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Critical Reflections: The Effects of Art Education on Social and Emotional Well-Being for Neurologically Atypical Individuals

The Princeton Arts Council is a community center in Princeton New Jersey, whose mission is to build community through the arts by providing a range of educational programs, exhibitions, and cultural events. For this project, we worked with ProCES and the Princeton Arts Council to learn more about their Adapted Art Program and how art education has an effect on the social and emotional well-being of neurologically atypical individuals. We then conducted a literature review and created an annotated bibliography for the Arts Council to use to gain new information about other art techniques for neurologically atypical individuals, the effect of the artistic process on their students, and how similar programs are conducted in different locations across the US. Throughout the research process, we, as a group of anthropology students, learned about the importance of promoting inclusivity for a neurologically diverse range of people. The minority classified as neurologically atypical is a collective that has long been stigmatised, made up by society and medicine as biologically abnormal, and often dismissed as incapable of growth in developing social and emotional skills. As anthropology students, we must see the structural violence that has suppressed the voice of neurologically atypical people and recognize the importance of providing them with appropriate caregiving.

In the beginning of Medical Anthropology, we discussed the necessity of applying an “empirical lantern,” which we hoped to do throughout this project by being conscious not only of the biological differences between people of different neurodiversities, but also by keeping in mind cultural relativism and suspending our preconceived thoughts and judgements of

neurologically atypical individuals so that we could do research that would be of most benefit to them. While still being influenced by culture, many neurologically atypical employ different body techniques, commonly characterized by others as things like aversion to specific materials, non-auditory and nonverbal learning, and general difficulty with social cues. Thus, it is common for the dominant society to label neurologically atypical people as abnormal because they do not develop in the same way that neurotypical people do, and because of this, neuroatypical people face a wall of structural violence that leaves them marginalized, hidden, and institutionalized. Deinstitutionalization of people with special needs did not begin until the 1970s, and it was not until the 1990s that the Americans with Disabilities Act and the Individuals with Disabilities Education Act began the process of accepting people with disabilities and affording them equal opportunities (Special Needs Alliance). Now, thirty years later, The Autism Right Movement, also known as the neurodiversity movement, is a social movement that challenges the dominant thought that has put neurologically atypical people into a pathological box. The movement advocates for viewing the autism spectrum as a biological difference rather than a disease and for providing services that focus on improving quality of life rather than on imitating the behaviors of neurotypical peers. Adaptive art programs have the capacity to contribute to this movement. Centers such as the Center for Creative Growth focus on adapted art not as a means to normalize the artists, but as a way for them to create pieces that have aesthetic value (Creative Growth). Additionally, they create working groups with both neurotypical and neuroatypical participants, fostering community and acceptance. Places like the College of Adapted Arts gives students tangible goals (in this case degrees) to work towards and seek to help neuroatypical people live independently without shoving them under the rug (College of Adaptive Arts). The Princeton Art

Council is accomplishing this goal with their Adapted Art program, whose teachers recognize that everyone is fully capable of artistic expression and provide a space for them to do so. As Professor Biehl says: health is normative.

Another major topic that was widely discussed throughout our Medical Anthropology course was making up people. Ian Hacking poses the important question of “how this idea of ‘making up people’ affects our very idea of what it is to be an individual” (Hacking, 1999, 161), which was something that our group was curious to explore as well. More specifically, we wanted to know what the adapted arts program at the Arts Council of Princeton considered to be neuroatypical. In our interview with two adapted arts teachers, one of the teachers stated that when she “first started teaching, it took her a minute” to distinguish between her students and her assistants since it was hard to tell just “from the surface”. The other teacher mentioned that she does “not really know” since she “never really asked” her students about their biology. These responses bring up another important point that Hacking discusses in terms of “‘labeling theory’, which asserts that social reality is conditioned, stabilized, or even created by the labels we apply to people, actions and communities” (Hacking, 1999, 163). By not directly inquiring about students’ neurodiversity, the adapted art classes at the Arts Council of Princeton allow students to structure their own identity in class, fostering a safer environment for the students and helping them make art in their own way.

Not only did the art instructors strive to create an inclusive, welcoming environment for their neuroatypical students, but they also took on roles as caregivers for their students. Both of the art instructors we interviewed emphasized the importance that they placed on improving the social and emotional wellbeing of their students, rather than the artmaking itself. For instance,

rather than focusing on the shortcomings of the artwork if a student is not satisfied with what he or she produced, the instructors encourage the student to simply identify what can be done differently and try again in order to foster resilience and independence in the student.

Furthermore, the instructors also strongly advocate for collaboration in the classroom in order that their students can learn valuable communication and interpersonal skills; they also strive to create an atmosphere of honesty and vulnerability, which often create opportunities for the instructors to have deep, personal conversations with their students. Through approaching the practice of teaching art as a deeply personal act of engendering social and emotional wellbeing in their students, the instructors assume roles as caregivers; they participate in acts of “listening,” “providing moral solidarity through sustained engagement and responsibility,” and simply being “present” for their students to share their struggles as neuroatypical individuals (Kleinman, 2012, 1551). The art teachers also recognize a certain “reciprocity” to their care-giving (Kleinman, 2012, 1551); as one instructor put it, “Because of this class, I have grown.”

Bibliography

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