideas of Asperger’s Syndrome as a distinctive kind of person seemingly precarious. The new diagnostic criteria do not describe the autistic intelligence and so does not ascribe a social value to them and avoid determining a certain prognosis. The proposed DSM V (APA, 2010a) does, however, make a concession, writing that it will assume that clinicians will continue to use the terms ‘Asperger-type’ and ‘Kanner-type’ as proxies of the manifestation of the condition and presumably the projected prognosis. Given the popularity of the cultural label of Asperger’s behaviours, it is likely that this descriptor will remain in use for some time to come.

This leaves the existence of the people with a diagnosis of Asperger’s Syndrome, and their futures, uncertain. They are suddenly at threat of becoming what Ian Hacking (1998) calls a ‘transient’ classification; that is, a kind of person who appears in a historical moment and then over time fades away. He explains that transient kinds become transient because the diagnosis can only exist within particular conditions (vectors) as an ‘ ecological niche’, a claim also made by Majia Holmer Nadesan (2005). When a classification becomes transient, the ideas in it are either incorporated into the next remaking of it or disappear out of existence. It seems that ideas about Asperger’s Syndrome and an Asperger’s kind of person are approaching this event horizon of transience. The direction of travel seems to indicate that the DSM V will extinguish from the official making the idea of an Asperger’s Syndrome, bar an allowance of reference to it in clinical notation. It seems, however, with the pervasiveness of the spectrum and triad of impairments in the clinical and academic literature that the usefulness of the Asperger-type descriptor may dissolve.

Conclusion
This chapter has sought to review and contextualise the literature surrounding the genesis of an idea of Asperger’s Syndrome. Whilst initially dominated by the ideas of
Leo Kanner, and subsequent elaborations of them, the gaps in descriptions of positive futures created the space for Hans Asperger's earlier ideas to resurface. I have argued that the politics of the future have been pivotal in the constructions and reconstructions of Asperger's Syndrome. The different ways in which the politics of futures manifested in the descriptions above, shows a wider shift in the understanding of growing up. In the first, a positive imagined future is the core driver for demonstrating a social value of the autistic behaviours and thinking. In the second, futures become pluralised and uncertain and it is within this space of uncertainty that Asperger's Syndrome emerges as an official classification. In the final exploration, the more recent one, the uncertainty and transience of the classification of Asperger's syndrome threatens the very idea that this kind of person exists.

This final examination leaves us with an uncertainty as to the stability of the Asperger's Syndrome being. We cannot be sure that this kind of person will exist in the future and, if this is the case, what kind of adults the children who currently have a diagnosis will become. Despite this, the persistence of imagining futures remains a core feature of childhood diagnosis and condition management. As I have alluded to earlier in my analysis, the uncertainty in the politics of the futures of Asperger's Syndrome relates to a wider societal uncertainty about adulthood and about what it means to grow up (Lee, 2001). This uncertainty in adulthood has led some commentators to argue that there is an elongation between the conception of childhood and adulthood, where youths are trying to make sense of the multiple possibilities offered by flexible adulthoods (Arnett, 2000).

Some authors have gone further (for example, Lee, 2001; Blatterer, 2007a; 2007b) by claiming that the very conditions on which the idea of a stable end point of adulthood are based are dissolving. Zygmunt Bauman calls this a time of liquidity (2007), and Ulrich Beck (1992) a time of risk and opportunities. In this time of liquidity and risk, certainty about what people are and what they may become is less structured, more fluidic, and more opportunistic, and people’s identities, presents and futures become multiple and unstructured. My discussion has begun to explore how the construction and reconstructions of Asperger's Syndrome, and in particular adult futures, are caught up within this shift to uncertainty.
The remainder of my thesis aims to explore this juncture further through an empirical examination of the impact that uncertainty of being (Asperger’s Syndrome) and becoming (of futures) has on the lives of young people classified as having Asperger’s Syndrome. In doing so, I will uncover how they make sense of this uncertainty and the tactics they use to interact with the mutability of their futures. The next chapter sets out the methodology which underpins my study and gives an overview of the residential specialist Further Education (FE) college for 16-19 year old males with a diagnosis of Asperger’s Syndrome, where my research is based.
Chapter 3: Methodology

Introduction
As I have discussed previously, the central theme of this thesis is how young people, and the adults who support them, make sense of growing up with a diagnosis of Asperger's Syndrome in an age where both the destination of adulthood and the classification of Asperger's as a diagnosis are problematic and uncertain. In the last chapter, I considered how particular historical and cultural conditions produced the emergence of Asperger's Syndrome as an official classification. In doing this, I suggested that underpinning the historical construction has been the core politic of imagining kinds of futures for these children who have a social impairment. I conclude that my task in the remainder of the thesis is to explore empirically the effect of growing up, and imagining futures, on young people with a diagnosis of Asperger's Syndrome.

In this chapter, I outline where my empirical investigation takes place and the strategy I adopted in the setting to explore my research question. Through this, I will explain why my research focuses on the analysis of an in-depth ethnographic study into the lives of young men living in a specialist residential Further Education college in England for students with Asperger's Syndrome. I will argue that my adoption of an ethnographic approach provided a strong basis for me to uncover the way in which students and staff at the college constructed ideas about what it means to have Asperger's Syndrome and grow up with the label. Furthermore, I will suggest that the flexible mobilisation of a range of observational, participatory and interactive research methods enabled the students’ and staff’s own ideas about their experiences to take prominence in my data collection and analysis. Finally, I will consider the ethical dimensions of my study and through this also make visible my own positioning within the research setting and agenda.

Research setting
My study is based at a thirty-eight week residential Further Education college for ‘boys’ aged 16 to 19 years with a diagnosis of Asperger’s Syndrome. It takes in only young men with a diagnosis of Asperger's Syndrome and proclaims on its promotional literature that it specialises in producing educational solutions for all
'abilities' of students who have not been able to access mainstream provision for further study. The services provider that owns the college also owns a range of special schools and residential social care solutions for people with a diagnosis of autism, Asperger's Syndrome or an associated condition. It does not, however, in any of its promotional literature, explain why the provision is only for males.

In order to access the service, many of the students have had a statement of Special Education Need (SEN)\(^{29}\) and many have had to go through a SENDIST\(^{30}\) (Special Educational Needs & Disability Tribunal) appeal in order to get provision from the college funded by their local authority. Some had been referred to the college following an assessment by Connexions (the Government's young support service) and then funded local authority\(^{31}\). The college is owned by a private company which also owns a range of residential, leisure and business holdings. These include a number of other residential special schools and colleges focusing on children and young people with a clinical diagnosis on the autistic spectrum. As an out-of-authority provider, the service has high premiums for the local education authority which sends the young person to TEC. TEC charges approximately £120,000 per annum for a placement and the residential placements are for 38 weeks.

The college purports to provide tailored curricular activities for around 50 male students focusing on the achievement of a number of possible qualifications according to a student's interest and ability. Students with 'higher academic abilities' are co-placed in the local mainstream college to undertake diplomas and A-levels. In addition to curricular support, the college employs a range of therapists (psychologists, speech and language, occupational, etc) to work with the students in individual and group sessions to explore their diagnoses and to undertake therapeutic activities.

The college is based on the edge of a medium sized town in England where it owns an educational building with small grounds around it and a number of residential buildings (converted houses) in other parts of the town where the students live. To

\(^{29}\) As defined under the Special Educational Needs & Disability Act (SENDA) 2001: http://www.opsi.gov.uk/ACTS/acts2001/ukpga_20010010_en_1 Retrieved 03/05/08.

\(^{30}\) See http://www.sendist.gov.uk/ for further details of SENDIST procedure. Retrieved 03/05/08.

\(^{31}\) For more information see: http://www.connexions-direct.com Retrieved 25/06/10.
protect the anonymity of my research participants and the organisation that owns the establishment I have renamed the college The Education Centre (TEC) for the purpose of this thesis.

Staff at TEC

In total, TEC employs approximately 100 staff ranging across the service. The main distinction between staff is their classification as either curricular or care staff. This distinction can be split into three further categories based on their primary working environment: TEC (education), residential (house) or transient settings (support) staff. At TEC there is the secretariat and the head teacher's office that coordinates the day-to-day running of the service, and both care and education managers report to them. To ensure the educational requirements of the local authority are met, TEC has teachers and teaching support staff across three class groups. For those students who attend a local college rather than TEC to meet all or part of their educational curriculum, TEC provides outreach support. Each class for which they do provide educational curriculum, has a week-by-week group timetable that covers a range of activities, from adult literacy and numeracy to community experience and social studies. Students attend, and are taught, the curricular programme according to their perceived ability and the resources are tailored to meet that need. There are four classrooms located on the first floor of TEC and an IT suite on the ground floor. The ground floor also houses a staff room for educational staff. On the second floor is the education coordinator's office.

In addition to the educational staff (both teachers and support) there are three further groups of staff at TEC. The first is the therapy department, which includes a peripatetic, multi-disciplinary team of therapeutic specialists that offers a range of interventions to the students directly in a group or one-to-one basis and provides advice, guidance and information for other members of staff. This team includes three psychologists, a holistic therapist, a speech and language therapist, a senior psychologist, a part time nurse and access to a psychiatrist and General Practitioner (GP). The therapy department is housed in a small office on the second floor of TEC.

In addition to the therapy office, there are two small rooms, each with two single lounge chairs and a small coffee table. These are used for one-to-one therapy sessions with students during the curricular day. Next to the small rooms is a slightly
larger room in which the holistic therapist works to deliver a range of interventions, including massage and meditation. Lastly, opposite the holistic therapy room is a similar sized room which houses the nurse when she attends TEC. This is used for both medical assessments and therapeutic interventions (if required) and on occasions for life saving courses.

Next to the therapy office is the transition office, which houses two transition coordinators. The transitions department is responsible for coordinating and supporting parents who are attempting to transition their children into the TEC service. They provide advice and support, especially in cases where the parents have had to challenge their local authority through appeal to secure funding for the TEC placement. In addition to this, they are responsible for coordinating work experience and transition planning for all students. Lastly, they follow through their transition planning by working with the student and key stakeholders to identify and access services (mainstream or specialist), educational or employment opportunities, when they leave TEC. The third group of staff focus on the routine maintenance and upgrading of TEC. There are approximately three members of staff dedicated to this function, a further three staff prepare and serve the lunch to students and staff in the TEC canteen. A number of young people who have previously attended TEC are employed by these teams.

**Routines and space at TEC**

In the mornings, students arrive and have a tutorial then follow their class timetable for the morning. During the course of a class, a student may leave to attend an appointment with the therapy department or transitions team, or to follow an individual work plan. Classes tend to have no more than seven students in them at any one time. At lunch, all students and staff come to the canteen area on the ground floor. The canteen is next to a small outside area, and when the weather is good students and staff often sit on the wooden furniture on the patio. The canteen area is long and narrow, with a kitchen counter where food is ordered and received at one end. Next to the serving wall are tables on which the lunch is eaten by staff and students. On the opposite side of the room to the serving wall is an open area with a number of low couches. In the centre of these couches are a reversible pool table / hover-hockey table and a table-football game. These are central features of
the lunchtime routine and the gaming tables are extremely popular with students at lunchtime and during breaks.

TEC does not have a large open area in its grounds, although there is a basketball net in the car park, and therefore (whilst not owned by TEC) it makes use of two local sport centres for its sport and activities curricula. A range of sporting opportunities, from the use of a trampoline to the use of a gym, are made available and students are assessed in accordance with the curriculum. Every Wednesday between 9:30 and 12:00, football coaching is available to students on an open air, full-size, dry pitch. The football coaching is led by the IT coordinator, who is also trained in sports therapy. Students are taken to and from the football pitch in Sport Utility Vehicles (SUVs) owned by TEC.

The town
The local town to TEC is relatively large with a population of over 150,000 residents. The centre of town has all of the amenities associated with a modern English town, shopping centres, clubs, bowling alleys, sports centres, etc. Because of its location, it has received increasing interest from social care providers who have set up a higher number of residential services for older and disabled people.

The residences (houses)
The residential students live in four separate residences (or houses as they are referred to) across the town. One is extremely close to TEC, and the other three houses are short drives away. Students get to and from the houses to TEC in SUVs owned by TEC. Some are transported in staff cars and a small number cycle into TEC with permission and notification of TEC and their house. All the houses are converted two or three storey residential properties in residential locations.

The newest is double the size of the other houses and is two separate residences connected by a communal reception area at the back of which the care staff office is situated. All of the houses have been converted in the same format, they all have single bedrooms (though the sizes vary) on the ground and first floors. Most of the bedrooms have en suite bathrooms, and a small number have shared bathroom facilities. On the ground floor of each house is a kitchen and lounge, except in the
new co-joined house which has two of each. Some of the newer houses have a shared study that students can use for their own curricular work, outside of TEC hours.

**Staff at the Houses**

Every house has a locked care staff office and care management office where the residential care and support staff work. Medical prescriptions and care procedure are managed from these offices. House care support staff are responsible for food shopping, cooking for students (unless the student has permission to cook independently) and the general care and wellbeing of students. Care staff are split into day and evening shifts and rotate shifts every couple of weeks. On occasion in the evenings, care staff will be supplemented by the therapy team who deliver either psychological observation or one-to-one therapeutic sessions. Some of the house care support staff will be assigned a specific student to support in the house environment.

The residential care staff are also responsible for the overnight monitoring of those students who have been put on twenty-four hour watch due to fears about their mental well-being or any indication of suicidal thoughts. House staff will monitor each student's behaviour and activities in their house and report back to the education and therapeutic staff at TEC during the handover each morning. If a student absconds from TEC and stays in the house, the care staff are responsible for the intervention and monitoring of that student's activities.

**Sample**

The research sample is made up of eighteen male students at TEC, all of whom have a clinical diagnosis of Asperger's Syndrome and are between the ages of fifteen and twenty years. Despite TEC only catering for sixteen to nineteen year olds a small number came, or left, during their fifteenth and twentieth years because of funding arrangements or the orientation of the academic year. Many of these students have additional diagnoses such as Attention Deficit Hyperactivity Disorder (ADHD), Dyspraxia, Obsessive Compulsive Disorder (OCD) and Depression, but have been placed at TEC because of its specialisation in Asperger's Syndrome. The majority of the participants were white British or white Irish, with just three from a
minority ethnic family context. All of the participating students were from the UK and represented a wide coverage of regions within it. Although, the majority of the students grew up in an urban environment (town or cities), a few came from more rural neighbourhoods (villages or farms).

I found it difficult to definitively ascertain the socio-economic background of the students, however, data taken from their records suggest that the majority were from a lower middle class background, with a small number from working class families and only two children of wealthier parents. Just under a quarter came from single parent households. Most had siblings who did not have a diagnosis of Asperger’s Syndrome or autism and lived with the parent / parents in the family home. To my knowledge, only two of my participants had been taken into Local Authority care\textsuperscript{32}. Prior to joining TEC, approximately half of the students had been in a mainstream educational setting, whilst the other half had been in specialist (including special school, specialist or pupil referral units) provision before moving to TEC. At least six of the eighteen (to my knowledge) had interacted with the youth justice system to differing extents.

Not all of my eighteen participants were continually involved in the research. Eight withdrew from the research as they moved on unexpectedly from the setting or as their individual circumstance changed. For example, three of the original participants were temporarily or permanently excluded and, as a consequence, left the setting. Furthermore, three of the eighteen came to TEC towards the end of the summer term and therefore only had a month or so of interaction with the research. Of the total period I spent researching at TEC, ten participants were consistently in the setting and of the ten I received frequent data from seven.

**Gaining access to the setting**

Though TEC is now the basis of my study, it was not the first research setting I approached. Initially, I had intended to base my exploration at a pre-employment programme for graduates with a diagnosis of Asperger’s Syndrome run by the

\textsuperscript{32} This excludes those students who had previously been in a residential special school placement.
National Autistic Society called Transitions. I had undertaken my Masters research there and hoped to return to undertake a more detailed study. During the early stages of designing the research agenda for this doctorate, I re-established contact with the manager of the service. Transitions acted as key gatekeeper for young people wanting to access the service and therefore could provide a way of reaching the kinds of young people I wanted to speak to. Because of my previous relationship with the service, I gained initial access to the setting and through the service manager was able to get ten young people interested in being involved in the research.

A week before I was due to begin piloting the research at Transitions, the manager who was facilitating my access left the service to run a similar service for a different provider. Consequently, all relationships that had developed with potential participants were broken and although I was offered an opportunity to re-start the negotiations with the new service manager (when they were in post) this would have meant at least a three month delay in beginning the research process, with no guarantee of continued access.

Before the services manager left he did, however, refer me onto one of the National Autistic Society's social network organisers to explore whether this could be the site for the research. After over two hours of face-to-face discussion, I realised that it would not be possible to continue negotiations as they had a strong and aggressive agenda that they were trying to impose in relation to mine and one I felt would heavily compromise the pursuit of my own research questions about growing up with Asperger's in an age of uncertainty. I will not here repeat the organiser's agenda as it would make them identifiable.

After these, somewhat disappointing, experiences, I decided to create an online platform to promote the research and established a presence at www.soc.surrey.ac.uk/IF with a number of research pages about my intended

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33 Masters in Social Research with a specialism in Health from the Department of Sociology at the University of Warwick.
The WebPages contained details about my research questions, the kind of research process I was intending to undertake and some of the methods I was proposing to use. I also had a section which told people a bit about myself, my qualifications, affiliations and the contact details of my two supervisors. Having created the online presence, I began promoting it through contact with the Research Director at the National Autistic Society and various administrators and coordinators of UK-based Asperger's related networks. Positively, this led to a sharp increase in unique visits to the site and I began to receive correspondence through the contacts page about potential sites at which my research could be based. Some of these I politely discounted as they did not fit my research question. For example I got requests from an adult self-help group and from an older autistic man to research their organisation and / or lives.

I followed up all of the viable research opportunities. Many of the more viable suggestions came from parents of family members who were intensely involved in online networking and information sharing. The majority of suggestions I received from them involved difficult and complicated procedural access. I did, however, receive correspondence from a mother who told me that her son, who she thought would be interested in the research, was resident at a specialist FE college: TEC. She said that she had spoken to the college and that there seemed to be an interest in my approach and focus on the futures of young people.

At her suggestion and using the contact details she provided, I rang the college and spoke to the Headteacher, who was extremely positive about, and interested in, my proposed research. After a number of email exchanges and telephone conversations, I was invited to go down and meet the Headteacher of the college and their Head of Therapeutic Services to give a presentation on my proposed research area and strategy. The presentation gave an overview of the rationale behind my research questions, an introduction into the kind of sociological

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Due to the reorganisation of the WebPages of the Department of Sociology at the University of Surrey and the ending of the data collection stages of my research these pages have now been removed.
perspective I would be working with\textsuperscript{35} and the kinds of research methods I wanted to use.

After the presentation, I was showered with questions, in particular about my proposed research methods, which are dealt with in the subsequent sections of this chapter. One of their central interests had been my proposal to spend up to six months in the field. The Headteacher told me that this was quite unorthodox and that most of the researchers who had come to the college had been psychiatrists, such as the eminent Professor Simon Baron-Cohen\textsuperscript{36}. They spent little more than two days observing or administering tests on the students. At that moment, I thought that I would have to negotiate for a time period shorter than I had projected I would need to collect my data. Surprisingly, she continued that the fact I wanted to stay so long at the college must demonstrate my passion for the research and so promptly moved, with the agreement of the Head of Therapeutic Services, to make arrangements for me to come down again the following week to present to a wider group of the staff.

\textbf{Gaining access to the research sample}

On the following visit, I was given a tour of the site and realised that this could give me access to the kind of young people who could help me to explore my research question. I talked to some of the young people about my proposed research and got to know a bit more about their lives at TEC. There seemed to be a genuine interest amongst students and a real connect with the issues that they were facing in the setting, most notably of what they would do when they left TEC. Most encounters happened over lunch, in their canteen, during which I observed a number of interactions that highlighted to me the importance that this setting could have to constructions of Asperger’s Syndrome and the futures of young people.

By way of a micro-example, whilst in the canteen eating lunch I noticed at the table adjacent to my own one of the students was playing with a fork rolling the top of it

\textsuperscript{35} They had specifically requested this as they were used to receiving research enquiries from mainly psychology, psychiatry or art-based students and academics. They had never encountered a sociological interest and were unsure why their provision would be of interest to the discipline.

\textsuperscript{36} For more information about the centre see: http://www.autismresearchcentre.com/arc/staff_member.asp?id=33 Retrieved 02/03/10.
around the outside of his ear. One of the support staff who was eating opposite him looked up sighed and said to him ‘I really don’t want to keep telling you this. Please can you remove your fork from your ear! You are a young man now and that is not really socially acceptable for a man of your age’. In this one exchange was contained a set of constructions about age and gender appropriate behaviour, social acceptability and growing up. My short exposure to moments like this during my lunchtime in the canteen conveyed to me the importance of observing the interactions that were naturally occurring in the setting as well as those I could achieve through interactive methods. After this lunchtime tour, I met with the rest of the senior staff group at TEC and re-presented my proposed study, this time adding in an element about wanting to record encounters I would observe during my time at TEC (discussed in the next section of this thesis). A copy of this presentation can be found in Appendix B. The senior staff group accepted my research proposal and I began preparations to enter the setting.

Following this I was asked by the staff group to present to students my research agenda whilst they were in their class groups at the start or the end of their lessons. They further requested that I visit one of the residences that had three students who lived in services, but attended a local mainstream college. One of the TEC administrators was assigned the task of coordinating when and to which groups I would present to on any given day. I raised concerns before undertaking the presentations with the Headteacher, suggesting that this manner of introduction would lead to an unnecessarily formalised initial relationship with students. By standing at the front of the class and delivering a presentation I felt at best they would see me as yet another member of staff or at worst feel completely alienated from my research agenda. However, because these presentation were a required part of my access to the site, and therefore the students, I agreed. A copy of the presentation given to students can be found in Appendix C.

Samantha Punch (2002a, p. 328; 2002b) reminds those seeking to research the worlds of children’s and young people’s lives that they will inevitably have to negotiate with both adult and children gatekeepers to reach their participants. As I have discussed in a previous chapter, this is because of children’s position within British society and that many of the potential sites in which researchers and children
could come together to collaborate are located within structures that instil a power
dynamic where adults have seniority over the lives of children. For example, schools,
youth centres, community groups, etc.

In order to gain initial access to the students, I had to navigate the adult
gatekeepers, such as, the Headteacher and Head of Therapy, who specified that I
should present to students' class groups and in their residences. When I did this, the
response was lower than I had hoped for, with only five students indicating that they
would consider taking part. This had a knock-on effect on the kind of student I could
initially engage with in my study. The five students who indicated their interest were
ones who were known within TEC for volunteering themselves for any new
programme being run. The unintended consequence of this was that their initial
enthusiasm and involvement immediately alienated around a third of students who
were broadly more interested in mainstream popular culture and were not usually
willing to be included in TEC activities. As Rohan, one such student, told me: 'I'm
not being a part of anything those spazzes are doing' (in reference to the eager
students).

I was concerned about this as I felt that excluding a group that I knew were highly
articulate and vocal with their thoughts and opinions about TEC, their peers, lives
and relationships with others would bias my findings and potentially undermine my
investigation of what it means to grow up with a diagnosis of Asperger's Syndrome.
The fact that Rohan, for example, used the term 'Spaz' (a derogatory slang word
originating from the word Spastic) signalled to me that these other students were
making constructions about their peers' abilities that would be important for me to
analyse as part of my research. I knew from this that I would need to adopt a
different approach if I wanted to understand better the students' lives and so I began
to pursue opportunities at TEC that would enable me to interact with the students
and build a rapport with them, independently of the staff.

I achieved this by getting actively involved in the various activities that students were
doing in their everyday lives (playing football, sitting around talking, cooking food,

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37 All named used in this thesis are pseudonyms. See the ethics section of this chapter for more
detail.
etc). Through this, I became more visible to the students at TEC and by actively not allowing staff to mediate my interactions with them I became seen increasingly by the students as not a member of staff. The breakthrough came when I was playing football one week and was picked by some of the students to be on their side for the end of practice match. The student who picked me was from the more active disengaged group and whilst he attended football, he seemingly only followed instructions when he wanted to be involved in the games. During this game, I played in midfield with the student, Ryan. During the game he asks about the research: 'so what is this thing you're doing here. This can't be your work or is your uni paying you to play football? Cushy deal right?'\textsuperscript{38}. I reply that this is my work and that playing football this early on a weekday is anything but 'cushy'. He laughs and between numerous attempts to tackle the opposing team I tell him about my research agenda and my interest in the students' experiences of growing up.

The conversation trails off as he is asked to switch teams by the staff member who runs the football training. We continue playing and after the game Ryan comes up to me and says, 'yeah that stuff you're into, reckon we could do it'. From this point onwards, Ryan becomes one of my most important student gatekeepers, introducing me to other students, some of whom themselves become gatekeepers. Through his positioning of me to other students as non-threatening, I am presented as a young guy that is just interested in their lives. This allows me to build independent relationships with students which led to a further ten students becoming involved in the study.

**Research methodology**

The process of gaining access to the research site and the students themselves strengthened my resolve to adopt an ethnographic research strategy. By ethnography, I mean the in-depth and intense study of a micro-social grouping over a long period of time within its own social settings and contexts to understand how they construct ideas about their lives, form social relations and create meanings (Brewer, 2000).

\textsuperscript{38} Based on research note from January 2008.
My ethnography of the students' lives at TEC took place between December 2007 and July 2008, a total of 7 months. During this period, I visited the setting at least one day a week, and nearer the end of the study for three or four days a week. Because some of the students at TEC preferred continuity, I assigned Wednesday as my core day and then was flexible about the other days I attended. These usually were dictated by which activities and participants were around on which days and were negotiated with TEC on a weekly basis. A day at the site would last anywhere between eight and fifteen hours depending on the events that took place during it and the activities in which I got involved in.

In ethnography, data is produced from both the intentional and unintentional interactions with and between participants in the setting and scrutiny of them to uncover interrelationships, meanings and dependencies underlying them (Fielding 1994). In order to make visible the underlying meanings, ethnographers use thick descriptions of the sites, encounters, participants, systems and structures they draw upon (Geertz, 1973). The well respected ethnographer Clifford Geertz (ibid) suggests that these thick descriptions are important as they acknowledge the fact that ethnographic studies are interpretative, rather than observational in nature. By this he means that in describing the interactions we encounter in the setting we are actively (and in many cases with participants) interpreting behaviours and meaning, rather than scientifically observing them as is claimed in positivist social thought (see also Hammersley & Atkinson, 1995, p. 8).

The attention that Geertz's work places on the role of the researcher's own interpretations in the enactment and writing of ethnography was important when I came to think about what this might mean for my own research at TEC. Whilst wanting to gain access to the young people's lives and their ideas about their experiences of growing up, I also wanted to ensure that these descriptions would not become adult-centric abstractions (Alderson, 2001; Fine & Sandstrom, 1988) that reflected purely my own (adult) interpretations of what the students were experiencing. Samantha Punch (2002a, p. 322) notes similarly that although ethnography does have significant benefits for investigating the worlds of children and young people, as it involves spending a lot of time with them and allowing them to lead the interactions within the setting, by virtue of being adults, adult researchers
can never really understand the entirety of their experiences and understandings. Similarly, I would claim that as a researcher who does not have a psychiatric diagnosis of Asperger’s Syndrome, nor has ever lived in a residential specialist college, it would be difficult for me alone to make sense of the young people’s experience.

The point of raising the question of the adult-centric and non-Asperger’s status nature of traditional sociology methodologies is not to undermine the ethnographic approach, but rather to make explicit my rationale for the ways in which I implemented it to ensure that the young people’s own interpretations and meanings were a core part of my description and analysis. In my opinion, the debate around adult-centric is important, but can also become heavily tautological. Modern ethnography has continually emphasised the need to start understanding and description from the perspectives and views of those being researched. The thing to be conscious of in the planning of ethnography is how and why accounts can become adult-centric and what methods can be used to ensure the strategy adopted is sensitive to the lives, meanings and articulations of the participants. This is rather than investing (ironically as an adult) significant resource into developing distinctive ‘child-centric’ methods. The main reason for this is that many of the solutions being mooted for child-centric research would also benefit those with English as a second language, older people or people with a learning difficulty. For this reason Samantha Punch (2002a, p. 337) has suggested pursuing ‘person-centred’ (i.e. starting from the participants’ communicative methods and understanding of the world), rather than ‘child-centric’ models of ethnography. Having outlined my rationale for the methodological framework, in the next section of this chapter I will discuss the specific sets of research methods I employed within this ethnographic frame.

**Participant observation**

Ethnographers typically adopt a strategy of participant observation in which the researcher not only observes, but becomes actively involved in the encounters they are seeking to describe (Burgess, 1991 [1984]). At TEC, I undertook participant observation (ibid) whilst playing an active part in the setting through my presence and involvement in group activities (such as football, badminton and Information Technology). During these interactions I was able to observe relations between
students and staff members. I did not have a formal observation schedule, but rather allowed the study to evolve from encounters in the field and recorded gaps for questions in my fieldnotes. However, at points where the evolution of the study suggested that I needed to observe and participate in particular activities, I proactively sought access.

For example, in being told by one of the students about how their residences were managed in the evenings (for meals and sleep) I was keen to observe for myself the relations being described and so accompanied a therapist who was visiting one of the residences. I was able to stay even later into the evening by helping the care workers to cook the food and eventually just sat around talking to the students who lived there. Through this, I was able to interact with students in this residence at a different point in their daily routine, but was able also to observe the interaction that had been previously described to me by students' for myself. I am not saying here that my observation was preferable to the student's descriptions, but rather that my own observation added to and made tangible in my own mind, the explanations and accounts which the students had relayed.

The way in which TEC was structured (as we will see in my subsequent descriptions) led to many unpredictable circumstances where I had to collect or elicit data. Frequently, an opportunity would arise whilst playing football, being transported in cars, over a game of pool or whilst eating lunch, etc. This had a knock-on effect on the way in which I had to record participant observation data arising from interactions in the field. I had to find extremely innovative and creative ways of capturing fieldnotes. Based on the suggestion of Robert Emerson and colleagues (1995), I became accustomed to keeping a small notepad in my trouser pocket or sports shorts and created a subtle way of slipping out of a room (if possible) after an encounter had taken place to go into the toilet to write a note into my phone.

Given the amount of data I was trying to record and the pace at which I was required to transcribe it, I came up with a way of constructing trigger words and signs that enable me to decode later the encounter in full. By way of examples (to use a shorter illustration) my triggered recording of ‘S1: ≠ +L4 T2 intrpt S1 classtalk fairy Tues’ was later translated into ‘Sam: ‘It’s not fair that Linda allowed Tim to interrupt me reading

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out my story in class today. Similarly, the trigger recording of ‘J2 smash pool T1 +pot all haha’ became ‘In reaction to Tim potting an extra ball in the game of pool Jamie smashed his cue over the table leaving everyone else standing round the table laughing at his outburst.’ Not surprisingly, the more I used trigger words, the more I could describe through them. This technique worked for me as an ethnographic researcher and helped me to keep a record of the encounters taking place in the field. However, it did also produce a lot of narrative data to sort through and analyse.

Addressing the limitations of participant observation
Whilst this method of participant observation provides important data about the mobilisation of ideas and constructions in the interaction-context it could not capture all of the data I wanted to know about the students and in particular ideas about their futures. Furthermore, to be totally reliant on participant observation can lead to either misinterpretations or only partial understanding of the complexities underpinning an encounter (Punch, 2002a; Brewer, 2000). Specifically, TEC is a twenty-four hour, seven day a week, thirty-eight week a year residential and educational provision. Inevitably many of the behaviours, actions and events I would be observing, even as a participant, would be based on corresponding or causing features that had taken place when I was not in the setting. Without finding alternative methods, I would be restricted to those encounters I saw or that were described to me.

Similarly, as Irving Goffman (1963; 1967) explains, social actors actively work on the ways in which they present themselves to others in any given encounter. As such, focusing purely on social performance, participant observation may help to uncover many of the underlying rules that govern the interaction in the setting, but will not enable access to what Goffman calls ‘backstage’ constructions of the self (1990 [1959]). Whilst this may seem at odds with the social construction of Asperger’s as lacking a propensity to create social performance and an ignorance of social rules that govern interactions, my subsequent research will show this is not the case and as a result of including a wider repertoire of methods, I was able to create richer accounts of the young people’s ideas.

In thinking about the type of complementary methods I might use for the study, I wanted to avoid introducing an overly structured task-based process (Punch, 2002b).
that, because of the young people's different ways of comprehending and understanding instruction, would complicate or unnecessarily alienate them. In order to mitigate this, John Brewer (2000) suggests that the ethnographer needs to be flexible in the application of the methods they choose and decide to use in the setting. Moreover, research from a children’s studies background (such as Punch, 2002a) suggest, that ethnographies into children and young people's worlds are only really successful in the combination of adapted traditional (like participant observation and interviews) and creative child-led interactive (such as drawing or photography) methods. Below, I outline the different methods I explored to supplement my use of participant observation at TEC.

**Semi-structured planned interviews**

In addition to participant observation, I used semi-structured interviews (Fielding & Thomas, 2001) with students and staff to explore in more depth their constructions of TEC, their lives and ideas about Asperger's Syndrome. At first glance, qualitative interviewing techniques may seem to be at odds with the reported social interational and communicative abilities of people with a diagnosis of Asperger's. There is a plethora of books written by therapists, parents and people with the condition who talk about the difficulties that such people can have in understanding what is expected of them in an (particularly workplace) interview and the misinterpretations that result from literal understandings of words or phrases (c.f. Hawkins, 2004). Because of this, I adopted two specific approaches to ensure that interviewing was both inclusive and person-centred.

The first was to use interviewing as just one method amongst a range of other possible ways for the students to engage in the study. The second was to use as a preference alternative ways to facilitate the interview. Whilst a number of authors have been promoting alternative facilitative and interactive methods in the interview context (c.f. Gauntlet, 2007), the insight into this later point was something that I had drawn from my own research experiences during my undergraduate and Master's dissertations. My undergraduate dissertation research was based on a seven week
micro-ethnography of a commercial archaeological site\textsuperscript{39} and investigated the impact that a constantly changing workplace had on the working lives and constructions of identity of the archaeologists. Whilst in the site, I set up interviews with the research participants to understand more about their experiences and ideas about professional identity. One of the participants, however, was unable to engage with the interview. He took an overly literal approach to my questions and found the process rather uncomfortable. Despite my frustration with the conduct of the interview, as a conscientious researcher I was keen to see if there was an alternative approach to interviewing this particular archaeologist.

On referring to my field notes, I recalled that this participant would frequently fall out with his colleagues, usually over what method of excavation to be used for any given part of the site. I also observed that in the majority of instances he did not resolve these workplace conflicts before the end of the working day, causing noticeable friction with other members of the team. What was more intriguing was, that that the start of the next day, he would post a cartoon on the staff notice board that satirised, in a comical way, the conflict of the previous day. In doing so, he seemed to render the previous day's conflict unproblematic. I decided to discuss with the participant his cartoons and eventually he provided me with all the recent ones he had created. I used these illustrations as a basis for interviewing the participant asking him to explain each in turn, the rationale behind them, what he thought they signified, why he used them in the workplace and what he hoped to achieve from their usage. This proved extremely successful, resulting in the most complex and rich account of the site I encountered.

From this practice-based experience, I gleaned an insight into how powerful alternative methods of interview facilitation could be and the importance of starting from the participants' own ways of explaining the world and using an access point with which they were comfortable. This was in sharp contrast to my Master's research where I used semi-structured interviews to explore the lives of young 39 Commercial archaeology is also known by some as 'rescue' archaeology. The reasons for this is that unlike the long, well thought-through and incrementally slow pursuits of academic archaeology, commercial archaeology is undertaken at speed to protect the archaeology that would be destroyed by the creation of a new road, new building, new runway, etc. It is also funded by commercial, rather than research for grant-based funds, and in some cases is a requirement within English planning law.
people with a diagnosis of Asperger’s Syndrome. Because of the nature of the setting where the interviews took place, as a result of its regulations and procedures, a pre-employment work programme, I was restricted as to the kinds of facilitation methods I could use with participants. I attempted in these interviews to find out more about the participants to ensure that the interview could be tailored to their communicative styles. However, because of the way that access was negotiated, I was prevented from being able to meet them before the interview or make any substantive changes in my preparation. The end result was a mix of interviews, where more of the information came from participants who either were more articulate or more vocal about their lives, experiences and opinions.

Based on this experience, I wanted to ensure that in including interviewing as a method within my doctorate research strategy, I spent time during the preparation of the project to explore different facilitation methods that may work, and could be tailored, to meet the students' communicative abilities: an approach that Punch also suggests (2002a). Below, I outline the range of facilitation methods I explored and the extent to which they were taken up in my study at TEC.

**Walking interviews**

One of the first methods I considered once I knew that I would be adopting an ethnographic framework was the *walking interview*. Whilst various articulations of this method have been in use over many decades (Narayanasamy, 2009), this formulation was popularised by the *Connected Lives* element of the Economic & Social Research Council’s (ESRC) *Real Life Methods Node*⁴⁰ (a collaborative project between Manchester and Leeds Universities). In essence, this is a semi-structuring of the participatory observational method and involves the researchers asking the participant to take them on a guided walk of a pre-agreed area. For example, at TEC this included students showing me in and around their residences. The aim of the method was to make visible the ways in which the young people constructed the physical environment of TEC, different kinds of spaces and the subsequent meanings they attached to these places.

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⁴⁰ For more information see: [http://www.reallifemethods.ac.uk/research/connected](http://www.reallifemethods.ac.uk/research/connected) Retrieved 03/06/09.
At TEC, I achieved this by asking students whether they would be willing to take me on a ‘guided tour’ of TEC or their residence. These ‘tours’ were recorded via a portable digital dictaphone, if consent was given, however, in many cases because of noise pollution and sound qualities these had to be supplemented by fieldnotes recorded after the interviews. The interviewees led the tours, controlling the narrative and the direction and pace at which we walked. In cases where I was interested in more information, I prompted the student by asking questions, like: ‘so who usually sits here’ or, ‘was it just that once or do you guys always come here’?

The student-led nature of this research method is important as it changes the dynamics in a traditional child or youth participant and adult researcher relationship. Whilst we had agreed parameters for the walk (i.e. where we were going) and had a semi-structured frame (in that we were talking about place and space), the student was able to take charge of the way in which we interacted with these spaces. The method becomes more person-centric (Punch, 2002a), as the onus is placed on me, as an adult researcher, to experience the setting facilitated through the communicative style of the individual student. Walking interviews were also used with staff in the setting in order for me to get a comparative insight into how the students and staff constructed meaning around different spaces.

The walking interviews also produced what I call absent encounters. These are descriptions by the students of encounters that have taken place in the space we are walking into. They are absent because the encounter is not present at the time of thick description. What I found interesting about these instances of absent encounters was that they signified different relationships between kinds of physical environment and behaviours or actions. For example, behind a wall was correlated to smoking behaviours and escape from the gaze of the staff. From this, I was able to create a thicker description of the relations that operated at TEC and how they related to the spatial dimensions of it.

Finally, walking interviews produced an unexpected interactive element to the research data when students came across objects or people who seem out of place
in the space. As an illustration\textsuperscript{41}, when Mary, one of the support staff, took me on a walking interview, we entered an IT room where James was using the internet. Mary stopped her explanation of the use of the room and what she saw as the 'typical' usage of a student's time in it, and turned to James and remarked 'why are you in here, you know you can't just come in here unsupervised! Where is Alex [his support worker]?' What ensued was a short conversation about James' irresponsibility for using the room without the required level of supervision. In this way the walking interview, when coming across something unexpected, becomes an extended walking interview and begins to blur with participant observation. In this case, James is told to sign-out of the computer and told to follow us as we do a new (unexpected) route through the building to find Alex. The taking up of space and its usage and the spillage that unexpected objects or subjects created in itself provided important data about the meaning being constructed.

\textbf{Avatar-creation Interviews}

Many of the young people at TEC were frequent users of Role-Playing Games (RPGs), which typically enable the students to communicate and collaborate with other players through the internet. In playing these games, the students could bring together groups of players or join groups in order to undertake virtual quests or missions that were part of the gaming world. As part of this process players could build a character, known as an \textit{Avatar} that presented them in the virtual world of the online game. Before designing the research strategy for the study, I had been exposed to the work that Professor David Gauntlett\textsuperscript{42} had developed around the exploration of identity through the use of Lego and the similar work Matthew Williams (2007) carried out in relation to the significance of avatar creation in respect of presentations of the self.

In constructing this method, I aimed to combine these two approaches by interviewing the students about their choice of avatar, to uncover what meaning the students attached to the activities and identities they could portray in the gaming

\textsuperscript{41} Based on field note from January 2008.
\textsuperscript{42} Professor Gauntlett is also well-known amongst the cultural and visual sociology networks for his website dedicated to demystifying research theories and processes and his development of action figures based on famous social theorists. For more information visit: www.theory.org.uk/ Retrieved 09/10/07.
scenarios. However, when I came to pilot the idea in my initial weeks at TEC, the one student who was interested in it asked not to be involved; he felt as if the session we had undertaken felt therapeutic or as he said 'it reminds me of one of my therapy sessions and I don't even want to do them'. In planning my methods, I wanted to avoid replicating any engagement tools which felt to the participants like an extension of the therapies at TEC, not least because I was not a therapist. Because of this concern and the fact the only student involved withdrew, I abandoned this as a viable method for this particular context.

Drawing-based interviews
The same problematic of the student perceiving my methods to be psychological, psychiatric or therapeutic, had been anticipated in my inclusion of drawing techniques and so in designing these methods, I consciously excluded some of the more well-known ones that had roots in these disciplines (c.f. Machover, 1949; Catte & Cox, 1999; Koppitz, 1968; Liv-Wiesel & Hershkovitz, 2000; Mizuta et al, 2002). I did this because they aimed to render the drawer's personality and thoughts available for the psychiatric or psychological gaze. As such, these methods would have taken me substantially away from my research question and would have eroded my attempts to make the research strategy person-centric.

In light of this, I chose to use drawings that students had either self-generated through their own interests or ones that they chose to create for this research. Rather than using an overly prescribed or task-based activity, as ethnographers like Punch (2002b) have done, I asked the students to draw pictures about their everyday lives, allowing them control over identifying what issues to represent and how to explain the content to me. Of the small number of students who actively used this method, all but one talked through the ideas in their drawings with me in student-led interviews where the content of the picture was used as a stimulus and focus for discussion (similar to the approach taken by Williams, Wetton, & Moon, 1989a, 1989b, 1989c). The other student had very little verbal speech and had previously used symbol-based languages and drawings to communicate. In this case, I also

43 Methodological note from the field, dated January 2008.
examined the content of the picture as it was one of his primary communication methods, and therefore had significant meaning within it.

**Photograph-based interviews**

To complement the drawing option for student engagement, I included a photographic method in the study. I used photography in two ways during this study. Firstly, I collected existing photographic records (of student classes, events, etc) created by staff in the settings and where possible negotiated access to the students' own photographs of their families, social and TEC lives. These are also known in the world of visual sociology as *found images* as they were not originally generated for use within the research project (Prosser, 2003; Rose, 2001).

In addition to this, I actively provided students who took an interest in this method access to the resources they needed to generate new photographs about their lives. I invested in twelve refurbished *Casio Exilim* digital cameras, which I bought direct from the manufacturer to reduce the bulk cost. These were middle range specification digital cameras at the time of study and captured images in 7.2 mega pixels. I specifically chose the *Exilim* cameras because they were relatively cheap, once I had negotiated a refurbish bulk purchase with the manufacture, and because they could be set to an *easy mode* which enabled participants to take pictures without having to adjust any settings.

I provided in total twelve cameras to the interested students. Each camera was marked with a unique identification code in both visible and ultraviolet permanent marker pen. Rather than providing the full functionality of the camera I pre-set them to *easy mode* knowing that if students wanted to use any of the more advanced features they would request the manual directly from me. In place of the basic manual pullout that came with the camera, I provided students with a top-line overview of the main features of the camera and how they could recharge the batteries. A copy of this basic instruction sheet can be found in Appendix D. Accidental damage or loss was covered by my insurance and a full exploration of my assessments, measurements and protocols for risk around the use of the cameras can be found in the project risk log contained within Appendix E.
Students were able to take and delete photographs as and when they wanted (within the wider TEC rules and regulations). I arranged weekly meetings with these students to download the photographs they had taken onto a secure memory device and provided them with copies of all of their photographs on a rewritable CD-ROM disk. I did this because I did not want to restrict the students' usage of these photographs. Whilst they constituted important data collection methods for me, I was also aware of the importance that photographic devices now play in youth sociability and did not want to force the interaction that existed beyond the boundaries of the research in the students' everyday lives (Livingstone, 2008). The visibility and normalisation of camera-like devices (digital cameras, inbuilt camera-phones, inbuilt camera functions on music devices, etc) in young people's lives further ensured that taking photographs would not be seen as an unusual or problematic behaviour.

Both the found and purposely generated photographic methods produced exhaustive amounts of data. However, this made it difficult to apply them as stimulation or facilitation devices. My primary aim in collecting the photographic data was not only so that I could visualise the encounters being described to me (where I had been absent or in areas of life I could not access), but also to conduct photo-elicitation. Douglas Harper describes photo-elicitation as being ‘based on the simple idea of inserting a photograph into a research interview’ (2002, p. 13). The aim of this is to use visual data as stimulus to evoke further data from the conversation (Emmison & Smith, 2002, p. 29). Existing research has shown that photo-elicitation generates extensive verbal commentary around the visual image produced (Banks, 2001, p. 88). My assertion in the planning of this method, based on previous experience, was that if the students led the generation of the photographs and the conversations around them then this would produce the data I required about their experiences at TEC and ideas about their futures.

**Documentation**

The final method I used was to collect all of the documentary data about the students participating in my study that was available. I followed a snowballing sampling method (Bryman, 2004, p. 102) using my interviews and observations with staff to identify the documents they held about students. Before doing so, I got consent from the participants themselves to look at any of the information that TEC held on them.
Only two of participants refused. I began by requesting and reading documents that the staff would easily give me access to (educational reports, progress reports, transition plans etc). When, however, I needed to access restricted documents that were seen as sensitive by staff (student profiles, therapy report, etc) this was negotiated on a case-by-case basis with the head of the department who owned or authored the document. I saw this method as important as it would uncover the data I would need to draw upon to understand the ways in which TEC officials administrated, assessed, measured and recorded the lives and futures of the students.

Ethical considerations
Thus far, this chapter has focused on the research strategy and methods I developed to access data about students’ and staff members’ constructions of growing up with a diagnosis of Asperger’s Syndrome. This next section considers the ethical implications that arise from this strategy and the actions I took to ensure that the study remained ethical.

I drew on a wide range of social research ethics protocols to develop the approach taken in this study. The frameworks I consulted and took advice from include national professional organisations (BSA, 2004; BSA – VisSoc, 2006), European and Government standards (Dench, Iphofen, & Huws, 2004; GSRU, 2005) and those developed by corporate research organisations (SRS, 2003). Consultation of these frameworks was of extreme importance as my research participants were considered by the University of Surrey ethical guidelines (2005) as being ‘vulnerable’ and as such my proposed plans were subjected to the scrutiny of the University of Surrey Ethics Committee in June 2007, from which I received a favourable opinion and could proceed with my research.

To make sure that I could work with the students, who were deemed ‘vulnerable’ under both the University’s and TEC’s policy documents on safeguarding, I had two CRB-Enhanced checks which were satisfactory (one for the University ethics committee and one for TEC). To add an additional layer to the ethical standards I

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adopted, I had my research proposal endorsed by the Research Unit at the National Autistic Society. Additionally, to make sure the research agenda did not contravene the ethical guidelines of TEC's policies and procedures, I subjected the research to scrutiny by the senior management, who also agreed with my assessments.

All of these submissions included an overview of the research methods, the rationale behind the research, methods and materials to be used in the research process and a risk assessment of the research process. The risk assessment breaks down specific aspects of the proposed study and identifies risks within it. Risks were scored low, medium and high. I then used the advice and guidance in the ethical frameworks I consulted to create mechanisms by which the risk would be mitigated if it were to arise. The full set of risks identified and mechanisms proposed can be seen in Appendix E.

**Informed consent**

One of the key ethical considerations to emerge out of my preparation for the research was the need to maintain informed consent throughout the research process. I achieved this through an initial consent form for participants and parents and information sheets on the research processes and purposes, which outlined the participants’ rights to confidentiality, anonymity and withdrawal from the research process (following the ethical frameworks and Wiles et al, 2005). Copies of these consent forms can be found in Appendices F and G.

I supplemented the consent forms, given the ethical anxiety about the vulnerability of my research participants, by consulting Government legislation. The Mental Capacity Act of 2005 changed the way in which someone’s mental capacity to make a decision is conceptualised. Whereas previously, the onus was on the individual making the decision to prove their capacity to do so, under the Act there is a reversal of this understanding. In this new statutory framework, a person is presumed to have mental capacity and the onus is placed on other people to prove otherwise. This legislation is applied in a whole range of circumstances where disabled people are making decisions about their life.
The Act describes a Mental Capacity test, by specifying that an individual is deemed capable of making a particular decision if they are able to understand the information relevant to the decision, retain that information and weigh up the information as a part of the process of making a decision. Finally the individual has to be able to communicate his/her decision (whether by talking, using sign language or any other means). In pursuing informed consent, I used the Act’s framework to judge whether the students were understanding the information I was presenting to them and using it to make an informed decision about their participation in the research. If they agreed and I was satisfied, under the conditions described by the Act, then I established that informed consent was given. All of the students who were interested and subsequently involved in the research passed the Mental Capacity test.

When I conducted face to face interviews with staff, I sought verbal and written consent to use the data provided in my thesis. Through the Headteacher, I had obtained permission to record the encounters of staff in the setting and, to ensure informed consent, I spent time explaining to them, individually and in groups, what my research focused on and why I was interested in the way in which TEC operated. I further, as a matter of ethical courtesy, sought verbal consent from staff to use their anonymised data in my analysis and final report. Because of the good rapport I built with staff over my time at TEC, I did not notice any marked change in their interactions with student because of my presence in the setting.

Confidentiality and anonymity

When I began the research process, I was asked by the Headteacher and Head of Therapy at TEC to produce *indicative statements* of the participants’ accounts at the end of each visit. They explained these *indicative statements* as necessary partial breaches of confidentiality to ensure that they could ‘fulfil their vision of holistic therapy’. They claimed that due to my unique subject position, I would be privileged to accounts from my participants that staff could not access, and that I should give an indication of these accounts to ensure the staff could deliver holistic therapy to the participants. I informed the staff that I felt this would breach the confidentiality of students and undermine the ongoing informed consent of the participants. After much negotiation they agreed to the mechanisms outlined in my risk log (Appendix E), stating that any ‘behaviour’ or ‘cause’ for ‘concern’ (such as disclosures of abuse
or suicidal behaviours) would be discussed with my supervisors. Then based on this
discussion, my supervisors would advise as to the action to be taken.

There were also various levels of safeguarding regulation that surrounded the status
of some of the students in the setting, in particular, staff made sure that those who
had been taken into care or had been permanently excluded, were not presented in
external facing resources, updates or literature. Based on my reading of the
aforementioned ethical frameworks used to guide this study, in any data relating to
the students’ lives or experiences I have anonymised enough of the detail to ensure
that individual students could not be identified. In every case, pseudonyms have
been adopted and, when necessary, specific details about places have been
changed, for example, the nature of a workplace experience. I invested a lot of
thought into making sure that these changes would not substantially affect the
overall sentiment of the students’ articulation of their experiences. I do, however,
acknowledge that in a setting where the staff record a high volume of data, it is likely
that from my discussions with staff they will be able to identify or at least narrow
down the student to whom I am referring. For this reason, and with the agreement of
senior staff, I will not present the findings of the study back to the staff team for them
to reflect upon, but rather provide them with an overview of my discussion and
argument.

However, I also gave consideration to the anonymity of students who were not
participating in the research. Because of the way in which TEC is structured,
inevitably there was a high level of interaction between students who had and had
not given their consent to participate in the study. As I have previously explained, the
ethnographic frame in which this research is situated demands a thick description of
the encounters that occur within the setting. Based on the advice provided in the
ethical framework I draw upon, I decided to include encounters where the majority of
the students involved had given consent, but where the non-participating student
was not a lead actor within the interaction. This data was easy to anonymise as the
non-specificity of who was present or what their response was did not affect the
understanding or analysis of the recorded account. In situations where the
interaction was solely or primarily based on the experiences or voices of non-
participating students these were not included in the data or analysis.
For this reason, I have not included any visual data collected from the students as it includes material that is both identifiable and, in the case of photographs, includes depiction of non-participating students. Also, I took into account that under existing copyright Law the legal ownership of photographs is held by the individuals who take them (Christie & Gare, 2004, p. 27; Banks, 2001, p. 132). In my ethnography, I found it is useful to clarify for the participants that they are the owners of the images they have taken (Pink, 2001, pp. 45-46) and thus own the copyright of those images.

Finally, as I mentioned at the start of this chapter, not all of the participating students were continuously involved in the research due to wider personal circumstances. In order to protect their anonymity during this time and to ensure their informed consent was not broken, I did not record or collect data from them during these periods. When, and if, students wanted to re-enter the research they would inform me and I would restart the data collection processes. At each of these instances I verbally sought a reconfirmation from those students of their informed consent. I had built a good rapport with my participants and found that many would freely and openly tell me when they were, and when they were not, being involved in the research process. Furthermore, I embedded a check of their status into any weekly meetings I had with students who were collecting visual data to determine if any change had been made to their participation status.

Reflexive considerations
This brief section of the chapter follows a recent reflexive turn in sociology. Before explaining my approach to analysing the data collected from the field, I want to make visible my own ‘ethnographic self’ within the research process (Coffey, 1999). This ethnographic self will become apparent in the subsequent chapters, as I draw on my recorded encounters to discuss and analyse my exploration and findings. However here I wanted to highlight the relevance of the research question to my own experience. I hope that it will bring to light my own interest in the imagined futures of children and young people (in particular those with official diagnoses), but also to some extent explain my choice of research subject.
As a child, I had a marked and noticeable difference in the way that I thought, communicated and interacted with others. In addition to this, I struggled with basic numeracy and literacy; however, I had a keen and active imagination. This led in many cases to me being socially isolated from my peers. From this difference, adults in positions of responsibility made assumptions about my development and the kinds of possible futures I could achieve. Most clearly this manifested in my educational career. Despite the increasing concerns of staff at the school over my challenging behaviour, in and out of the classroom, they maintained, in conversations with my parents, that it was due to my innately lower level of social and academic ability.

This was confirmed when, at my parents' request, the Special Educational Needs Coordinator (SENCO) administered a basic spelling test and declared that there was 'nothing wrong' with me. Following this, the Headteacher of the school informed my parents that they would just have to accept that 'not every child has the ability to achieve their ambitions' or 'what parents' want' for them. As Nick Lee (2005) suggests, parents in modern times invest in the educational activity of their children because of the importance it is seen to hold for achieving the referents of a standard adulthood, such as qualification in an information society, employability and social competence. My parents similarly saw a value in exploring the school's assumptions of an underlying natural inability that would have a perceived an impact on my future educational and social ability.

My parents, through their own observations and interactions with me, saw the challenging behaviour as a manifestation of my frustration at not being able to explain and express myself to others in a way they easily understood and to not achieving the kinds of things I strove for both in educational and extra-curricular life. Because of this, my parents referred me to a private educational psychologist at the age of a ten culminating in an intensive assessment of educational-psychological tests. After this, I was diagnosed by the psychologist as having Dyslexia.

The importance of this moment is not the accuracy of the diagnosis (in later years other practitioners have suggested a multiplicity of others, including Dyspraxia and Hyperactivity even a 'social impairment'), but rather the impact that an official classification had on other people's and my own ideas about my life, ability and
future. Post-assessment, the school was notified of the diagnosis; however, feeling that it undermined the SENCO’s authority, it called in my parents to confront them on their decision to get a private assessment. The Headteacher once again told my parents that they had to come to terms with my inability to achieve and that in transitioning from primary to secondary school this should guide the type of school I should go to.

The school provided no support mechanisms post-diagnosis, which forced my parents to have to privately fund direct support outside of school hours. These sessions were extremely productive for me. Not only did they provide the curricular support I needed, they also enabled me to use the diagnosis to make sense of my experiences and the frustration I had felt in not being able to express myself to others in a way they understood. In this way, and as I progressed through my academic life, I had a language by which I could explain to my educators the way in which my mind worked (through associative thought) and the ways in which I learned new things (by interactive discovery). No doubt the reader will have noted my use of particular constructions of mind and pedagogue in the previous sentence. I will not here unpick these constructions as it would require a lengthy case analysis. Instead, I will signal that for me the language and legitimacy that came with diagnosis (irrespective of the accuracy of its description) enabled me to talk with authority about why and how I was different from my peers, which brought about greater understanding and empathy from them. The reclaiming of the label as part of my identity whilst growing up, allowed me to successfully contest a range of adult assumptions about my levels of ability and future functioning. For example, the number and kind of A-levels I would be allowed to do and the type of university education I should be aspiring to.

The reason for presenting this discussion in the methodological chapter of this thesis is that my own experiences have had a significant impact on the way in which I constructed a research question for the doctoral research. I had personally found that diagnosis can be a powerful way of making meaning out of experience, but also is a device to bring clinical legitimacy to my negotiation in encounters and life events. Furthermore, the fact that I had to continually challenge adult assumptions about my levels of ability and aspirations for the future demonstrated how persistent standard
ideas about what it means to become a functional adult can be. From this, I became interested in how the dynamics I was forced to navigate in transitioning through adult constructions of my present child and futures adulthood, self played out for a group of young people who were seen culturally and clinically as having a unique ability but, at the same time, impairments that could restrict their interactions with the adult world. As we saw in my review of the literature about Asperger’s Syndrome, the clinical description identifies core deficits in areas that more popularly would be considered to be referents of standard adulthood (Lee, 2001) and provides important insight into this problematic.

Data analysis
Being mindful of my own experiences of growing up with a diagnostic label, I wanted to ensure that I did not project this experience onto their lives of the students. I achieved this through ensuring that their own accounts of their lives were at the centre of the methods I used. However, in doing this, I had also to recognise that in interpreting the data, based on their constructions of meaning, I brought into the investigation a different sociological dimension to my understanding of their lives. In this way, I was able to position their meanings and constructions within a wider social problematic or set of relations that I could access through my various research methods. As an ethnographer, I am able to move between the student narratives and create comparative accounts of different student experiences. Furthermore, I was able to identify themes which ran across different areas of the students’ lives and different accounts provided by them.

This approach is important as it involves a different power dynamic than that of other ethnographic social constructionists. Some have strong political agendas for challenging the assumptions within a setting. These are what Ian Hacking (1999, pp. 19-21) calls unmasking, rebellious and revolutionary forms of social constructionism. My research question is not about a political assessment of the merit of contemporary constructions of Asperger’s Syndrome and growing up, but rather a sociological analysis of the impact of this dynamic on the lives and experiences of young people and consequently what this can tell us about growing up in modern times.
This meant that my analysis focused on an examination of the encounters and dialogue in my data to uncover (ibid) within them the meanings and constructions that were being put to use by, and through comparison across, students and staff members. However, by claiming that I am uncovering these constructions and meanings I am not asserting that these were knowable only to me because of my sociological background, but rather that because of my sociological knowledge I was able to identify instances where students and staff were attempting to communicate to me particular meanings or motives in relation to their actions, thoughts and behaviours.

Where I collected data which related specifically to a participating student, I organised it in a file under the student's pseudonym. When I came to organising the data in order to analyse it, I consulted a range of authors who recommended classifying it thematically following a ground theory approach (Charmaz, 2006), or by an individual case study profile (Yin, 1994). After discussion with my supervisors, I pursued a combination of both. I began by drawing together all the information I had on each student and created a student ethnographic profile that collected in one place all of their data. Where data related only to TEC, I created a file for this purpose as well.

In doing this, however, I did not want to recreate what I perceive to be the problems with psychological profiling of students (following the critiques of Rose, 1985). As a result, my use of case studies was not to create a cross-comparison (Yin, 1994; Glaser & Strauss, 1967) of the cases, as is usually the approach adopted in research using case studies. Rather, I used the case studies as a way of exploring the commonalities and differences in and between students' constructions about life at TEC, Asperger’s Syndrome, growing up and their imagined futures. This approach is termed by Robert Stake (2005, p. 445) as being instrumental, where the case studies that have emerged from the research are used to bring meaning to understanding the phenomena, practices and constructions (Innes, 2001) of growing up with a diagnosis of Asperger's Syndrome, rather than to illustrate differences in approach by individual cases.
Once this had been completed, I used a form of ground theory (Charmaz's liberalisation of the process, 2006) to elaborate on (adapted from Emerson et al, 1995) and further explore my theoretical ideas about the students' meanings and constructions emerging from their own accounts. Through this, I was specifically looking for data that related to my research question on the ways that young people at TEC, and the staff who support them, make sense of growing up with a diagnosis of Asperger's Syndrome. Analytically, I investigated the constructions of childhood and adulthood, the tactics and strategies the young people used to make sense of growing up in modern society, and how referents of Asperger's Syndrome were mobilised in their accounts.

**Dissemination of research ideas**

Throughout the process of designing, implementing and writing up this study I have taken every opportunity possible to share my learning with the wider academic community and reflect on the responses I received to strengthen its development. I was keen to hear the insight of scholars and postgraduate peers from different disciplines and sociological perspectives and attempted to present to as diverse an audience as possible for the duration of my doctoral research. To date, I have delivered ten conference papers (national and international) which relate specifically to my exploration in this thesis and attended many more. These proved extremely useful for not only presenting my thoughts and analysis for peer critique, but also for the exposure to new ways of thinking about my data and the experiences the young people were telling me about.

Because of my own experiences, I was also keen to pursue what I saw as another important output of sociological investigation. In a similar vein to the ideas advocated in the works of Michael Burawoy (c.f. 2005), I am a great believer that the sociological theoretical work academic researchers produce should be used to create a real world benefit. To this end, I was pleased to be invited to give oral

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Because of my approach and the sheer number of different data sets I collected, this analysis was done over eleven months. I did this manually as I found it much easier to navigate through the data than I would have been able to do using a digitised program: mainly because of the format limitations of some of the software (c.f. Lewins & Silver, 2007).
evidence in the Houses of Parliament to the All Party Parliamentary Group (APPG)\textsuperscript{46} on 11\textsuperscript{th} March 2009, following written evidence I submitted a month earlier to their public inquiry (a copy of my written evidence is presented in Appendix H). In my written and oral evidence, I was able to discuss my earlier analytical ideas about the social consequences of the way that institutions (like TEC) imagine the futures of young people and to make recommendations on what action could be taken to address my concerns. I was careful to make my data as relevant as possible to both the inquiry and the debates it focused upon.

Similarly, I was asked to be an advisor for the Centre for Economic and Social Inclusion (CESI) which was acting on behalf of the National Audit Office, researching into the transition to adulthood for young people with autism and Asperger's Syndrome between September and December 2008. I was able to use many of the ideas that had arisen in the exploration of own research to suggest an appropriate research design, analysis and narrative that contributed towards the final report (NAO, 2009). Finally, and most recently, my ongoing discussions and debates with Adam Feinstein, resulted in me influencing the final narrative of his social history of autism (2010, pp. 16, 26). I state these dissemination points not as a matter of ego, but rather to demonstrate to the reader that I have been using and intend to continue to use, the ideas generated in this thesis to influence the direction of public debate and policy around the futures of young people with Asperger's. These experiences also gave me an insight into how Government policy constructed ideas about youth transitions for disabled children and I could see the wider social policy landscape that practices that staff at TEC were drawing upon to rationalise their interventions in the students' lives.

Conclusion
The central question of this thesis is to examine the ways in which young people with a diagnosis of Asperger's Syndrome, and the people who work with them, make sense of growing up in an age of uncertainty (Lee, 2001). My aim in this chapter has

been to explain the rationale for the methodological approach I have taken to test this question empirically.

I have outlined how I negotiated access to both TEC and the students and in doing so have highlighted the need to put the students’ own accounts, meanings and explanations at the centre of my understanding and investigation of their lives and experiences. The research strategy was specifically developed with this key feature in mind and the ethnographic framework was supplemented by a range of methods that participating students could choose from as a means to engage with the study. In addition to participant observation, I introduced a number of inclusive and student-led interview styles to collect further data (including walking, drawing and photograph-based interviews). In using these methods, I made sure I did not adopt an approach that paralleled the psychological or therapeutic tools in use in the setting. This was to avoid blurring between the therapeutic approach TEC adopted and the research I was conducting. Furthermore, it was to signal to the students that the research I was doing was different in nature to the psychological investigation they were used to and to ensure a more equal power dynamic could be established in the relationship between the participating students and myself.

To establish an ethical base for the research, I consulted and took advice from best practice standards, protocols and guide in social research. The research proposal was given a favourable opinion by the University Research Ethics Committee, the National Autistic Society and by the senior management at TEC. In applying this best practice, I undertook extensive ethical and risk planning before entering the setting. An additional impetus for this was the ‘vulnerable’ child and/or adult status assigned to the students I was researching with by the University Ethics Committee and the local authorities that funded the students’ placement at TEC. To ensure that I met the safeguarding regulations of the committee and TEC, I applied for, and successfully passed, an enhanced CRB check. In line with this, and to strengthen the existing mechanisms for informed consent, I undertook a Mental Capacity Test (as specified under the 2005 Act) to satisfy myself that the participants fully understood the requirements of the study, including what was involved in the research and what I would do with the research findings. Finally, because of the safeguarding mechanisms in place around a number of the students, I have
anonymised all forms of data to protect confidentiality and to this end excluded visual sources that could lead to a student being identified.

To ensure that the data analysis reflected the core research question of the thesis, and stayed true to the meanings and explanations provided by students and staff, I kept their accounts central the analysis and used my own sociological knowledge to identify connections between their meanings and constructions. Furthermore, using sociological frameworks I was able to draw on wider relations or themes that were in operation across the students' accounts and relate these to the analysis done by scholars working in these areas. From this, I was able to elaborate on the students' own ideas to produce a sociological description and analysis of their lives and experiences. Finally, throughout the research process, I have actively disseminated and presented my emerging findings to academic, parliamentary and policy audiences to gain valuable feedback on the evolution of my ideas, and to identify connections with wider narratives about the lives of young people, transition and services for people with Asperger's Syndrome. In the next chapter of the thesis, I turn my attention to the analysis of empirical data collected as part of my ethnographic study at TEC. This first empirical chapter investigates the way that staff make sense of the students' behaviours and inscribe onto them meaning.
Chapter 4: Constructing frameworks of social functioning

Introduction
This chapter begins with a discussion of the ways in which the therapists at TEC used measurement to construct ideas about the social functioning of the students. I consider how this is done through the creation of case histories, which draw on the past and present documentation about the students' functioning and progress. In doing this, I demonstrate empirically how the therapists use their clinical knowledge of Asperger's Syndrome to present a coherent and stable sense of the students' abilities. From this, I argue that two broader constructions are brought into play. The first is the contrast between normal and abnormal behaviours of the student. The second is perceptions of normative social functioning in childhood and adulthood. In this, I show how the techniques of measurements that the staff use, undermine the legitimacy of the students' voices. Finally, I move onto a discussion of the referents of adult functioning that staff, at TEC, construct for the students to aspire to, and how the staff use these referents as a foundation for intervention in the students' lives.

Measuring difference
Before entering TEC, all the students have an assessment of need by their local authority, called a Statement of Special Educational Need. This Statement specifies the type, and level, of support the student is assessed to need to pursue educational opportunities. These Statements were used by authorities, and parents, to argue for the type of educational placement that they think would best meet the students' needs. In the case of the students' participating in my study, this resulted in a placement at TEC. Before the student arrived, TEC was sent a plethora of reports and assessments about the student's level of social functioning. These assessments had been carried out by professionals and agencies that had previously been involved in the education, therapy or lives more broadly of these young men.

These assessments and reports outlined the details of what the psychologists at TEC deemed to be the students' past social functioning. By social functioning, the psychologists meant social competencies that psychological studies and wider society saw as being crucial skills for adult life. These included, the 'proper' of manners or etiquette, taking responsibility for the self and others, and the
maintenance of peer-group friendships. The staff interrogated the reports to look for the presence, or the absence, of these elements of social functioning. The presence, or the absence, of features, was used by the psychologists as proxies for understanding the way that Asperger’s Syndrome manifested in any given student.

The descriptions and assessments of social functioning contained in the documentation were compiled from a combination of psychological tests, clinical observation and case histories by other practitioners. From this documentation, the therapy department at TEC hoped to get a sense of the students’ progress prior to starting TEC, the rate of change in this progress and their perceived level of social functioning by other professionals that had worked with them. As Sally, one of the psychologists explains to me one day when we sat in the therapy room, looking through some of the students’ case histories:

‘We get sent all of the old reports that are on the kids’ file and take a look to get a picture of what they are like, ability-wise. So we know what kinds of things we are going to need to be working with them on over the next few terms... sometimes I give their old therapist a call just to check something, but we more or less get a good picture of their past from the stuff they send over’

The end of this exchange is important, ‘of their past’, as it signals the intended usage of the documentation by the therapists. From my observational data, I saw how this ‘past’ functioning was used to construct a case history of how the individual student may function at TEC.

For example, on one occasion I was sitting in the small, pastel-decorated therapy office typing up some of my research notes from earlier in the day. I was sat behind Tom, one of the psychologists, who had his back to me. He was sorting through a pile of printed paper. At a moment of no particular significance, he spun around in his wheeled, black office chair and asked whether I wanted to give him ‘a hand with something’. I said that I would, and went over to his desk. Lying on top of the usual clutter on his desk were three piles of paper, and one additional pile on the floor next

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47 Based on research note from February 2008.
48 Based on a recorded exchange, and research memo written during it, from June 2008.
to his chair. ‘Right’, he says, and pointing to one exclaims, ‘these are the reports from his [a student’s] last school’. Pointing to another he remarks, ‘and these should be the ones from the authority assessment’, and with a wave to the third, much smaller pile on his desk, states ‘and these come from the behavioural course he went on last summer, which I think his mum kept and sent in to us’.

He continues, ‘what I need to do is go through them and flag any key points that they’ve made about his social ability’. Tom asks me to ‘have a go’, suggesting that because I know ‘something’ about the clinical descriptions of Asperger’s Syndrome, I will be able to ‘find’ the elements of social functioning that he is looking for. When I ask him to clarify what he means, he explains ‘this is just to get a very basic overview of where they are in their ability, and what kind of effect the Asperger’s has on their behaviours, and the like’. In this he is drawing on the common, yet unspecified, clinical understandings of Asperger’s Syndrome. Notice how he suggests that I, a non-therapist, could interpret what information would be relevant just by knowing the diagnostic parameters of the condition. He further makes an assumption that the ‘affect of the Asperger’s’ on the student could be drawn from either the document itself or through the viewers’ (in this case Tom and I) rereading of them.

I told Tom that I was uncomfortable interpreting the documents, but was more than willing to sit with him and learn more about the process, if it helped him to talk about it out loud. He agreed, and we went paragraph-by-paragraph through the documents looking for referents of Asperger’s, and for indications of past social functioning. However, this reading was not systematic, nor was it comprehensive. More, it acted as a skimmed appraisal of the main narrative and a generalised identification of the key indicators that the authors were using to signal, or not signal, social functioning. The key points from the investigation were recorded by Tom into a word document on his PC in a bullet-point list. These bullets only included top-line summaries of the findings, such as, ‘history of self-harming behaviours, but has reduced with use of ABA’. Where possible, Tom records next to the bullet a note of the source of the

49 ABA stands for Applied Behavioural Analysis and is approach in which the adults in the child actively correct and reinforce what are seen as positive social behaviours from more information see Lovaas (1977).
information. Once he finishes with a report he adds it to the pile on the floor by the side of his desk.

After around an hour, he completes reading through, and writing up, the bulleted list of the student’s functioning that he identifies in the reports. Thinking that the task is finished, I get up to stretch my legs, at which Tom jokingly retorts ‘where you off to, we’re not done here yet’. I return to the seat and we begin the second phase of developing the case history. Tom informs me that we now needed to go through the bullet-point list he had produced and consider the overall picture it gives us of the student’s functioning, and the degree of progress made at their previous setting. In doing this, he tells me ‘we might need to fill in some of the gaps’. Here, he is referring to the fact that many of the reports give incomplete descriptions of the students’ behaviours, and some rely on practice-based or professional shorthand, which is not always translatable.

In this second phase, Tom begins to draw out connections across, and between, the features he has identified in the documents. As this commentary illustrates:

‘So if you look here [pointing to bullet points on the screen] at the time he was getting behavioural therapy [pointing to a different bullet point] he was also receiving anger management training, however [pointing to a third bullet point] this did not seem to have any effect on aggressive behaviour towards other staff and students... and what we know about Asperger’s, tells us that there is something else going on here in relation to the aggression [pause] most probably a wider frustration or could be a wider social anxiety being heightened through the therapy’.

Note Tom’s use of the words ‘probably’ and ‘could be’, which reveals the speculative nature of his constructed correlation between the previous use of behavioural therapy, anger management and reported aggressive behaviour. This speculation is extremely tentative, as it does not draw on the descriptions contained within the documentation. Rather, it relies on a summation of psychological and clinical

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50 These details have been altered to ensure the anonymity of the student being discussed, however do not detract, or change substantively, the meaning from in the original usage.
knowledge about Asperger’s Syndrome, and the causations and correlations associated with it. However, this speculation is transformed into a legitimate and plausible articulation, one which becomes instilled within the case history, in a new additional bullet-point. The only difference, therefore, between the speculative and actual recording of Asperger’s behaviours, becomes the referencing of existing documents in the lists. What is important about this process of speculation is that the more the gaps in the original sources, the more reliant the case histories are on the psychologist’s own applied usage of ideas about the classification of Asperger’s Syndrome.

In the final phase of case history creation, Tom explores tentative (signalled through the continued use of ‘possible’) projections of future social functioning at TEC. As he notes in our discussion: ‘well, in this case then, we can presume that his social ability will not have substantially increased over the last term [pause] so we will need to check the emotional and [verbal] initiation assessments to see how accurate this is’. In this, the speculation becomes an explicit assumption. However once again, because of Tom’s professional status, and because no one but me is around to contest or question it, his tentative suggestion becomes a recommendation. This recommendation is located at the end of the word document along with others elaborated from his analysis.

During my time at TEC, I saw this process take place with a number of therapists, about a wider range of students. Whilst they all adopted different strategies or articulations of this process, (some did this in their heads or in collaboration with other colleagues) they all broadly followed these three phases. To recap for the reader, these three phases of case history writing involved the identification of trends and features of social functioning contained within reports about students, before they arrived at TEC. These trends were, secondly, supplemented with wider clinical knowledge about Asperger’s Syndrome, using it, where gaps existed, to elaborate explanations and correlations. Finally, the psychologists made speculative recommendations about the kind of tests they would have to do on the students to work out their potential social functioning at TEC.
The culmination of this progress is the distinct sense of a stable and coherent picture of a student's past functioning, and a legitimate baseline on which to undertake new assessment in the future. As one of the other psychologists succinctly informs me, 'you need to know where they've been, to know where they might by going'. In this way, the reinterpretation of the students' past functioning by the psychologists played an important role in establishing the foundation of their likely functioning at TEC.

The work of the social theorists Michael Foucault (1972; 1979b) and Bruno Latour (1987; 1990), have shown how medical or scientific documentation can be used by clinicians and laboratory technologists to produce a sense of clinical or scientific history to their assertions. In turn, this produces legitimacy to the professionals' claims about the certainty of their own formulations and assessment of needs. We clearly saw a micro-example of this taking place in the creation of a case history by Tom, based on assumptions and speculations of certainty and continuity of past functioning.

**Measuring social difference**

The established legitimacy of the case history was vital for the use of new measurement techniques by TEC therapists. Once the case histories were prepared, usually in advance of the student starting, the therapy team arranged for an introductory assessment of the students' functioning and needs. These introductory assessments included the use of both statistical and qualitative rating scales to measure the cognitive, social, emotional and behavioural features of the student. This measurement was judged against a hypothetical, normal distribution of student abilities and, in many cases, those without Asperger's Syndrome. These assessments included: social reasoning scenarios to test theory of mind, the *Conners' Rating Scale* (CRS-R) looking at traits in hyperactivity, inattention and opposition, the *Spence Children's Anxiety Scale* (SCAS) measuring criterion on anxiety disorders, *Self Image Profile for Children & Adolescents* (SIP-C) focusing on self-perception and cognitive ability tests, such as, the *British Ability Scales II* (BAS-II). All of these assessment tools create a statistical value, which aims to convey the extent to which the assessed student performs in comparison with either a normal distribution of functioning (Danziger, 1990) or the perspectives of other adult stakeholders in their life. To take the latter, by way of example, I have presented an
 anonymised graphical output from a social skills questionnaire that the therapists used in the introductory assessment meetings. This particular assessment method required input from adult perspectives, in this case the parent and personal tutor.

![Graph](image)

*Figure 1: Result of anonymised Social Skills Questionnaire*

In this chart depiction of the findings from the assessment, the statistic rating is presented on the left hand side. In this particular assessment method, the statistical value takes a secondary level of significance to that of the bars, which indicate the contrasting perspectives of the students' social skills. As we can see, the ratings have been assigned by the personal tutor, the parents and the students themselves. In the graph, we can see a number of disparities between the three set of perceptions the most notable being the perspectives of the student and those of the parent and personal tutor. For example, compare the differing perceptions of warmth and empathy. This chart begins to visually convey a difference in the way that the students, and the adults involved in their lives, construct ideas about their social skills.

Bruno Latour (1979; 1987; 1990) characterises graphs, tables, photographs and other forms of documentation as *inscription devices*. He writes that these inscription devices are used to make visible, trends and correlations between objects and subjects. In doing so, they inscribe a meaning onto the graphical or pictorial representation and allow it to stand in for material behaviour. This inscription is

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51 Anonymised, reformatted and coloured graph from student profile report dated September 2007.
further extended through a narrative that frequently accompanies these pictorial representations in the psychologists' assessment reports at TEC. The supplementary narrative aimed to explain what the psychologists saw the consequences of these differences of perception being for the treatment of the young person.

In my observation of, and interviews about, this process I found an interesting trend that the students' perceived social functioning was used as the starting point for the narrative. If we reconsider the content of the chart above, we can see that there is nothing that suggests it is anything more than subjective judgement of opinion between three different people, and therefore, the results should not ordinarily be directly comparable let alone assigned a level of accurateness by staff. Despite this, the narratives the psychologists constructed to explain these findings and ratings contained a clear hierarchy in the legitimacy and value of the perspective being presented. At the bottom was the student's own reported social ability. The psychologists attempted to explain away the student's own perspective by drawing upon the idea that the reported rating is a manifestation of their lack of social awareness: a core part of their Asperger's diagnosis. As Jane explains52, 'from these tests we get a really good sense of just how far off the students' sense of their abilities are'. In these statements we can identify an underlying intention of the psychologists. The test sets up an unequal power relationship between the voices of the student, parent and professional. The professional gaze that the psychologists bring with them to the analysis of this data, renders the student's voice inaccurate, and uses it to demonstrate that the student has a social impairment that needs to be taken up by the therapeutic department for intervention.

From this, we can now uncover the true positioning of the other two protagonists in the chart, that of the parent and personal tutor. From my interviews with the therapy teams and personal tutors, I got the sense that at TEC, parents were seen as the experts on the student's functioning in home and family life. This idea was, in fact, a formalised process at TEC, by which parents would send updates on their child's behaviour to the therapy staff during terms breaks and holidays. Similarly, personal

52 Taken from interview from May 2008.
tutors, who were each assigned around five students, were seen at TEC to be the equivalent experts on the students’ lives at TEC. They received frequent updates from colleagues and care managers about their assigned students’ progress, and met with them individually on a weekly basis. The expert positions of these two adult groups resulted in them unwittingly collaborating to reduce the status of the students’ own perspective within the assessment. This stands in stark contrast to the lack of expertise afforded to the students about their own lives.

This cause of this has its roots in the wider modern dominating position of adults, as primarily the experts on children’s lives. Nick Lee (2001, p. 89) has noted that despite the significant progress that has been made with the introduction of children’s rights and independence into domestic and international thought, the adult-dominance of decision making has been unrelenting. This adult-dominance, and subsequent marginalisation of the students’ perspective, is further developed in the therapists’ rationale behind this dominant adult status. As Sue53, one of the alternative therapists explains to me in relation to the position of parents:

‘the parents are usually closest [to the accurate assessment of the students ability] because they have seen the world and know the limitations that their children face on a daily basis. So, like us, they know that even when it seems like their children are doing well or making progress, I guess they also keep in mind how easy it is for these guys to slip backward. You know, no progress, nothing, ‘cause the parents, they’ve seen it all happen before’

Consider Sue’s use of the parent’s knowledge ‘of the world’, and their mindfulness of students’ progress. In such accounts, the parent is being positioned as having a more rational and mature understanding of social life, based on their cumulative experiences of living with their children. This relates specifically to what Allison James and colleagues (1998) call the dominant framework of childhood and adulthood. In this framework, the adult is positioned as a rational social being that can use their accumulated experiences to make decisions and judgments about the lives of children. In contrast, children and youth are seen as dependent, being on a

53 Taken from interview transcript dated March 2008.
journey toward the rationality of adulthood. Children's accounts, and perspectives are seen, by adults, to be tainted by their closeness to nature and instinctive reaction to social relations and phenomena. This is further constructed for these students in the form of the Asperger's diagnosis. In that the ideas about childhood natural instinct and current lack of social understanding are played out in this measurement technology both in relation to the student's status as a child and as having a disorder of the social: Asperger's Syndrome.

The result of this has an interesting effect. The more a student asserts confidence in their social ability, the wider the reported gap between their and the adult expert's perceptions. Ironically, it is this same gap that is taken up in the psychological narrative and used to demonstrate the student's lack of social awareness and understanding. In this context, inflated, as well as deflated, self-reporting was constructed as a sign of pathological and problematic thought. As Jane explains, 'this just goes to show, he's got all the confidence in the world, but he's no closer to understanding the effect that [Asperger's] has on his life'. In this moment, Jane is taking up 'confidence' of self-ability as a sign of the student not understanding properly the Asperger's diagnosis. In doing this, she is repositioning his confidence as a tangible sign of his lack of understanding of his condition.

When I explored the students' experiences of filling in these assessment I was not surprised to find that none of them had specifically drawn on their diagnosis to make a decision about how to rate their social skills. Whilst some did draw on previous life experiences and feelings of social isolation, they did not articulate, to me at least, a correlation of this with the clinical constructions of Asperger's Syndrome. James, for example, told me that he had just tried to answer the questionnaire as 'honestly as possible', but still was not sure if he had 'done it right'.

These different approaches and framings of ratings had an important and tangible effect on the status of the students' voices within the process. Nick Lee (2001, pp. 88-90) has demonstrated how children's voices continue to be marginalised within the decision making process in the UK today by the increased value assigned to

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54 Taken from field note from April 2008.
adult expert voices (see also Komulainen, 2007). In these encounters we can see this problematic at play with the students' voices being perceived to be of little importance, but in contrast the status of the expert adults as retaining value. This value and validation comes with the comparison of the experts' accounts with those of the student.

André Turmel (2008, pp. 130-131) in his historical investigation of the use of categorisation and graphic visualisation in thought around children's development argues that the chart is inherently a technology of comparability. He writes that this inherent comparability inscribes notions of normality and abnormality to those plotted onto it dependent on where they appear on the chart. The distance between the abnormal child and the 'ideas of average... normal distribution, bell curve' all become subjects for closer psychological inspection.

Since, in this case, the students' rating has already been discounted, the distance between the student and the expert becomes another new analytical space (Foucault, 1979b, p. 143). In this space, the adult experts can assert the legitimacy of their rating over those of the student. For if the perspectives were closer it would suggest that the student was aware of the Asperger's frame, something even Jane was prepared to consider for the 'most able students', or that the adult expert had not correctly drawn upon it themselves. The legitimacy which is created out of this space opens up the student's ability (in this case social ability) to the need for intervention from therapeutic services. For example, the intervention, in this case, would be to educate the student about how their Asperger's Syndrome affects their judgement of themselves and the world. From this, we can see the way in which the student's own thoughts are brought out by the psychologists and made tangible, through the chart, as sites of therapeutic interest. Nickolas Rose (1999a, pp. 139-140) has similarly highlighted the ways in which the use of psychological and intelligence testing translates the interiority of the mind (in this case the Asperger's mind) onto the exteriority of documentation.

**Underlying constructions**

I want to, here, make explicit to the reader two core underlying oppositional constructions that these techniques of measurement are producing. The first is the
distinction between normal and abnormal behaviour. In the assessment, normal behaviour would constitute scores on the normal distribution. However the student’s ratings that were interpreted within the Asperger’s clinical frame were made to be signifiers of pathology and abnormality. Similarly, the second oppositional construction was that of children’s and adult’s positions. Whereas the students were positioned as people who had not yet realised the implications of their diagnosis and symptomology, the adult experts (parents and personal tutors in the example I provided) were imbued with a legitimacy that positioned their voices as more accurate than those of the student. Furthermore the adult experts’ use of Asperger’s Syndrome and life experiences were seen as signifiers of rational, mature and informed decision making. The result of this is that the individual student becomes trapped between the constructions of child and adult sociality, with Asperger’s becoming identified as an aggravating factor. From this, leads a valid argument for intervention into these young men’s lives, to bring about a greater awareness and understanding of their social behaviours.

In this section, I have considered the ways in which TEC used techniques of measurement to construct ideas about students’ thinking and behaviour as being problematic. Through this, I demonstrated how this problematic functioning of the student is caught up in two wider social constructions about what is means to have Asperger’s, and how this relates to ideas about becoming an adult. In the measuring of difference, the psychologists use their professional-expert status to reduce the extent to which the voice of the student has a say over their own functioning and, gives prominence to the perspectives of other adults deemed experts in the students’ lives. The consequence of this is that the students are not considered by the adult practitioners to be socially functional young adults. In the following section I will deconstruct what it means to be socially functional in the context of TEC.

**Constructing social functionality**

The staff in the therapy department at TEC, actively work to construct the parameters of what it means to be a functioning social adult. These constructions are drawn from their understanding of clinical ideas about Asperger’s Syndrome. Hence, it is Asperger’s that is at issue in these constructions. However, as I have signalled in the previous section, they also draw on, taken for granted, societal ideas about
adulthood. In the intersection between these ideas Asperger's is seen to pose a risk in the journey towards a socially functional adulthood. As the Headteacher informed me at the very start of my journey into the setting, ‘we know what we know about these guys, and what we know is that their Asperger’s means they find it harder than your usual kid to work out what they need to be doing to be treated like the sociable young men they are becoming’. The repetition of ‘we know’ is important, as it conveys the status and root of the knowledge that the staff draw upon to construct their ideas of a standard adult social functioning at TEC. The ‘we’ of which the Headteacher speaks is a reference to both her own (and other staff’s) personal knowledge of growing up as an adult herself, and her professional understanding of an Asperger’s kind of adulthood. The duality of her vision is important as it tells us something about the choices of referents TEC uses to signal social functioning in adulthood. More specifically, these are based on both clinical and lay ideas about what it means to grow up and become an adult.

I was able to substantiate this interpretation of a duality, through the sheer number of times I encountered the sentiment in the expressions and articulations of staff at TEC. As Phil, one of the support workers, suggests ‘we’ve all been there it’s just [pause] for these guys, yes, they don’t know how to make things better for themselves. Well, no it is because of the way the Asperger’s works you see [pause] it blocks them out [pause] from the things you know [pause] what we would do intuitively I guess’. In Phil’s comment we find a similar notion of a lay understanding that is presented by the Headteacher, but in this articulation is nuanced further. There are key constructions at work here. The first is the idea that transition to adulthood is normative for all young people and something commonly shared by all adults. This is something that Allison James and Alan Prout (1997) have argued are key components of the dominant framework of growing up in modern British society. The second is an assumption that the Asperger’s condition restricts this ‘intuitive’ propensity towards adult functioning. This again draws on popular narrative that frames much of the discourse surrounding a standard adulthood, human development and an intuitive accumulation of skills over the life course (Lee, 2005, 55 Extracted from research note dated December 2008 56 Extract from walking interview with Phil at one of the student’s residences on a winter evening in February 2008. 107
pp. 32-33). In this latter construction, there is the additional assertion that development can be ‘block[ed]’ and in this case, it is the student’s pathology (the ‘Asperger’s’) that is cited as the halting factor.

From these two examples, we can ascertain that the duality of the Asperger’s and lay knowledge is crucial to bringing tangibility to the students’ transition towards adult functioning. In order to make sense of the students’ experiences, the adult staff create a comparability with their own uncertain transitions to adulthood, as Phil stated ‘we’ve all been there’. However, in the same moment, he reminds us that they are different because their Asperger’s means that they do not have the social understanding to successfully mitigate or navigate this uncertainty. As such, the students’ transition to competent social functioning is seen not as a deviant but rather a restricted trajectory.

The staff, once again, assert the need for intervention to help student to build the skills they need to acquire these functions. As Geoff, frankly, remarks: ‘without us these guys have no sense of how they should be acting’. The reference to ‘without us’ creates a dependency of the student’s sense of how they should act on the experiences and knowledge of the staff. This construction is akin to one we have seen elsewhere in modern emergence of the parental movement who built networks to share their insight into bringing up children with autism and Asperger’s Syndrome and make a case for them to play an active therapeutic part in their lives (Eyal et al, 2010); the growing up of the staff becomes an intrinsic part of explaining the transitions of the students.

The majority, staff, and uniformly the professionalised ones, came from (by their own description) a ‘middle-class’ background, and brought with them the social milieu of this grouping to their constructions of social functions. What is interesting to note in their makings of the standard social functions of adulthood, is their acknowledgement of their own lack of fulfilment of these functions in their own lives as adults. For example, Keith, one of the support workers, talked to me about the debt he has accumulated over his adult life and joked about what this might mean for his own achievement of adulthood functioning, given that he could not exercise financial judgement and management. Similarly Sue, a teacher at TEC, jokes with a
group of colleagues, in the staff room, about her 'filthy manners' noting that they are 'hardly' the kind of behaviours she wants the students knowing about. Finally, Wayne tells me about the restrictions that being in his late twenties, and still being 'reliant' on his parents for 'cash' and 'holidays', has on his independence.

These admissions by the staff, of the real experience of growing up, are of crucial importance when we juxtapose them with their assertion to students that adulthood is stable and achievable. Here we find an interesting paradox; we have a group of adults (many professionalised) who all self-proclaim that they have not, or have only partially, fulfilled the standard adulthood in operation at TEC. Despite, this they are in fact employed professionals and human beings who demonstrate, through their actions and intentionality, varying degrees of independence and control over their lives. However, they do not see their own failure to meet these milestones of adult social functioning as necessarily problematic for their interactions with the students. This highlights the gaps between the ideals and reality of growing up in contemporary British society. The staff's accounts reflect a wider shift in social life, where people are actively using accounts of uncertainty and risk to reflectively make sense of life events and stages where the traditional referents have become increasingly unattainable (Giddens, 1992; Beck, 1992; Beck & Beck-Gernsheim, 2003).

In this context staff use these experiences to continue to advocate to the students the value of continuing to seek these adult functions even in circumstances where the end result seems unachievable. As Jim, a care manager\textsuperscript{57}, suggests: 'yeah I am always telling them about my life and how difficult is it to get to that good place [based on our previous discussion by this he means his current life circumstances after his divorce], just so they know the realities, but you've got to let them know it's all worth it, keep them going, otherwise what's the point?'. This 'good place', has a worth for Jim, although he does acknowledge that the uncertainty of reaching it can seem daunting or de-motivating. As a consequence, he sees his role being about offering support and encouragement to the students to 'keep going', irrespective of how uncertain the outcomes seem.

\textsuperscript{57} Extract from field note dated June 2008
Something important has been acknowledged here beyond just the lack of acquisition of competent adult functioning by staff. It is that adulthood, and the functions (or referents) that orientate around it, are in fact social performances that are actively managed by adults to give a specific presentation to others about their closeness to the standard adulthood (building on Lee, 2005, p. 22). From my observational data, I surmised that when disclosed to other members of staff, it was most commonly in a jocular manner, and involved multiple disclosures by people in a group setting. This led to a collective recognition of the uncertainty of performances of adult functioning, which was normalised and pacified in the interaction context. In contrast, when these moments of disclosure were presented by staff to the students it was an illustration of the kind of behaviours they need to avoid or the kind of resilience the needed to have. In presenting the disclosures in this manner, the staff performed a rationality and maturity which reconstituted the disclosure into a symbolic expression of the standard adulthood and responsibility for action.

Specifying frameworks of social functioning

Having identified, thus far, the ways in which staff relied on both clinical and lay notions of growing up to construct their ideas about adult social functioning, I will now turn my attention to outline specifically the forms of adult function that arise from the constructions within TEC. The data which informs this analysis was taken from a plethora of sources, ranging from my participant observation, interviews with staff and students, lesson and therapy session plans and the service brochure for TEC.

Below, I will outline each construction of adult social functioning in turn and give a brief description of what the collective accounts at TEC meant by this function. I will then, in the following chapter, turn my attention to the ways in which the staff use technologies of training in an attempt to get the students themselves to pursue these functions. In doing this, I do not want to leave the reader with an overly homogenous sense of these social functions distributed amongst TEC staff and documentation. In reality the inclusion and articulations of these functions varied greatly and as a consequence of the dual usage of clinical and lay constructions, authors of pamphlets, sessions, lessons, etc emphasise one over another. Despite this, I think
it useful to present to the reader a broad description of the kinds of standard adulthood which the TEC aimed for these students to attain.

Looking at these social functions, we will see a wide range of ideas about the kind of standard adulthood being demonstrated, everything from the care and management of the self (Foucault, 1990 [1984]) to the creation of social value through contribution to the state and local communities (Lee, 2005). Broadly we can categorise these constructions into two distinctive types, acknowledging all the while that there is inevitably slippage, because of the interrelationships between them. I will begin by listing the features of the first type before moving on to an analysis of the second.

The first order of described social functions at TEC, are all markers of what Norbert Elias (1982 [1939]) would call a \textit{civilised adult}. In his account of the civilizing process, Elias notes the historical conditions by which western societies construct ideas about civilized people, and therefore their bodies, minds and behaviours. In doing so, he draws our attention to the importance of manners and etiquette as a means by which individuals can exercise self-control or self-management over their bodily functions. Through this, he illustrates how the notion of civility has come to create ever more infinitesimal focuses on the control of the body and its functions. In his survey of historical guides on manners and etiquette, he presents a number of examples (including the civilizing of eating, sneezing and defecating) that seek to show how, with every new articulation of civility, the practices surrounding bodily-control become more stringent. These forms of bodily control, so Elias argues, result in the muting or covering of bodily functions.

If we consider the first set of adult social functions, we can begin to see the importance played on the control of the self by staff at TEC. Below, I present an amalgamated explanation of the constructions present at TEC. These amalgamated explanations are based on the analysis of interview, observational and documentary data collected during my time in the field. The first set of functions is:

1. \textit{Self-directed health and hygiene management:} this relates to the self-regulation of the students' body that was expected by TEC staff, to ensure the students followed what TEC saw as healthy and hygienic living. This included
maintaining washing and grooming routines that the therapy and care staff
produced for, or with, them. These routines included activities, such as
regularly going to the toilet, taking showers, shaving, and remembering if, and
when, any prescribed medication needed taking.

2. **Acceptable presentation of manners:** describes the kinds of behaviours that
staff expected from students in particular interaction contexts. For example, at
the lunch and dinner table, students were expected to use cutlery and eat in a
manner that was deemed, by staff, to be appropriate and not offensive to
others, such as not eating with their mouths open. Beyond the table, staff
wanted students to display courteous behaviour and be respectful of others,
which included not swearing at others, and not invading staff, or another
student's, personal space.

3. **Positive self worth:** expresses the staff's ideas about the kind of self-image
that the students should have about themselves. For the staff, and
psychologists in particular, this involved an 'appropriate' level of
understanding by the student about Asperger's Syndrome and the effect it
can have on their social interaction. This, they argued, meant they could find
positive ways of coming to terms with their diagnoses. Positive self worth was
also use to describe the expectation that students who exhibited this
functionality, would not engage in self-harming or withdrawing behaviours that
isolated them from others, and ultimately were seen by staff as symptoms of a
low self-worth.

4. **Exhibit age-appropriate social interaction:** in order to fulfil this function,
students had to avoid acting in ways that the staff deemed to be 'immature' for
their age. Interestingly, the clinical ideas about Asperger's Syndrome were
subservient in the operations of this function to the staff's ideas about the
kinds of age-appropriate behaviours and interaction young men should be
engaged in. These involved demonstrating 'maturity' when making decisions
or dealing with situations they found difficult or distressing.
5. *Understand and exhibit sexually appropriate behaviours and relationships with others*: through sex education classes the TEC students were introduced to ideas about sex and sexuality. During these sessions and other group therapy sessions, staff aimed to communicate to the students the relationships and behaviours they deemed 'acceptable' and 'appropriate' between people in and around TEC. Students successfully displaying this functionality were seen by staff as using, for example, 'appropriate' levels of touching and maintained 'adequate' boundaries in the negotiation of sexual relationships.

The taking up of these health, hygiene, manners, age and sexually appropriate behaviours is important as they go to the heart of many of the wider societal anxieties about the position of young people in modern Britain. For example, we have seen a bourgeoning of studies heightening concern over a purported increase in childhood interest in sexual activity and practice and concerns over the elongation of childhood leading to a lengthening of the immaturity of childhood into the later stages of youth. All of this is seen as symptomatic of the wider understandings of uncertainty of outcomes in adulthood. In this context, youth is taken up as a dangerous age, where the lack of bodily control and the constructions of closeness to natural instinct become threatening to the idea of a successful transition towards civilized adulthood (c.f. MacDonald, 1997). The staff included these ideas because the uncertainty about the future social functioning requires a standard of civility by which therapeutic interventions can be rationalised.

The first set of social functions is complemented by a second order that focuses specifically on thinking for one’s self. Nick Lee (2005, pp. 111-121) has noted that independent thought, and the ability to think about others, is seen within developmental models of standard adulthood as being one of the distinguishing factors between rational adult thought, and the ego-centrism of childhood. Similarly, Allison James and colleagues (1997; 1998) have noted that adulthood is characterised by the levels of responsibility assigned to adults and children respectively. This notion of adulthood being a time of rational, independent thought and the taking up of responsibility is clearly marked in the second set of adult social functions.
In this set of social functions we see independence being articulated in the form of manifested independent living, and being able to make rational decisions that will affect their lives. This notion of rationality and intentionality is extended through the presence of a referent of moral and ethical understandings in adult decision making and interactions with others. The inclusion of notions of resilience in the standard framework is important as, for me, it marks a new expectation that I have not seen in previous discussions of standard adulthood (James et al, 1997; 1998). Finally, notions of adult responsibility are signalled through the achievement of reciprocal friendships and active participation in, and contribution to, our society. Below, I have listed the second set of functionalities that were constructed at TEC.

1. **Independence**: this relates specifically to the students’ ability to act in an independent manner, without an over-reliance on staff or others. This was for example, signified and measured by the extent to which students were allowed to manage all, or a part, of their personal finances. To be constructed as independent, students had to be seen to be making rational and considered decisions about the choices and decisions that impacted on their own lives. Students were given a variety of opportunities to demonstrate this aspect of the function in, for example, sessions with transitions managers. Those students who proactively researched and discussed their future options were seen as the most independent.

2. **Responsibility**: this function demands that students proactively show that they are answerable for their actions and willing to take full accountability for them. This was extended at TEC to include the extent to which students were seen as dependable for maintaining the safety, possessions and decisions of other staff or students.

3. **Productivity**: in order to demonstrate this function, students have to show an active interest and appetite for the official qualifications that TEC, and the local colleges, offered them. Staff claim that they are trying to encourage the students to become ‘work-ready’, through the use of work experience placements and training sessions, so that when the opportunity to work presents itself, the students can take full advantage of it. Students are further
required have take an interest in their future careers and plan for the qualifications and processes that will give them access to it.

4. *Active participation and contribution:* to achieve this student had to convey to the staff that they were willing and able to be an active member of any social grouping, and not just participate in, but contribute to the value of the collective activities. For example, at football, those students who helped set up the pitch, give out the bibs and put the balls back into a bag, were seen to be reducing the amount of time it took staff to set up and pack away the equipment. This meant that all the students could spend longer training and playing the five-a-side games. These students were praised by staff and acknowledged over and above those who simply participated in the games, leaving their equipment where it lay at the end of the session.

5. *A moral and ethical understanding of the world:* involved the student being able to judge whether actions are morally right and wrong and treat others in an ethical manner, or as one support work put it, *'not to use and abuse'* other people or themselves.²

6. *Make and keep friends:* in order to be recognised as fulfilling this function, students had to demonstrate to staff that they could sustain, over a long period of time, stable and reciprocal friendships with their peers both at home, at TEC and in the local community. These friendships were assessed, particularly by the therapists, on the extent to which they provided a peer-based network of support.

7. *Resilience:* this final function is about the extent to which students were seen to be strong, positive and motivated in the face of adversity or life challenges. I want to dwell further on this functionality below, as it is a relatively unusual feature to appear in constructions of adult social functioning (c.f. James et al, 1997; 1998) and I believe there is an additional significance in its presence at TEC.

² Extract from a field note dated May 2008.
Becoming resilient

Broadly, Marc Zimmerman and Revathy Arunkumar (1994) describe resilience as an individual's ability to absorb life adversity, without letting it have a substantively negative impact on their self-confidence, motivations or actions. In order to illustrate the kind of construction of resilience that took place at TEC, I will explore a short extract of a conversation I had with Joe, one of the older male support workers. We were sat outside in the patio area behind TEC, next to the French windows, conducting an interview. I had asked him to tell me more about his experiences of working with one of the students that had graduated the previous year.

Joe tells me about this student, Anthony, and his frustration that he seemingly 'gave up' at the first hurdle. 'You see', Joe recounts, 'I'm a fighter and it killed me to see the way that Anth responded to criticism'. He pauses to think for a minute and continues, 'like there was this one time when he got really into motors. Wanted to get into being a mechanic right. He spent weeks on it right, looking through the magazines and not just the popular ones all of them techie one as well on the parts and how the engines go together, and the like'. Joe goes onto explain that because it was the last term of the year, and he had formed a close bond with the student, he contacted a local car garage and arranged for Anthony to go in for a day and spend time watching and helping one of the mechanics.

Joe tells me that Anthony is extremely excited, and spends time beforehand preparing a list of technical points he wants to cover on the day. Joe drops him off promising that he would be back in a couple of hours to pick him up and take him back to TEC. On returning to pick up Anthony, Joe is confronted with a very different scene than he expected: 'I'm driving over the yard and I see Anth sitting outside on a pile of tires looking right sorry for himself, you know. I drive around in front of him, like, wind down the window and ask him what's wrong'. Anthony tells Joe that he had 'changed his mind' and is no longer interested in mechanics and wants to 'go straight

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59 Extracted from an interview dated TEC in June 2010. The detail of the work placement has been changed to protect the anonymity of both the student and support worker, however, this does not substantively change the meaning or analysis of the encounter.
back home'. Joe continues ‘so I figure something’s happened but then this is my local garage so I know I can come back later, so I tell Anth to jump in’.

Joe eventually, during the journey, manages to get Anthony to tell him what has happened. Anthony informs him that during the first hour the mechanic had asked him to have a go at using one of the manual wrenches, on a bolt in the wheel of a car. Anthony explains that he tried, but failed to move the bolt and the mechanic had laughed, pinched Anthony’s upper arm, laughed again and said that if he wanted to be a mechanic he’d have to work on his ‘pumps’. Anthony then tells Joe that he swore at the mechanic and, despite constant apologies from the mechanic, sat outside on the pile of tires waiting to be collected by Joe.

Joe explains that he ‘wanted to go back and give him [the mechanic] punch on his head, cause anyone knows that you need some damn hard arm power to move one of those things manually’. After this incident, Joe attempts to get Anthony to reconsider his rejection of mechanics, suggesting that whilst the experience may have embarrassed him it should put him off being a mechanic for good. Despite his efforts, Joe was unable to convince him, and to his knowledge, since graduating from TEC, Anthony has never again explored the interest.

Before we go on to consider Joe’s analysis of this and his own comparative experience I want to take a moment to identify a number of core conventions being constructed in this narrative. This first is the construction of a potential: an interest and ability for mechanics. Second, is the presentation of a risk and opportunity: a chance to explore this interest and ability in a real-life context. Thirdly, there is an adversity: the pinching of the arm muscle. Finally there is a resolution: withdrawal from the opportunity in the face of adversity. As we will see from Joe’s own analysis, this narrative structure presents Anthony as an un-resilient student who was not able to persevere and continue pursuing his interest.

To return to Joe’s account, he states: ‘you see, sometimes I find it hard, you know [pause] cause in my day if someone told you couldn’t be doing something that you wanted to. That’d spur you on to do it achieve it like. Let me give an example of what I mean [pause], yeah so when I was about seventeen, I was desperate for a scooter,
but my ma wouldn't lend me the money to get one. Back in those days it wasn't too expensive to pick up a cheap second-hander'. He tells me that because of his lack of finance he buys a cheap refurbished scooter from one of his school friend's father. He drove it home and it seemed fine, so took it out on the next night with some of his friends. However the refurbishment had not been done properly and one of the connections buckled causing him to crash into a parked car.

Joe continues 'but that did keep me off the road. My parents told me I should give it up, but it was something I enjoyed and gave me a bit of independence from them, so wasn't something I'd drop lightly. About ten months later, I got myself another one cause this time I worked and saved up for one of them proper basic ones. But this time, I knew to make sure it had the paperwork with it so I could check it out properly. Yeah it cost me more, and I had to work to pay off the damage to the car, but once your stung, you remember it and next time you know how to do it better'.

In this latter narrative, Joe once again builds a picture of resilience. First is the construction of potential: a desire for scooter. Second is the presentation of a risk and opportunity: a chance to purchase a refurbished one from a friend's father. Thirdly, there is an adversity: a minor crash into the side of a parked car. Finally, there is a resolution: to learn from the mistake and after saving enough money buying a road worthy one. Here, Joe presents a specific articulation of functioning resilience, which takes the negative adversity and transforms it into an insight into how to behave in the future. Furthermore, in this scenario, the resilient Joe is not adversely affected by the experience, and still pursues his goal of owning and riding a scooter.

He is not explicitly, in his account, commenting on whether Anthony's lack of resilience is due to his diagnosis of Asperger's Syndrome, his position as a young man or a wider shift in displays of resilience 'back in [his] day'. From my appraisal of the wider literature I would suggest that Anthony's lack of resilience, and Joe's nostalgia about the resilience of his own youth, highlights an important change in the ways in which we deal with adversity in our day to day lives. Whereas in Fordist modern relations, resilience was seen as part of the stability of the transition towards a rational adult social functioning, in the age of uncertainty we see the erosion of the
conditions which brought about and maintained these stabilities (Lee, 2001). As such, the collectivity that defined Fordist manifestations of resilience of social groupings, such union membership, is transformed into increasingly individualised and isolated experiences (Beck & Beck-Gernsheim, 2003).

In this modern context, the enactment of resilience focuses on exposing oneself to the risk associated with modern social life, and using this exposure to inform resilience for future social encounters (Rutter, 2006). For Linda Luecken and Jenna Gress (2010), resilience is now a process defined, in its success, by the level and frequency of an individual’s exposure to risk, and the extent to which the individual uses these experiences as flexible resources, to achieve other social functions of adulthood. The authors suggest that this process is most heightened in what they call emergent adulthood (based on the descriptions of Arnett, 2000). This is because they believe this period to be the time when young people are attempting to make sense of their transition to adulthood in a world dominated by risk and instability. Trudi Horton and Jan Wallander (2001) have similarly suggested that the acquisition of resilience is an iterative process, where the higher the exposure to risk in the past, the more it opens us to having a functionally competent resilience in the future. In the context of TEC, this is crucial as the students’ ability to continually apply their learning from their time at TEC to new situations is an indicator of the success of the intervention.

Conclusion

In the latter section of this chapter, I have explored the referents of adult social functioning that are embedded at TEC. In doing so, I have identified that there are primarily two categories of social functioning being constructed: one focused on control of the self and the other thinking for one’s self. I have demonstrated how the functionalities that are in play at TEC relate to wider social anxieties about youth in modern British society. Furthermore, in my exploration of resilience, I highlighted how the wider constructions of standard adult social functioning are beginning to shift. I chose to focus on the exemplar of resilience to illustrate these changes, but the same sentiment could have been reflected in the exploration of at least two more of the social functions in practice at TEC. For example, the inclusion of appropriate sexuality of young males, that reflects a wider social anxiety about the status of
young men’s sexuality in an age of risk. And the inclusion of reciprocal friendships, which is indicative of wider shifts towards confluent relationships and ties of convenience, and mutual benefit (Giddens, 1992). All of these examples, including the one of resilience I explore substantively in my discussion, indicate the value that is placed on students achieving these adult functions by TEC.

Whilst the first set of functions were unified through their aim to bring about control of the self to the benefit of the individual, the second set signified standard assumptions about the ways in which adults should interact with others. In my reading, these constructions create a human value (Lee, 2005) for the achievements of social functioning. The two key values that are in operation are the value of a contributing and participating adult and the social, economic and emotional benefit that can bring to a collective or wider social grouping. The second is a value of rational thought that can ethnically determine the morality of situations and decisions that the students’ encounter, where the value of the therapists’ identification, measurement and intervention in the social function of the students is legitimised as it could bring about a return on this initial investment.

In the next chapter, I extend this analysis by considering the ways in which the staff at TEC sought to instil therapeutic mechanisms. Mechanisms by which they can remind the students of their need to control their selves and minds and build their own social functioning. In addition to this, I will consider the tactics that the students use to negotiate these therapeutic mechanisms and ultimately create alternative spaces through which they can assert their independence.
Chapter 5: Creating and escaping therapeutics interventions

Introduction
In the previous chapter, I showed how the measurement tools the therapists at TEC used constructed ideas about adult social functioning. In this chapter, I elaborate upon this analysis, suggesting that the staff attempted to build social functioning in the students in two specific ways. Firstly, the students received collective and individual training on social behaviours to build their understanding of how to improve their social functioning. Secondly, the ideas prevalent at TEC about socially functional behaviours are coached within the setting, with staff actively codifying and signalling to the students when behaviours are deemed ‘inappropriate’, and the necessary actions the students are required to take in order to resolve them. Finally, I investigate the different ways in which the students interact with these therapeutic methods to uncover the spaces and tactics by which they resist this coaching and, in doing so, I will argue, assert their independence and social functioning.

The training of social functioning
At TEC, the psychologists drew on the pervasive notions of standard adult functions that permeated TEC, to attempt to demonstrate to the students the kinds of behaviours they needed to be showing and those they needed to avoid. This can be most clearly seen in the instances of individual and collective therapeutic training sessions that aim to uncover social functioning to the student in order for them to have a better understanding of their own social functioning. To explore this practice further, I will focus in on an interaction between two psychologists, Jane and Tom, who were designing a group therapy session. This session was focusing on explaining to students what physical contact is considered ‘appropriate’ in different kinds of social interaction contexts. In constructing the focus of their session on ‘appropriate touching’, Tom and Jane use clinical ideas about appropriate touching to create a focus on the students’ movements. Inappropriate social interaction is one of the core characterisations of the Asperger’s Syndrome diagnosis (c.f. Attwood, 2007) and can be taken up by the professionals as an area in need of therapeutic intervention and training. To do this, the psychologists use their knowledge of the

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60 Based on extracts from research diary March 2008
measurement of behaviour to reduce the focus on their training down to the smallest element that the student can actively work on as part of their control of the self (Elias, 1982 [1939]).

During their discussion, Tom and Jane agree that the session needs to contain both a rationalised explanation of touching, and a tactile experience of what constitutes appropriate and inappropriate touch. Jane proposes that two members of staff will demonstrate 'saying hello to someone and shaking their hand', 'saying excuse me to someone and touching back of shoulder while someone isn't facing/looking at them' and 'talking to someone and touching their forearm'. What is interesting about this is the way that Jane goes on to specify how the students should touch each other. She states that staff should make it clear that the movement is 'not an up and down rubbing of forearm, but a simple placing of the hand'. She demonstrates the difference of these two kinds of touching on Tom's forearm. Her distinction between the 'up and down rubbing', and the 'placing of the hand', is important as it uncovers what she sees to be inappropriate (rubbing) and appropriate (placing) touching. In this, she is trying to find a way of describing to the students modern British conventions of touch and teaching them the differences between these kinds of touching.

Tom follows this approach by suggesting that the participating students break out into smaller groups with members of staff and go over these demonstrations. When the students are deemed to have a better understanding, he suggests that they could practice these appropriate touches with the member of staff. Both Tom and Jane agree that if the student does not get the touch 'right', the staff will correct the movement and explain why their attempt was not 'appropriate'. In this way the psychologists are using the positive reinforcement of what is deemed to be 'appropriate touching' behaviour to enable other staff members to signal to students the those behaviours that are desirable, and those which are not. The psychologists then devise techniques by which students can practice their self-control of behaviour, which is achieved through the rehearsal and correction of movement. When this session is then realised, staff can interpret the touching of students and actively work with them to change their movement through this positive reinforcement.
These training sessions were ultimately about making visible the constructions of normative behaviour to students and staff, and finding accessible ways and spaces in which they could practice identifying, coding and responding to the behaviours. However, this technique took place only within the confines of a formalised therapeutic session under the supervision of the therapists. Given this, I will now turn my attention to the ways that staff at TEC coded and trained behaviours within the real-time interaction context where individual student and staff members cannot call on the advice of the therapist and are essentially left to their own devices to negotiate this process.

**Codification of behaviours through interaction**

In the therapeutic session, staff were required to observe a behaviour, identify the ways in which it was problematic, code it as being abnormal and intervene to either challenge or reinforce an alternative behaviour. In the therapeutic session, the staff were also given explicit instructions about the kind of codes they should be using to understand the students' behaviour (see Tom's and Jane's use of *inappropriate touching*). These codes were based on extensive knowledge and use of the clinical constructions of Asperger's Syndrome, and the kind of behaviours that the interventions for this group seek to address.

When we observe the reality of this in the interaction context, however, we see a different dynamic emerge. By way of illustration let us take the example of two of the support workers who are sitting and talking about one of the students, Ben. They are describing him as 'chav', 'defiant' and 'aggressive', and complain about having to support him, asserting that he will inevitably in the future enter the youth justice system. At this point the student, Ben, has his back to us and one of the support workers uses this opportunity to mock Ben's style of walking. They do this by using an over-pronounced limp in one side and waving his arms so that they cross across his chest, with a mock confused look on his face. They describe to me that they feel he constantly 'ruins' whatever experience they are having, and is essentially a 'bad influence' on the others. They clearly see Ben as 'dangerous' and have described him as a 'bit of a psycho', and are worried that he will 'bring the others down'.
Note, in particular, how gesture and bodily movement in this encounter are codified by the staff as being ‘dangerous’, ‘delinquent’, even ‘psychotic’. Interestingly, once a behaviour, or set of behaviours, is codified in this way and shared with other staff members the code becomes an underlying interpreter for subsequent behaviour. Later on that day, a larger group commented on Ben’s behaviour in relation to playing football. Whilst they do not explicitly state the interpreting descriptors they used previously (that of the ‘aggressive chav’), they use the codifier they established to explain the behaviour as being symptomatic of an underlying mental health condition (psychosis). What is interesting about this example is that there is clearly a process of codifying, and then intervening behaviour taking place. However, the staff are drawing on their own lay knowledge of the kinds of people that exhibit this behaviour. In this moment, the Asperger’s Syndrome frame is lost and replaced by class-based assumptions of the student’s likely personality and background.

Even in cases where the codification is applied in the manner specified by the therapists, it does not produce the desired outcomes. Consider, for example, the following interaction between Sally (head of therapy services), Matt (a psychologist) and Melvin (a student). Sally, Matt and I are sitting in the therapy room where they are talking to be me about how they can immediately identify if a child has Asperger’s Syndrome or not. Sally states that:

‘AS [Asperger’s Syndrome] kids are those geeky kids that don’t play by the rules, but they have a lifetime of people telling them ‘that’s inappropriate’ and that is the word I hate the most, that we use, and a lot of people in the school use it, and you’ll hear them using it on our students: ‘that’s inappropriate’. What does that mean, ‘inappropriate’? What does that mean?’

In saying this, Sally is uncovering the codification of behaviours as inappropriate, but in doing so begins to question the legitimacy of inscribing these students’ behaviours as such. At this point, we are interrupted by Melvin who knocks on the door and, after receiving a signal from Matt, enters the office. After a short exchange, Sally poses her hypothetical question to Melvin stating that ‘one of the

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61 Based on transcript of recorded conversation in the therapy office from April 2008
words [she] hear[s] used a lot, around this place and at [the specialist feeder school] is the word ‘that’s inappropriate (sic). What do you [Melvin] think of that?’.

Melvin responds by suggesting that it is a bit childish to be using it at TEC, and after further probing by Sally, concludes that when people have said this to him it has made him not ‘feel very good’. However, just as he has said this he adds, ‘but it did make me learn a lot (pause) at the same time’. Sally responds to this by asking Melvin what he has learnt, and suggesting that it has helped him to not do whatever it was he was doing, to which he agrees.

He then elaborates on this, informing us that in response to people who say the word ‘inappropriate’ to him, he would try to identify the behaviour he was exhibiting that they were deeming to be ‘inappropriate’. Sally asks him whether the member of staff who called his behaviour, or action, inappropriate explained why, Melvin responds in the negative. In doing this, Sally is explaining that the codification of Melvin’s behaviours as inappropriate somehow has a negative effect on him. Melvin’s suggestion that the codification of his behaviour has been potentially useful challenges Sally’s codification of staff behaviour. To maintain her challenge of the codification process she changes tack, and asks whether he receives an explanation for the coding. When he recounts that he does not, she seizes on this by exclaiming, ‘see, that’s what I, that’s what I agree, I agree with that, that’s my observation, I think it is a strange thing to say’. In problematising the staff’s codification, rather than the student’s behaviour, as ‘strange’, Sally opens up the possibility that the codification process operates to reinforce practices of the staff. In this way, the code becomes a thing in itself, an abstract with almost no explanation: just a code of ‘inappropriate’.

What is interesting about this is Matt’s reaction to her challenge. Rather than allowing Sally to continue her deconstruction of staff codification, Matt (Sally’s junior) intercedes by highlighting that, in spite of any negative actions, Melvin has made substantial progress. He says to Melvin, ‘I’ll tell you what though, you ain’t half made some progress considering that ain’t ya!’.

The way in which Matt linguistically structures this interruption places the emphasis back on Melvin and his behaviour, and gives an underlying impression that Melvin has made progress towards a more ‘appropriate’ manifestation of behaviours. Sally concedes this
reaffirmation of the codification process by aligning her response with Matt's intervention: 'yes, yes'. This mutual recognition can be seen as a re-establishment of the staff and student role within codification.

This encounter illustrates two things. Firstly, that the persistence of the code that the staff place on a student's behaviour needs to be maintained otherwise the meaning ascribed is lost. Secondly, that the staff work collectively to maintain this code and when faced with challenge (as Matt was in Sally's questioning of Melvin), they work on each other to maintain the legitimacy of the code and to mitigate the impact of the deconstruction. In this way the codification of student behaviour as 'inappropriate' remained persistent throughout TEC as the therapy department continued to actively produce prompts which aimed to aid staff in the interpretation of such behaviours. Moreover, Sally continued to interpret and articulate codification of students' behaviour as 'inappropriate' for the remainder of my time in the field, despite her challenging and reflexive stance in this interaction.

This encounter made me think about what purpose these codes served. To answer this empirically I partly breached the codification process (Garfinkel, 1967), and partly felt compelled to by my personal reaction to the codification of Ben's behaviours. The breaching took place later on the same day that I recorded the above interaction between the support workers. As the day progressed the codification of Ben's behaviour had continued to be extremely negative, with an increasing usage of descriptors like 'dangerous' and 'criminal propensity'. The breaching occurred at the conclusion of the day. All the support workers and teachers were in the staff room filling in the de-briefing incidence forms about students and their behaviours. I was on a chair, slightly removed from the main group, packing away my bag. The staff began to discuss the incidence reports they were writing, asking each other whether they had seen particular actions by students, and what their thoughts or interpretations were.

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62 The reader will understand that undertaking fieldwork is never a neutral experience, devoid of the personal circumstances or opinions of the researcher. A fuller ethical consideration of my research can be found in chapter three of this thesis.
63 Narrative based on filed notes and research diary from May 2008
The conversation soon turned to Ben, and their interpretation of his ‘aggressive’ behaviour. They discussed, in particular, his use of explicit sexual language when interacting with male staff, something I had encountered a number of times during the day. Crucially, staff were not identifying this behaviour as being part of, or a manifestation of, his diagnosis of Asperger’s Syndrome. This was important as when ‘aggressive’ behaviours were displayed by other students the staff used ideas about the Asperger’s kind to explain, and account for, the aggression. Rather, Ben’s behaviour, and gesture, was coded as being related to his ‘disturbed personality’, a reference to their earlier coding of his behaviour as ‘psychotic’.

Having spent a lot of time with Ben that day, and having been exposed to his ‘sexually aggressive language’, but also his own narrative about his life, I was taken aback by the staff’s codification, and wanted to intervene. Initially I was reticent but, after a pause in the conversation between about eight staff members, I spoke. I told them that I was confused as to why they were interpreting Ben’s behaviour in this way. One of the male members of staff retorted that I was there with them so ‘what more is there to be discussed?’. The staff seemed confused by my words, as I (later in the analysis stage realised) had, unintentionally, been seen as complicit in creating their previous codification, as I had been there when it was discussed during the day: thus, complicit through my silence.

I asked whether I could give my own interpretation of why Ben was behaving in this way. The increasing staff group, whose attention I now attracted, indicated that they would like to hear what I thought. Being somewhat uncomfortable with the situation, I premised my own interpretation by saying that I was not a psychologist, nor did I work on the frontline with young people. Secondly, I stated that my interpretation was based on what Ben had told me on the journey back from the day, rather than from a direct interpretation of any behaviour itself.

I told them that on the way back from the day, in the car, Ben had been telling me that he had infrequently attended school from the age of 14, and that since then he had been working on a building site, as a junior site helper\textsuperscript{64}. He told me that he was

\textsuperscript{64} The nature of employment has been change to ensure anonymity of the student.
extremely proud of his work, and felt it was really important to him. He further
described that he wanted to continue the work as soon as he got back to his home
town. This led him to describe his frustration at being at TEC, not being able to earn
an income, and having people ‘tell[ing] [him] what to do’. I asked him what else he
missed about the work, and he told me that he would spend all day ‘laughing about
with the lads’. Ben described that they were always teasing each other and talking
about their ‘conquests’ with women. He concluded by explaining to me that this is
why he enjoyed the job so much, as he was able to bond ‘properly’ with the other
workers. All of the men on the site were at least four years his senior and, he
suggested, that he was treated as the jovial youth in the group.

I suggested that, in light of Ben’s account, perhaps his behaviours (in relation to male
staff in particular) were more about wanting to bond with other men in his new setting
of TEC, and less about ‘mindless aggression’. On hearing this competing account
one of the male support staff begins to agree with me, seeming to remember Ben
discussing ‘something like that’ when he first joined TEC. This revelation causes a
discussion about Ben and a gradual re-codification of Ben’s behaviours using the
ideas in the clinical literature about aggression and Asperger’s Syndrome (c.f. Kohn
et al, 1998). When I returned to the setting the next month, I was told by one of the
male staff that Ben has improved substantially (although reportedly there has been
little change in his behaviours) and that the other male staff were making a real effort
to bond with him, for example by taking him and a small group of students fishing.
This has meant, or so it is reported, that he is more willing to work with the staff and
trusts them more.

This breach of codification, gives an insight into the permanency and flexibility of
codes at TEC. My alternative codification was a local exercise of power, which
created a disjuncture between the initial codification of behaviour and motive
(building on Foucault, 1979b, p. 152). It is clear from subsequent accounts by staff,
that their initial codification was not intended to be malicious, nor was it meant to
perpetuate a negative discourse about Ben. It was that they were unable to find a
‘hook’ by which they could render his behaviours knowable through the Asperger’s
clinical literature. Once they had re-coded Ben’s behaviour, following my breach, they
invested significant time and effort in creating positive, Asperger's interpretations of his behaviour.

Whilst limited, this account goes some way towards illustrating the extent to which codification is persistent and flexible as an individualizing technique of disciplinary power. It conveys the actions that result as a consequence of particular codifications. As we have seen, the re-codification of Ben’s behaviours caused staff to actively engage in positive activities with Ben, and interpret his behaviours in a more positive light\(^5\). One could suggest that the impact of such a breach was due to the recognition of my status as a sociologist in the field, and therefore perhaps my interpretation was given a higher legitimacy than it otherwise would have gained. However, I would suggest that this is not necessarily the case, given that I observed a number of occasions where junior members of staff would suggest an alternative codification of behaviour, which would be accepted and taken on by more senior staff, as we saw with Matt’s stabilisation of the ‘inappropriate’ code with Sally.

**Signalization**

When analysing codification at TEC, we can begin to understand the ways in which students were able to negotiate the coding of their behaviours. For example, Malcolm’s ideas about the code ‘inappropriate’ begin to deconstruct the therapeutic knowledge on which Sally based her own practices. In this section, I build upon my analysis of codification to explore how codes are used to signal an expected response from a student. Michael Foucault (1979b, p. 167) calls this process *signalisation*, a concept that I will elaborate on in this next section.

Signalization focuses on the way in which a coded behaviour signals a prescribed response to the student from the staff member. To understand, substantively, the way in which signalization was operated at TEC, I will analyse the following encounter between Nate and his teacher\(^6\). Nate had just had a confrontation with a fellow student, and had lashed out, trying to punch him in the chest. Two teachers intervened. One removed the other student from the communal area, and the other

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\(^5\) This offers an interesting challenges Interactionist assertions (c.f. Goffman, 1963) that the discrediting of the self in interaction (through social codification) necessarily results in stigmatisation.

\(^6\) Extract from a recorded encounter during walking interview, dated January 2008.
moves Nate over to a corner of the communal space. The teacher asks Nate why he
had confronted the other student after they had discussed the 'inappropriateness' of
this kind of aggressive behaviour the day before. Nate, visibly angry and shaking his
fists, retorts that the teacher does not understand. The encounter continues with the
teacher returning to the conversation about aggression, and the management of
anger they had discussed the previous day:

*Teacher:* Think about we talked about yester... Nate look at me... now think
about what we talked about yesterday, why did we say you got distracted, why
did you get angry again?
[Nate stares at his hands, seemingly beginning to cool down]

*Teacher:* just have a think...

*Nate:* Um now, let me... [pause] well there's [pause] um [longer pause] social
skills

*Teacher:* what do you mean?

*Nate:* [looks up] yes I am sure that's why I stopped my work, and um
sometimes, well...

*Teacher:* You tend to get a bit obsessed, with...

*Nate:* Yeah so obsessed [pronounces the same elongated way the teacher has]
and a bit intense [in the same pronunciation as 'obsessed'] because the way
that he was acting just really gets me angry, and he knows it does, and that
just...

*Teacher:* Because he also has difficulties, like you with his social skills and
maybe because...

*Nate:* what else is there?... [looks back over at hands] Well I just don't know
why he couldn't just stop, it really pisses me off and he just stands there and
[shakes his first in frustration]...

*Teacher:* But does he know what you are thinking? Did he actually know you
were getting angry? [pause Nate stares at teacher] Well Nate?

*Nate:* um like um... but it's just... [shakes his fist again].

This is an interesting situation to reflect on as this interaction, between the teacher
and Nate, conveys a negotiated signalisation process. In this example we can see
that the response the teacher is looking for, an understanding of the other student's
point of view is not forthcoming. It requires a high level of coaching and negotiation of Nate’s anger, and frustration, before the desired acknowledgement is given.

This, and other, encounters of negotiated signalization are heightened through the use of behavioural therapeutic models of intervention like the one used by the teacher when coaching Nate. Behavioural therapy encompasses a set of psychological techniques that attempt to influence and modify learnt behaviours through the assertion, correction and demonstration of behaviours in an individual’s everyday environment (Sheinkoft & Siegel, 1998). Behavioural therapy at TEC tended to be a short behavioural or oral interjection that momentarily identified behaviour codified as problematic and directed a preferred response from the student.

Susan Danby and Carolyn Baker (1998, p. 171-172) in their study of a pre-school classroom show how teachers establish a right to intervene in a child’s interactions to enforce a response from their students. Similarly, as I sat around a lunch table in the canteen at TEC I would frequently find our conversations momentarily interrupted by the staff. They would use side-comments such as ‘knife and fork’ and ‘out of your nose, please’ and reinforced (if the verbal interjection failed) with side-actions such as smacking away a student’s fingers from their nose or a repositioning of the knife and fork in front of the student to signal a response from the student.

Even in these more ritualized versions, signalization was negotiated between staff and student. Particularly, in the case of students who were aware of the aims of this interjection (i.e. to modify their behaviour) they would actively continue or exaggerate the behaviour until signalization could no longer occur and the staff member had to exercise disciplinary power through stopping their conversation, focusing on the student and questioning them about why they were continuing the behaviour, its appropriateness and whether they were intentionally trying to wind them up.

From negotiation to resistance
If students could actively engage, and negotiate, in these visible spaces that were meant to be controlled by the adult therapists and staff, what happens when we consider the other spaces that students created to resist the therapeutic
interventions? To this end, the final part of this chapter will consider the collective and individual, strategic and tactical forms of resistance that exist at TEC (Foucault, 1980). In order to achieve this, I elaborate on Deborah Lupton’s (2004, p. 171) description of four forms of resistance which make up a continuum of resistance that can mobilised in therapeutic settings: ideological dissent; non-cooperation; escape / avoidance; and concealment. I do not here replicate her discussion, but rather have used her broad framework to reflect on my own findings and in this sense remade her classification somewhat away from her original usage.

Epistemological dissent
I begin this discussion with a consideration of ideological dissent (ibid, p. 171-172) as manifested at TEC. Deborah Lupton describes these forms of resistance as confrontational, highly visible and counter-cultural in nature. Individual dissent typically manifested itself in a challenge to the Asperger’s and therapeutic frameworks in operation within the setting. My analysis elaborates on Lupton’s original characterisation of dissent by replacing the idea of ideology with that of epistemology. The reason for this is because I see the junction of the dissent being about the epistemological positions taken by the staff and students (respectively) towards the therapeutic technologies in use, rather than an ideological opposition. This kind of resistance occurred in broadly two ways at TEC.

Firstly, students would enact strategically playful comments that, whilst uncovering therapeutic techniques, were not considered threatening by staff. One of the students, Steve, would frequently shout, on seeing a member of the therapy department, ‘back therapy, back’, with which he would raise his fingers in a sign of a cross and hold them in front of him. If any of the therapy staff then approached him, he would back away, parodying a distressed victim of a vampire. If the staff persisted in talking to him, he would roll his eyes, tap his foot and glance about whilst they spoke to him, or he would run away shrieking, ‘they are coming, the therapists are coming’. I noticed Steve doing this on many occasions and a couple of times he even did it in response to me, if I was accompanying one of the therapists. When I
asked Steve about why he responded in this way to the therapists, he told me that he did not want to 'be drained' by all their talking, extending the vampire allusion.

What is interesting about this is that, at TEC, there is a demand that the therapeutic gaze is maintained for all students (Foucault, 1979b), as it enables the therapeutic technologies explored in the previous two chapters to be exercised. In this case, the student actively rejects the therapeutic gaze (Bloor & McIntosh, 1990) and visibly questions the motives for therapeutic intervention: the reference to being 'drained' and the parodying of a vampire victim. In many respects, this enactment of dissent can be seen as highly successful, in that the staff frequently fail to challenge it.

The determining factor of this is the manner in which the dissent is presented in the field. Steve is well known for his good sense of humour and through this framework of jocularity the dissent is not considered threatening. A number of sociologists (c.f. Collinson, 2002) have drawn attention to the ways in which jocularity is used in the workplace to manage anxiety, stress and disagreement between employees. In a similar way Steve's enactment uses the discourse of jocularity to both uncover the tension of the therapeutic gaze over him and, in doing so, soften the therapeutic response to his dissent.

In turn, through the mobilisation of a jocular dissent, staff interpret his resistance as an 'Asperger's quirk', using clinical ideas about the Asperger's kind to explain it as the manifestation of an impairment in social functioning. This therapeutic recovery, however fails to account for the creativity of the dissent. Seemingly, the question then arises as to whether theoretically this can be considered both a dissent and a resistance. I would argue in the affirmative, as whilst the staff provide a therapeutic reinterpretation of the encounter to explain away its potential, the very fact that they bring into discourse the psy-framework, allows the student to continue the dissent. In this way, the therapeutic knowledge itself provides a cover for the student to exercise freedom of dissent. From a staff perspective, the enactment of the dissent is no longer seen as interrupting the therapeutic order, and, as such, his consequential lack of engagement in one-to-one therapy sessions is not seen as problematic.

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Based on extract from research memo dated January 2008
The reason behind this is that, in these instances, the staff extended their views of therapeutic opportunities at TEC, and told me that his participation in the wider college activities is seen as compliance, and a sign of his docility. As Tom, one of the therapists tells me after such an encounter with Steve: ‘don’t worry about it he’s always doing that but if we don’t catch him now [at this point Steve had run away shrieking] we’ll get him through the class work later’. Note the use of the word ‘through’, Tom is signalling in this exchange the way in which therapeutic power acts as a network through TEC, meaning that challenges in one part of the system can be compensated by a more covert intervention elsewhere.

The second form of dissent at TEC was very different, in that it was seen as an aggressive challenge to therapeutic power. Consider the way in which dissent is manifested in the following encounter between Sally, one of the psychologists, and Michael, a student in the setting68.

**Michael:** [Comes storming into the therapy room] *what is this shit you’ve written on my report* [therapy appointment slip].

**Sally:** Oh hello, Michael, I didn’t see you there what seems to be the problem?

**Michael:** This [shows her the slip] *you written ‘agreed to refer him [a local training programme] for anger management training’*. 

**Sally:** Yes, that is what we just agreed!

**Michael:** What the fuck are you talking about, I never agree to anything! I came to see you right, so what are you talking about me agreeing to this for?

**Sally:** Michael can you please stop you using that language and calm down. This is exactly why we just agreed for you to go on the course!

In this initial part of the encounter, we can see how Michael confronts Sally about the ‘agreement’ she has described on his therapy appointment slip. Sally at first attempts to avoid the challenge by claiming that she ‘didn’t see him’, and then when this fails, opposes the challenge as a mutual agreement. When Michael confronts the idea that there was a mutual agreement, and states that he had approached her for advice,

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68 Based on extract from research memo April 2008.
Sally attempts to impose a therapeutic signalization of language and behaviour that she is coding as 'inappropriate'. Michael fails to engage in the signalization and the challenge escalates:

**Michael**: What the fuck are you talking about woman I didn’t agree to anything, you just wrote it here.

**Sally**: Michael, calm down please.

**Michael**: You calm down yourself.

**Sally**: Michael, I think we need to perhaps go back into the other room and have a chat about this?

**Michael**: What chat about this? [rips up Sally’s slip and throws the pieces of paper at her]

**Sally**: Right get outside Michael! Now! [she takes him to one of the rooms designated as calming down spaces]

In this escalation of the dissent, Sally continually repeats the word ‘Michael’ at the start of her sentence. We can see this as an attempt to re-establish the power relationship between the psychologist and the student. Although she maintains this repetitive technique throughout the encounter, the failure to elicit the desired response from Michael causes her to adopt an alternative tactic. She attempts to remove him from the current situation of the confrontation back into the therapy room. We can interpret this as an attempt, by Sally, to establish the dynamic of a therapeutic encounter, which would position her in the stronger role (Foucault, 1979b; Lupton, 2004). If she were in the therapy room, Sally could signal to Michael the perceived inappropriateness of his behaviour, and use ideas about Asperger’s to explain to him her interpretations, and through this docility exert control over his subsequent actions. As we see, however, Michael does not leave the room but rather rips up the slip and throws the pieces at Sally. This dissent in the face of signalization causes Sally to physically remove him from the room, and take him to a space in which she is able to re-establish the ‘inappropriateness’ of his behaviour and her need for therapeutic intervention.

What we can take from these two very different encounters is the way in which a case of dissent becomes an *epistemological* dissent at TEC. In these accounts I use
Deborah Lupton's (2004, pp. 171-172) term dissent to signal an active and confrontational challenge to the exercise of therapeutic technologies. As we have seen, with the different manners in which Michael and Steve articulated their dissent the performance of resistance determines the level of risk associated with the behaviours. In the usage of Steve the impact of dissent was softened by the use of jocular expression. In contrast, Michael's aggressive challenge to the therapeutic gaze rendered him dangerous and thus needing further discipline; the dissent only becomes ideological when it actively challenges the therapeutic technique. This is what marks it as ideological resistance rather than interpersonal disagreement; the more that the student resists the codification and signalisation of the therapeutic system at TEC, the more they are deemed to be actively engaging in an epistemological dissent. In situations where the epistemological dissent of the student could not be resolved, students were temporarily or permanently excluded from TEC. They were allowed to return only once they had engaged in a meeting with their parents and relevant staff at TEC.

**Non-cooperation**

Deborah Lupton discusses a second form of resistance that she has seen operating in therapeutic settings, non-cooperation. She characterises non-cooperation (ibid, p. 174) as a 'silence [and] non-participation' in therapeutic activities by intended participants (in the case of TEC this would translate to students). In my analysis of resistance at TEC, I encountered a specific form of non-cooperation, intended non-cooperation, where students would actively withdraw or refuse to participate in structured therapeutic activities. This would range from sitting in the corner of a room in silence during an art session, to refusing to go to an arranged activity. These acts of non-cooperation were different from the dissent, in that they did not require an epistemological challenge to the activity being proposed or undertaken.

Importantly in exercising non-cooperation both individually and collectively, students were able to successfully create routes to pursue the activities they wanted to do. As Jerry, a support worker, recounted to me69 'well he's been sulking there for twenty mins now so I think that is more than enough suffering. I'll take him out now and we

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69 Based on research memo from June 2008.
can have a kick around or something'. Note how Jerry signals the student's non-compliance as 'sulking'. The use of this word is important as it does not describe him as actively resisting, but rather acting in a sulking manner, which is seen as a child-like behaviour. This codification of behaviour allows Jerry to interpret this sulking as an expression of the student's discomfort with the activity going on around him, articulated in the word 'suffering'. The student he is referring to was described as having hyper-sensitivity, a common descriptor of the Asperger's kind and he did not like being around other people when they were being noisy.

The mobilisation of this in Jerry's description of his 'suffering' allows him to imbue (using the psy-knowledge) a measure of discomfort. As he states, '20 mins' is about enough time to be suffering. He then offers the student an opportunity to leave the activity and play football with him. This student enjoyed football and was, interestingly, being rewarded for this non-compliance. In this way the non-cooperation of the student allows an adult-centric and therapeutic gaze to be put onto the student's body. However, in remaking the codification of their body, and the therapeutic exercise, the staff unwittingly bring about the intended consequences of their non-compliance. What was interesting about these encounters was that the student was actively engaging in non-cooperation and non-participation as, through experience of the therapeutic process, they had come to realise the positive consequences of, as Joel described to me, 'putting up wiv their stuff for a while'.

Finally, for intended compliance to work at TEC, the student had to ensure that staff were not aware of the intention of their non-compliance. In this sense they developed strategies to cover their intentionality an important sign of their own social functionality. For example, students attempted to not smile when they were rewarded with an alternative activity. Their therapeutic intervention had given them knowledge about what facial expression signalled to staff and, as such, reversed this discourse to inform their performance of non-intentionality. As Joel neatly summarised for me, 'don't smile, cause if you smile they'll know brov, they'll know'\textsuperscript{70}. When, as Joel puts it, student did 'let them know' through the staff's application of codification and signalization, they were punished for attempting to resistance against the

\textsuperscript{70} Taken from research note March 2008.
intervention by, as Harry, another support worker explained, ‘just leav[ing] [them] there to squirm about it’.

Escape and avoidance
The third form of student resistance, I encountered at TEC, was escape and avoidance (Lupton, 2004, p. 175). The most visible form which escape and avoidance took was when students went missing from or during an activity. Once such example, is when Ian, one of the students left a football match where all the students were training. The football pitch was a bus ride away from the both TEC and the Houses. Ian caught the bus back to TEC without informing any of the staff, but told some of the students. At the end of the football match, the students informed the staff that Ian had taken the bus back. Whilst Ian was subsequently subjected to punishment through limitations on his freedom of movement, in the moment he escaped, and for the duration of the bus journey, he was exercising a resistance to the intervention technologies at TEC.

Many of the instances I saw of escape and avoidance were students asserting their independence to staff. For example Mike, one of the students, told me that: ‘that’s why we all go hide behind the wall, so we can have a fag in peace and quiet’. As Mike indicates in his description of hiding behind the wall, escape and avoidance were based on the students’ ability to utilise what Erving Goffman calls free spaces. These are spaces where the therapeutic surveillance does not penetrate (following both Goffman, 1968 [1961] and Foucault, 1979b). These spaces both occur within the settings, for example behind walls, or can be made through the students’ interaction with the space, such as shutting the their doors or when unaccompanied on a bus.

Concealment
The creation of private space away from the therapeutic gaze was also crucial in the exercise of the final form of resistance expressed by students at TEC. Deborah Lupton (2004, p. 156) characterises concealment as an act of resistance that ‘neutralizes the exercise of power without explicitly challenging it in ways that would

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71 Based on encounter described in research journal May 2008.
lead to penalty'. Reflecting on this description, two specific forms of this kind of resistance emerge at TEC: concealment in view and out of view of the therapeutic gaze.

Acts of concealment were frequently performed in view of the staff. Whilst on the face of it this statement sounds contradictory, it was the lack of recognition by the staff of the concealed resistance that facilitated its production. In view concealment is usually collective, and relies on a common understanding by students of how to inject into social interaction a concealed resistance. Elaborating on the ideas of Mick Bloor and James McIntosh, in view concealed resistance relies on an active rejection of what they call supervision by proxy or self-reporting (1990, p. 168). This form of supervising relies on docile students using the therapeutic gaze to report to the staff behaviours or activities that would be coded as inappropriate or dangerous. There were frequent occasions on which one student 'blabbed' on another and brought them into the disciplinary system.

In view concealment was a rejection of this peer-reporting behaviour. These encounters occurred in what Nickolas Rose (1999b, pp. 279-280) calls ‘cramped spaces’. These performative spaces were opportunistic, situational and, in most cases, very little time was available in which they could be enacted. This was because the concealment was time-sensitive, and if it was not executed at the right moment, then the gaze would be on and the student would inevitably be wrapped by the technologies of therapy. Sometimes these acts of concealed resistance took the form of calculated metaphors, or asides, that staff would not hear. In that moment the students knew they had creatively achieved a concealed act of resistance.

By way of illustration, consider the scenario below in which one of the teachers, Sarah, asks four students about the activity they want to engage in at a local sports centre.

**Sarah:** So guys what are we going to do today?

**Dean:** Ooo maybe trampolining we haven't done that in ages...

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72 Based on fieldnotes from May 2008.
Ryan: [at the same time as Dean, but in lower tones to the other two students he is standing with] Um, some of the girls again? [the other students laugh]

Sarah: Yes, [Dean] I think that might be a good idea, shall we go and see if they have any free?

Ryan: [again in a hushed tone] well you can't expect us to pay for them.

In this encounter, we see how Ryan uses the cover of Dean's response to provide a concealed act of resistance. If Sarah had heard his interjection, then she would have coded his behaviour as sexually problematic and subjected him to therapeutic intervention. However, the concealing of the remark by Dean's louder more enthusiastic response enables Ryan to change the context of Sarah's questions. As she does not hear the comment, her response is to see if there are any trampolines free. Ryan's re-contextualising of the conversation codes Sarah's response to the other students, bar Dean, as an affirmation of Ryan suggestion to 'do... some of the girls'. His response, which she also does not hear, strengthens the concealed resistance through stating that they would naturally looking for 'free' girls, and they did not have the finance to pay for any. What can be immediately identified from the conversation is that his final comment is a further act of resistance. The group attending the sports centre is not allow to manage their or the group's money to pay for courts, rooms or sessions they wanted to attend. Ryan uses the fact that they do not control the financing of the trip to assert that the students could not pay for the girls even if they wanted to, as, on these outings, students are not allowed to control the money.

In this example, we can see how Nickolas Rose's (1999b) idea of cramped spaces of resistance emerges. For Ryan, there is only a momentary opportunity to engage in a concealed resistance, with Dean's response to Sarah's question. In a different moment, or if he had done this in a different manner, i.e. through dissent, then Sarah would have applied the therapeutic framework. Because of the creativity in the in view concealed resistance, the act goes unnoticed and the resistance is achieved. Following Deborah Lupton (2004, p. 156), it is important to note that the achievement of the act of resistance does not rely on a challenging of the therapeutic knowledge per se it is an enactment in between its operation.
In the *in view* acts of concealed resistance students sometime have to rely on what Erving Goffman (1968 [1961]) adeptly names *semi-status actors* to achieve the resistance. These semi-status actors are people within the field who cross the boundaries of student and staff, and who are not actively engaged in maintaining the therapeutic gaze. These included catering staff, janitors and in many respects people like me. To illustrate how semi-status actors were used in the enactment of *in view* concealed resistance, I will explore a situation where my status was mobilised\(^7\).

One afternoon, I was sitting in the canteen with Ryan. I was sending a text from my phone and Ryan, seeing I was using my phone, asks to have a look at it. Not wanting to hand over what I considered to be a personal object, I slipped in into my pocket saying, that it is an old one and not that interesting. With this Ryan winks at me and says, in a hushed tone, *'oh yeah I know what you were doing, looking at the porn on your phone'*. I told him that I did not have any porn on my phone, but rather was using it to message a friend. At this point, one of the staff on the other side of the room looks over to us. Ryan waves back and they continue reading their book. Ryan gets out his phone and after some searching shows me a video of naked women bending over a red sports car. I am not sure how to respond. He looks at me and in a hushed voice and says, *'you like the tits don't you, have a look at them'*. Again I do not respond. At that moment another staff members join us and he puts his phone away.

Whilst this encounter in real-time lasted for about a minute of interaction, it represented a powerful concealed act of resistance. There were three other members of staff in the room, two reading their books on another side of the room, and one talking to the chef somewhere behind the serving hatch. All failed to hear or see Ryan's resistance. Through their lack of hearing of the reference to, or seeing of, the pornography, Ryan was able to enact a resistance. In this act of concealed resistance, I became complicit in its performance. By not reacting to his behaviour in the way that staff were used to seeing *'inappropriate'* behaviour coded and signalized, the resistance lacked visibility. I did not react by interpreting his comments and actions through the therapeutic framework of TEC, as I wanted to

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7 Adapted from research diary entry June 2008.

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avoid the staff punishing him unduly. Ryan knew that as a semi-status actor I would
not disclose the act of student resistance, and used this knowledge to perform with
me an in view concealed act.

In contrast to the tactics adopted by students to create opportunities for in view
concealed acts of resistance, I found many examples of concealed resistance out of
view. The out of view acts of resistance tended to be longer enactments than the in
view ones, and could span days, weeks and even months. Furthermore, they tended
to be stronger and more ambitious forms of enactment. In order to establish an out of
view resistance students needed access to private or semi-private spaces. This is
because the resistance usually involved some degree of planning. In this sense both
the planning and enactment come to be constituted as resistance.

For example, the therapeutics department and IT manager had agreed that internet
availability in the students' rooms within the Houses would be restricted at night and
turned off from midnight\textsuperscript{74}. I was told that this was to ensure that the students were
not spending all night on 'RPGs' (Role Playing Games), and to instil in them 'normal
sleeping routines'. This proved, inevitably, unpopular with the students. One of the
students, who was good at using and building computers, found a creative way
around this. Online, he bought pieces of technology that he claimed he was using to
upgrade his laptop. Over the course of a week he accumulated enough technology
to find a way of boosting his wireless receiver, and breaking into the wireless internet
networks surrounding his House. This allowed him to use the internet as he pleased
and continue using RPG throughout the night. After building this concealed resistant
network, and keeping it hidden for a short period of time, he began to adapt the
laptops of other students so that they could use his laptop as route onto the internet.
He chose carefully who to share the resistant network with, and, in doing so,
managed to maintain it for around a month. Through this sharing of the network, the
individual act of resistance becomes a collective concealed act.

However, after some time, one of the other students with whom he shared the
technology told another student in the House, who tipped off the IT manager. By

\textsuperscript{74} Based on research memo from June 2008.
telling a disciplinarian, the other student was breaking the commonality of the resistant network, the rejection of peer-surveillance. The manager contacted the local server operator and found that there had been a significant reduction in the speed of the connection due the students hijacking the network, and the operator was threatening to get TEC to pay for their usage. This led to the organising student being confronted by the IT manager and the Head of Care at the House, after which the laptop and technology were confiscated. From this, we can see that the out of view resistance has more power to deconstruct the therapeutic practices in the setting. In the case above, the student uses the internet use to find a creative way to resist. He then has to plan and accumulate the resources necessary to enact the resistance.

Conclusion
In this chapter I have explored how students actively engage with the disciplinary techniques in operation at TEC, to enact different forms of resistance to it. Michael Foucault (1979b; 1998 [1976], p. 95) writes that disciplinary power cannot be exercised without the mutual facilitation of resistance. At TEC, we can see this in the way that the student is required to actively engage in the disciplinary process in order for it to be successful, for example through the use of signalization. The subjection of the student to the disciplinary system gives them knowledge about how TEC's therapeutic practices operate. I have shown how the students draw on this knowledge to construct opportunities by which they can enact creative means of resistance.

These forms of resistance, however, vary in their level of success. Those which are opportunistic and are performed as non-threatening encounters, are deemed unproblematic by staff and, as such, do not result in a (re)disciplining of the student. We saw this in action in Steve's jocular performance of an epistemological dissent. In all cases of successful resistance, the student created their own resources to strengthen their enactment. For example, in in view concealment, it was the use of a semi-status actor (Goffman, 1961) and in the out of view concealment, the technological equipment needed to hack into, and maintain, a hijacked wireless internet network. This is important, as these forms of resistance represent a student enactment of social functioning. In this chapter we see various scenarios in which
the ideas of what is socially functional and appropriate are ideological based on the ethos of the therapeutic culture at TEC. The use of porn and rude jokes in another (classed and gendered) context would be seen as legitimate enactments of social functioning that displayed not only viable means of social bonding, but also routes to achieving core functions of adult sociality. For example, making and keeping sustainable, peer-based friendship networks (Connell, 2000). What is interesting about the staff insistence that these enactments of social functioning are dysfunctional is that the pervasiveness of these forms of social bonding in modern society means that many of the young men will need to use them in their working and social lives to be seen as contributing to a social grouping (see Connell, 1995).
Chapter 6: Negotiating an Asperger's identity

Introduction
In the last chapter, I explored the ways in which the staff attempted to teach the students about social functioning, and the tactics students at TEC used to create opportunities to resist the therapeutic devices in operation. In doing so, I demonstrated that resistance could be seen as an enactment of student social functioning. I argued that the extent to which these acts of resistance were successful, depended on the manner in which they were executed. For example, when pursuing epistemological dissent, students who adopted a more jocular approach were able to creatively achieve a resistance, and thus a social functioning, without evoking a highly disciplinary response from staff. In contrast, students who aggressively confronted the disciplinary order were either intensively (re)disciplined or, if the mechanisms failed, ejected from the setting. In many cases, particularly in view concealment students used the staff or semi-status actor to cover their act of resistance. These were powerful forms of resistance that operated in tandem and under the view of the staff's exercise of discipline.

My analysis, in the previous chapter, showed how these acts of resistance were used by students to create moments of individuality and independence away from the constructions of standard adulthood and Asperger's Syndrome prevalent at TEC. In many cases, the uncertainty of the Asperger's subjectivity, made it difficult for the staff to interpret which behaviours constituted resistance to the disciplinary mechanisms and which were a result of their construction of the Asperger's kind. Some students were able to play upon this uncertainty to construct and sustain opportunities for self-control.

This chapter aims to extend this discussion, by considering the impact that the uncertainty surrounding the student has upon the ways in which they construct ideas about their selves. It specifically focuses on the construction of the students' identity, masculinity, sexuality and social functioning and the interrelationships between them. I will demonstrate how these constructions are an attempt by students to create a coherent sense of their identity and to make sense of themselves as having, and growing up with, a label of Asperger's Syndrome.
Making up an Asperger's kind of identity

The therapeutic devices in operation at TEC aimed to instil in the students a greater awareness of their diagnosis (Asperger's Syndrome), through the codification and signalisation of behaviours, actions, thinking, etc. Their exposure to these constructions, gave the students a language by which they could describe and remake their own experiences. I will examine in the forthcoming sections of this chapter, how the reclaiming of this language opened up new understandings and spaces for the students to work on their identities and reflect on growing up as a young person with Asperger's Syndrome.

Mitigating a discredited identity

We can begin to understand what I mean by the reclaiming of language to create student Asperger's selves, by looking at the example of Samuel. On the way back from football training I am in the SUV with five other students and the sports teacher, Julie. At a point of no particular significance during the journey Samuel sneezes. Julie, somewhat overacting, asks whether his is 'ok'. He responds in the affirmative stating: 'Yes, I've got AS [Asperger's Syndrome]'. Samuel's response is interesting, as it consciously remakes the asking of a sign of pathology or illness (sneezing) to a more general inquiry about his diagnosis of Asperger's Syndrome. Notice that he answers 'yes', he is alright and juxtaposes it with a signal of a clinical pathology 'AS', purposely missing the reference to his sneeze. Here we see a playful parodying of the staff's own use of Asperger's Syndrome as an explanatory device for everything the student does, or does not, do.

Whilst this is a jocular epistemic dissent, of some sort, it is also something more. It is a reclaiming of the therapeutic training at TEC. TEC staff invest significant time and resources into explaining that Asperger's Syndrome is a natural and normative part of who the students are; that it is something that they are, rather than they have chosen to be. Samuel's comment is a play on this idea. He states that he is ok, because he has Asperger's. What is important about this is the response it invokes in his peers. Simon, another student states, immediately after, 'well I've got asthma'

Based on research note from Feb 2008
and Peter, a third student, continues, ‘I’ve got dyslexia’. Both Peter and Simon reuse Samuel’s statement about it being ‘ok’ to have a diagnosed condition by relating it to other clinical diagnoses they have received. Samuel ends the conversation, amongst the laughing that has broken out amongst all of us in the SUV, by stating ‘yes and I’ve got AS’.

The comments expressed by Samuel, Simon and Peter can be seen as, what Erving Goffman (1990 [1963]) characterises as, the management of a discredited identity. In his discussion of social stigma, Goffman demonstrates how the self can become spoilt if a person is seen to have a stigmatising characteristic, for example ‘abnormal’ behaviours, bodies, illness or social statuses, etc. We have seen at TEC, and wider in society, that the diagnostic label of Asperger’s Syndrome is a signifier for abnormal social functioning (and in many cases vice versa). At TEC, students are encouraged to think of these ‘abnormal’ and ‘inappropriate’ attributes as discrediting. In that, the identification of Asperger’s kinds of movements, gestures and utterances, through therapeutic techniques, signal to the student that their bodies and minds are pathological and in need of intervention. This is why the therapists require the students to actively work on addressing their social functioning. Through this codification and signalization, in particular of the students’ bodies, their identities are constructed as discredited. A student’s mind is an Asperger’s mind, which is a discreditable pathological mind, and vice versa.

Erving Goffman (ibid) writes that the discredited are those whose stigma is known by other people. The stigma, here, is the inscription of an Asperger’s kind onto the minutiae of the students’ social functioning, which is entrenched by staff in TEC’s operations. The discredited student, in social interaction, attempts to manage the tension that arises through becoming stigmatised because of staff knowledge about their diagnosis. Samuel, as a discredited identity, uses his knowledge about the therapeutic systems at TEC to make visible, and thus problematise, the discrediting signifiers that TEC inscribes onto him (his diagnosis). The articulation of ‘yes I’ve got AS’ is an attempt to use the opportunity presented in Julie’s question to neutralise his discrediting. This is successful, as Julie temporarily removes the stigma of his discrediting descriptor (the Asperger’s diagnosis) in her final comment, in which she recounts that ‘everyone is different’ and that we ‘all have something’.
Julie's idea that we 'all have something', parallels Goffman's own assertion that all social actors are potentially discreditable, in that everyone has features of their identity which, if revealed or enacted at a given social setting would discredit them. She states that 'everyone is different' and, in so doing, she is reminding the students, and herself, that any social actor has this discrediting potential. What is important about this micro-encounter is that Simon actively created an opportunity that enabled him to temporarily remove the discrediting signifiers of his and his peers' identities. We should keep in mind that there is no intrinsic connection between a sneeze and a discrediting of identity. Rather the correlation came between his purposeful connection of the act of asking (signalling) and the docile act of responding. Through this, he was able to express his own identity and challenge restrictions on it.

**Constructing Asperger's as a spoilt identity**

In contrast to the strategy utilised by Samuel to mitigate the effects of a discredited identity, some students saw the stigmatization of their diagnosis, and their presence at TEC, as a spoiling of their identity. For these students, their status as someone who had the classification of Asperger's Syndrome, and their ideas about themselves, were irresolvable. To explore this further, we will focus on the constructions posed by a student, Rohan, who had been subjected to multiple diagnoses and had been taken into Local Authority care before finally being placed at TEC. In my very first encounter with Rohan we were stood around a table-football table where he and another student were engaged in a game. I was standing with a number of other students and one of the psychologists, Tom, around the table watching. During the game Rohan asked who I was. Tom interjected saying that I was doing research on young people with Asperger's Syndrome. Rohan responded by asking if I had come to see all the 'retards'. I did not address his comment, rather tried to explain to him my research topic and agenda.

His use of the word 'retard' is critical as in this he is constructing an idea about the kind of stigmatisation that he is subjected to. His question of whether I had come to see all of the retards, illustrates the extent to which Rohan perceives a visibility of his stigma. He renders his own Asperger's Syndrome diagnosis equivalent to a slang label of Mental Retardation, a more highly discredited status than that of Asperger's
(see Eyal et al, 2010). For Erving Goffman (ibid), it was the visibility of the stigma in the social interaction which brought about the discrediting of the individual’s identity. However, the reader will remember that my discussion in previous chapters highlighted the invisibility of any physical markers of the Asperger’s kind and how it only became visible through the qualitative interpretation of behaviours.

Following the work of Graham Scambler (1989), Rohan’s assertion of the visibility of his stigma can be seen as a manifestation of his felt stigma. Scambler characterises felt stigma as the internalised stigma which results from the anxiety of managing the discredited identity in social interaction. This internalisation is heightened by what he describes as enacted stigma, experiences of stigma in interaction. In his research with Hopkins (1986) on the management of stigma by people with epilepsy, he demonstrates how people with hidden conditions disproportionately experience felt stigma because they know about the discrediting potential of their identity. In the case of Rohan, the internalisation of stigma, through his diagnosis, makes it feel as if this stigma is visible. However, it is the exposure to the disciplinary mechanisms before and during his time at TEC which reinforce the idea that the stigma is visible to those around him. It may seem to the reader that I am placing too much emphasis on the word ‘see’ in my analysis. To supplement the readers’ understanding of the rationale for my analysis, I would point out that the idea of seeing and being seen were constant narrative descriptors in Rohan’s accounts. The idea that people could see his Asperger’s Syndrome was a constant preoccupation, and on many an occasion, led him to withdraw or avoid certain social settings in the local community.

We have seen how TEC mobilises multiple systems of surveillance to train and educate the bodies and thinking of students. Signalization, for example, reinforces the need for the student to be complicit in the codification of behaviours as abnormal and therefore in need of intervention. The pervasiveness of the therapeutic technologies at TEC, we can understand, creates a necessary visibility of the Asperger’s diagnosis. Rohan’s notion of the seeing and being seen of his stigma status is a consequence of the continual exercise of therapeutic practices by staff. The cumulative effect of this visible presence is that some students see their presentation of the self to be spoiled by a visible stigma. The stigma becomes seen, by these students, as a visible part of their being. In terms of the practices at TEC,
the visibility of the Asperger's status is a core part of their mission. However, this stigmatisation is an unintended consequence that acts in total opposition to the positive social worth that they claim they are trying to instil in the students.

This visible stigmatisation leaves Rohan caught between what Goffman (1990 [1963]) calls the actual and virtual self. That is, the actual self, being Rohan's identity, and the virtual self, being the stigmatised identity that arises in social interaction. We can see this tension played out in his flipping between an appropriation and rejection of the visible stigma. Firstly, he appropriates the notion of an ever-present visibility of stigma to deconstruct the worth of his classification as an Asperger's kind. In the encounter around the table-football table, 'I don't think that people like us retards can do anything, they just should kill us'. In this, Rohan is constructing a stigmatised Asperger's identity, to which he attributes no worth. The 'retard', in his characterisation, has no social worth; he cannot imagine a positive future for himself or his peers and this makes him question why the disciplinarians (the ones making his stigma visible) allow his kind to exist. In this statement, the solution is extreme. If a 'retard' like him, following the construction of his statement, cannot have a social value, then they, including him, should be 'killed'. The uncertainty of a future where his stigma will not be perpetually visible, leads him to question the validity of sustaining the Asperger's Syndrome label and, in doing so, the therapeutic mechanisms instilled at TEC.

He extends this argument by asking Tom, the psychologist, why medical practitioners do not just 'kill us [student's with Asperger's Syndrome] before we are born?'. This question represents an important moment in the construction of a spoiled Asperger's identity. Here, Rohan is remaking the idea promoted to him by TEC - that Asperger's Syndrome is innate and natural - and reuses them to deconstruct the viability of his kind of personhood. He suggests that, as students with Asperger's Syndrome, the young men lack a social value. For him, it is something which is removed through the stigmatization process. He asserts that 'we don't deserve to live' and begins to suggest the idea that the Asperger's kind need not exist.
The uncertainty Rohan feels about the construction of his own present and future, manifests as an aggressive rejection of his existence. There are, however, moments in which he also rejects the visibility of his stigma. This can be seen clearly in his reaction to receiving an award at the end of year leavers’ ceremony. The end of year ceremony brings together students, their parents or guardians and their teachers to celebrate each student’s perceived areas of progress over the last year. TEC has a policy that every student will receive an award, which highlights their perceived achievements for the year. When called, Rohan went up to the stage to collect his certificate. However, when the audience (other students, parents and teachers) begin clapping, he tears it up and exclaims, ‘I am not a fucking retard you know’. With which he storms out of the room. In this we can see that when the visibility is heightened, a disjuncture is created between his remade appropriation of the stigmatised classification of Asperger’s as lacking in value, and the performative celebration of the student ‘progress’. This disjuncture forces him to break the appropriation of the perceived visible stigma, and instead reject it, which is symbolised through his tearing of the certificate.

The transition manager I am sitting next to at this point, Ranj, explains this disjuncture by telling me that: ‘this event is exactly what he fears. It reminds him of his condition, and something like this forces him to confront his disability. That's why, you know he just can’t bear having it all visible for everyone to see and being up on that stage having it recognised by everyone was just the last straw. He just needs to face it and then work past it’. In this the staff remake his irresolution of his identity of evidence of a spoilt identity. The event is transformed into something ‘he fears’ as it forces him to confront his ‘condition’ and, as such, his stigmatisation. Given what I have said about Rohan’s anxiety about the visibility of his Asperger’s status, we can understand that the staff are aware of the impact that a visible affirmation of his stigmatising status will have on his identity, but they fail to mitigate against it. This is because the disciplinary mechanisms at TEC demand an acceptance by students of their status as having a diagnosis of Asperger’s Syndrome. The resolution of this disjuncture, in this way, can be achieved only through the student’s acceptance of the stigma of their status, and the inherent visibility of it in the therapeutic and

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76 Based on research memo from July 2008.
educational systems at TEC. Only in this way can the student, in the mind of the staff, begin to make 'progress'. As Ranj notes, the only way to reduce the stigma is by 'facing it' and 'working past it'; in other words, to become docile within the therapeutic mechanisms at TEC.

Performing Asperger's as a positive identity
In contrast to this, some students were able to use their status of having a diagnosis of Asperger's Syndrome, as a way of affirming, rather than discrediting their identity. Students were able to do this in cultural spaces where disclosure of a diagnosis was normalising, rather than stigmatising. Students used sub-cultural discourses to remake their stigmatised identities as unproblematic and normative. Rick, one of the students at TEC, used the alternative music scene to remake a positive understanding of his classification.

In an interview, we discussed Rick's motive for getting involved with the 'emo' peer group at a local mainstream college he attended near to TEC. He explains that at the mainstream school he attended before he relocated to TEC his friends, what he refers to as 'us emo kids', saw having a diagnosis of Asperger's Syndrome as being 'really niche'. He told me that by niche they meant that it was 'cool', 'special' and 'different'. Rather than seeing it as a stigmatising characteristic, his emo peer group used the official diagnosis as the signifier of a genuine marker of the emo subculture. As he notes: 'having someone say you were screwed is even better that just thinking you are, cause it proves just how hardcore you are'. The diagnostic process and the signalling of pathology itself becomes a sign of the young person's genuine membership of the sub-culture. Whereas, other peers have to 'prove' their worth in the sub-cultural identity, Rick tells me that he is seen as a 'hardcore' member of the culture by virtue of having a clinical diagnosis.

This is an important feature of the sub-cultural membership as, within the clinical gaze, Rick and the other students with Asperger's Syndrome, are seen as having an emotional deficit (c.f. Baron-Cohen, 2004). In Emo culture, value is assigned to emotionality, a value which, according to Professor Simon Baron-Cohen's analysis, 77 Originally termed, emocore or Emotional Hardcore, and evolved out of a form of hardcore punk music (Greenwald, 2003, p. 2)
should be assigned to people with an Extreme Female Brain (EFB), which is hyper-emotional, but lacks an ability to systematise. However, Rick has Asperger's Syndrome and, by virtue of this, is seen in Baron-Cohen's conceptualisation as have an Extreme Male Brain. In Baron-Cohen's analysis, the linkage between the Asperger's status and hardcore emotionality should not be possible. But in Rick's case it is, it is a core part of his membership to the emo sub-culture.

This relates to Arlie Hochschild's (2003) explanation that emotionality is a social performance. Irrespective of any neuro-pathological traits, Rick is able to successfully perform having Asperger's and is read by those in the emo sub-culture as performing a deep emotional connection with the culture and its music. What is interesting about this performance is that the idea of a pathology, that is any pathology, is seen to be a legitimising factor in the emotional performance of emo culture. As Rick explains to me, '[one girl] had some kind of depression and [one guy] was hyper'.

In this way, a clinical recognition of a pathological difference of any kind (Asperger's, depression, hyperactivity), on top of a performance of the emo sub-cultural identity (tight black jeans, a long black side fringe, piercings, tight colourful tee-shirt and knowledge of the emo music genre) was seen as an additional feature of authenticity. I will refrain here from discussing the social construction of emo as it is beyond the remit of this thesis. However Andy Greenwald (2003) in his journalistic discussion of emo culture, highlights how a sense of emotional pathology is embedded in the cultural identity of the emo genre, something which is reflected in the title of his book: Nothing Feels Good. What is important about his engagement with the emo sub-culture is that it enables Rick to draw on the emo discourse to construct positive and emotional articulations of his classification that transcends the restriction of clinical description. In the interview, he expresses his desire to seek out a new emo friendship group to ensure that his Asperger's status is seen as something positive, rather than stigmatising.

Interestingly, a similar approach was adopted by Danny in his inclusion in the Hardcore Dance music scene. Writers, such as Howard Parker, Judith Aldridge and Fiona Measham (1998), have discussed the proliferation in the use of recreational
drug-taking in the dance club scene. Danny suggests that this practice normalises and de-stigmatises the practices around his diagnoses. He tells me that 'when everyone is popping those pills Brov, my meds is just like another candy'. In this cultural context, drug-taking is a normative practice and 'polling pills' for a recreational high, or a pharmaceutical intervention, is seen is unproblematic. Danny explains that sometimes he 'passes the pills around'. This is significant, as the common sharing of the 'pills', transforms the sign of his classifications (the medication) into a cultural enactment, of taking and sharing drugs. As such, complicity in the disciplinary systems at TEC (which leads to the provision of medication) allows for a cultural enactment of an Asperger's kind as an asset and medication as valuable commodity that can be exchanged. The classification, for this student brings with it the free resourcing to him and his peers of a cultural asset (the 'pills') which can be used in the pursuit of a clubbing performance.

Multiple Asperger's identities
The different tactics that the students at TEC use to construct Asperger's identities illustrate the multiplicity of possible responses to classification and disciplinary power. Taken together, these different identity configurations demonstrate that, contra Erving Goffman's (1990 [1963]) theorisation, the visibility of the stigma is not the determining feature of stigma, but rather it is the way in which the student uses this visibility to mitigate against the discrediting of their identity. By doing this, they can make alternative and more positive constructions of what it means to have Asperger's and create new values associated with it (such as an authentic emo or a hardcore, drug-taking, dance raver). The students were able to draw on the knowledge that the therapeutic techniques in operation at TEC inscribed meaning onto their bodies and minds, and reconstructed it as an alternative narrative for the classification. Ultimately, it was the knowledge and acceptance of the classification that enabled students to reclaim ideas about the Asperger's kind for their own identity construction. In the cases where students did not begin with the premise that their identity was Asperger's, they ended up discrediting themselves and ultimately ended up with a spoilt identity, as was the case with Rohan.

Constructing Asperger's kinds of masculinity
Having considered the ways in which students at TEC reflexively created identities in relation to ideas about their Asperger’s status, I will now turn to consider the ways in which Asperger’s masculinities were created. Building upon the work of Judith Butler (1990), I see gender as being performative, rather than something that is innate or stable. For Butler, the performativity of gender is restrained by regulatory discourses, or regimes of knowledge, in operation around the person attempting the performance. These constraints cause the students to construct and perform their genders in specific and nuanced ways which reflect, and react to, the operation of the therapeutic practices at TEC. She further notes (1993, p. 95) that performativity is not established in a single act, but rather through a ritualised production (iterability): a ‘constrained repetition of norms’. At TEC this constrained repetition of gendered norms is established through the use of role models.

Role models were used by staff at TEC to build students’ repertoires in the performance of specific kinds of masculinity. In the pursuit of role modelling, male staff, particularly those closer in age to the students, are encouraged to take on roles and relationships with the students beyond those of their primary employment. For example, one of the psychologists taught students to play the guitar in one-to-one sessions. Similarly, a support worker worked with a group of students to build their skills in drumming and the IT manager ran an intensive football training session at least once a week.

On my initial tour of TEC, I was told about the extra relationships that the male staff took on and I assumed, as was confirmed to me, that this was to increase the number of activities available to students during their time at TEC. This, however, did not explain why it was exclusively male staff who were encouraged to take on these extra relationships. The answer to this was provided in my subsequent meeting with the Headteacher. During our final negotiation meeting about access to the site, she told me that she was thrilled to have me on board. I asked her what she meant, and she told me that they actively take any opportunity to recruit younger men onto the staff to give the students ‘positive role models’ about the ‘kinds of young men they may become’. In this explanation, the Head teacher is informing me that the gender performances of the young male staff in the setting are intended to be tangible guides for the students. In this way, she saw my introduction into the site as a
widening of the potential gender performances students could draw upon to make sense of what kind of young men they wanted to become.

The notion of a becoming, in the performance of gender, is important as it gives the students the mutability needed to draw on a range of performances to construct their own. If we consider the themes under which gender performances are oriented at TEC, we learn more about what kinds of young male role models TEC is offering to students. Two of the key, and dominant, thematic orientations were music and sport. Bob Connell78 (1995) in his discussion of the modern construction of masculinities cites these as popular areas that hegemonic masculinities orientate around. By hegemonic masculinity, he is referring to the seemingly dominant forms of masculinity that operate within a plurality of possible masculinities and femininities.

From Judith Butler's point of view, it is important that we think about the frequency of the modelling of male roles in the setting. At TEC this modelling occurs in formal and standardised ways through the enactment of music or football lessons, and informally in the day-to-day gender performance between the young male staff and students. I did, however, come across an interesting nuance in my analysis in the subject position of the students. Previously in my discussion, I highlighted that some of the students had a wider pool of gender performances to call upon in their construction and performance of masculinity. They had a wider knowledge of (what Connell would call) competing masculinities to those offered by male staff at TEC. These students actively used this knowledge to remake the male staff's performance of gender to make it fit with their own iteration of identity (Butler, 1993).

For example, Rick draws on the forms of masculinity in the emo fandom to constrain Tom's (the psychologist) gender performances. Rick was receiving guitar lessons from Tom. However, rather than allowing Tom to teach him the mellow rock pieces Tom enjoyed, Rick demanded that he be taught the chords that supported more popular emo songs. This meant that Tom had to actively research the music genre, the popular emo songs and, in doing so, was confronted by competing forms of masculinity, which in the context of the fandom were hegemonic (Connell, 1995)

78 Now publishing under her new name: Raewyn Connell.
gender performances available in the emo culture and embedded in its lyrics. In the performance of the music lesson, Tom created a hybrid of his own, and Rick’s preferred Emo-gender performance to come up with a viable enactment of a musical masculinity. In this way, Rick was able to create a repetition of his own performative gender, of his emo kind, and re-establish its normativity.

Similarly, students at the football training session were able to deconstruct and constrain the IT manager’s performance of sporting masculinity. They used their own knowledge about high profile football players’ styles of masculinity to challenge the performance of gender through the act of football training. The IT manager reacted to this in one of two ways. Firstly, by enacting or evoking a version of the high profile version of masculinity, for example through asserting that he was going to do a ‘Rooney shot’ or a ‘Maradona celebration’; and secondly, by undoing the students’ challenge by trumping their knowledge of the player. In both the football and music examples we can see the ways in which students bring into play their own ideas about preferred gender performances. They use the masculinities of other male role models outside of TEC to play with, and compete against those of the male staff. The students are creating their own ideas about the kinds of men they want to become, and whilst these did interact with the male role models at TEC, they were not as important as the Headteacher had valued them to be.

Performing aggressive masculinity
In the final section of this chapter, I will examine the construction of aggressive masculinities at TEC. In doing so, I will argue that the aggressive students are not presenting ‘protest masculinities’ per se, but rather can be expressing social functioning that goes unacknowledged by the staff. This, I will suggest, is because the social functioning that is present in the staff’s accounts are classed and to do not assign value to social functioning that is not considered to be middle-class.

As I have previously argued, students who displayed behaviours that were perceived to be resistant to the therapeutic mechanisms of TEC were seen my staff to be problematic, and in need of further therapeutic intervention. For example, Rohan’s tearing of the certificate was seen as a marker of his inability to positively confront his Asperger’s status and staff suggested that further intervention was needed to get
him to acknowledge and come to terms with his diagnosis. This behaviour, whilst having a lasting effect on Rohan's own constructions of his self, were not seen by staff as being dangerous.

In contrast, there were a number of students whose behaviours were explicitly constructed by staff as being dangerous and potentially damaging to other students' and staff's wellbeing. As Steve, one of the care managers told me about one violent student: ‘I don’t really care what he does to himself, but when he lashes out and is aggressive to me or the other guys, that is’. In this, we can see where the concern is placed in Steve’s account. It is not the self-harm, but rather that the line is drawn where there is a danger that the student’s aggression poses a threat to others. At TEC, aggression was seen by staff, in line with clinical literature (c.f. Attwood, 2007), to be a manifestation of a student’s frustration. This builds on the idea that challenging behaviour originates from an inability to express, and explain, one’s self adequately, to others (Imray, 2008).

However in practice, this mantra is overridden by lay staff concerns about the influence and consequences of aggressive behaviours on others. In situations where aggressive behaviours could be controlled through the signalization technique, these behaviours were retained within the therapeutic gaze and were seen as unproblematic: as was the case in the encounter between Nate and his teacher described in the last chapter. Those students who were not, however, compliant with the signalization technique were seen as dangerous and a potential threat to the progression of other students at TEC. In the previous chapter I explored the staff’s characterisation of Ben as a chav. We saw how the codes of aggressive and chav used by staff caused them to act negatively towards Ben and mock his style of walking and talking. Further, they suggested that because of his aggressive behaviour Ben should be removed from TEC, the usual last resort in cases of epistemological dissent. Finally the staff expressed concern that his behaviour would lead him in the future to have to interact with the youth justice system.

79 Based on research memo extract from June 2008.
The staff's codification of his behaviour marginalised Ben from the normative (therapeutic) constructions of challenging behaviour as being a manifestation of frustration with the Asperger's social impairment. This reflects a wider marginality of aggressive and violent masculinities in modern society. Tim Carrigan, Bob Connell and John Lee (1985) note that whilst aggression is a core part of the dominant framework of hegemonic masculinity in society, violent or overly-aggressive behaviours are seen as a marginalised kind of masculinity. Bob Connell (1995, pp. 109-122) has described these marginal aggressive performances as 'protest masculinities', a gendered performance that uses violence and intimidation in an attempt to assert control over the gender order and establish a superiority over other, less aggressive, performances of masculinity. Many of the studies looking at these protest masculinities have focused on the areas of industrial labour, drinking, and sporting cultures (c.f. discussion in Connell, 2000).

At first glance we can understand why staff perceived Ben's behaviour to be protest masculinity. As we can see in the following encounter Ben is seemingly using aggression and violence to subordinate my masculinity and establish dominance over it. The encounter takes place at the same outdoor activity centre where the staff were mocking his behaviour. We are standing in a forest waiting for the archery instructor to arrive, and as I am walking over to speak to a member of staff I pass close by to Ben. He looks at me pushes his chest forward, his arms back and says, 'watch it cunt'. For a moment, there is a silence in which neither of us speak, Ben then smiles. I take this to be some form of jocular exclamation, so I retort, 'that would be scarier if you weren't laughing at the same time'. Ben does not take this well, and squares up to me, unnoticed by the other member of staff or students. He turns to me and quietly says, 'I didn't smile, I'm definitely one hundred per cent serious', and motions as if he were head-butting me. I take a half step backwards to which he quietly, but confidently tells, me that he is 'totally serious'. He says that he does not like 'people not taking me seriously'. He continues that he was expelled from school at the age of 14 because he 'head-butted this teacher' because he felt

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80 Based on research diary entry from July 2008.
that he was not taking him seriously. By this time he is smiling and concludes, ‘yeah, well he got that message, the fucking prick’.

In this encounter, Ben both physically (gesturing of a head-butt) and verbally (through the story about the teacher) makes reference to violent and aggressive behaviour. He consistently uses the phrase ‘taking me seriously’, which indicates the possible point of contention. From his response we could surmise that my accusation that his smiling diminishes the aggression of his exclamation ‘watch it cunt’. However, to do this would be to reduce his behaviours into the normative ideas about protest masculinity (c.f. Connell, 1995).

If we consider a later discussion I had with Ben we can see something else happening in our exchange. Since the first time I met him at the outdoor activity centre, we began to develop a good rapport. As we built up our relationship, Ben continued to be aggressive and mock violence, although, its intensity and ‘seriousness’ lessened somewhat so that the aggression was a playful exchange rather than oppositional confrontation. About two weeks after the encounter described above, I was sitting in the canteen alone with Ben. I asked him\textsuperscript{81} why he had ‘squared up to me’ when I first met him. He told me, that he was, ‘testing’ me. I enquired further asking him what he was testing me for. He explained that at home all his friends and work colleagues sit around talking about women and ‘scuffing’ (mock fighting) with each other. He continues that he was checking in our encounter that I was not ‘one of those pussies’ that would tell him to ‘calm down’ and ‘act proper’. From this conversation, and others referred to elsewhere in this thesis, I understood that he was performing this aggressive masculinity in an attempt to bond with other male staff and with me.

This testing of the boundaries of social bonding through male aggression can be seen in a situation that occurred later the same day\textsuperscript{82}. I was standing in the rain with the students next to the female archery instructor, watching the students attempting to hit the targets placed around 100 meters away from us. Ben walks towards us and challenges the female instructor to shoot three arrows in a row into the centre of the

\textsuperscript{81} Based on research diary entry from July 2008.
\textsuperscript{82} Based on research diary entry from July 2008.
target, which she accepts. As the instructor positions to shoot, Ben and the other student he was talking to come and stand next to me to watch her. The instructor shoots three arrows, two hitting her mark on the centre of the target and one going wide missing the board completely becoming lodged in the camouflage netting surrounding the targets. The instructor goes over to the targets and netting to collect her arrows and bends over to pick one up.

Ben turns to me and the other student and says, 'do you want to shoot one in the crack?' to which I do not reply and the other student laughs. As she puts one of her feet against the board and uses two hands to release a deeply embedded arrow from the centre of the target, Ben continues, 'shall I shoot an arrow up her arse?'. Without waiting for a response he smiles and continues: 'I'd like to put my cock up her arse? Yeah I'd get my cum in her arse'. I do not respond, but the other student laughs and slaps Ben on the back. As the instructor finally walks back over to us to take her second attempt, Ben walks towards her and with a backwards glance to us and with bow, and arrow in hand, remarks, 'I'd like to bone that one, you know what I mean?'

In this exchange, we see an aggressive sexualisation of the female archery instructor. Ben uses my presence, and that of the other students, to enact an in view concealed act of resistance, for if a staff member had heard, he would have been subjected to the therapeutic gaze, and the disciplinary mechanisms that operate with it. His continual reference, and allusion, to penetration and ejaculation are made without an indication that she would consent to the sexual action (see for example his use of ‘I'd like to’ and ‘I'd get my’), which in itself can be seen as aggressive and forceful.

Writers such as Ann Goldberg (1999) and Michael Foucault (2003 [1999]) have demonstrated the ways in which young men's sexuality has been taken up by medical practitioners as pathologically dangerous. If the staff at TEC were reading the encounter described above they would use ideas about pathology to read his behaviour. This is something I saw happen on a number of other occasions where staff heard or were confronted with Ben's sexualised exclamation. For example, François, a support worker, on hearing Ben talking about 'hard wanking' on another
occasion shouts at him the word ‘sick’, and walks away shaking his head and stating that ‘this boy is sick I tell you, he’s totally sick’. This reading of Ben’s behaviour, however, fails to adequately acknowledge or understand the intention of these behaviours and actions.

This aggressive sexualized performance once again relates to the normative behaviours he expressed with his older male work colleagues at home to bond socially and to build relationships with them. This expression of aggression, therefore, signifies a valid technique Ben had used successfully to engage in social interaction and relations with male peers. Furthermore, it was an accepted and normative way of bonding in his home/work life. In his home context this aggressive performance of masculinity can be seen as a competent display of social functioning on Ben’s part, rather than the activities of a marginalised ‘protest masculinity’. Ben is not attempting to challenge outright the kinds of masculinities that are deemed acceptable at TEC, but rather is caught between the staff’s ideas of a civilised masculinity and his own, home, cultural performance of masculinity.

In Ben’s accounts of his experiences he suggests that the kind of masculinities on offer to him at TEC, in the form of the male staff role models, were threatening. He told me\textsuperscript{83} that he felt like the male staff were ‘trying to get at your brain... really nail it out’. In this construction, the staff’s therapeutic approach is seen as an assault on his mind, something he finds just as aggressive as the staff do with his way of socially bonding with male peers. For him, the aggressive articulations and sexualisation of women, which over time can be seen as a jocular discourse, were not the goals of his interaction, but rather his way of building mutual and socially functional friendships amongst his peer group. Ironically, the active pursuit of this social functioning (reciprocal friendship) is something which was valued as a referent of adult functioning at TEC; however, not in this aggressive formulation.

What we can uncover from this, is the classed way in which TEC makes ideas about both aggression and adult social functioning. At TEC, aggression is seen as dangerous, but where Ben has previously been living and working it is not. By his

\textsuperscript{83} Extract from research note from July 2008.
own description he comes from a 'poor', rural, 'working-class' family and whilst he has everything he needs, everyone is left to rely on themselves. For him, aggression at home and at work is a key way of displaying to other men from the same social background that he is hard enough to do manual work on a building site as a junior site helper\(^8\), and thus become economically independent and be considered by his peers as a competent masculinity. This reflects other work on masculinities that have demonstrated the strong associations between aggressive jocular sociality and manual work in working class cultures (c.f. Collinson, 1988). Ben's placement at TEC, and their vision of what constitutes adult social functioning, is based on middle-class ideals of what it means to be a civilised male adult.

To reiterate, from the age of 14 Ben has been working (economically independent) in manual labour, he is resilient in that the work is physically demanding. Furthermore, he actively knows what he wants to do with his life and prior to coming to TEC was pursuing his chosen and considered career in a workplace where he had established and maintained a peer-based friendship group. If we revisit the second set of social functioning present at TEC (that relate specifically to thinking for one's self), we can see that Ben's experiences demonstrates many of the core features expected of students by staff in the becoming of socially functional adults. However, when placed at TEC, these referents of his successful adult functioning are deemed problematic and of no functional worth. The non-value of successful aggressive masculinity at TEC reveals a (middle) classed-based operation of ideas about social functioning, something that has been suggested at a broader level in the work of Frank Furedi (2004).

**Conclusion**

In this chapter, I have argued that whilst many of the therapeutic interventions adopted at TEC are about instilling in students a greater understanding of their social functioning and diagnosis, the exposure to, and knowledge about, these ideas allow students to create their own identities. From this, I have explored the different ways in which students attempted to navigate their way through the potentially discrediting Asperger's status (building on Goffman, 1990 [1963]). My analysis demonstrated

\(^8\) The nature of employment has been change to ensure anonymity of the student.
how Samuel's use of jocularity enabled him to normalise the Asperger's status and conduct a playful rebuttal to the staff's use of Asperger's to explain every facet of his behaviour in everyday TEC life.

In contrast to this, I also explored the impact that the diagnosis of Asperger's had had on Rohan who, in the staff terms, had not come to terms with his Asperger's status. Because of this Rohan experienced a heightened *felt* stigma (Scambler, 1989) in his interactions because he believes that his Asperger's status was visible to those around him. Given the therapeutic context he was in at TEC and the surveillance mechanisms in operation there, this impression is partially true. This idea, of the visibility of his Asperger's status, leaves him with a low self-worth and leads him to conclude that students with Asperger's should be killed at birth. The low self-worth is exacerbated when he is confronted with a situation where his status is actually visible: at the award ceremony. This situation results in Rohan deeming his identity has having been spoilt.

Despite the negativity with which Rohan saw his Asperger's identity, many students were able to construct positive identities from it. For example, Rick was able to use his diagnosis as cultural proof of his worth in his emo friendship group. This is somewhat ironic, given the clinical assertions of researchers, such as Professor Simon Baron-Cohen (2004), who maintain that people with Asperger's have a deficit in emotional response. I argue that Rick's Asperger status, was seen as a genuine, and legitimating, expression of his hardcore emotionality, and that this was a result of emotion being a social performance (following Hochschild, 2003). Similarly, I note that Danny was able to use Dance music culture to normalise his condition and use his medical prescriptions as a tradeable asset in the sub-culture.

In both scenarios the students bought into their diagnosis, and through this were able to reclaim an Asperger's identity that existed beyond clinical descriptions of the diagnosis. From this I conclude that it is not the visibility of the discreditable status of Asperger's that is important in understanding stigma, but rather they way in which (and to what ends) the student uses this visibility to pursue a positive identity formation. In the case of Danny and Rick, Asperger's was reconstituted as a positive attribute contributing to a wider sub-cultural discourse. In contrast, Rohan saw the
visibility as a sign of stigma and as such was unable to resolve his self with the perceived spoiling of his identity.

In the next section I consider the kinds of masculinity that the students draw up and construct and TEC. This analysis builds upon Judith Butler’s work on gender performativity and iteration (1993). I explain how TEC uses male staff role models in an attempt to tangibly display to the students the kinds of masculinities they could adopt for themselves. However, through my exploration I note that it is the students who actively work on the role models masculinities. In the case of Rick, for example, he demands that Tom, a psychologist at TEC, expand his own masculine performance to meet Rick’s interest in emo music culture.

Finally, I consider how aggressive masculinities are constructed at TEC. I choose this gender performance, as my analysis reveals an underlying bias in staff ideas about what constitutes competent social functioning. I study in depth two encounters with Ben to explain how he uses aggressive language and behaviour as well as referencing sexual aggression, in an attempt to build social relationships with other men in the setting. From my data, I suggest that these aggressive performances, contra the staff’s analysis, are based on normative ideas about sociality that operate in Ben’s home context. At the close of the section, I convey the classed nature of the staff’s construction of social functioning. I reiterate that Ben is displaying many of the social functions that the staff’s interventions are aimed toward, however, in Ben’s performance they are exhibited in an aggressive form that is unacceptable to the staff. I argue that the format of this performance (aggressive), leads staff to fail to recognise Ben’s social functioning and ascribe a low social value and level of functioning to his behaviours. This final point is of crucial importance, as it begins to uncover the higher status afforded to staff accounts and interpretation of social functioning at TEC. In the next chapter, I will extend this point, by looking specifically at the ways in which staff work with students to imagine socially functional futures, and trajectories towards it.
Chapter 7: Making sense of youth transitions

Introduction
Throughout the thesis, I have drawn attention to the uncertainty of growing up with a diagnosis of Asperger’s Syndrome in modern Britain. I have argued that this uncertainty intersects with a wider destabilising of the permanence of a standard adulthood (Lee, 2001). In this age of risk (Beck, 1992), certainty about who people are, and what they may become, is less structured, more fluidic, and more opportunistic; people’s identities, presents and futures become multiple and unknowable. In the previous chapter, we saw how students used ideas about their Asperger’s status to construct different values and identities of having the condition. In my analysis, I placed an emphasis on the tactics the students use to take advantage of strategic opportunities offered by the uncertainties at TEC. This move towards multiple identity positions at TEC problematised the traditional clinical markers of what it means to have Asperger’s Syndrome and grow up with a diagnosis. Students were able to remake the significance of their diagnosis, not to better understand their own restricted social functioning (as was the intention of therapeutic intervention), but rather to legitimise and authenticate their membership of other youth sub-cultural identity formations. These tactics and identity/gender performances become of crucial importance with the erosion of traditional trajectories to adult futures.

In this final empirical chapter, I will turn to consider the ways in which the staff at TEC attempted to mitigate the uncertainty of the students’ futures and bring about meaning and structure of imagined futures through the process of Person Centred Planning. These techniques, I will argue, act as documentary representations of the student that enable the staff to describe a stable journey towards adult outcomes. Further, I will consider the strategies (c.f. Mills, Blossfeld & Klijzing, 2005, p. 423) that the students at TEC have developed and use to make sense of their futures in and amongst the planning for their future.

The uncertainty of Asperger’s transitions
As I have noted previously, in modern Britain there is a rising public and professional anxiety about the futures of young people with Asperger’s Syndrome (National
Autistic Society, 2008), which is based in part on the uncertainty of the prognosis of the Asperger's diagnosis. This anxiety mirrors a wider cultural concern about the uncertainty of contemporary transitions during youth (Henderson et al, 2007), and in particular disabled children (Cooney, 2002). This has led researchers, such as Clare Holdsworth and David Morgan (2005, pp. 22-23), to argue that this uncertainty marks youth as a dangerous age, as positive outcomes for young people are not specified or guaranteed.

The construction of uncertainty about the students’ futures was extremely prevalent at TEC. It was not uncommon in my conversations with staff for them to make statements like\(^8\), 'but what will he do next', 'he'll just rot if he ends up back at home' and ‘there's nothing out there for guys like him, not really'. Much of the anxiety expressed by staff focused on a concern about the loss of social functioning, and the value associated with it, that had already been accumulated during their time at TEC. As sally explains:

‘You know, we have invested so much in these guys, and the ones like Thom, it would break my heart to see all his progress go down the pan. That’s what’ll happen if he goes back to his mum’s. Cause there he will spend all day and night on his computer and he’ll forgot what we taught him about the importance of making real friends and spending time with them’.

In this, Sally is highlighting that the TEC staff believe they have already seen a return for their therapeutic investment in the form of Thom's increased social functioning. She is, however, concerned that a lack of any motivational activity after he leaves TEC will lead to him spending all of his time on computer games and, she fears, forgetting the social functions that he had built: making and sustaining friendships.

The wider recent response to these anxieties, in Britain, has been Government strategies attempting to address the negative consequences of these youth transitions for autistic and Asperger's young people. For example, by specifying best practice commissioning, service provision and funding arrangements (c.f. HM

\(^8\) Extracts from research memos: various dates 2008.
Government, 2010c). The previous Government's strategies (see also DCSF, 2007; DH, 2001; 2002) focused on the importance of supporting disabled young people through their transitions in a personalised manner and recommended, in some cases specified, the use of Person-centred Planning (PCP), as a key tool in achieving this.

In the next section, I will describe the ways in which staff use PCP to make sense of the students' futures. I argue that PCP is essentially about using current knowledge about the student's social functioning and aspirations to create an idea of what their future could look like. In doing so, I will suggest that PCP seeks to give descriptions of the kind of lives and social functionality that the students will be exhibiting in a prospective time period. I have called the time of which PCP is talking about prospective time because it is based on projected circumstances, behaviours, actions and decisions (etc) that have not yet been determined, nor will they necessarily come to pass. Despite the inherent uncertainty of using speculative descriptions of social functioning, I will demonstrate how the transition managers at TEC give the impression that a student's future is both stable and knowable.

**The use of Person-centred Planning at TEC**

PCP is a structured way of imagining and planning for the futures of young people. It uses their own aspirations, and expertise from adult collaborators, to produce a personalised plan to help the student, their family, service providers and their funding authorities to understand what provision needs to be in place to support the young person to achieve their goals. The PCP describes a set of living documents that depict (textually, verbally and pictorially) a disabled young person’s transition into adulthood. PCP (drawing on DH, 2002, pp. 66-67) is founded on the ideas of shared ownership, commitment and responsibility. In this sense, whilst the technique has the person at the centre, the student is a supposed equal partner with other adults in their life in the exploration of their future. In this way PCP positions the students' futures as a kind of flexible negotiation between the student's own voice and those of the adults their journey towards this future would depend on.

TEC has employed two dedicated transition managers who work with the students to develop ideas about who they want to be and what they want to do when they leave the college. The transition managers, Ranj and Jim, have a broad knowledge about
the access points to different careers, qualifications, other residential services and maintain good links with the local Connexions services. The Connexions service is the statutory agency responsible for the transitioning of students from their current provision at TEC to whatever they decide to do after it. Ranj and Jim's office is piled high with booklets, brochures and files about courses, colleges, universities and care centres that they have accumulated over the years in their explorations of the types of provision students may want to pursue.

All students who attend TEC have scheduled time with the transition managers and are encouraged by other staff and personal tutors to engage with them to think about what they might want to do in the future. These sessions are, however, not compulsory and many do not actively attend. When a student is referred to them or expresses interest in planning for their future the staff use their professional knowledge about PCP techniques to decide on an approach they feel will work best for each student. As Ranj explains to me, 'there are lots of ways we could, you know, do this, but at the end of the day it's what is going to work for them. So I use a bit of initiative, so talk to their teachers, or chat with the guys, so I know what will work'. We can see here, that from the outset it is the professional's own knowledge that decides what kind of method the student will be required to engage in, in order to imagine their future. As such the framing of the student's future is decided for them.

Following this Ranj, and the other transition manager Jim, then invite the interested student to a series of meetings. In these meetings, the transition managers aim to introduce and get the student comfortable with the PCP methods as they will be the formats used to explore their futures. The transition managers broadly adopt three different approaches to PCP: Making Action Plans (Forest et al, 1992, 1996), Planning Alternative Tomorrows with Hope (Pearpont et al, 1992) and Personal Futures Planning (Mount, 1990). The main differences between these three approaches are the facilitation methods and kinds of tools and resources the use. However, substantively, they all aim to create the same thing: a profile of the student as they are now and how they want to be in the future. Rather than discussing each

86 Extracts from interview from February 2008.
of these PCP technologies in turn (which would require a high level of repetition) I will explore the common goals that all three were aiming to achieve in each stage of the process. In doing so, I will draw extensively on my observations and analysis of these methods in practice at TEC.

Firstly, the PCP methods were aiming to create segmented accounts of the students, their lives, their experiences, their interests and the things that were important to them. For example, in the Personal Futures Planning (PFP) method, Ranj and Jim would work with the students to create a background map, which graphically and textually articulated a linear description of life events deemed important by the student and the transition manager. This map is populated with supplementary information about the events, taken from the students themselves or the case files. It includes top line descriptions of who was involved in the event, any decisions that were taken, key individuals that were involved in the decision making, and what the students’ reactions (including feelings) were to those events. An anonymised and digitised version of this background is shown below.

### Figure 2: Example of Background Map

87 Data relating to transition planning was extremely individualised and the student would be easily identifiable from their transition plan. Because of this I have digitalised (removing identifiable drawing, photography or writing) and anonymised (removing specific narrative about the individual and their aspiration and replaced with coloured boxes reading annotation) this and all other transition plans used in this section. I have also changed some of the specific details, such as destinations of interest, but have ensured that these do not have a substantive effect on the meaning of the plan. This map is adapted from a transition plan dated February 2008.
In this background map, we can see the events that were considered to be of importance to both James and Ranj. These involved everything from his birth to the death of a close grandparent. The map also describes the main transition points to date in James' life: from the Early Learning Centre to primary school, from TEC to work experience, etc. Between each event box are black arrows that chronologically follow the progression of his life events. These arrows seem to suggest a linear journey from one life event to another. The method does this intentionally to give a sense of continuity and coherence between the life events being described. In this way, a relationship is set up between the events that do not necessarily originate from the student's own account. For example, in James' case we can see a relationship formed between going to a mainstream primary school, having 'difficulties', getting a diagnosis of Asperger's Syndrome, and a deterioration in his behaviour, which leads to a short stay in local authority care. In reality, it is his parents that refer him to the psychiatrist because of his behaviour at home not school, and it is the continuation of this home-based challenging behaviour that leads to his parents requesting a short stay in a children's home. In this, we can begin to see how the visual representation of the PFP process creates a sense of coherence and continuity that is not necessarily a true reflection of the student's own experience.

This false coherence and continuity is duplicated in another of the maps that the PFP method produces. Ranj and Jim work with a student to construct people maps that aim to illustrate the people that the student deems important to their lives. The staff facilitate this by supporting the student to describe the different groups of people that they interact with. Once these groups have been defined, Ranj and James use it as a foundation for populating a list of important people underneath the categorisations. All of this data is inputted into a chart that illustrates the distributions between the student's important people on the basis of how close they are to them and the kind of relationship they have to them. In the example below, James is placed at the centre of the chart with the close, important people represented within the green inner circle, and the more distant people in the outer yellow circle.

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88 A comparative approach can be found in Circles of Support approach in Falvey, 1987.
A number of people feature on this map whom we would not typically expect a student to identify as being important in their life: namely the service staff and officials. Whilst James had told me that he had developed some close friendships with the male staff at TEC, the inclusion of the house manager, the therapists, etc were put on the chart by Ranj. The reason for this was that these staff members, in particular, were seen as important people in the student's journey towards transition. This augmentation of the student's voice is seen as unproblematic by Ranj who argues, when I question him about it: 'sometimes they'll miss someone off, but that's my job, to remind them of the people that need to go on it'. Consider his use of the word 'need', which belies the impression that the transition managers give of the process being led by the student's own thoughts and opinions.

Finally, Ranj works with James to create a places map that aims to illustrate to the reader all of the important places that the student has in their life. Again this is facilitated by sectioning off different kinds of places and in the case of the example below these are: home, TEC and the community.
In this example, the different groups of places are further divided into specific spaces that the student feels are important. James' own interests emerge from the description of these spaces (art music, skating, etc), but again we come across a number of places that we would not expect to see listed as important on the student's map. These include: the doctor's surgery and the classroom. These in fact have been put on by Ranj who again, in my analysis, is attempting to gain legitimacy for other adult expert voices in this transition process.

All three of the PCP techniques use methods akin to these to explore the events, places and people that are important to the students. They all produce a form of pictorial mapping that visually demarcates elements of the students' experiences and lives. These representations are, however, riddled with adult-centric politics of the voice (Komulainen, 2007). In these profiles the status of the students' voices are seen as subservient to the augmentation of their account by so-called adult professionals (Lee, 2001, pp. 88-90). André Turmel (2008) has shown how the art of creating these kinds of charts and diagrams renders children's voices quiet in the
face of adult expertise, and thus legitimises any changes or adaptations that the adult makes.

The practice of PCP at TEC allows for the blurring of whose voice is being heard by the reader of the chart. Though much of its context is based on the student's own experience, they are not the only authors and in many cases, if you have not been privy to the PCP meeting it is difficult to distinguish between the different authors. The reference to person-centred in these techniques denotes that the student is the subject centre of the plan; however it does not specify that it is they who are leading the constructions of their profiles. This has a tangible effect on the overall impression of what it being illustrated in the maps. Those coming to it afresh will assume that it accurately describes the students' thoughts and will interpret the positive positioning of TEC's staff on them as an expression of genuine friendship or trust. The concern is that this then leads to a legitimacy and authority for the voice of the staff who are contained within the close circle of important people.

The second thing that these methods aimed to produce was a profile of the student's imagined future. The transition managers use the maps they create to describe the student's present to inform the imagining of the future. In the Making Action Plans (MAP) approach, the student maps are used at meetings with the student's parents, representatives from funding authorities and key staff at TEC to explore the features that the student has included in their maps of their present. At these joint meetings the student is given the opportunity to outline some of the core features of the kinds of futures they are aspiring to; these descriptions range from ideas about their desired careers to the type of relationships they want to develop with others. Other adults, who are considered to have expert voices, are also represented around the table. In this PCP process their role is to give their opinion on the practicalities of these student ideas and, if necessary, of alternative interests and aspirations they could look to.

During the meeting the discussions are captured by one of the staff on one or more A3 sheets of paper. In a number of cases the information was recorded by both the professional and the student whilst the MAP meeting was taking place. This MAP is then updated or adapted at subsequent meetings and becomes a living profile of
both the young person and their projected future. Below is an anonymised and
digitised version of a student MAP\textsuperscript{89}.

![Figure 5: Example of a reworked MAP profile](image)

In the example provided above, we can see the visual and conceptual transformation
that has taken place. The elements of the student’s present and future self have
been disaggregated from their initial categorisations and inserted onto a linear map,
which in this case is represented by a think black line. Along this black line
(representing time) are new groupings that make up the story of an imagined future.
On the right, for example, we see the student’s aspiration to study at a university. In
this university scenario, he plans to build his confidence and guitar skills to a level
that he can perform in front of an audience, signalled here by change from the
drawing of a guitar to the use of a silhouetted rock star. By doing this, he believes he
will be able to meet and attract a female partner and develop a loving relationship
with her, which is illustrated by the silhouetted woman and heart shapes.

Similarly, the Planning Alternative Tomorrows with Hope (PATH) method creates a
space where student and staff are able to imagine together possible futures for the

\textsuperscript{89} Adapted from MAP transition plan dated February 2008.
student. In this method, however, the professional takes a more explicitly leading role. This is because the staff members are responsible for the phasing of the imagined future over different periods of time: from the dream through a few months time to now. This in turn is based upon the transition manager's professional knowledge about qualifications, careers, care and support structures and local authority processes.

In the PATH approach, the transition manager attempts to translate the dreams of the student, using knowledge from adult stakeholders in the student’s transition (parents, authorities, professionals, Connexions, etc), into a realistic and manageable plan of action. As Ranj notes: ‘plans have to be realistic, dreams don’t; we have to balance it out. If we don’t want to crush a dream, we have to work with the dream, but make it realistic’. In this, he is making explicit that the pursuit of a practicable and achievable future is the hinge on which the transition manager can legitimise changing, phasing and softening of the students dream. I have included below an anonymised and digitised version of a student PATH\textsuperscript{90}.

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{figure6.png}
\caption{Example of Student PATH}
\end{figure}

\textsuperscript{90} Adapted from student PATH transition plan dated April 2008.
The phased way in which the PATH is depicted illustrates that each stage of the journey to the dream is interdependent on previous stages. This is signified above, in the use of the black arrows and large pastel colour arrow and semi-circle. This formatting, gives the impression that the future being described is consistent, knowable and controllable, in that the dependencies (the black arrows) and risks of each action are clearly visualised and explanation in the annotation boxes.

Models of the students' futures
In the examples I explored in the previous section, we have seen the transition managers model the students' futures in prospective time. This has given the impression that these futures are both knowable and achievable. Ranj explains that 'putting it down on paper makes what might do all more real... for him and me'. The destinations that the students aspire to, university, home, abroad, are all tangibly illustrated on the chart. Furthermore the pathway that will lead them to these imagined futures is set out clearly, giving the impression that by simply following these maps the students will be able to realise their aspirations.

We should keep in mind at this point, that these are in fact models of a potentially tangible future, based on an imagined description of future circumstances. They become seemingly real though the act of inscription (by staff and students) onto an A3 piece of paper (building on Latour & Woolgar, 1979). These models are given legitimacy because they are based on an un-balanced negotiation between the student (which gives an authentic voice) and expert adults (which give an authoritative voice) on the student's life and future. Nick Lee (2001) would remind us as this point that many of the referents of adulthood that are being described in these models (romantic love, financial independence, etc) in contemporary Britain are shifting and in some cases being eroded as the conditions that brought them about are changing. In the subsequent sections of this chapter I will consider the effect that this uncertainty about the stability of adulthood has on the student's journey towards this prospective model of their future.

91 Extracts from interview from February 2008.
Planning for imagined futures

Once the model of the student, and their future, had been established, Ranj and Jim begin to plan for the student’s transition to their imagined future. In order to do this, they told me that they needed to assess the likelihood that a student would meet the futures they have imagined with them. They do this by using comparators of other students who have transitioned from TEC in the past. The transition staff actively work on building their pool of student comparators. When I asked one of the transition managers about students who had left TEC, he pointed to a picture on his wall and opened a drawer with hundreds of photographs and letters in it. Many students, and particularly those who do broadly seem to achieve their imagined future, write back to their transition manager and update them on their progress. Even if they do not directly communicate back to Ranj or Jim, they both told me that other officials will send updates about their progress and life circumstances.

In this way the planning for imagined futures was self-affirming, in that each student who enters a transition pathway and leaves TEC is reported back upon. As such, the transition professionals have a wide bank of data on which to base their speculation about the current students they are working with. The sociologist, Nickolas Rose (1999a), has argued that in the inscription of bodies, comparators become of crucial importance in giving meaning to the things being inscribed (also see Latour, 1990). I have found that this was also true at TEC in that the transition managers used their knowledge of students who had transitioned out of TEC to work out what kinds of transitions they thought the current students would be likely to achieve.

Ranj and Jim used a range of comparators in their attempt to make sense of potential transition. This use of comparators has similarities with the way that Hans Asperger (1938, 1944), attempted to describe a positive social value for the children he was discussing. However in contemporary times, the transition managers can project both positive and negative futures and in this context a negative future would relate to supported living, rather than euthanasia. The comparators in operation at TEC gave context and comparison to the kinds of pathways the students will have to go through to, for example, go to university, enter a sexual relationship, make new friends, etc. The comparators are mainly drawn from the students that Ranj and Jim have personally known and kept in touch with once they have left TEC. These
comparator experiences become pivotal in judging whether a student would achieve the kind of outcomes specified in their transition map. Consider, for example, this explanation given by Ranj in one of my interviews with him:

‘Work-based learning I think is an ideal model for them, for these guys... apart from the very bright end... For example the leavers this year, a few have achieved their aspirations, because (a.) they have worked hard at it and (b.) they have focused and got the ability. And these are the people that will achieve what they want to achieve long term and they've set themselves on a path to hopefully get a career. On the other side, there are a lot of people who will need intensive support, because if they don't get that intensive support they are vulnerable. And you can have all the aspirations but if you are vulnerable in community and you can't look after yourself you can't leave the door’

Here, Ranj makes a clear comparator between what he regards to be ‘able’ students that ‘work hard’ and will be able to achieve their imagined futures, and those students whom he sees as ‘vulnerable’ and needing ‘intensive support’. An important underlying distinction between these two comparative groups (according to this account and others I came across in the field) is the presence of the imagined future in the narrative of the group. In the first group their aspirations are ever-present and a continuous articulation of achievable futures. In contrast, the second group’s aspirations, their futures, are deemed problematic. The tangibility of an outcome for this group is put upfront in the opening line of the quote ‘work-based learning I think is an ideal model for them’. This stands in stark contrast to the first group of students at ‘the very bright end’ of spectrum who are seen, as being able to actively create their own opportunities (reflecting Wing, 2002). The technology of the comparator is used by Jim and Ranj to work with the PCP model of the student to create a more complex assessment of associated risks of their own restricted social functioning to the realisation of their imagined futures. My analysis of the data suggests that this is achieved through the construction of a projected future social functioning and progression of the student.

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92 Extract from interview with transition manager in July 2008.
Prospective social functioning

In the construction of a projected social functioning, the transition managers use the evidence of the student's current behaviours, actions, attitudes, etc to speculate about how the student would cope if they were put into the imagined future scenario outlined in their PCP. As Ranj illustrates:

‘Keith [a former student] went to a college that was very placid, very calm, but the sheer size of three hundred. And that teaches us a lot you know, he started crying, just to see the place, you know, it made him cry. So whatever his aspirations were there, he just wasn’t able to manage that. Even though he says he really wants to go to another college; that is his short-term aspirations (um) so we’ve got to skill him up in certain areas of his life... So there! He can’t manage his aspirations’

In this way, we see how the Ranj’s assessment of Keith’s response to visiting a large mainstream college shapes the kind of future he assumes Keith will be able to achieve. Even though Keith wanted to go to a college, his initial reaction is used as proof of his inability to be independent and socially functioning in that setting and therefore he needs further opportunities to build his ‘skills’, but Ranj maintains his assessment that Keith will not be able to manage his aspirations. If a student is assessed as having the ability to manage their behaviours, emotions, actions (etc) then the transition managers are constructive and positive about identifying routes for additional support to realise to realising imagined futures; the group’s future is seen as knowable and achievable. In contrast, for those students who are perceived by transition staff as not being able to manage, their progress towards social functioning becomes of vital importance as it is the measure by which the uncertainty of their futures can be made meaningful to the professionals.

At TEC, the measuring of progression over time begins with the micro-tracking of student behaviours over short periods of present time. As part of the therapeutic surveillance of students, staff were required to complete forms that were designed by TEC’s administrators and the therapy department to monitor the student's

93 Extract from interview with transition manager in July 2008.
behaviours over a specified interval of time: the course of a lesson, afternoon, day or month. The tables that had been created for this purpose used the matrices of recorded behaviour in relation to time, usually expressed in hours or days.

In some contexts, at TEC, these tables were used as supplementary incident reports to track the effect of the student’s experiences on their mood and behaviour. In other contexts they were used by staff as evidence of the student’s behavioural progress over time: for example in annual review meetings or quarterly therapy reviews. At these meetings staff were encouraged to review the tabular cell (interval) of the last period (i.e. quarterly meeting) and use it to construct a behaviour change (a perceived narrative of progress or lack of) over time.

Once the students' behaviours, actions, attitudes, etc, had been recorded onto the tables by the staff, the therapy team could review them and begin to construct plans about how these behaviours, attitudes, actions, etc, could be changed over time and be replaced with ones that exhibited higher levels of social functioning. These plans specifically aimed to identify, construct and schedule a set of temporal interventions and goals that the therapists thought could build social functionality and address problematic (non-functional) behaviours: as the following extracts from a behavioural plan illustrate.

The plan begins with an articulation of Gavin’s (the student’s) short term, daily goal which is to, ‘remove himself from situations in which he is feeling angry to seek support’. In this short term goal we see the identification of the behaviour that it being taken up by the therapists as being problematic: Gavin staying in situations that make him feel angry. Following the short term goal is a bullet point list, which gives details of an action plan that has been agreed between Gavin and one of the therapists. It reads:

- ‘Staff to support Gavin to take responsibility for leaving a situation before it escalates using [behavioural management] techniques. Occasionally staff have been able to intervene before Gavin’s behaviour escalates,

94 Extract from behavioural plan dated February 2008 all the distinguishing features and names have been change to protect the anonymity of the student being described.
though in the majority of cases staff are unsuccessful in de-escalating the situation. Staff members need to be vigilant of changes in negative levels of behaviour.

- Gavin to be prompted to take time out from lessons or activities when becoming angry. When prompted in this Gavin often challenges it, but he usually complies when asked to speak in private.

- Gavin to use suggested strategies to calm down. Gavin has been encouraged to explain his issues in written form, this works effectively as not only does it calm him down, it often helps Gavin to see himself visually how he is feeling.

In this action plan, the therapist makes explicit the kinds of social functioning that are required to address this behaviour, in particular ideas about responsibility and age-appropriate social behaviour. In this extract we can see how visible the staff intervention is in the explanation of how Gavin has responded to interventions in the past and their reliance on them to cultivate and promote these social competencies in him. However the final bullet point reiterates the idea that, as a preferable outcome, Gavin will be able to understand the implications and consequences of his actions for himself.

The therapist, in a medium term goal, relates the problematic behaviour to a wider concern about Gavin’s self-worth, stating that he needs to ‘work on underlying issues of himself, his identity and his past’. Note that the emphasis is on his being able to do this himself, an underlying feature of the TEC ideas about social functioning that relate to thinking for one’s self. The staff signal the current dependency, and therefore lack of social functioning, that Gavin has in relation to ideas about identity. They write that he: ‘very often copies other people’s identity’, including the ways in which they ‘dress and their opinions on matters’. This can be seen further in their criticism of his tendency to change his personal point of view when it conflicts with those of others in a social group. Ironically, the therapist’s narrative in the behavioural plan fails to see that this contradicting means he is displaying another social functionality of making and keeping friends, which is
highly valued by TEC staff. The medium term goal concludes with an unsubstantiated assertion that Gavin should be encouraged by staff to explore his ethnic identity and spend time with friends from this ethnic background in the local town, reflecting the broader assertion amongst staff at TEC that active participation in, and contribution to, relevant social groupings is a key marker of social functioning.

Finally, the behavioural plan specifies that as a long term goal Gavin should be able to ‘deal with feelings and emotions in a socially appropriate manner’. In this, the therapists have moved beyond the identified problematic behaviour of situational anger to describe a need to build a wider social functioning in ‘appropriate’ interaction, and interestingly, one based on an understanding and control of emotions and feelings. What is important about the descriptions in this behavioural plan is that as the time period gets further away from the present (short, medium, long term goals), the therapists’ specification of interventions and social functioning that need the be built gets broader and broader.

By virtue of tracking progress against intervals of time on these tables the staff construct a linear narrative of student behaviour. This linear narrative allows the staff to assess the ‘progress’ or ‘regress’ of the students’ progress against the kind of social functioning associated with adult competence at TEC. These linear narratives of student progress are then taken up by staff in their day to day interactions. For example, it was commonplace for members of staff to discuss verbally the tracking of student progress in the hand-over of one shift worker to another. These interactions tended to follow a routine dialogue, which is replicated below in a conversation between two of the care staff (Linda and Tony) at one of the Houses:

Linda: How was your shift, did you have any trouble from any of them today?
Tony: Not really; just ongoing problems with Will.
Linda: How about John, he was being extremely difficult last night, when we confiscated his laptop.

95 Extract from research diary January 2008.
Tony: Well, he has been irritated today, and we did have an incident between him and Alex earlier, which led to John locking himself in his room. But I've recorded it all in the log book.

Linda: Right OK, I'll have a read and make a note if anything changes, then we do an update tomorrow morning.

To use this as a micro-social example we can see the way in which Linda ensures the temporal continuity of the tracking of the progress of John’s behaviour. Initially, Tony identifies ‘ongoing’ problems with Will, a student who had been of concern to the staff for a number of months, not John. However, Linda conveys to Tony the need to focus his tracking on John. In a sense, Linda’s impetus to track John acts in the same way as a previous tabular cell to remind the staff to note changes in a student’s behaviour. Moreover, Linda's own tracking and recording that evening will be discussed at an ‘update’ with Tony in the morning. Taken together this will provide the continuity necessary for a future discussion of John’s progress with therapists at TEC.

The documentary and interactional recordings of student progress were a necessary precondition at TEC for imagining student futures. The tracking and recording of student behaviours, actions, attitudes, etc over time created data that, taken in its entirety, provided a cumulative picture of the perceived trajectory of social functioning over time. This micro-tracking of progress is important as it provides a tangible foundation for the staff to speculate about the students' future trajectories in the possible acquisition of features of social functioning.

In prospective time, if one can progress, if one can acquire social functionality, then the focus of the transition planning is the support mechanisms that need to be put in place to increase the accumulation of social functioning. However, if progression is seen to be problematic, uncertain or unachievable then restrictions are placed on the trajectory of these students towards their imagined futures. As this account by a transition professional illustrates:

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96 Extract from interview with transition manager in July 2008.
‘For the guys who need a lot of support in terms of life skills... I think the important thing is that when they leave here they go on to a safe, secure, environment; where people have an understanding of their condition and hopefully take them further than what TEC has taken them. So each provision will hopefully uplift them and take them further... We look at what provision they basically need and the first priority is that wherever they go after all these years of support and cultivation it doesn’t break down, you are not back to square one’

Once again, a comparator is used to assess the future progression of the student and to reify the distinction between the two types of student trajectories. In making assessments about the students’ progress the transition manager draw on the data created by tracking behaviours in present time to hypothesise about what this may mean for them in prospective time. In the example above the reference to ‘uplifting them’ and ‘taking them further’ it a tacit acknowledgement that in present time these students have not acquired enough social functioning to be deemed ready to pursue their ambitions. Rather, the ‘priority’ is placed upon finding them a ‘safe, secure, environment’ where they can continue to try to develop their social functioning and ultimately avoid regressing: as expressed in the sentiment: ‘not [going] back to square one’.

Trajectories of transitioning
My analysis suggests that the assessment of prospective social functioning leads the transition staff to pursue one of two trajectories for transition planning. For students who, in present time, have demonstrated progress and the acquisition of social functions, a negotiated trajectory. In contrast, those who are seen by staff to have a low level of social functioning and are not demonstrating significant progress are taken by the transition managers on mitigated trajectories.

In the negotiated trajectory the transition professional works as a collaborator and facilitator, rather than the transition lead. Through my observations at TEC I

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97 Extract from interview with transition manager in July 2008.
observed a marked change in the behaviour of Jim and Ranj when dealing with students in this trajectory. As this excerpt of a research memo describes:

"[Jim] spent quite some time explaining how it has been Toby's idea to go and see what the course would be like, which he took to be an indication of how sensitive Toby is to his needs and how well he is think about how to manage is condition and the support he will need moving forward. Jim said that it had been his idea to build on Toby's suggestion by contacting the course director directly and explaining a bit about Toby's background and what concerns there may be in the future, however he did say that most of the conversation was about the confidence he had in Toby's ability, amount of progress he had made during his time at TEC and how please the teaching staff were with his studies... Jim went on to say that at the meeting he will take a 'backseat' so that the course director get a real sense of who Toby is and the potential he has'.

As in this case, a number of other students were supported by Jim to meet with a potential course director at a chosen university prior to their application. In these meetings, the students were able to openly discuss their condition, their imagined futures and what support and guidance the director, course, department and university could put in place to support them. What is key here, is the subtle transformation in the way that Jim mobilises power in the negotiated trajectory. Rather than taking the role of a professionalised lead, Jim becomes a subtle pedagogue, guiding and suggestive the transition plans to ensure that the perceived momentum of the student's progress and management is not lost. Jim is comfortable in doing this because he perceives in Toby’s actions a sense of independence, maturity and responsibility that all allowed him to take ‘backseat’ in the meeting. Jim sees this as crucial for students who are allowed to take more control of their futures. As his description of Max suggests:

"Now the very bright like ones like Max, they will go to universities, they can manage their aspirations because they are focused, they know what they want and all they are asking us is how can you support me to get there, because I
want to manage this and the only way I can manage this is by you helping me. And we work with, you know, higher education saying “academically he’ll achieve the grades”... and eventually he’ll go onto the do the work he was wanting to do: with less support

Max’s surety about the academic course he wants to do is translated by Jim into a certainty of destination. He considers Max’s present time academic achievement, which has been high, and uses this to conclude the he’ll ‘achieve the grades’. This Jim asserts, will result in the building of further social functioning in the care and thinking of one’s self, which in turn will reduce his future levels of dependency on support services. This will be achieved, we are told, through him getting the career he is seeking and building financial independence from it. In this way, Max’s future becomes knowable and seemingly attainable. This attainability is based on Jim’s own knowledge of other student comparators who, presumably, did achieve similar aspirations to this.

This negotiated trajectory stands in stark contrast to the students who are deemed by the transition staff as not being able to manage their condition and whose futures are, as a consequence, rendered uncertain and problematic. This group has far less negotiation in their transition trajectory. In the mitigated trajectory, the transition manager overrides the imagined future of the student, even those that may have slipped into the students PCP plan, in order to focus wholly on mitigating the risk and uncertainty associated with these students’ transitions. As Ranj comments100:

‘We are trying to find a hook and positives in their life, their strengths or even sometimes their obsession can be a hook into their future... But mainly it is about trying to avoid them going back to the basics, because for this group that would be it

In this quote we see Ranj signalling that positive future imagining is important, but in the case of these students not the priority. For them, the focus needs to remain on stopping them ‘going back to the basic’, by which he means losing the social

100 Extract from interview with transition manager in July 2008.
functioning they are perceived to have as, he suggests, this would be ‘it for them’. The finality of this comment is important as in it he is arguing that any future that, at least, maintains their current level of social functioning is better than no future. This led Ranj and Jim to recommend, for this group, supported futures where the staff felt they would have certainty that the student’s current level of functioning would be maintained, as was seen previously in Ranj’s description of the preference for work-based learning.

Through this second trajectory, Jim and Ranj attempt to mitigate the uncertainty of the students’ progress by advocating and pursuing supported outcomes for the students. These outcomes tend to be positively positioned and very specifically describe recommendations about the kind and level of support the student will require to maintain, and hopefully build upon, their current level of functioning. In these explorations prospective time becomes present time in that the conversations about futures are reduced to discussions about current level of functioning. As the conversation with Ranj below illustrates101:

‘I think a lot of our guys will need another residential college, when they leave us... the ideal model is a supported living model... In supported living, we have some students who have left us who are in a bungalow, with one other or two other... You know, when you go out you need to find out what the community does, what they can offer you and how you can involved in the community’

In this example, Ranj specifies supported living as the imagined future for students on the mitigated trajectory, as that way they are able to get a higher level of individual care and support, as well as slowly getting involved in what their local community has to offer. Even at this end of the imagining of futures we see the reiteration of what the staff see as features of social functioning: in this case, actively participating and contributing to your local community.

Ultimately, these two trajectories are based on the transition managers’ assessment of risk. That is, the risk that the student will not manage to achieve the aspirations

101 Extract from interview with transition manager in July 2008.
created with / for them. Where the managers feel that students have displayed, and 
(they speculate) will continue to exhibit higher levels of social functionality, the risk is 
deemed lower and thus an acceptable investment. It is also based on the idea that a 
more positive future may bring a better prognosis to their acquisition of social 
functions. The risk in this instance is acceptable as the students themselves are 
performing their politics of the future (attending meetings, researching careers, etc) 
and as such take responsibility for becoming the adults they have described in their 
PCPs. In the minds of the transition managers this is sufficient enough for them to 
relinquish some of the control of the future. For them, the student’s willingness to 
become a future adult (a becoming) is evidence enough that they will eventually 
become one.

Interestingly, when I analysed the current situations of this group, as they had 
reported them through their correspondence with Ranj and Jim, I noticed that many 
had not in fact fulfilled the future specified in the PCPs they had produced at TEC. 
For example\textsuperscript{102}, Sion’s PCP described a smooth transition to a university to study 
foreign languages. However, in his correspondence he talks about getting to the 
chosen university, experiencing high levels of anxiety and deciding to drop out. He 
then describes going through a year of unemployment until he found a temporary job 
in a foreign language publishing house where he is working in the book covers team.

What is important about this is not Sion’s own description of not meeting his 
transition plan, but rather how Ranj remakes this experience. In another interview, 
Ranj tell me about one of his former students, who turns out to be Sion\textsuperscript{103}:

\textquote{A couple of years ago I worked with this guy, you know, who was into his 
languages, this guy was a real linguist, had a real flavour for linguistics right. 
So I supported him to get onto this great course and only a couple of weeks 
ago he tells me that he’s left to work in a book publisher. Well, you know, this 
is really impressive. He is working, getting in the money. I told some of the}

\textsuperscript{102} Extract from research diary from May 2008. Details have been changed to ensure anonymity of the 
student. 
\textsuperscript{103} Extract from interview dated March 2008.
other guys about this to make it real for them; this is something they could do to’

In this dialogue, we can see Ranj conveniently skipping over the detail of Sion’s time at university and the circumstances that led to him being employed at the publishing house, nor is there any reference to the temporary nature of the role. Significantly, Ranj states at the end of this quote that he uses the example of Sion to inspire other students about the futures they can achieve. He says this, not knowing at the time that later he would offer me the letter to read myself.

It may be that Ranj had forgotten the details of Sion’s transition experience, however I believe there is something more conceptual going on here. In his narrative we can see both a potential covering of the full details and a conflation of the being (the current circumstance of Sion) and the becoming (the uncertain and unplanned for path that led him there). In this potential covering and conflation we can see that when the transition staff are drawing on comparators to construct the trajectory that the current TEC student should be encouraged to follow, they are comparing former students’ end points (as reported), rather than the transition journey that got them there. From this we can see that when Ranj and Jim are talking about successful futures, they in fact mean any successful future, even if it is one that bears no relation to the one described on the transition plan. By successful futures they mean any sign of a former student meeting one or more of the referents of adult social functioning privileged at TEC. Furthermore, at TEC, we can see engagement in employment being operationalised by Ranj as a proxy for social worth. It is something that is really ‘impressive’ and as such an aspiration that should be communicated to, and encouraged among, other students.

The problem with the staff adopting this approach is that it does not acknowledge the large part that students themselves have consequently had to play in negotiating their own futures. Thus, in relinquishing the risk associated with the future of this group, Ranj and Jim were creating a false value of the low risk associated with students travelling down the negotiated trajectory. Building on the ideas of other social theorists (c.f. Lee, 2001; Beck; 1992), this negotiated trajectory is, in reality, just as risky as the supported one. However, the difference is that the risk is hidden
and misplaced in the negotiated trajectory, which leaves students having to actively manage this risk once they leave TEC.

In contrast, the mitigated trajectory is based on the mitigation and reduction of risk and is the most visible part of it. Where the tracking of the students' behaviours suggest that their progress is slow, and the transition managers assume the future will not bring a change to this trend, the risk is therefore seen to be too great and they advocate supported futures. The advocation is an attempt by the staff to create knowable and manageable futures for this group of students. As such, the risk is transferred from TEC onto, in Jim's words, 'a trusted friend', that is another provider that has a similar therapeutic ethos to TEC.

**Student imaginings of futures**

As we have seen above, the politics of the future, in the minds of the transition managers, was based on speculation about what the future social functioning of each student may be in prospective time. These speculations are based on both the tracking of behaviours in present time and through the use of comparator-student outcomes of others who have transitioned previously. Underlying this, I have argued, is an assessment of the risk associated with these speculations of future progression and social functionality. My analysis reveals two ways that the transition staff try to deal with this risk. The first is by transferring it onto the student, through a negotiated transition trajectory. The second is mitigating it, by recommending and promoting supported living futures for those seen as having lower levels of progression. However, I do not wish to leave this analysis here.

If we consider the staff's failure to recognise the social functioning contained in Ben's performance of aggressive masculinity (as described in chapter six), then it is important to interrogate further the basis on which assessments of risk and social functioning are founded. In order to do this, the final section of this chapter will briefly describe and analyse the three different approaches that students took in imagining their own futures in their everyday lives. In doing this, my analysis will show that students of all levels of perceived social functioning operated across these groups and I will investigate why it is that the group most engaged in the PCP techniques
were perceived to be in the words of Gemma, a support worker, ‘risks worth talking’104.

**Multiple destinations**

The first group of student responses were oriented around an ambiguity of future imagining. These students tended to have a broad sense of their current interests, but did not specify tangible or concrete indications of how these interests would translate, for example, into career pathways. Peter tells me that he ‘really enjoys cooking’ and that that is ‘something [he] could do’. Similarly, in a somewhat more playful style, Ryan remarks105, after one football training session:

‘I could do your job if you want. I’d take money from anyone who paid me to hang about playing football. [Laughs] Let’s swap. [Laughs]... If I could work in football, no any sport, that would be amazing. If you are good at it, they say you should do it. I’m good at all the sports we do [at TEC].’

In both of these short examples we can see Ryan and Peter specifying an interest: sport and cooking respectively. However, neither stipulates what activity related to this that they want to do in the future, expressed in Peter’s use of ‘something’ and Ryan’s use of ‘no, any sport’. In bringing attention to this lack of specificity, I am not trying to impart an adult-centric value judgement (James et al, 1998) that these students should have a concrete sense of what future, in this example, careers they were aiming towards. Rather, I am highlighting to the reader a certain level of ambiguity in relation to the construction of prospective time.

This ambiguity, however, is not reflected in this group of students’ discussions of things they did not want from the future. As my encounter with Will demonstrates106:

**Marc:** Have you had any thoughts on what you might want to do when you leave TEC?

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104 Extract from research diary June 2008.
105 Extract from research diary from May 2008.
106 Based on extract from interview dated June 2008. Specific details of his family’s careers have been changed to ensure the anonymity of both the student and the family members.
Will: No. [pause] My dad is an accountant. I don’t like numbers and therefore will not be doing that. My mother is a teacher. I wouldn’t do that because I don’t like talking in front of people. [pause] An audience that is. My brother works in a shop. The shop sells CDs and DVDs and other music items. They play music all the time and it is noisy. That is therefore not an option. I am currently reviewing my other options.

In this dialogue with Will we see a much stronger sense of the elements of future that he does not want to pursue. Further, there is a repetitive use of adult comparators (dad, mother and brother) to give tangible examples of the types of future behaviour he is not interested in. This feature of using adult comparators to describe the things students did not want to do in adulthood ran across the whole group and were not limited to descriptions relating to future careers. In conversations about future lifestyle (i.e. smoking), family setup (i.e. children) and leisure pursuits (i.e. holidaying), etc, the students drew on the experiences or, more specifically, the tangible actions (i.e. went to Thailand, has three girls, smokes too much) of adult comparators to give indications of the kind of things they do not want to do. The majority of the comparators that were drawn upon were those of staff at TEC and the student’s own family members.

We therefore see a contrast between these students’ descriptions of unspecific future aspirations and concrete assertions of future behaviours they do not want to do. In this contrasting dynamic we can uncover the way in which this group is drawing on the referents of a standard adulthood (building on Lee, 2001) to make sense of their futures. As Nathan tells me\(^{107}\): ‘I definitely want a job, to have a wife and kids, go on holiday and be able to go watch [my local football team]’\(^\)\(^{193}\). When I attempt to explore this further, there is no substantive context to these descriptors. What is striking about these, and other, accounts I came across in the field, is how broad and unspecific they are: ‘a job’, ‘a wife’, ‘kids’, ‘holiday’. Seemingly, the referents being cited seemed to be more important, or at least more specific, to this group of students than the actual prospective ideas about how they would manifest in their own lives.

\(^{107}\) Extract from interview dated June 2008.
For me, this reflects what social theorists, such as Alan Prout, Allison James (1997) and Nick Lee (2001), have said about the ways in which children are socialized in educational, and at TEC I would argue therapeutic, settings to think about and construct identities around seemingly fixed, tangible and stable adult outcomes, such as family, work, leisure and responsibility, etc. Further, following the ideas of Judith Butler (1990) and Bob Connell (1995), we can see how these students are using the referents to perform gendered ideas of what constitutes the components of an adult manhood. The ideas of paid employment, marriage, children, restricted leisure time and sporting identity are wrapped up with ideas of what it means to be exhibiting a successful hegemonic masculinity.

The underlying adult-centric and gendered constructions of students’ futures are so inherently visible in the case of these students because of the absence of any substantive detail they aspire to in the context of these referents. In the multiplicity of possible future outcomes for these students in contemporary times (Beck, 1992), they are using the notion of fixed adult outcome(s) to describe meaningful notions of future. However, their accounts lack a specificity about what these outcomes will look like for them and how they will be achieved.

There is, however, clearly a value assigned to these referents, despite the lack of the students’ specificity. Will tells me that he ‘wants a family’. When I ask him to tell me more about what he means by this, he retorts: ‘a family: wife, children, dogs, house, garden’. I attempt to delve deeper into this construction and ask him ‘how many children would you want?’ He replies by telling me that: ‘that’s not important. A family is a family’. Two important things are signalled in Will’s reply. Firstly, that the detail of his aspiration is ‘not important’ and secondly, that there is a commonality of understanding between us about what constitutes a family: expressed in the rote listing of wife, children, dogs, etc. In these two elements of his response we see a value assigned to achieving the referent of stable family and an absence of value attributed to the specific manifestation of this in his own life.

108 Taken from interview dated June 2008.
As a consequence, the staff also find it difficult to assign a value to the future of these students. As Roy, a support worker, told me, ‘they could go either way, you know. It's a fine line with them’\(^{109}\). This ‘fine line’ is important as it relates specifically to the judgement that the transition managers makes in pursuing either the negotiated or mitigated transition trajectory. The judgment of the fine line was based on the staff’s speculations about how resilient the student would be in the future. As Jim\(^{110}\), the transition manager, notes, ‘we need to have the confidence that these guys will be able to keep their transition on track, with support from us obviously’. The emphasis in Jim’s comment is placed on the student’s responsibility and their own self-management, beyond the support services. This confidence in self-management, therefore, becomes a key measure in the assessment of future social functioning.

In the context of this group of students, the anxiety of the transition managers about whether or not they would be able to transfer the risk onto them affected the level of investment they were willing to make in these students. As Ranj\(^{111}\) indicates:

‘I can only hope for the best, but for some of these boys, you know, you can do everything for them and it’s not that they don’t have potential, but with some, well, those guys it could go any way. And if they fall [pause] we keep our other on those ones’.

In this, we can see that the transition managers are tentative about the effectiveness of transition interventions. Whilst hoping that the students would provide more details about their future, concluded that they were risks to be tracked. In this way the focus became their tracking of their progress in present time.

Absent futures
Thus far I have demonstrated that, at TEC, there is a group of students who did have a sense of future, but left their future aspirations unspecified. In contrast, I suggested that they have a strong sense of the futures they did not want to pursue. When I

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\(^{109}\) Extract from research diary January 2008.
\(^{110}\) Extract from interview dated June 2008.
\(^{111}\) Extract from interview dated June 2008.
interrogated both of these features further, I found them to be unelaborated, representing the values placed on traditional referents of a standard adulthood and social functionality. In this next section, I will build upon this analysis by exploring the ways in which a second group imagined, or in this case invested, in not imagining their futures.

The second group of student responses focused on not imagining futures. These students did not actively construct or articulate ideas about what they wanted to do or be in the future. They were perceived by staff as not making progress towards the standard social functionality of adulthood promoted at TEC. As Ranj explains¹¹², ‘there are those guys who are quiet, you know, really quiet [about their future]... you can't blame them, cause they don't have the skills. The Asperger's means they can't get their heads round now, let alone next year's time’. In this extract, we see the linking of a lack of articulated futures with a lack of social functioning and the diagnosis of Asperger’s Syndrome.

Ranj is using the clinical ideas of the Asperger's diagnosis to make sense of the students' non-participation. The use of Asperger's in the explanation demonstrates the extent to which non-participation at TEC is seen as both a sign of un-adult-like social functioning (an inability to think for oneself) and as a marker of a deeper pathology: in this case a deficit in futurity. In a previous section of this chapter I have illustrated how PCP was the technique by which the transition managers made sense of the students' futures. For these methods to work the student needed in part to interact with the methods and this was premised on the ability to imagine futures, something that these students are not doing.

At this point it is important to address a question that may have arisen in the mind of the reader about my adult researcher analysis of this lack of future expression. One could read the failure to find articulations of futurity as evidence that my methodology was unable to adequately render visible the future concerns of this group. At first analysis, I thought that the methodological approach may have been a contributing factor; however, this went against the rich data I was able to collect from these same

¹¹² Extract from interview dated June 2008.
students on other issues. The resolution of this came with a re-reading of Samantha Punch’s (2002a) reminder to adult researchers that in pursing research agendas with children, we should not always assume we will find all we have set out to find. Children’s viewpoints are socially different form adults’ and the assumption that adult conceptions and anxieties of future would be contained in their accounts would be naive. From this reminder, I gleaned an understanding that, rather than there being an absence in futurity in these students’ accounts, they were either unaware of the importance other adults at TEC were placing on future imaging or simply did not see any value in expressing it.

This new theorisation led me to identify within this broader group of student responses another sub-categorisation. This sub-group of students did inadvertently discuss a lack of investment in prospective thought. For example, in response to my questions about what he wanted to do when he left TEC, Danny told me113: ‘that’s fucking ages away brov. Nah, there’s no point chewing on that. I’m just for the moment’. Note how Danny discounts the future an irrelevant time period suggesting that ‘the moment’ is more important than the future that is ‘fucking ages away’. When I investigate further why Danny is so concentrated on the moment at hand he tells me: ‘these things is always changing. That learnt me some good lessons’. I ask him to elaborate on these good ‘lessons’ to which he replies that he has been constantly moved from service to service and each time looses contact with the friends he has made. This, he tells me, is why it is ‘next week’s trip’ that matters, not where he is going to after TEC. He tells me that he wants to make the most of being with his friends whist he is still with them.

In Danny’s account we see the erosion of value placed on the future. For him, the inconsistency of his service provision and discontinuity of his friendships make him place a higher value on enjoying the moment than imagining the future. Both Ulrich Beck (1992; with Beck-Gernsheim, 2003) and Nick Lee (2001) have touched upon this sentiment, in some respects, in their wider discussions about how, in the age of uncertainty, young people are presented with multiple opportunities, but also multiple risks.

113 Extract from interview July 2008.
Linda Luecken and Jenna Gress (2010) have suggested that people find it hard to make sense of this multiplicity. Further, they argue that people have difficulty in identifying whether what they are encountering represents an opportunity or risk. This, they claim, forces people to use experiences from their past to help them to shape what a future risk or opportunity may look like (what they and others have called resilience). In chapter four of this thesis I demonstrated that resilience was a social function that was held up at TEC as being a signifier of adult competence. I further suggested that the appearance of this at TEC related to contemporary anxieties about youth transitions and in particular the futures of disabled children.

In the example of Danny, there is a clear demonstration of resilience. He uses his experiences of service provision and the losing of friendship to decide that the future is of no interest to him. The recognition of this as resilience is crucial as we have seen how, in the dealings with the students described in the previous section, the transition staff use measures of social functioning to decide whether a student is progressing. Despite this articulation of resilience, Danny's perspective of futurity was not seen as evidence of resilience by staff, but rather as a lack of engagement with the PCP processes. The therapeutic gaze of the staff saw a lack of engagement as being evidence of, in the case of the 'quiet' group, a lack of social functioning and an inability to imagine their futures, and the resilient group, epistemological dissent. The staff saw Danny, and students like him, as not taking responsibility for the care of their future self and not actively engaged in thinking about what kind of adults they wanted to become. Consequently, this was translated, by the transition staff, to be an indication of high risk, and this group was placed, by Jim and Ranj, on the mitigated trajectory in an attempt to control the risk associated with social dysfunction in adulthood.

**Standard futures**

The first group of students I identified through my analysis left their futures unspecified and relied on reiterating the ideas about an adult social functionality that was prevalent at TEC. Staff were unable to calculate the risk associated with their transitions and ensured that they interrogated information about current functioning to speculate what this may look like in the future and the risk associated with it. In
contrast, the second group did not articulate ideas about their futures and therefore any performance of social functioning they exhibited, like Danny's resilience, was not identified. This led to the group being managed through the mitigated trajectory in an attempt to control the risk the staff associated to their transitions.

The final group took a very different approach. These students were highly specific about the adult outcomes they were aspiring to. For example, Melvin\textsuperscript{114} had told me: ‘[over the next year] I want to finish learning how to drive me car... then I can take my friends at home around in it and when we go out I won't have to ask my mum for a lift... Driving will help me get a job as a plumber’. In this Melvin is clearly expressing the desire to drive, what he wants to do once he can drive and how this driving can contribute towards his future career interest. Having discussed this with Melvin on a previous occasion, I was aware that he had been putting significant effort into researching the skills he would need to build access to his aspired career and this was reflected in his choice to learn to drive.

The proactivity displayed in Melvin's actions, was highly characteristic of this group. For one of this group, however, the mechanisms by which they could realise this proactivity were constrained. Ben, on being located to TEC, had been moved away from all the resources that contributed to his future aspiration\textsuperscript{115}. Prior to coming to TEC, he had been working for a number of years on builder sites as a junior. In our conversations, he told me that he was keen to become a self-employed building and was using his time at the yard to get the skills he needed to: 'do it alone'. However, since moving to TEC he had been unable to use the machinery he need to practice on, and he was worried that his builder's skills were diminishing.

All of this group of students, including Ben after my earlier intervention in the staff's constructions, were seen by the transition managers as actively buying into the PCP process. Ranj\textsuperscript{116} told me that these students 'come alive' in the PCP methods because of their 'appetite' for 'actually becoming someone worthwhile'. Here we can

\textsuperscript{114} Based on interview dated July 2008, the specific details have been changed to protect the student's anonymity.
\textsuperscript{115} As before the specific details of Ben's job and career aspiration have been changed to provide anonymity.
\textsuperscript{116} Extract from interview dated June 2008.
see both Ranj’s inscription of value to proactive students and an attribution of proactivity as constituting a valuable outcome: ‘someone worthwhile’. This is because in this scenario the student and the transition manager are commonly investing in mechanisms by which they believe a stable and unknowable future can be achieved. In this way through PCP, where students expressed these futures, a tangibility of the student’s future was created.

As I have shown previously, this tangibility of becoming is then conflated by staff to constitute a stability of outcomes. Furthermore, the transition managers use markers of proactivity to transfer the risk of the transition onto the student. As Gemma117, one of the support workers, nicely sums up ‘those guys know what they want, so why stop them? We’re just guiding them in the right direction. That might sound to you like a bit risky, with the Asperger’s, but I think they are risks worth taking’. In this we see Gemma citing the student’s knowledge of themselves; she states that there is no need to intervene beyond guiding them towards their chosen interest. She tacitly acknowledges that there is risk associated with allowing a student with Asperger’s to self-direct their future, but concludes that this group would most probably be able to cope.

Conclusion

In this chapter, I have explored the ways in which staff and students at TEC attempt to make sense of the uncertainty surrounding their futures. I began by drawing attention to a wider social anxiety about the transitions of both youth (Holdsworth & Morgan, 2005) and disabled children (National Autistic Society, 2008). In doing so I highlighted the emphasis that has been placed in both previous Government strategies and TEC practices on Person-Centred Planning to resolve these uncertainties.

I demonstrate that the three PCP methodologies that the transition managers, Jim and Ranj, use create documents that give a seemingly linear construction of the students’ lives, interests and aspirations. This, I argue, gives rise to a false sense of coherence and continuity in the transition process, which has the effect of also giving

117 Extract from research diary June 2008.
the false sense of a knowable and coherent student profile. Because of the way that PCP operates, the students’ own voices are marginalised or augmented by those of expert adults. In this way, the real student is to an extent blurred with the documented one that has been imagined.

The two transition managers use the blurred documentation to create two pathways that students will have to follow to realise the futures that have been imagined for / with them. The decisions about which of these two trajectories the student should be placed on is reliant on the use of comparators of former students who have completed their transitions out of TEC and knowledge about their perceived levels of adult social functioning. The use of comparators enables the transition managers to speculate about the feasibility of the different outcomes the student may achieve. In addition to this, the transition managers used evidence about the progress of an individual student, which was based on the everyday micro-tracking and planning of behaviours, attitudes, actions, etc. Together the tracking and the comparators provided a basis for Ranj and Jim to imagine what the social functioning and progress of a particular student might look like in prospective time.

Once a seemingly stable idea of a student’s future social functioning was established, the transition managers began to pursue the two trajectories designed for the students. Those students who were projected as likely to have higher levels of social functioning in the future were placed onto a negotiated trajectory. They were supported to pursue independent adult outcomes and in doing so the transition managers transferred the risk associated with their transition to the students. In contrast, those who staff feared would regress, were put on a mitigated trajectory in an attempt to mitigate the impact of the potential lack of social functioning on their future. This route was targeted towards more supported living outcomes.

My further investigation, however, found that this was a false assessment of perceived risk: in that the comparators being used were not as stable and unproblematic as they at first seemed. I discuss the example of Sion and my uncovering of the real uncertainty and fluidity that underpinned the circumstances that led to the adult outcome. Through this I argue that the transition managers were conflating what it means to have a successful transition with what it mean to be a
successful adult. The proactive engagement in transition planning by students was used by Ranj and Jim as evidence to legitimise the transfer risk to the student.

The students constructed their own futures in three ways. The first was by having unspecified ideas about the future and relying on standard notions of adult functioning prevalent at TEC to make sense of what they might become. The multiplicity of possible outcomes signalled in their constructions meant that the transition managers saw them as being a potential risk and therefore they invested in further interrogation of comparators and tracking.

The second group seemingly did not construct any future. When I delved deeper into this group I found a few of the students who were actively not drawing on the TEC’s markers of adult social functioning to describe their futures as these did not have a relevance to their lives. For example, Danny uses his past experiences to construct reasons for not imagining his futures and focusing on the present. In doing so, he demonstrates a resilience which is not acknowledged by the staff. Without an imagined future the transition managers see these students as being too risky and therefore they end up being progressed through the mitigated trajectory. This stood in total contrast to the third group, who were proactively describing and planning their transitions within the PCP process. The proactivity and continual presence of an imagined future led the staff to see in them a higher potential for adult social functioning and as such they were deemed less risky. Consequently, the risk was transferred to the student and they were supported in the negotiated trajectory.

This chapter builds a picture of the ways in which staff and students made sense of the uncertainties relating to youth transition and used the management of risk to try to bring about successful transitions. In the next and final chapter, I reflect on the findings of my empirical work and examine how they relate, in their entirety, to my research question posed at the start of the thesis. In doing so, I will uncover the politics of uncertainty and futurity in the lives of the students at TEC.
Chapter 8: Conclusion

Adulthood in transit
Throughout this thesis I have maintained that adulthood, in contemporary British society, is marked by uncertainty and a lack of continuity. I have suggested that the doing of adulthood is just as performative and tentative as the doing of childhood (James & Prout, 1997) and any other role in society (Goffman, 1967). This hesitancy of adult destinations has arisen because, as Nick Lee (2001, pp. 8-19) has argued, the social conditions that brought about our traditional referents of what it means to be an adult (work, marriage, independence, etc) are changing and, in some cases, eroding.

Fordist Britain, brought about seemingly concrete ways of being an adult (ibid). Ways of being that were reified in collective trajectories and support mechanisms, like the extended family, trade unions and engagement in one's local community structures (building on Beck, 1992; Beck & Beck-Gernsheim, 2003). However, in the move to a more individualistic, contemporary society, the focus is on the possibilities and opportunities of adulthood, where futures become multiple and unknowable. Here uncertainty (Lee, 2001), risk (Beck, 1992) and liquidity (Bauman, 2007) are the orders of the day, and children and adults alike need to develop tactics and strategies to find a way through these multiplicities, and make sense of the world around them. In this sense, all social actors are in a state of flux, people in the becoming, marked by the techniques they use to navigate themselves through this unpredictability of contemporary modern life.

Nick Lee (2005, p. 1) has recently reminded us that even in these uncertain times, the referents of the traditional, 'standard' adulthood remain dominant in our society. They give the impression that the Fordist ideals about adulthood are still achievable. In this way, there remains a persistent notion that one day all young people and children will reach this knowable destination of a stable and tangible adulthood. Children and young people become caught up in this construction of a standard and fixed adulthood in society.
Parents and policy makers alike have intervened in their lives to create programmes and processes that aim to help children to become productive and competent adults. However, at the same time, the disappearance of this fixed destination of adulthood, and the anxieties in British society about youth being a dangerous and unpredictable time (c.f. MacDonald, 1997), create a sharp focus on the futures of young people. In particular, what kinds of adults they will become and how they will reach this destination. All of these debates surrounding this conception of modern youth focus on their potential to be irresponsible, unnecessarily dependent on others and dangerous (i.e. to the economy or to other members of their community) in the future. Nick Lee (2005, p. 16) describes this apprehension as ‘separation anxiety’, where adults become anxious over what will happen to these children when they move away from perceived dependency towards an independent adult living.

Anxieties about Asperger's
My thesis focuses on a group of people who, I argue, experience the effects of a heightened anxiety about what kinds of adults they will become. This is because the uncertainty of adulthood in these people intersects with a wider concern about what it means to be social. The group that I am focusing on, young people with a diagnosis of Asperger's Syndrome, are seen by clinical science to have a disorder of the social, that is to have pathological ways of understanding and executing social interaction, communication and imagination. However this condition itself remains unstable. There are continuing debates over its existence, its aetiology (origins) and prognosis (future outcomes) (c.f. Schreibman, 2006). Their perceived, lack of social functioning, it has been argued (Nadesan, 2005), has also been seen as dangerous to the notion that by growing up social actors acquire the social and interpersonal skills they need to function in the modern world: a world that is based on individualism, inter-personal relations and reflexivity (c.f. Beck, 1992). In this way people with Asperger's Syndrome are seen as posing a risk to the potential future productivity associated with standard adulthood (building on Lee, 2005, pp. 10-11), and, the politics of the future become more prominent in ideas about their lives and journey towards adulthood.

The anxiety about non-contributory futures, has enabled the state and professionals to legitimise their interventions into the lives (ibid) of these young people. Many of
these interventions have been about attempts to build normative ideas of social functioning into the behavioural repertoires of these young people. In doing this, (ibid), they hope to realise a return on the investment they put into the child’s future. In most cases this relates to greater social integration and, preferably, contribution to society.

In the risk-based society (Beck, 1992), attention is given to individualised tactics of reducing or managing risk to achieve future outcomes. In the wider discourse of British disability policy, we have seen an emphasis placed on individual transition planning (Person-centred Planning). These plans seek to create a coherent, stable and certain journey for the disabled young person towards as close to the referents of standard adulthood as possible. Prominence is given to the planning and realisation of individual (rather than collective) trajectories in an attempt to navigate these children and young people through the multiple possibilities inherent in their futures.

My exploration
In my thesis, I have been interested in the ways in which these ideas about the uncertainties of young people with Asperger’s Syndrome interacted with the wider ambiguities of a stable adulthood in contemporary society. From this I developed a research question which aimed to explore empirically how young people, with a diagnosis of Asperger’s Syndrome, and the people who support them, make sense of growing up with a diagnosis of the condition. In posing this question I was interested in uncovering the intersections been the constructions of Asperger’s Syndrome, youth, adulthood and futures.

I began this exploration, by looking at the historical constructions of Asperger’s Syndrome in clinical literature to understand how it has brought about contemporary ideas of an Asperger’s kind of person and function. In doing so, I discussed the regularities, difference and changes in the clinical constructions and delved deeper to uncover the mechanisms driving the shifting ideas about the condition and the, mainly, children being described by it. My analysis shows that at the centre of the remaking of ideas about Asperger’s is the idea that these children have a special mental ability, are nearer to other normal children’s functioning and have potentially
positive futures. These features were a core part of Hans Asperger's (1938, 1944) initial conceptions of an autistic psychopathy, and a mutual conditionality between the social deficits and special intelligence of these children, something which, despite the revisions by Lorna Wing (1981) has remained a persistent idea in more recent constructions.

I showed how the intelligence of these children was first gendered by Hans Asperger (1991 [1944]. P. 84) and was subsequently taken up by Professor Simon Baron-Cohen, who maintains that this mutual conditionality is an expression of an Extreme Male Brain that lacks emotionality, but has an outstanding ability to systematise the world around it. In the analysis of Hans Asperger's descriptions I identified that when people assess the mutually negative and positive features of these children, he believed that they should be doing so by constructing a positive future value of the child themselves. However, his discussion also makes a persuasive argument for professional intervention in the lives of these children to ensure that the uncertainty that is posed in the mutual conditionality of positive and negative features can be mitigated. This, Asperger argues, will ensure that the professional and the state see a return on their investment. His descriptions leave us with the impression that in these children is a heightened future politics, where the present is bound up with the future, and vice versa.

The co-presence of present and future in Asperger's accounts have invariably been more persistent in recent constructions of an Asperger's Syndrome. In these more contemporary revisions, I have shown that there is a politics of classification at play. In that, a key driver for the introduction of Asperger's ideas to the English-speaking world, were other categorisations, such as autism's failure to adequately describe children that were closer to the 'normal' functioning, exhibited a significant technical ability and could have better prognoses. The gaps between the classifications gave rise to the official recognition of Asperger's Syndrome as a psychiatric condition. This was despite the uncertainty relating to the aetiology, prognosis and distinctiveness of the condition being described. My discussion also revealed that, in essence, Asperger's Syndrome is considered to be a qualitative disorder of the social, in that the social difference becomes apparent in the interaction context. However this identification of difference, by virtue of having no biological marker, is based on the
understanding, of those assessing these children’s behaviour, of the normative rules that govern social interaction (c.f. Goffman, 1990 [1959]).

Empirical investigations
The remainder of the thesis aimed to explore my research question empirically, through an examination of the impact that uncertainty of having a diagnosis of Asperger’s Syndrome and transitioning to adulthood had on the lives of young people with a diagnosis of the condition. This exploration was based on an ethnographic study of a residential specialist Further Education (FE) college, TEC, for 16-19 year old young men with a diagnosis of Asperger’s Syndrome. Below, I will discuss the substantive arguments embedded within my analysis and, through this, demonstrate what they tell us about the interactions between the uncertainty of Asperger’s Syndrome and growing up, and the impact this has had on the lives and constructions of the students at TEC, and the staff who support them.

A question of measurement
In my analysis, I first explored the ways in which staff at TEC, attempted to make sense of the uncertainties of the Asperger’s Syndrome diagnosis, to give the impression that knowledge about the condition was stable and controllable. The staff at TEC began by measuring the social functioning of the students through the investigation of existing records about their social performance and abilities. My analysis shows that they used the clinical knowledge flexibly, to describe both the absence and presence of behaviours that are presented in the accounts about the students. Where the staff lacked evidence about social functioning, they extrapolate meaning by correlating unconnected data about the student, claiming that by bringing these different elements together they were conveying the whole picture of the student’s abilities. These correlations are speculative and riddled with clinical assumptions. From this they attempt to speculate about what the student’s functioning will be like when they come to, and progress through, TEC. The psychologists make the assumptions and speculations seem stable by creating a new document and, contained within it, a set of recommendations based on these. This new document provides a clinically legitimised baseline of the students’ functioning against which progress can be measured.
I showed how these measurement techniques, create charts and pictorials that visually inscribe (Latour, 1979) difference between the perceptions of the students and other adults involved in their lives. These pictorial representations bring an exteriority to the interiority of the student's thoughts, so that they can be taken up by the therapists, at TEC, as evidence of the need for intervention. Because of the unequal power relationship in the interpretation of these measures, the student's own perceptions are rendered inaccurate by the professional gaze of the psychologists, enabling the professionals legitimately to make a case for intervention to bring about a greater understanding of the condition to the students, and signal to them how this can contribute to acquiring the social functioning of adulthood.

**Ideas about growing up**

In their assessment of social functioning, I found that the staff use both clinical and lay ideas about growing up. They draw on their own experiences of growing up to make meaning out of what the students' futures could look like, a process that Allison James and Alan Prout (1997) identify as being a key component of the dominant framework of growing up in contemporary British society. In doing so, the staff create a comparability between themselves and the students. I reflected upon this, to highlight how the staff use examples of their own failure to meet the referents of standard adulthood, to illustrate to students the difficulty and uncertainty of youth transitions. A contradiction arises here between the staff's articulation of their own inability to meet the referents of adulthood, and their advocation that the students should be aiming towards (their) uncertain futures. This reflects a wider assertion in the writings of Nick Lee (2001) that in contemporary society the strength and power of the referent of standard adulthood remain.

In the staff's accounts of their own, and the students', growing up, Asperger's is seen as an additional and aggravating factor to achieving standard adult outcomes and, they continue to encourage and motivate the students, to think about, and aspire to, an adult destination. An end point then, by their own admission is unachievable, or extremely difficult to realise, for people who do not have Asperger's Syndrome. In doing so, they take up the Asperger's behaviours as requiring intervention. In this, we see adulthood being enacted, by the staff, as a social performance, in the attempt to make sense of the young people's functioning at TEC. For me, there is
something important that is acknowledged in this performance. It is that adulthood, and the functions (or referents) that orientate around it, are in fact social performances that are actively managed by adults, to give a specific presentation to others about their closeness to the standard adulthood (building on Lee, 2005, p. 22).

From my observational data, I surmised that when disclosures were made to other members of staff, it was most commonly done in a jocular manner, and involved multiple people in a group setting. This led to a collective recognition of the uncertainty of performances of adult functioning, which was normalised and pacified in the interaction context. In contrast, when these moments of disclosure were presented by staff to the students it is an illustration of the kind of behaviours they need to avoid or the kind of resilience the need to have. In presenting the disclosures in this manner, the staff performed a rationality and maturity which reconstituted the disclosure into a symbolic expression of the standard adulthood and responsibility for action.

**Standardising social functionality**

Finally, through my discussions I came to uncover the ideas about adult social functioning that were described by the actors at, and documentation found within, TEC. My analysis highlighted two categorisations of social functioning that the referents used at TEC orientated under. The first category, related to the students’ care of themselves and included competent demonstrations of personal hygiene, ‘appropriate’ manners and behaviours. I related these features of social functioning to wider anxieties about youth and the pursuit of civility (building on Elias, 1982[1939]), and the reduction of behaviours that seem dangerous to the self. Complementing this were the functions outlined in the second category. These specifically related to the features seen in standard adulthood as being vital to thinking for oneself and developing rational thought (expanding on Nick Lee’s analysis, 2005, 2005, pp. 111-121). The notion of adulthood and adult social functioning, being based on rationality and the intentionality, meant that the staff invested much effort in attempting to identify these behaviours in the students actions, thoughts and behaviours.
In this second category of social functioning, I explored what I saw to be the introduction of a referent that I had not seen in previous discussions of standard adulthood (c.f. James et al, 1997, 1998). This new referent was described as resilience, which was defined by an ability to use past negative and positive experience to help shape actions in the future and, in particular, in the face of adversity (c.f. Zimmerman & Arunkumar, 1994). In my analysis, I demonstrated how this new referent of resilience, reflected an acknowledgement, at TEC at least, of the uncertainty and unpredictability of successful transitions to a standard adulthood.

Investing in potential value

At TEC, as my discussion illustrates, a human value is attributed to the achievement of these social functions (building on Lee, 2005). The staff use their ideas about Asperger's to construct a case for intervention in their current functioning, to bring about, in a similar way as argued by Hans Asperger (1938) argued, a return on their investment.

My investigation of these interventions showed how the staff used collective training sessions to introduce and, try to instil, what they saw as 'appropriate' behaviours into the behavioural repertoires of the students. I demonstrated how they used clinical ideas about Asperger's Syndrome to legitimise intervention, and how this technique was legitimised through the physical demonstration and positive reinforcement of behaviours through a controlled therapy session. The rehearsal and correction of behaviours in these sessions, I argued, were used to make visible to students the ways of acting that were deemed 'appropriate' by staff, and importantly, to get them to understand the rationale behind their codification of these behaviours.

I then extended this analysis to look at how this codification was realised in the interaction context, outside the therapeutic session, at TEC. Whilst staff were required to, and did, observe behaviour, they tended to draw on both lay and clinical ideas about behaviour to make sense of what they were encountering, for example, in the staff's, classed coding of Ben's behaviours as 'chavy', 'aggressive' and 'defiant'. These lay codes were considered, at TEC, to be just as valid as the clinical ones. However, when challenged through, for example my breaching, my analysis shows that they are not permanent and, rather, are fluidic and open to new
interpretations of behaviour. The code therefore remains in a flexible state and can be easily changed, particularly when the Asperger's clinical framework is applied to it.

Even in situations where it is a therapist's codifying behaviour, it seemed not to be permanent, as their own lay thoughts and opinions come into play, threatening the integrity and legitimacy of the code, as was evident in my exploration of the conversation between Melvin and Sally. The analysis exposes the code, as an abstraction; it becomes a thing in itself, an abstract with almost no explanation, just a code of, for example, 'inappropriate'. So the persistency of the code needs to be actively maintained by the staff and the students, otherwise it disintegrates. I suggest that the staff actively maintain the codes as without them they have no legitimate mechanisms by which to make interventions in the students' behaviours.

**Resisting therapeutics**

If these codifications are in place, I illustrated how staff could signal a desired response from the student. However, in the exploration of this, I found that the response is negotiated with the student, and not necessarily controlled by the therapeutic power of the staff. This negotiation was one instance of the resistance that the student could enact in relation to the therapeutic models at TEC. I then explored what I found to be a continuum of resistance at TEC. In this I elaborated on Deborah Lupton's (2004, p. 171) descriptions of resistance at therapeutic settings. The first form of resistance I called epistemological dissent, as it was based on students not actively buying into, or actively rejecting, the clinical frame of Asperger's and the therapeutic model TEC had developed around it. In some instances I showed that these resistances could be confrontational, highly visible and counter-cultural in nature. However, my exploration explained that this resistance was not always as aggressive as it first seemed, and I recounted a number of playful moments of this where the therapeutic knowledge of TEC was used by students to play on the devices in operation. In these instances, the resistance was seen as jocular expressions of an Asperger's quirk by the staff. Despite this, it did not diminish the fact that the students were operating, in the moment, outside of the accepted behaviour norms at TEC and were not showing respect for the staff. At TEC, I also found more aggressive forms of dissent that actively challenged and
rejected the therapeutic gaze being placed on the students. Success of these epistemological dissents depended on their execution, as if the dissent was deemed too aggressive by the staff, the student was excluded from the setting.

In contrast, some of the students exhibited intended non-cooperation, which would range from sitting in the corner of a room in silence to refusing to partake in an arranged activity. These acts of noncooperation were different from the dissent, in that they did not require an epistemological challenge to the activity being proposed or undertaken. What was interesting about these encounters was that the student was actively engaging in the non-cooperation and non-participation. They told me that through their knowledge of the therapeutic process at TEC, they had come to realise the positive consequences of not engaging in the prescribed activity, but instead maintaining non-cooperation until they achieved the outcome they were seeking, an alternative to the given task. In my analysis I explain that this non-cooperation is intentional as the student has to actively engage and enact it themselves. And whilst the staff may apply the Asperger's gaze to the students' behaviours, it does not affect the end result. I showed, however, that the resistance was only successful as long as the staff were unaware of the intentionality of the action.

The third form of resistance that was present in these students' accounts and interactions, was that of escape and avoidance. This was most clearly seen when students went missing from an activity. In this period of absence, I argue, the student is enjoying freedom from the therapeutic mechanisms in place at TEC, and enacting the social function of independence, as is functioning successfully without the gaze of surveillance of the therapeutic gaze and the interventions that accompany it.

In contrast to this, the tactic of concealment was used by students at TEC to enact moments of resistance. My detailed exploration of this form of resistance highlighted the use of two forms: in view and out of view. The in view acts were opportunistic, and situational. Building on Nickolas Rose's (1999b) idea of cramped spaces, I argued that they operated in view, but under the radar of the gaze of the staff. I showed how these enactments were extremely time sensitive and that if the right moment was missed, the action they would be seen as another, more oppositional,
form. Often these cases of resistance relied on semi-status actors, like myself, to be complicit in the resistance, as was the case in Ryan's showing of porn. Similarly, out of view resistances were also opportunistic, only lasting until the actions were discovered by staff. These enactments were constructed in personal spaces, like the students' bedrooms, as they needed to operate in spaces where the therapeutic gaze could temporarily not penetrate. These out of view acts of resistance tended to be longer enactments than the in view ones, and could span days, weeks and even months. Furthermore, they tended to be stronger and more ambitious forms of enactment, for example setting up a whole illegal network of internet access.

From my interrogation of the types of resistance I found at TEC, I surmised that in all of these different enactments, it is the students' own knowledge of the disciplinary systems that give them the knowledge they need to create resistance against the therapeutic practices the staff pursue. In this way, I suggested, that the students are active in the construction of their behaviours and could, if they so wished, find ways of navigating the staff's techniques. Interestingly, I read these acts of resistance to be legitimate enactments of social functioning, that displayed, not only viable means of social bonding, but also routes to achieving core functions of adult sociality, as promoted and rewarded at TEC. This analysis, however, was not shared by the staff who either were unable to see the behaviours being displayed or interpreted them to be going against the therapeutic approach of TEC. The actions that were, therefore, seen, were considered to be evidence of a lack of social function and understanding. This struck me as a powerful indication of the need to maintain the therapeutic gaze, as the level of navigation involved in executing the moments of resistance amounted to significant social planning and manipulation.

**Constructing identities out of uncertainty**

This analysis of resistance at TEC laid a strong foundation for investigating the impact that the uncertainties about Asperger's Syndrome and growing up, that I had already explored in the piece, had on the students' construction of their selves. From this, I suggested the different ways in which students made sense of their potentially discrediting Asperger's status (building on Goffman, 1990 [1963]). My analysis demonstrated how the use of jocularity enabled the students to normalise their Asperger's status and conduct a playful rebuttal of the staff's therapeutic use of the
Asperger’s frame. I also demonstrated the impact on students of not coming to terms with their Asperger’s status. My analysis illustrated that this transforms into an anxiety of the visibility of the Asperger’s status, which results in the students harbouring feelings of low self-worth, something which is heightened when these students are forced to confront their diagnosis.

Many students, however, were able to construct positive identities from the Asperger’s status. These seemed to be most successful in the interaction with other sub-cultural identities where having a diagnosis or taking medication were not seen as stigmatising. My analysis suggests that in these scenarios, the students bought into their diagnosis and by doing this were able to use it to reclaim an Asperger’s identity. This meant that they could move the Asperger’s label outside of its clinical making and use it as a legitimising resource in pursuing other identity formations.

This finding was replicated in my examination of the performances of masculinity that were present at TEC (Butler, 1993). I explained how TEC used male staff role models in an attempt to display tangibly to the students the kinds of masculinities they could adopt for themselves. However, through my analysis I found that it is the students who actively contribute to the construction work on the role models’ masculinities; they are able to use the male roles as resources in exploring and performing their own masculinities.

However, this was not the case for all forms of masculinity displayed at TEC. My in depth analysis of Ben’s performance of aggressive masculinity, conveyed what I believed to be an underlying prejudice in the staff’s ideas about what constitutes competent social functioning through the performance of masculinity. In the investigation of my encounters with Ben, I demonstrate how he uses aggressive language and behaviour, in an attempt to build social relationships with the other men, and with me, in the setting. The analysis suggests that these aggressive performances, in contrast to the staff’s therapeutic analysis, are based on normative ideas about sociality that operate in Ben’s home context. For me, this uncovers the classed nature of the staff’s constructions of social functioning. From this, I argue that the format of this performance (aggressive) leads staff to fail to recognise the
actions as evidence of social functioning, and as such, they ascribe a low social value and level of functioning to the behaviours being exhibited.

**Imagining student futures**

The final aspect of my empirical analysis, focused on the ways in which staff and students took up ideas about the uncertainty of futures. I considered the way in which the transition managers use methods of PCP to construct two pathways down which students can progress, in order to realise the futures that have been imagined for / with them. The decisions about which of these two trajectories the student should be placed on is reliant on the use of comparators of former students who have completed their transitions out of TEC and the transition manager's knowledge about their perceived levels of adult social functioning. The use of comparators enables the transition managers to speculate about the feasibility of the different outcomes the student may achieve. My research suggests that the transition managers used evidence about the progress of an individual student, which was based on the everyday micro-tracking and planning of behaviours, attitudes, actions, etc. Together, the tracking and the comparators provided a basis for them imagine what the social functioning and progress of a particular student might look like in, what I called, prospective time.

Once a seemingly stable idea of a student's future social functioning was established, the transition managers began to pursue the two trajectories designed for the students. Those students who were projected as attaining higher levels of social functioning in the future were placed onto a negotiated trajectory. They were supported to pursue independent adult outcomes and, in doing so, the transition managers transferred the risk associated with their transition to the students. In contrast, those who staff feared would regress, were put on a mitigated trajectory in an attempted to mitigate the impact of the potential lack of social functioning on their future. This route was targeted towards more supported living outcomes.

My further investigation, however, found that this was a false assessment of perceived risk, in that the comparators being used were not as stable and unproblematic as they at first seemed. Further interrogation exposed a real uncertainty and fluidity, which underpinned the circumstances that led to the adult
outcome. Through this, I suggested that the transition managers were conflating what it means to have a successful transition with what it mean to be a successful adult.

From this, the students constructed their own futures in three ways. The first was by having unspecified ideas about their future and relying on standard notions of adult functioning prevalent at TEC to make sense of what they might become. The multiplicity of possible outcomes signalled in their constructions meant that the transition managers saw them as being potential risks and therefore they invested in further interrogation of comparators and tracking. In contrast, the second group seemingly did not construct any future. However, when I analysed this more closely, I found a few of the students who were actively not drawing on the TEC’s markers of adult social functioning to describe their futures, as they did not see them as having relevance to their lives. Without an imagined future, the transition managers see these students to be too risky and therefore they end up being progressed through the mitigated trajectory. This stood in total contrast to the third group, who were proactively describing and planning their transitions within the PCP process. The proactivity and continual present of an imagined future led the staff to see in them with a higher potential for adult social functioning and they were deemed less risky. Consequently, the risk was transferred to the student and they were supported in the negotiated trajectory.

In this final dynamic, we see the intersections of all the issues my thesis is concerned with. In the imagining and constructing of futures, the students’ identities and resistances are brought into being. The way in which the student interacts with the transition manager’s PCP technologies has a profound impact on whether the students are considered ‘risks worth taking’. Students, who are worth this risk, are deemed to be of value, because, in them, the staff can see a future potential for progress and adult functioning. The ideas of progress and adult functioning are based on both wider notions of a standard adulthood (Lee, 2001), and the staff’s own lay experiences of growing up. My research, however, uncovers that the uncertainty and flexibility with which both students and staff (at TEC), render some performances of adult social functionality invisible. In this way, my analysis shows that these young people’s experiences of growing up, with a diagnosis of Asperger's
Syndrome, are dominated by the staff’s construction that competent, adult social functionality has value, and how Asperger’s Syndrome, as a disorder of the social, aggregates the realisation of this value. The thesis does illustrate, however, that students can actively make opportunities to escape these constructions, staff constructions that have a lasting impact on the kinds of future opportunities they are offered and ultimately the kinds of people they will become. My analysis does, however, suggest that those students who are able to construct a positive identity out of their Asperger’s status will be able, in some way, to create other opportunities for making their futures.

**A modern resurgence of a contributory future**

This thesis has focused on uncovering the constructions within and between TEC and wider society’s understandings of both what it means to have Asperger's Syndrome, and to grow up in the age of uncertainty (Lee, 2001). Whilst the conclusions I have reached are specific to the ethnographic exploration on which my research is based, the ideas captured within them are being played out in the current political environment. In particular, the neo-liberal emphasis that is being placed on individuals and their contributions to capitalism present within debates surrounding the reform of the benefits system (DWP, 2010). As I will demonstrate below, the ideas I have developed about futurity and the performance of adult social functionality are central to understanding wider social preoccupations in reform of public policy.

As I write this thesis, the UK Government is considering substantial structural reform of the welfare state and public service provision (Localism Bill, 2010). In the reform measures we can see specific macro-constructions that relate to many of the core ideas examined in this thesis, the first of these being the re-imagining of future. For example, in the reform of the benefits system (Welfare Reform Bill, 2010) there are processes being put in place that resemble the ways in which TEC constructed specific values about different kinds of students at the service.

In the migration of two million disabled people from a long-standing, disability-related, out of work benefit (Incapacity Benefit) to either Job Seekers Allowance (JSA) or Employment and Support Allowance (ESA), the benefit reform proposals
make a judgement about how we should value the potential social contribution of
different kinds of citizens (Wood & Grant, 2010). The proxy for human value is
economic contribution (being in paid employment) and benefit recipients are
penalised and sanctioned for not achieving this outcome. New behavioural
conditions – such as attending work-focused interviews or undertaking work-related
activity – and financial sanctions – including the incremental reduction of benefit
value for not engaging in work preparation (HoC Lib, 2011a) – establishes these
values in practice: making a distinction in policy between those who are perceived as
willing and able to contribute and those who are not.

It is in this policy dynamic that the politics of futurity come into play. In the
reform, the capitalist, economically contributing adult is the central adult. As such,
many of the referents of adulthood I identified at TEC are being played out in the
political debates surround the measures. These include references to a lessening of
dependency on the state, establishing financial independence, making an economic
contribution, building financial, engaging in paid employment and taking
responsibility for ones decisions, actions and the consequences arising from them
(DWP, 2010).

In this policy, the assessment of one’s ability to work – to become what is seen to be
a socially functional adult – is based on micro-interrogation of a benefit recipient’s
physical and mental functioning. This test (DWP, 2011), called the Work Capability
Assessment (WCA), operates in a very similar way as the micro-testing that the
psychologists at TEC used to assess the student on their entry to the service. The
WCA is used as a gateway tool used to assign claimants’ eligibility for benefits
(either ESA or JSA), their work readiness and what employment support they would
be entitled to through either the Work Programme or Work Choice (DWP, 2010).

In the same way that the psychological testing at TEC created a professional
knowledge about the student, the WCA creates an official picture of the perceived
level of physical and mental functioning of a claimant (c.f. HoC Lib, 2011b; 2011c).
Akin to the way in which the staff at TEC conflated the student’s perceived level of
social functioning with their potential to become a socially functioning adult, the WCA
uses perceived physical or mental functionality as a proxy of employability and
ultimately future economic contribution. This is possible because the WCA establishes legitimacy in the voice of the assessor. The medical professional who acts as the assessor can use the outcome of the test as documentary evidence of the claimant's distance from work and functional ability.

The second substantive parallel with my work at TEC is how the imagining of a contributory future relates to the trajectory of support which is offered to the individual. In this welfare reform, where a positive future economic contribution can be imagined for a claimant, they are put on a closer to work payment (JSA) and given less targeted support through the Work Programme. This would equate to the negotiated trajectory I described in my analysis of transition pathways for the students.

In contrast, those who are seen by the benefit assessors as having a potential for contribution, but one that needs to be actively cultivated they are placed on a relatively more generous benefit package (ESA), and placed in a Work-related Activity Group (WRAG), which focuses on providing extra work preparation and support, whilst removing some of the penalties and sanctions permissible to those near to work. I would relate this trajectory to the mitigated one I describe in my thesis, as in this later scenario the outcomes of the support (employment) is more heavily determined by the professional who is supporting the claimant back into employment.

Finally, those claimants where a no positive economic value is imagined by assessors are put in a Support Group (of ESA). This is a group of claimants are not expected to work or engage in work-related activity as a condition of their benefit. In this way, the Government is stating that this group have no imagined contributory future and that whilst they will continue to receive a contribution from the state (through the benefit system) they have a lower social and economic value than claimants assigned to the other trajectories.

Concluding statement
From my wider application of the ideas emerging from my thesis above, the reader will see how new areas of debate and discussion are to be had both in academia
and society about the way in which people in positions of power assign value to
different groups within our communities (c.f. Lee, 2005). My focus on futurity and the
consequences of a positive future contribution signal a need to reconsider and re-
examine the ways in which we traditionally think about human value and human
worth. This includes challenging ourselves and others to understand how the drivers
for the development and application of diagnosis are located in persistent and ever-
changing social nexuses, which need to be examined in order to make sense of both
a label created to describe a set of behaviours and the embodied experiences of
people who are so categorised.

Future research agendas should continue to develop and interrogate this centrality of
futurity and social value to concepts of impairment, and uncover the social
assumptions contained within them. Furthermore, they should aim to explore the
impact these formulations have on the everyday lives of those identified. A start for
future researchers could be to visit the forthcoming (at the time of writing) work of
Professor Simon Baron-Cohen, who in his new book will be arguing that Asperger's
Syndrome is a positive form of Zero-Empathy (a total absence of empathy) or Dr
Mitzi Waltz (forthcoming) who will represent her take on the social and medical
history of autism. These, and other works of analysis, will contribute to the notion
that there is a positive potential for contribution in people who are diagnosed with
Asperger's Syndrome. Delving into their arguments, and the impact of their ideas on
practice, will enable us to have a deeper understanding of the rise, and expansion, of
the phenomena this thesis is grappling with.
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Appendix A: The historical development of the Universitäts-kinderklinik in Vienna

As part of my investigations into Hans Asperger’s early work, I was able to construct a detailed picture of the history of the institution at which he worked. I include it in this appendix to give the reader a fuller understanding of the ideas that influenced the work of Hans Asperger (1938, 1944). I have not presented this material in my substantive discussion on the historical emergence of Asperger’s Syndrome as, whilst important, it is not directly relevant to the analysis I develop.

The founding of a Universitäts-kinderklinik in Vienna

In this appendix, I give a short overview of the evolution of ideas and ethos of the institution in which Asperger’s works were written: the Universitäts-kinderklinik (University Children’s Clinic) in Vienna. The origins of the institution lie with the appointment in 1902 of Theodor Escherich\(^{118}\) as the chair of Paediatrics at the University of Vienna (Pirquet, 1911) and director of University Children’s Hospital, which at the time was based at the Sankt Anna Kinderspital (St. Anna's Children’s Hospital) in Vienna (Schick, 1957, p. 115)\(^{119}\). The University Children’s Hospital was funded by charitable means and the state funded the role of the director. As the years went by and the hospital gained further prominence in Vienna more physicians, assistants, students and volunteers were added to the staff and consequently it grew in size, success and notoriety (ibid). After some time and continued interest from important members of Viennese society. Escherich managed to convince the state to build a new university run clinic, which was completed in 1911 and became the Wiener Universitätskinderklinik\(^{120}\) (The Vienesse University Children’s Clinic). He did not, however, spend long at this new clinic as he died suddenly the same year.

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\(^{118}\) He (1894) was most famous for his identification and characterisation of Escherichia coli (E-coli) and convincing philanthropists to invest in providing milk for poor children in Vienna (Schick, 1957).

\(^{119}\) St. Anna’s Children’s Hospital was one the oldest children’s hospitals in Europe. Since 1963 the hospital has been owned by the Vienna Red Cross. For more information about the hospital see: [http://www.stanna.at](http://www.stanna.at)

\(^{120}\) The Kinderklinik is now part of the Medizinische Universität Wien (Medical University Vienna) since the medical department became independent institution from the Universität Wien (University of Vienna) in 2004. For more information about the clinic see: [http://www.meduniwien.ac.at/kinderklinik/](http://www.meduniwien.ac.at/kinderklinik/)

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Clemens von Pirquet\textsuperscript{121}, previously an assistant to Theodor Escherich, was appointed to director of the Universitätskinderklinik in 1911 and served in the role until his death in 1929 (Chick, 1929). Under his directorship, a section for welfare-based therapy and education (\textit{Heilpädagogik}) was established at the clinic. This section focused on psychiatric observation of children with behavioural difficulties or perceived ‘mental’ conditions and represented a marked diversification of the focus at the clinic (Kanner, 1937, p. 431). It was headed by Erwin Lazar, a psychiatrist who had previously been an assistant at the clinic and pioneer of the Heilpädagogik approach in Austria (Hamburger & Siegl, 1935; Asperger, 1958, p. 130). Lazar (1913) wasted little time in putting his own stamp on the section and instilled his approach to the assessment, diagnosis and treatment of abnormal children. Much of his early work at the clinic focused on determining the best practices and techniques for medical practitioners to help ‘neglected’ and ‘de-socialised’ children (Dissozialität Jugendlicher) (Asperger, 1962, p. 35).

\textbf{Heilpädagogik at the kinderklinik}

Whilst he did apply psychiatric tests, Lazar was also interested in observation, one to one and group work with patients, attempting to understand the whole personality of the child. Building on the earlier ideas of Heilpädagogik by Jan-Daniel Georgens & Heinrich Deinhardt (1861/1863), Lazar (1925), in my reading, outlines four key founding features for his medical application. The first is to identify a medical basis for the behaviours or thinking that is being observed (see also Frith, 2003, p. 8). The second is to understand how these features (behaviours or thinking) fit with the child’s whole personality. The third is to invest resource, time, expertise and practice into resolving the child’s abnormality though welfare, education, growth and development, and fourthly that through this growth and development the child should come to contribute and participate in society. It is in the interrelationship between this education, growth and development that the concept of Heilpädagogik comes alive. It is a concept that does not have a direct English equivalent and I shall not attempt here to create one (as to do so would be to undermine it).

\textsuperscript{121} He was most famous for coining the term \textit{allergy} (1927).
The German linguistic expression of the word conveys an interdependent relationship between welfare (heil) and education (pedagogik). Literally the world heil means salvation and this hints at the religious origins of the idea. Heilpädagogik is a more medicalized elaboration of an older and more pervasive concept embedded in the Germanic psyche: Bildung (which also evades direct English translation). The notion of Bildung has its origins in the Reformation in Germany (in the sixteenth and seventeenth centuries), which was characterised by an increased and more systematic attention to children, their behaviours and their development (Luke, 1989).

Carmen Luke (ibid) claims that rising literacy rates and the introduction of the German-language printing press popularized the Lutheran ideas of childhood and pedagogy. A new kind of childhood emerged which reflected the rhetoric of the Reformation around the soul and body of the child and the salvation that Lutheranism could offer in parenting. This new concept was enhanced by the emergence in the late eighteenth century of the new pedagogical approach called Bildung (Prange, 2004, p. 501). Following the works of Wilhelm von Humboldt in the late eighteenth century (who himself built upon Lutheran principles), Bildung is a holistic approach to cultivation of the self within the social context (Bleicher, 2006). The emphasis in this approach to human cultivation is the opening up of the individual to sociality, thereby creating a unified notion of the individual and the integrated whole (Thompson, 2004). Thus, the cultivation in Bildung is both the external development of sociality and the cultivation of the internal mind of the individual.

Bildung became particularly popular in the German-speaking world from the early nineteenth century (Peters, 2003). The Lutheran principles of humanity and spiritual growth were adapted and reformulated into terms compatible with Enlightenment philosophy (ibid). This rendered them more relevant to the emerging pedagogical and therapeutic practices developing throughout German-speaking Europe. It was not until the late eighteenth century that Bildung became instilled as a pedagogical approach (Bauer, 2003; Masschelein & Ricken, 2003).
Similarly, the educational pedagogical application of Bildung was reformulated into a therapeutic pedagogical model by medical practitioners to meet the increasing interest in psychiatric observation, intervention and the subsequent focus on welfare and disadvantaged children at the start of the twentieth century in Vienna (Blau, 1999; Gardner & Stevens, 1992; Sieder, 1985). Both Lazar (1925) and Asperger's subsequent (1956; 1975) development of Heilpädagogik drew on a therapeutic application of Bildung to create a welfare-pedagogical approach which could be beneficial to the children they were observing and treating.

This conceptual heritage is important as it denotes that the emphasis of both Lazar, and subsequently Asperger's, work and practice was not focused on curing, but rather healing, growing and developing the child's own abilities. According to Asperger (1958, pp. 130-131), Lazar additionally focuses on identifying any special gifts or attributes that the child may have and uses these as the basis for their growth and development. This approach offers positive and potentially meaningful outcomes for the children who would receive Heilpädagogisch at the clinic.

The kinderklinik under Franz Hamburger and Hans Asperger
This approach was embedded further at the clinic after Clement von Pirquet died in 1929. Franz Hamburger122, who became the director of the clinic and chair of paediatrics at the university in 1930 (JAMA, 1930), brought the section closer to the workings of the clinic. The clinic had been transformed somewhat under Pirquet's guidance and Hans Asperger found himself running a much larger and well developed Heilpädagogik station when he took the post of Head in 1931. In an article about the clinic the new Director and a colleague Josf Siegl (1935, p. 522) wrote that a second pavilion at the clinic was used as a 'school for the children of... the mental hygiene station of the children's clinic... [which] serves as a diagnostic and therapeutic clinic for children with mental and behavioural problems'. They further write that connected to this school was a 'large out-patient service which [was] used by schools, children's workers, and the juvenile court for consultation purposes' (ibid).

122 Who was well known for his (c.f. 1921) earlier work on Tuberculosis.
Hamburger extended the model that Pirquet had created, ensuring that students at the clinic had hands-on experience and a practical understanding of the children and conditions they were working with. Hamburger gave students lectures on paediatrics and demonstrated techniques on patients at the clinic (ibid, p. 521). Hans Asperger succeeded Lazar as head of the section in 1931 (Kuszen, 1976)\textsuperscript{123} and his focus remained on practice, discovery and education rather than a 'digression into the theoretical and less important fields of pediatrics' (ibid). In line with this, students were encouraged to get involved in examining children, observing more senior staff in their work and to participate in clinical practices under direction (ibid, p. 523). One of the key changes was the significant increase in international students from outside Austria, and the introduction of lectures delivered in English and French as well as German (ibid).

Similarly, Hans Asperger continued strengthening what Lazar had put in place, using his time as a learning experience and drawing on the wider staff to think more about the most effective methods and techniques that could be employed at the station. As Uta Frith (2003, p. 8) writes, during this time he was inspired by the work of Sister Viktorine Zak who had been working at the section with Lazar as well. Later Asperger (1962, p. 37) would write that her sympathetic, sensitive and therapeutic ability to understand how to calm children had provided further insight into what positive pedagogic intervention could look like (see also Zak, 1932). This sentiment was also reflected in his earlier articles (Siegl with, 1934). Over this period and his short tenure at a psychiatric clinic at Leipzig in Germany from 1934 he observed, assessed and worked with hundreds of children, while at the same time developing his thoughts about a particular group of children presented to the clinic who seemed to have a withdrawal from society and affected social interaction and thought (Feinstein, 2010, p. 10). His experiences in Leipzig, his short military service in Croatia as part of the German Army and the death of his brother had a lasting effect on his conceptions (ibid). He recorded in his diary his concerns about the rising emphasis on eugenics and his subsequent preoccupation with death (ibid).

\textsuperscript{123} After obtaining his MD from the University of Vienna in 1931 (Colin, 2006)
Appendix B: Presentation to senior staff at TEC

In situ

About Me

IMAGINED

Future.

Marc Bui

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Surrey University

Purpose of the Research

Why is this research important?

Research Ethics

Purpose of the Research

Are you doing any research?

In situ

IMAGINED

Future.

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Marc Bui

Department of Psychology,

Surrey University

Why is this research important?

Research Ethics

Purpose of the Research

Are you doing any research?

In situ

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Why is this research important?

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Purpose of the Research

Are you doing any research?
Text:

Slide one

Imagined Futures: Aspiration, Adulthood and Asperger Syndrome

Marc Bush
Department of Sociology
Faculty of Human Sciences
University of Surrey

Slide two

About me

- ESRC +3 Funded PhD, Department of Sociology, Faculty of Human Sciences at the University of Surrey.
Sociology BA Hons (Warwick)
- ESRC recognized Social Research with Specialism in Health MA (Warwick)
- Research projects relating to work, identity, technology, disability and the Autistic Spectrum Conditions (academic and third sector)
- Worked with numerous charities including The National Autistic Society and the National Youth Agency (Young Researcher Network)
- In 2006 I co-founded the British Sociological Association - Visual Sociology Study Group.
- The research will be overseen by two supervisors in the Sociology Department, Faculty of Human Sciences at the University of Surrey: Jo Moran-Ellis & Dr Paul Johnson.

Slide three

Imagined Futures: Aspiration, Adulthood and Asperger Syndrome

Pictorials

Slide four

Purpose of the research

Aims of the Research
- In this research *(Imagined Futures)* I want to explore the everyday lives of young people with Asperger Syndrome.

More specifically, the research aims:
- To explore the students lives as young people with a diagnosis of Asperger's Syndrome and what they imagine their futures will be like: including questions of diagnosis, childhood, adulthood, transition and work.
- To work together with students to find the best way of researching their lives in a manner they find acceptable and comfortable.

Research Questions:
- How do young people with make sense of their diagnosis of Asperger Syndrome?
- How do students create ideas about their pasts, presents and future?
- What role do the staff play in these ideas about the student's futures?

**Slide five**

Why is the research important?

Asperger's Syndrome has recently become the centre of much public debate, both within policy and popular culture. However there is little understanding of what it is like to grow up with a diagnosis of Asperger's Syndrome. Current research tends not to be about the causes of the condition or effect it has on young people's social functioning. This means that politicians and academics alike do not fully understand the experiences that young people with a diagnosis of Asperger's Syndrome go through when they are growing up.

What we do know from existing research is that the transition to adulthood is a positioned as a critical pathway for many young people. In this research I want to unpack the experience of transitioning to adulthood and the way that the students imagine their futures. Whilst some studies have taken a negative approach in highlighting the transition from education to employment; my research will use the students' own experiences and voices to understand this issue.

**Slide six**

Research ethics

**Ethical Scrutiny**

- The research has undergone ethical assessment by the University of Surrey Ethics Committee. This committee scrutinized the research proposals and agenda in order to ensure that the research was ethical and in particular will avoid any harm to you through participating. The University of Surrey has a duty to carry out this process in order to ensure that the PhD fieldwork is
ethical. Further ethical codes which instruct the PhD include the Statement of Ethical Practice of the British Sociological Society and the Statement of Ethical Practice of the BSA Visual Sociology Study Group.

- As part of the ethics of this research you and the students have the right to withdraw from the research process at any point, without any given reason and with no penalty.
- The research has been endorsed by the National Autistic Society.
- I have been vetted by the police through the Criminal Records Bureau (CRB), and have an up-to-date CRB Enhanced Disclosure certificate which can be produced on request.

Anonymity & Confidentiality

As research participants students have a number of rights to anonymity and confidentiality:

- All research data will be anonymised.
- All research data will remain confidential and not be shared with family, friends, other research participants or outside bodies.
- In the case of collaborative research data, your confidentiality will be retained.
- As the producers of photographic, visual or audio data, you retain the copyright of the data your produce and can distribute it as you see fit: through participation in the PhD (Imagined Futures) research you give permission for me to use the data in the specified dissemination strategy.

Slide seven

The Research strategy...

Slide eight

High-tech methods

Timelining, Photo-documentary, Photo-elicitation, Exhibiting, Self-mapping, Context mapping, Photo-diary
Slide nine

Low-tech methods

Timelining, Draw-documentary, Draw-elicitation, Interviews, Participant observation, Context mapping, Draw-diary

Slide ten

Any questions
Appendix C: Introductory presentation to students at TEC

In situ
Text:

Slide one

Imagined Futures: Aspiration, Adulthood and Asperger Syndrome

Marc Bush
Department of Sociology
Faculty of Human Sciences
University of Surrey

Imagined Futures is a research project which uses different tools, like photography and drawing to get you to think about your experiences and aspirations for the future.

Slide two
I want you, to help me to understand what it means to be a young person growing up with a diagnosis of Asperger’s Syndrome.

Slide three

Marc

Pictorials

Slide four

You can get involved in lots of different ways, including...

Taking photographs, Drawing pictures, Chatting to me, Letting me hang out with you guys, Showing me your computer games

Slide five

For example...

You could take photos of:

- people, places and objects that are important to you
- people, places and objects that make you happy or sad
- things you are good at, things you are not so good at, things you would like to improve on
- something you would like to do when you leave the college
- something that reminds of home...

Slide six

People take photographs of all different things: there is no right or wrong, because the photographs are about you and your life!

Slide seven
For example...

You could draw pictures of:

- your friends or family
- people, places and objects that make you happy or sad
- what you hope to do when you leave the college
- something that reminds of home...

Slide eight

People draw pictures of all different things: there is no right or wrong, because the drawings are about you and your life!

Slide nine

Any questions
Appendix D: Basic instruction sheet for Casio *Exilim* camera

How to use the camera

- Press here to take a photograph
- Press here to turn the camera ON or OFF
- Look here to see what will be in your photograph
- Press here to zoom OUT
- Press here to zoom IN
How to use recharge the battery

1. Take OUT the battery
2. Press here to turn the camera OFF
3. Open the bottom of the camera
4. Take OUT the battery
5. Plug in the charger
6. Leave the charger plugged in for 90 mins until the RED light goes OFF
7. Put the battery IN the charger
8. Turn the camera back ON
9. Put the battery back IN the camera
### Appendix E: Risk Assessment

<table>
<thead>
<tr>
<th>Consideration</th>
<th>Person at Risk</th>
<th>Scale of Risk</th>
<th>Existing Protocols</th>
<th>Additional Mechanisms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Working with children under the age of 16 years (14-16)</td>
<td>Participant (14-16 years)</td>
<td>Medium</td>
<td>▪ Informed Consent to be gained from both guardian and child.</td>
<td></td>
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<tr>
<td></td>
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<td></td>
<td>▪ Informed consent to be maintained over the course of the research.</td>
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<td></td>
<td></td>
<td></td>
<td>▪ Reiteration of right to withdraw without penalty, throughout the research.</td>
<td></td>
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<tr>
<td>Issues of child and vulnerable adult protection and safety within the research context</td>
<td>Participant</td>
<td>Medium</td>
<td>▪ CRB Enhanced Check.</td>
<td>▪ Online notice board to give feedback on the research to the researcher.</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>▪ Informed Consent.</td>
<td></td>
</tr>
<tr>
<td>Right to choice and self-determination</td>
<td>Participant</td>
<td>Low</td>
<td>▪ Participants have the right to withdraw from the research at any point, without penalty.</td>
<td>▪ The research participant will be offered a choice of research tools with which to explore the themes of the research, this will enable flexibility and choice within</td>
</tr>
<tr>
<td>Sensitivity of stimuli used in particular research methods: <em>much literature describes a potential range of sensitivities to touch, light, sounds etc, experienced by this group of young people</em></td>
<td>Participant</td>
<td>Medium</td>
<td>- Choice of research method: will allow participants to choose between research methods to use a mode of exploration which they are most comfortable with.</td>
<td></td>
</tr>
<tr>
<td>Control of the research: the research offers choice of method, therefore the control of the research will have to be negotiated between researcher and participant</td>
<td>Researcher</td>
<td>Medium</td>
<td>- Structured approach to introducing methods and assuring that they explore the themes of the research.</td>
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<tr>
<td>Deletion of data from</td>
<td>Participant /</td>
<td>Medium</td>
<td>- Training on the use of electronic equipment.</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>- All back-Up copies will be</td>
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<tr>
<td>Researcher</td>
<td>Participant / Researcher</td>
<td>Participant / Researcher</td>
<td>Participant / Researcher</td>
<td>Participant / Researcher</td>
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<tr>
<td>electronic equipment</td>
<td>Damage of equipment</td>
<td>Harm caused by using the equipment</td>
<td>Data storage</td>
<td>Ownership of data: as a source of conflict between the researcher and the participant</td>
</tr>
<tr>
<td></td>
<td>Pictures/Video footage depicting criminal activity (as defined by law)</td>
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</tbody>
</table>

- Where possible, backup copies of data will be made on both hard disk and DVD-R.
- Formalization of the equipment lending process.
- Discuss the appropriate settings that electronic equipment can be used to collect data.
- Secure storage of data.
- Anonymise data/materials.
- Under copyright law in the UK the makers of images own them. Therefore participants, as part of the informed consent, through participating will be asked to waive rights to the use and distribution of the images. This will allow the researcher to disseminate the research in the specified contexts.
- Offer participants the opportunity to review transcripts and the data they have produced.
- Under UK law, pictures depicting serious crime (for example domestic violence, sexual assault or hate crimes) do not enjoy the privilege of confidentiality or anonymity.
| Inappropriate pictures/videos depicting children by participants (as defined by law) | Participant / Researcher | Medium | • In case of depictions of serious crime, the researcher will refer the images in the first instance to the supervisors of the PhD.
• Further action will be taken as specified by law in passing the information onto the appropriate authorities.
• Non-compliance could be seen by the authorities as withholding evidence. | images. |
<table>
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<tbody>
<tr>
<td>Under UK law, pictures depicting indecent images of children/child abuse do not enjoy the privilege of confidentiality or anonymity. In case of depictions of indecent images of children, the researcher will refer the images in the first instance to the supervisors of the PhD. Further action will be taken as specified by law in passing the information onto the appropriate authorities. Non-compliance would be seen by the authorities as withholding evidence and could lead to prosecution.</td>
<td>The researcher will, as part of informed consent, clarify to the research participants the legal status of such images. Comply with UK legislation relating to child protection.</td>
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</tbody>
</table>
| Misrepresentation of the participant through pictorial data: drawing, photography, computer generated imagery | Participant | Medium | - To avoid misrepresentation of the participant, the researcher will not analyse the psycho-analytic content of the pictorial data, but concentrate the analysis on the process of creating the data.  
- For example, in the case of the avatar creation will look at ethnographic process of constructing an identity, rather than psychologically deconstructing the image created. This is necessary as the programme's limitations in the creation of avatars will influence the choice and selection of the participant. |
| Health & safety in walking interviews | Participant / Researcher | Low | - Prior to interview map out the route for the walk.  
- In these situations the researcher will follow the safe practice guidance issued by the University of Surrey.  
- All the names and addresses and the anticipated arriving/leaving time will be |
recorded.
- A key contact will be identified, who can responsible to answer a telephone to log the time of arrival and time of departure from the address.
- The researcher will phone the contact just before data collection.
- The researcher will explain to their participant that the University requires, as a matter of routine, the logging of time of arrival and time of departure from an address and that failure to do so will result in a call to the police.
- The contact will be phoned when the researcher leaves the address.
- In the unlikely eventuality of any problems, a code word will be arranged with the contact so that if the research is able to phone the code will alert the contact for the need to phone the police.
- If the contact does not hear from the researcher
<table>
<thead>
<tr>
<th>Risk of attack or allegation by participant</th>
<th>Researcher</th>
<th>Low</th>
</tr>
</thead>
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<tr>
<td>after the estimated time of their interview, they will be instructed to wait half an hour and then phone back.</td>
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<tr>
<td>- If they are unable to reach the researcher then they will be instructed to call the police.</td>
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<tr>
<td>In these situations the researcher will follow the safe practice guidance issued by the University of Surrey.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- All the names and addresses and the anticipated arriving/leaving time will be recorded.</td>
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<tr>
<td>- A key contact will be identified, who can responsible to answer a telephone to log the time of arrival and time of departure from the address.</td>
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<tr>
<td>- The researcher will phone the contact just before data collection.</td>
<td></td>
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<tr>
<td>- The researcher will explain to their participant that the University requires, as a matter of routine, the logging of time of arrival and time of</td>
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</table>
departure from an address and that failure to do so will result in a call to the police.

- The contact will be phoned when the researcher leaves the address.
- In the unlikely eventuality of any problems, a code word will be arranged with the contact so that if the researcher is able to phone the code will alert the contact for the need to phone the police.
- If the contact does not hear from the researcher after the estimated time of their interview, they will be instructed to wait half an hour and then phone back.
- If they are unable to reach the researcher then they will be instructed to call the police.

| Researching at participant's homes | Researcher Low | In these situations the researcher will follow the safe practice guidance issued by the University of Surrey. All the names and addresses and the anticipated arriving/leaving time will be |
recorded.
- A key contact will be identified, who can responsible to answer a telephone to log the time of arrival and time of departure from the address.
- The researcher will phone the contact just before data collection.
- The researcher will explain to their participant that the University requires, as a matter of routine, the logging of time of arrival and time of departure from an address and that failure to do so will result in a call to the police.
- The contact will be phoned when the researcher leaves the address.
- In the unlikely eventuality of any problems, a code word will be arranged with the contact so that if the research is able to phone the code will alert the contact for the need to phone the police.
- If the contact does not hear from the researcher
<table>
<thead>
<tr>
<th>Scenario</th>
<th>Role</th>
<th>Level</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anonymity in all data modes</td>
<td>Participant</td>
<td>Medium</td>
<td>All data and back-up copies will be anonymised and stored securely.</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Pseudonyms will be used.</td>
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<td></td>
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<td></td>
<td>Passwords protection will be applied to the digital files.</td>
</tr>
<tr>
<td>Publication/dissemination of results will not</td>
<td>Participant</td>
<td>Low</td>
<td>All data will be anonymised.</td>
</tr>
<tr>
<td>harm the researcher/research participants.</td>
<td></td>
<td></td>
<td>Participants will have the opportunity to review and comment on data</td>
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<td></td>
<td>and findings at a later consultation event during the write up stage</td>
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<td></td>
<td></td>
<td>of the research.</td>
</tr>
<tr>
<td>Disclosure of abuse</td>
<td>Participant /</td>
<td>Medium</td>
<td>Ask the participant whether they want help to report the incident to</td>
</tr>
<tr>
<td></td>
<td>Researcher</td>
<td></td>
<td>the police or social services.</td>
</tr>
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<td></td>
<td>Discuss the situation with supervisors to discuss</td>
</tr>
<tr>
<td>Participant becomes upset or distressed</td>
<td>Participants</td>
<td>Medium</td>
<td>Whether further steps are necessary</td>
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<td></td>
<td>Refer the participant to a list of key help-lines, including:</td>
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<tr>
<td></td>
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<td>Autism Helpline 0845 070 4004</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Wrong Planet (Online Resource and Community for those with Asperger Syndrome) <a href="http://www.wrongplanet.net/">http://www.wrongplanet.net/</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>London Lesbian and Gay Switchboard Helpline <a href="http://www.llgs.org.uk">www.llgs.org.uk</a>  020 7837 7324</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Gay Youth UK <a href="http://www.gayyouthuk.org.uk">www.gayyouthuk.org.uk</a></td>
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<td>Muslim Youth Helpline (MYH)</td>
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<td>NSPCC</td>
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<td><a href="http://www.napac.org.uk">www.napac.org.uk</a> 0800 085</td>
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| Conflict cause by maintenance of confidentiality in familial, community settings | Participants / Researcher | Medium | - Informed consent.  
- Maintenance of rights to confidentiality.  
- Make clear throughout the research process that data, which is given in an individual setting, cannot be discussed or shared by the researcher with others in the field. |
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| when a participant is participating, when they are not in the community setting | **Information sheet.**  
Consent form.  
Reiterate the aims of the research. |
Appendix F: Participant consent form

Participant Consent Form

This form is to confirm that we have spoken about the research project, that you have had an opportunity to ask any questions and are happy to be involved.

If you want any help filling this in or have any questions about it just ask Marc.

- I have read and understood the Information Sheet provided. □

- I have been given a full explanation by Marc of the nature, purpose, location and likely duration of the study, and of what I will be expected to do. □

- I have been given the opportunity to ask questions on all aspects of the study and have understood the advice and information given as a result. □

- I understand that all my personal data will be dealt with in the strictest confidence, and in accordance with the Data Protection Act (1998). □

- I understand that I am free to withdraw from the study at any time without needing to justify my decision and without penalty. □

- I confirm that I have read and understood the above and freely consent to participating in this study. □
I have been given time to consider my participation. □

If you agree with all of the above please fill out the details below.

Name of Participant (BLOCK CAPITALS): ...........................................
Signed: ........................................................................
Date: ........................................................................

Name of researcher (BLOCK CAPITALS): ............................................
Signed: ........................................................................
Date: ........................................................................

MCA test taken? Yes □ No □  Positive result? Yes □ No □
Appendix G: Parent consent form

Parent Consent Form

If your son is under the age of 18 and has expressed an interested in being involved in the research project we also require that parents give their permission. This form is to confirm that as the parent you have had a chance to read about the research project, that you have had an opportunity to ask any questions and are happy for your son to be involved.

If you want any help filling this in or have any questions about it just ask Marc.

- As the guardian/parent of ...................................................., I have read and understood the Information Sheet provided. □

- I have been given a full explanation by Marc of the nature, purpose, location and likely duration of the study, and of what my son will be expected to do. □

- I have been given the opportunity to ask questions on all aspects of the study and have understood the advice and information given as a result. □

- I understand that all of my son’s and my own personal data will be dealt with in the strictest confidence, and in accordance with the Data Protection Act (1998). □
I understand that my son is free to withdraw from the study at any time without needing to justify his decision and without penalty. □

I confirm that I have read and understood the above and freely consent to my son participating in this study. □

I have been given time to consider my consent. □

If you agree with all of the above please fill out the details below.

Name of Participant (BLOCK CAPITALS): ...........................................

Name of Parent / Guardian (BLOCK CAPITALS): ......................................
Signed: ................................................
Date: ................................................

Name of researcher (BLOCK CAPITALS): ..................................................
Signed: ................................................
Date: ................................................

Participant given consent? Yes □ No □

MCA test taken? Yes □ No □  Positive result? Yes □ No □
Appendix H: Written evidence submitted to the APPGA inquiry into transition & autism

Submitted: 06/02/09

Dear APPGA Secretariat,

Please find below my written submission to the APPGA inquiry into Transition.

Written Evidence submitted to the APPGA Inquiry into Transition & Autism
Marc L. Bush
Department of Sociology
University of Surrey

The evidence below is drawn from an analysis of a seven month ethnographic study of young people (15 to 19 years) with a diagnosis of Asperger's Syndrome living in a residential further education college, which I undertook in 2008 as part of my doctoral thesis in Sociology. The research focuses on how young people imagined and made plans for their futures in their day to day lives and how these plans and imaginings interact with professional practices and narratives. In this submission, data has been used from this study to consider the current state of transition for young people with a diagnosis of Asperger's Syndrome. The evidence also draws on data from a previous Masters level study (Sociology with specialism in Health) I undertook in 2006 and from data collected when I acted as a consultant on a National Audit Office project in 2008, both looking into transitions into employment for people with autistic spectrum conditions. The evidence aims to take the standpoint of young people's voices to inform the policy discussion on Transition.

The Duality of Transitions
One of the key barriers to creating successful transition planning is the way in which the issue of 'transition' is approached by professionals. When we talk about 'transition' for disabled children and young people, as professionals,
academics or parliamentarians, we are actually conflating two interrelated, but separate, things. The first is the procedural transition that the young person goes through to ensure that their needs are met in the move from children’s services to adult services. The second is something more pervasive and more individualised to the young person. It is the transition from the activities, roles and responsibilities that we attribute to childhood (familial and financial dependency and compulsory education) to those of adulthood (independent living, financial independence) and these activities, roles and responsibilities will differ for each young person, there is an underlying assumption that the young person’s life circumstances will change upon the onset of transition. Whilst these two elements are interrelated, they are in fact different things.

The first is characterised by an overly-complicated, somewhat linear, process moving from children’s services to adult’s services. For many this involves the renegotiation of benefits and increasingly devolved budgets (Direct Payments, Individual Budgets and Personal Budgets), care packages and educational or employment opportunities. This element of transition is about the effective handover of budgetary and legal responsibilities from one authority to another. Whilst it is an important part of the transition process, this element of transition does not make visible the complexities of a young person’s transition and the multiple routes that all young people’s lives take towards what is perceived to be adult roles in society. In fact, a plethora of research has demonstrated that far from being a linear process, young people’s lives are characterised by uncertainty, experimentation and exploration. Furthermore young people’s transitions in many cases are defined by their unpredictability and spontaneity.

Thus one young person with a diagnosis of Asperger’s Syndrome may return from a residential special school at 16 years to live independently whilst undertaking vocational training for a year, then return home whilst they study at a further education college, and finally move out of the region to undertake a university course. Moreover, when graduating from university they may temporarily live at home before taking up a job they have been offered at the other end of the country. This is in comparison with the more simplistic, linear
transition (from education to further or higher education and from Children's to Adult's) that the procedural element of transition presupposes.

This second element of transition is therefore not process driven but rather centred on the multi-directional life opportunities of the young person. It involves their emotions, ambitions and aspirations and outcomes based upon these factors. This second element is part of the everyday lives of many young people with Asperger's Syndrome. In my own research with young people with a diagnosis of Asperger Syndrome, including those with complex speech, language and communication needs, it was found that these young people ordinarily articulate, think about or insinuate preferences for the future. This is notwithstanding the feelings of stress and anxiety that future planning can have for some young people. By putting a stronger emphasis on the second element of transition we understand the young person's life and through their own accounts and, further, how the first procedural element of transition affects their experiences and life opportunities.

Only the first of these elements of transition is a (is somewhat disjointed) linear process from Children's to Adult services. The challenge therefore for professionals, young people and their families is to map the young person's complex, multi-directional experiences and aspirations to a procedurally restricted linear process. This challenge has not yet been sufficiently addressed, as a National Autistic Society survey from 2001 clearly illustrates. The survey found that only 53% of individuals with an autistic spectrum condition who should have had a transition plan actually had any form of plan in place. Furthermore only 16% of respondents had had their needs met in full.

Imagining Futures
We need to keep in mind when talking about transition that focus and intervention on the immediate future has an impact on the future of the young person. This is why the focus of transition planning needs to be the young person who is transitioning. To some extent this is reflected in the approach of Person Centred Planning and transition reviewing; however, it is vital that this
it is not based on assumptions about the young person’s imagined future role within society. The real risk here is that those young people who have little or no engagement in the linear, procedural element of transitioning have less positive experiences of the transition process and lower social outcomes. A lack of engagement on the part of the young people, results in adults (parents, professionals and statutory agents) determining their engagement with adult services and may unintentionally restrict their life opportunities. This is a situation which is clearly against the spirit of both the UN Convention on the Rights of the Child (UNCRC) and the UN Convention on the Rights of Persons with Disabilities (UNCRPD). Furthermore it conflicts with the Government’s own vision of improving the life chances of disabled people. Particularly at risk are those young people who reject their diagnosis, those who have already interacted with the youth justice system, those with looked-after status and in care and those with speech, language and communication needs.

Many studies, including the reviews of the Government’s transition pilots, have shown that transition planning has a positive impact on autistic young people’s outcomes in adulthood; however few have focused on the way in which transition planning is introduced to the young person and their reaction to it. Of the two studies I have undertaken in this area and one I have consulted upon, one thing continually stands out: transition is biographically disruptive for young people with a diagnosis of Asperger’s Syndrome. By biographically disruptive I mean that the transition process disrupts the way that young people with Asperger’s Syndrome think about their lives and plan their futures. For many the onset of transition planning challenges and critiques their own narrative which has evolved as part of their experiences of being a young person.

Moreover the context in which many people experience transition planning is in segregated educational settings, sometimes in youth justice settings and can seem extremely distant from their local communities and the experiences of their non-disabled peer group. Some of these young people will have had a background characterised by exclusion from schools and a high level of
movement between settings. For this group particularly, transition planning is seen as part of 'an authority' which is removing them from their own ambitions and aspirations. This means that they remain alienated from the more formalised transition processes. As a consequence of this non-engagement, professionals imagine bleak futures and little investment is placed in their transition plan. At the point of contact transition becomes disconnected from the lives and imagined futures of the young people.

Thus transition presents a pathway (if annually negotiated in transition reviews) from childhood to adulthood. It supposedly creates an administrated, surveyed and authentic journey towards a meaningful role and contribution to society. For those young people who do follow these pathways, transition is seen as successful. However, if they deviate or neglect their transition plan, young people become labelled as 'at risk' and as exhibiting problematic behaviours. One of the main concerns arising from this is that the blame for deviance from the transition plan is placed with the young person. In some extreme cases this becomes a self-fulfilling prophecy and adult professionals unnecessarily intervene in the young person’s life, either through medical / psychiatric, behavioural or judicial means.

The Voice of the Young Person
The Government has taken significant steps in making a commitment and issuing guidance to place young people's own voices at the heart of transition planning; however there are concerns over the extent to which this is realised. Due to the nature of the symptomology of Asperger's Syndrome many young people may need to have independent advocacy in order to engage effectively in transition planning. The national picture is characterised by a postcode lottery, dependent on a few local examples of good practice. Currently, there are few examples of independent advocacy or effective self-advocacy being used in the transition process. In fact of all the case studies taken from the Council of Disabled Children's TransMap project that are listed on the new Transition Support Programme website only two mention independent advocacy (Bradford and Brighton & Hove) and only mentions one advocacy support more generally (Redbridge). This project and these
case studies aim to identify and share good practice around local transition policy and procedures. It seems that the advice given in the Department for Children, Schools & Families (DCSF) and the Department of Health (DH) ‘Transition Guide for All Services’ in 2007 has not yet been embedded in local practice.

Currently, the Government is failing to ensure that the voice of the young person is at the heart of the transition plan, despite commitments made in the Learning Disability Strategy, Valuing People and more recently Valuing People Now. It is hoped that the delivery of the Transition Support Programme as specified by Aiming High for Disabled Children, may address this systemic problem, but this can only be achieved if resources and priority are given to the voice of the young person by the transition team. Furthermore, in light of the recent concluding recommendations on Children’s Rights in the UK by the UN Committee on the Rights of the Child, more effort needs to be made to ensure the children’s rights perspective of the UNCRC is incorporated into transition planning.

The Committee in its concluding observations criticised the UK Government for the fact that many disabled children still have no say around decisions that fundamentally affect their lives (including their transitions). Related to this the committee noted that increasing numbers of children (particularly disabled children) find themselves in care settings inappropriate to their needs and that these decisions are not regularly reviewed. This is one of the unnecessary consequences of focusing solely on the linear transition from children’s to adult services. Furthermore, the Committee stated that disabled children and young people in the UK continue to face barriers preventing them from enjoying in full their human rights guaranteed by the convention. One of these key human rights guaranteed by the convention is self-determination. Incorporation of the UNCRC principles in transition planning would begin to meet these criticisms and also ensure that the voice of the young person is equal to, and in some cases privileged over, that of adult involved in their life, thus ensuring they have self-determination over their lives and transitions.
Systematic Transitional Barriers

There are a number of key barriers in relation to marrying together the two elements of transition and a number of these are outlined below. The first barrier relates to consistency of transitioning. As previously noted, young people's transitions are part of their everyday life, whereas for transition teams it is part of their professional work. This poses a problem in that many young people do not consider staffing consistency or arrangements, and many staff are insistent about the need to keep the young person with 'people who know them the best'. This does in many cases drive transition staff either to encourage the young person's transition in their locality for convenience or to one that they have confidence will meet the young person's needs. In my previous example where the young person (as many do in differing forms) goes through a range of transitions, the local authority finds it difficult to marry the individual's experiences with budgets that meet their needs, particularly as they move from one authority to another.

The opening pages of the Special Educational Needs Toolkit (SEN) (2001) highlight the flexibility that is needed. It writes that 'transition planning is a continuous and evolving process and therefore the transition plan can also change and grow over time'. Despite this sentiment, in reality the young person's life creates a real challenge for the authorities involved and this is particularly the case if the voice of the young person is given its necessary level of prominence. This puts a strain on authorities in trying to operate in a continual renegotiation of financial and care support. However, in many cases, anxiety of outcomes leads to professional or parental voices being heard over that of the young person. The result is a smoother transition in terms of the first process driven element of transition, although a restricted transition in terms of the life of the young person and their life chances.

Secondly, employment does not feature significantly in transition planning, and when it does it is always given a lower priority than housing or educational opportunities. It is hoped that the research announced as part of the Department of Health's Adult Autism Strategy will provide more detail on the reasons behind this. Given the fact that in 2007 Knapp calculated the
average lifetime cost per individual with a 'high-functioning' autistic spectrum condition (ASC) to be £3.1 million and £4.6 million for an individual with 'low-functioning' ASC, it is strange that financial independence when possible is given such a low priority in transition planning. The aggregated national costs calculated by Knapp suggest that £25 billion each year is spent on adults with an ASC, of which 59% was accounted for by services, 36% by lost employment and 5% by family expenses. Some authorities are paying up to £120,000 per year to send young people into segregated settings away from their local communities and peers because there is no specialist provision in their own area.

Given these costs there is clearly a social and economic, if not a human rights, reason to give finance and employment more prominence in young people with ASC transitions. One current barrier to financial capability being a more important part of the transition process, is that specialist segregated schools and further educational provision do not implement the Government's vision of embedding financial capability and literacy into the curriculum (from 2008). Furthermore, the financial capacity and literacy being built into the curriculum does not build proficiency in the skill set needed to manage the Direct Payments, Individual Budgets or Personal Budgets that the young person with an ASC may use in the future.

My own research found that transitioning young people's aspirations for employment were not seen as practical by transition staff and only tokenistic work experience was arranged to 'illustrate' this to the young people. In instances where the young people I researched did complete successful work experience, enjoyed their time and expressed an interest in further exploring employment opportunities, they were encouraged to pursue educational opportunities such as adult literacy. Interestingly if the young person had an interest in Information Communication Technologies (ICT) they were encouraged to aspire to employment in this area (via Further Education). It is interesting that the special interest in ICT is given prominence in transition reviews and person-centred planning as it calls upon a popular cultural
narrative about the relationships between young people with Asperger's Syndrome and proficiency with ICT systems.

A consequence of the neglect of employment and financial management in transition planning is that transition services are often disproportionately focused on further and higher education, housing solutions or the avoidance of youth justice settings. Jenny Morris' research into the transition process for children and young people with complex needs illustrates that this emphasis and the lack of age-appropriate local services results in young people being put in inappropriate, segregated settings. Similarly some transition staff, local authorities and parents have a preference for young people with ASC to transition into specialist-ASC segregated communities. When asked why a low priority is given to employment in transition planning, transition workers report that the negotiation of benefits is relatively easier.

Many care or service staff have argued that employment is not a viable option for a particular young person. Others have suggested that despite specialist regional initiatives (c.f. the National Autistic Society's Prospects and Transitions Employment Schemes) they do not know how to overcome barriers young people with ASC face in attempting to access employment. Similarly, they put little faith in the statutory service for transitions (Connexions). There are significant concerns around the lack of ASC-specific knowledge, the high level of staff turnover and the short-termism of the advisors. This lack of knowledge of the Connexions service may have a real impact on the choice and control of the young person and consequently their life chances post-transition. This is particularly the case for young people who do not have a Statement of Special Educational Needs (SEN) but will require support after they leave statutory education as they are reliant on guidance and support offered by the local Connexions service under Section 9.62 of the SEN Code of practice (England) (2001).

The Special Educational Needs (SEN) Code of Practice (England) 2001, the National Service Framework for Children, Young People & Maternity Services and Standard 8 (Disabled Children and Young People and those with
Complex Health) there is provision and guidance for multi-agency working to ensure young people can plan effectively for the transition to ‘adult life’. Despite this, transition reviews still fail to have the ‘right people in the room’. Multi-agency working is not followed in all authorities and there still exists a disjunction between representatives of children’s and adult services. Education, social services and health agencies are historically resistant to working effectively in collaboration. Some authorities (for example in Birmingham) are attempting to address this disconnect by recruiting senior transition staff who coordinate joined-up working between children’s and adult service. That said, few regions have implemented this approach.

This is a real concern for the transition of young people as, if only certain expertise is represented, the young person cannot take the lead and exercise full choice and control over the transition process. And this may create disconnect between what the process can offer and what the young person wants to achieve. This is a problematic situation for transition services given that if the young person has a Statement of SEN, the Education Act of 1996 [sections 21 & 22] makes statutory provisions for annual transition reviews from Year 9 (14 years). It seems the call in Valuing People, the Learning Disability Strategy and Valuing People Now for leadership of a local ‘transition champion’ on the local Learning Disability Partnership Board has yet to be effective in addressing this issue.

Towards Meaningful Transitions
Amongst the points previously made there are a number of key issues that need to be addressed in order to ensure children and young people with autistic spectrum conditions have meaningful and effective transitions.

- Transition services and professionals need to better understand and recognise the two elements of transitioning and be aware of how they impact on the young person. Following this the Government needs to consider the challenges raised by merging both elements and address the statutory and practical incentive to pursue a procedural model, which in many cases negates the voice of the young person. The
Government needs to address the consequence of this perverse incentive which results in many young people with autistic spectrum condition being offered limited life chances. Moreover, the Government should consider how transition support could be delivered in a holistic, multi-disciplinary way extended to include multiple transition points.

- The Government should commit to strengthening the voice of the young person by embedding the children’s rights perspective and principles of the UN Convention on the Rights of the Child into the transition process. This will create an increase in demand for services to support the young person’s voice in the form of independent advocacy or self-advocacy. Currently there is no statutory right to independent advocacy or self-advocacy support in transition and where support and services do exist they are chronically under-funded.

- Transition should not strictly differentiate between children’s and adult services. All support services should have transition professionals that connect children’s and adult services so there is continual support, advice and advocacy for young people. The transition services need to undertake further work to ensure they understand employment as an option for young people with autistic spectrum conditions.

In considering the above points the Government will also have to address the issue of under-resourcing and underfunding of transition services.

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GU2 7XH

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