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1

1



A Dimensional Perspective on Trauma in Neurodivergent Populations

An occupation based, sensory informed, and
healing centered Approach

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STAR Institute

2

Some Terms

Neurodiversity	The belief that all brains are different and that divergent ways of processing and experiencing the world are natural and to be celebrated. <i>We are all neurodiverse.</i>
Neurodivergent	A way of processing/experiencing life that is <i>outside the bell curve</i> . Neurodivergent diagnoses include ADHD, anxiety, autism, depression, dyscalculia, dyslexia, dyspraxia, FAS, gifted, learning differences, OCD, SPD, Tourette's, twice exceptional. Synonyms: neurominority, neuro-oppressed,
Neuromajority	Synonyms: neurotypical, neuro-privileged
Neuronormative	Policies and practices intended to 'normalize' human behaviors.



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3

3

What is Sensory Health?

- More than the absence of disorder
- The highest attainable state of neurosensory function
- A client factor that supports function and participation
- Foundational in development of personhood

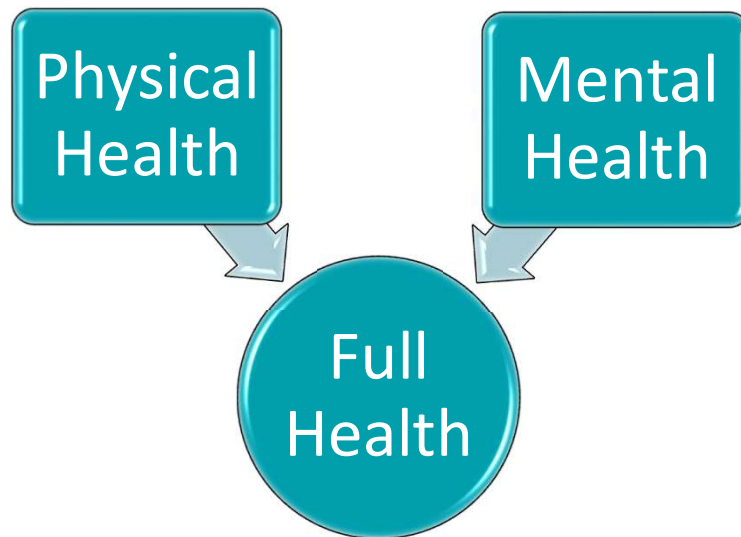


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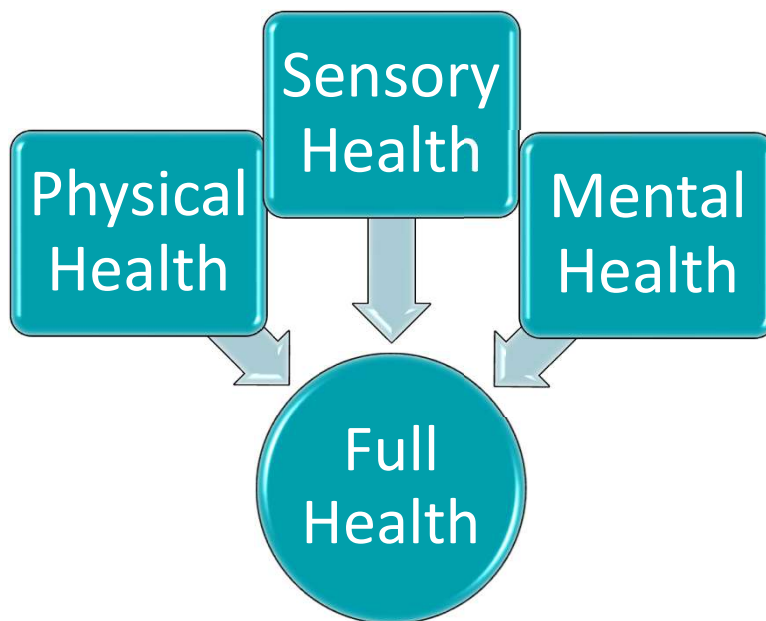
Mainstream model of health



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Sensory Integration/Processing as a Domain of Health

The missing link in Descartes theory?

- Embodiment (pre-reflective self)
- Consciousness (a sensory phenomenon)
- Sociosensory
- Sensoriaffective or sensoriemotional

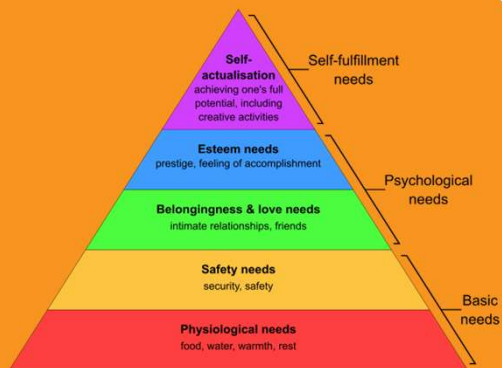


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What's Wrong with Self Actualization? — Moving Beyond Maslow



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- Maslow misses social connection
 - Culminates in self, in personal growth
 - None of these needs are possible without connection
- “Connection is a prerequisite for survival, physically, and emotionally.”
- Is static and linear

<https://www.psychologytoday.com/us/blog/positively-media/201111/social-networks-what-maslow-misses-0>

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8

8

A Holistic Perspective of Priorities in the Development of Personhood

Priorities
in Development of
Personhood
I and Me — We and Us



Adapted From Young,
Development and Causality: Neo-Piagetian Perspectives and Cross (2007) and Lincoln Michel (2014)

Incorporating Neo-Piaget and Neo-Maslovian Frames with Indigenous Perspective

Identification of both self-definitional and relatedness-self as aspects of self concept.



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9

Priorities
in Development of
Personhood
I and Me — We and Us

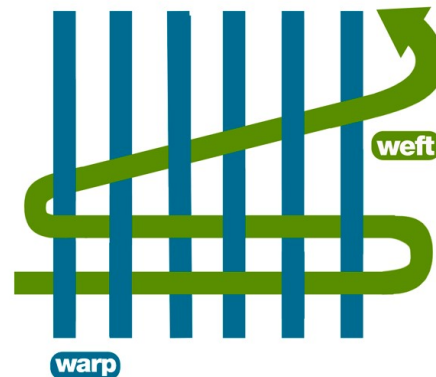


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Weaving Personhood

- Me-We woven together



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Occupation

- Human pursuits (all of them)
- The job of living—the things I need and want to do, to be me
- Occupational Health – Living Well in All Domains
 - Self Determination
 - Self Realization
 - Independence and Interdependence
- Occupation enables creation of self-image and is a foundational for organization of lives (Cara and Macrae, 1998)
- Almost as necessary to life as food and drink (Cheyne, 1724)
- Fundamental to health, well-being, and social justice



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12

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Occupation

- Everyone’s uniqueness is expressed through occupation.
- Includes individual, group, communal, corporate, national and global occupations.
- Meaning making.
- Doing-Being-Becoming-Belonging

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13

13

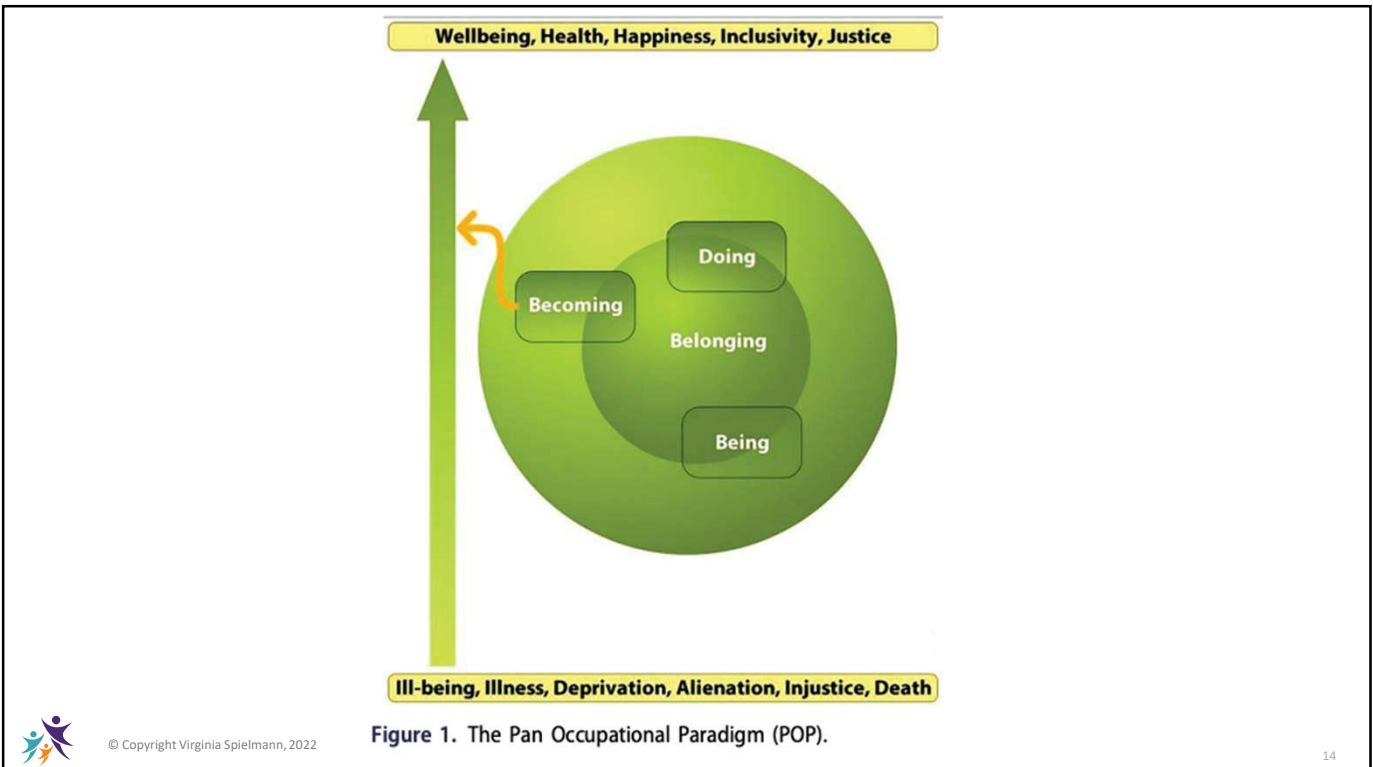


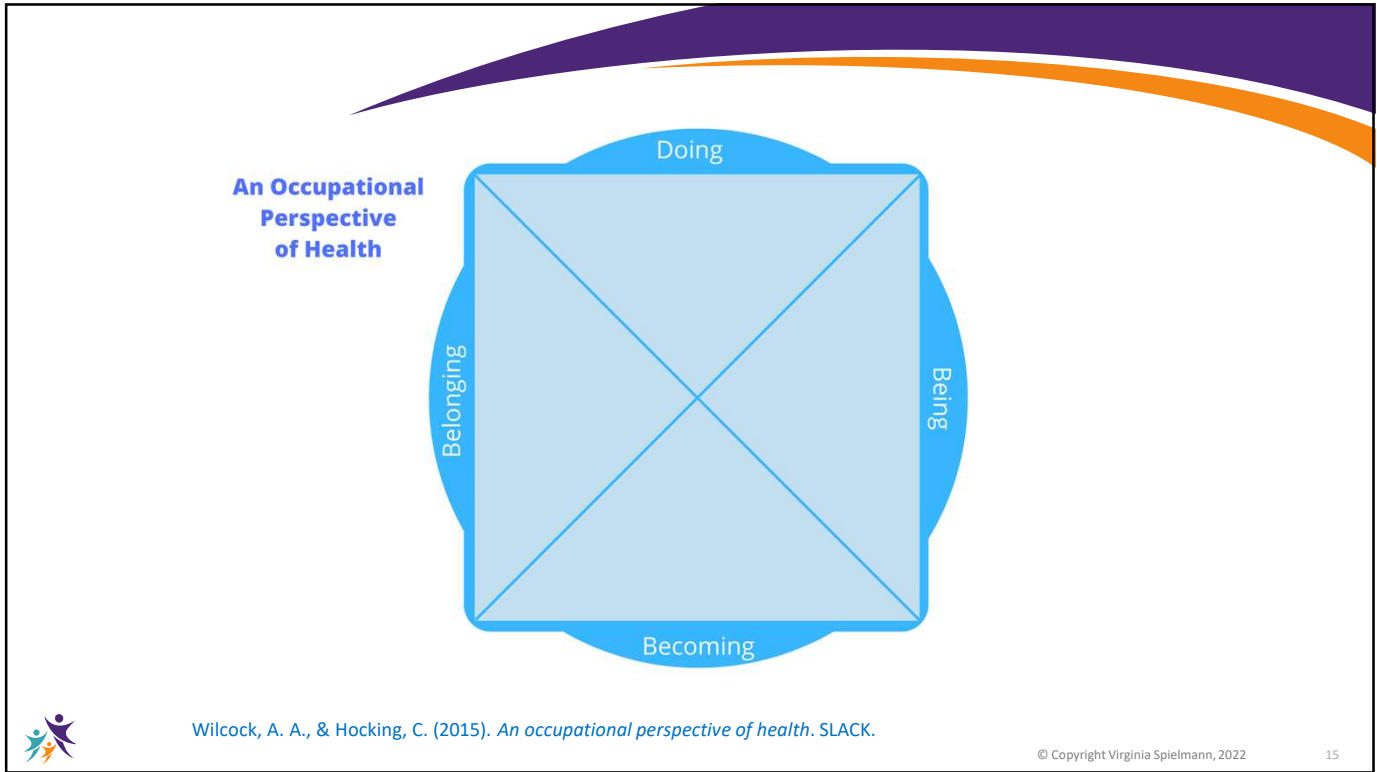
Figure 1. The Pan Occupational Paradigm (POP).



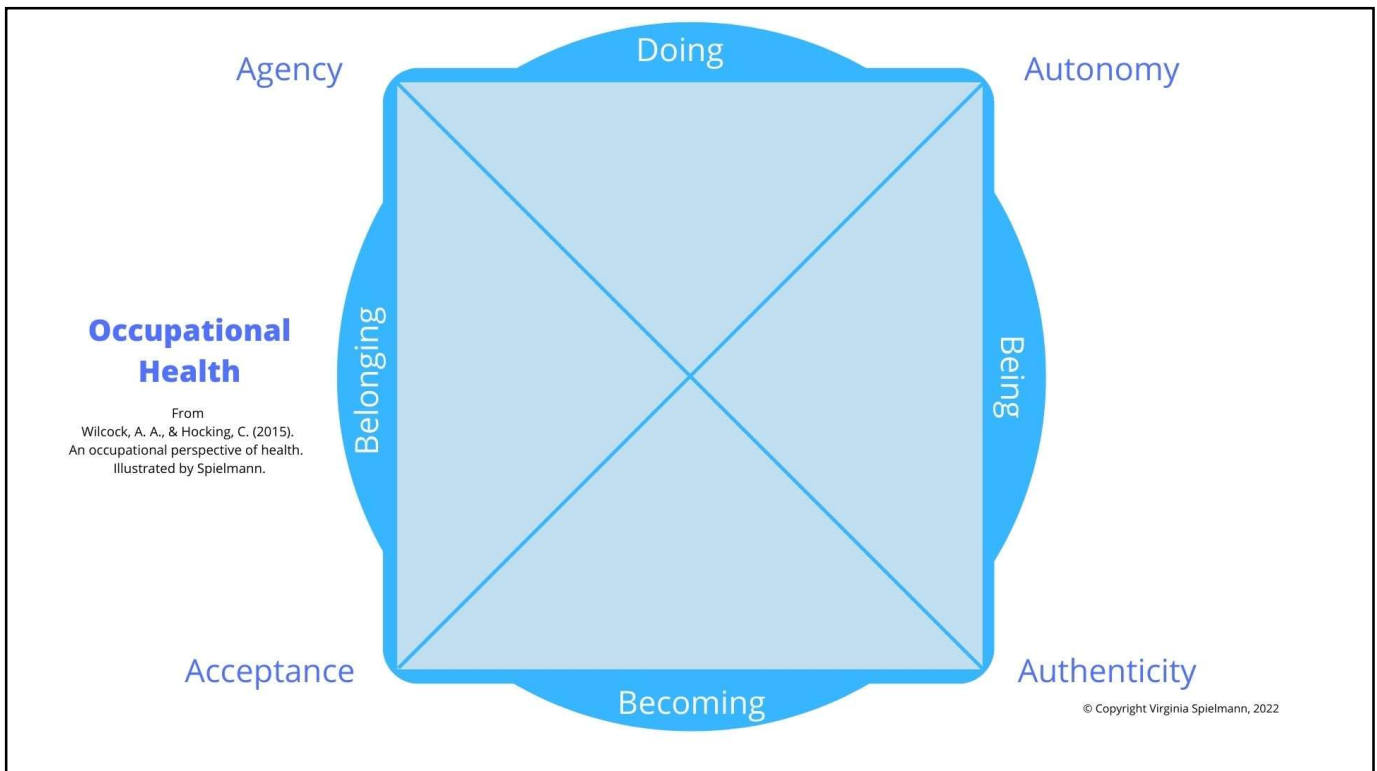
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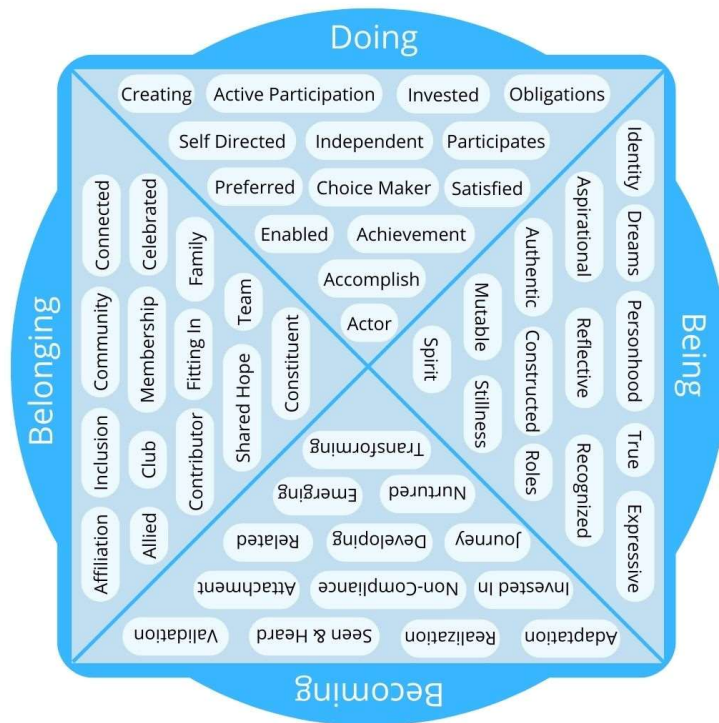


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16

Occupational Justice



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17

Doing

- Doing correlates with health in more ways than just survival—and engagement in survival occupations.
- Doing
 - supports biological needs
 - drives purpose
 - offers meaning
 - empowers choice
 - enables a sense of control
 - facilitates ability to cause change
 - makes experiences of achievement possible



Adapted from: Wilcock, A. A., & Hocking, C. (2015). *An occupational perspective of health*. SLACK.

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18

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Doing

“Health is created and lived by people within the settings of their everyday life; where they learn, work, play, and love.”

WHO: The Ottawa Charter for Health Promotion, 1989



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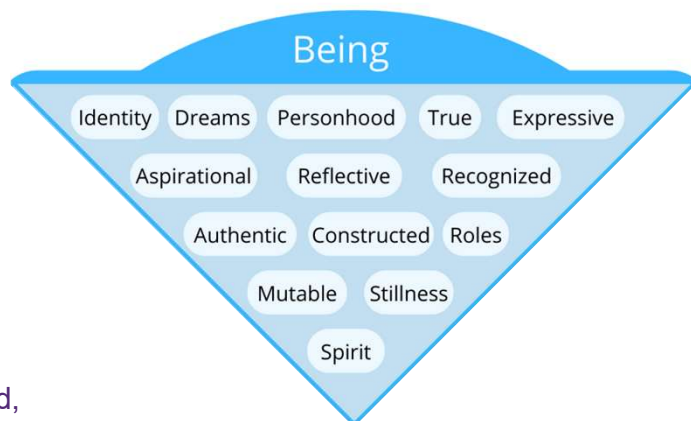
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Being

“Being is about being true to ourselves, to our nature, to our essence, and to what is distinctive about us to bring to others as part of our relationships and to what we do. To ‘be’ in this sense requires that people have time to discover themselves, to think, to reflect and, to simply exist.”
(Wilcock, 1998, p. 250).



Adapted from: Wilcock, A. A., & Hocking, C. (2015). *An occupational perspective of health*. SLACK.

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20



Being



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Health depends on validation of “the uniqueness of each person and the need to respond to each individual’s spiritual quest for meaning, purpose, and belonging.”

WHO: Health for All in the Twenty-First Century, 1998



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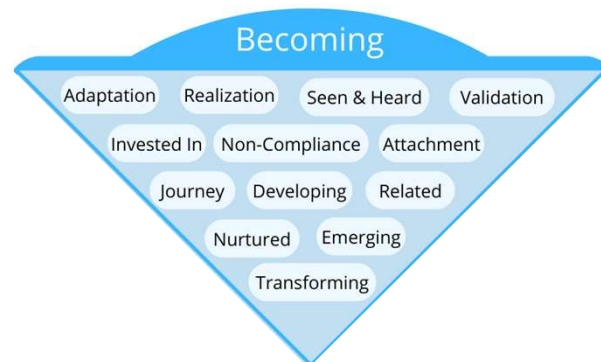


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Becoming

- In the context of relationships
- **Realization of my authentic and favorite self**
- Attachment occupations
- Co-regulation exchanges
- Developing and/or *becoming different*
- Transforming, undergoing change, coming to be
- Gaining knowledge and experience, evolving, growing, maturing



Adapted from: Wilcock, A. A., & Hocking, C. (2015). *An occupational perspective of health*. SLACK.

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“As a child is mastering the successive levels of functional emotional development, she is at the same time becoming a part of her social group in a progressively more differentiated way. In other words, the growth of a child’s mind and her social development are inextricably tied together. Indeed, the growth of a child’s mind and the formation of groups are inextricably tied together.” (pp.324-325)

Greenspan, S. & Shanker, S. *The First Idea*. (2004) De Capo Press, Cambridge, MA.



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Becoming

“Life is a process. We are a process. Everything that has happened in our lives . . . is an integral part of our becoming . . . awareness of every aspect of ourselves allows us to become who we are.”

Schaef



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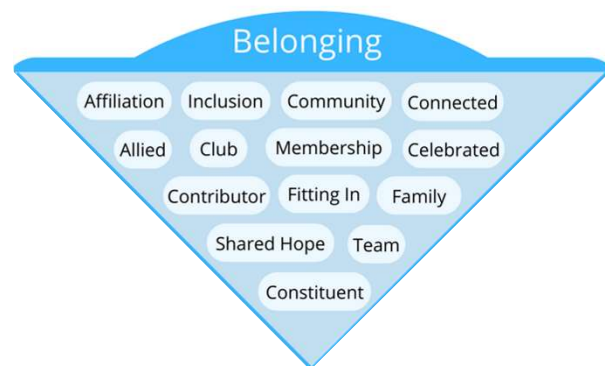
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Belonging

- Recognized, seen, fulfilled
- Familial, communal, social, ethnic, cultural, political, domestic, international
- A human phenomena of affiliation to groups, people, places, and things
- Being in the right place, feeling right, and fitting in.



Adapted from: Wilcox, A. A., & Hocking, C. (2015). *An occupational perspective of health*. SLACK.

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The Need to Belong

Baumeister, R. F., & Leary, M. R. (1995). The need to belong: Desire for interpersonal attachments as a fundamental human motivation. *Interpersonal development*, 57-89.



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27

27



“Adolescence may indeed be the most difficult time for belongingness. For very young children, belongingness is centered on the family, which one hopes is fairly stable. By the teen years, however, that is no longer enough, and acceptance by the peer group is paramount. Moreover, the egocentrism of childhood is gone by adolescence, leaving them able to realize that others might view them much more negatively than they see themselves. The shifting cliques and friendship patterns, combined with a slow dawning awareness of complex social rules that everyone but you seems to understand, make belongingness highly insecure and tenuous. But as Mark says, these concerns subside as one moves into adulthood and establishes some important contexts for belongingness, such as work and family. As long as one belongs securely there, there is less need to worry about being accepted everywhere.”

Allen, K. A., Gray, D. L., Baumeister, R. F., & Leary, M. R. (2022). The need to belong: A deep dive into the origins, implications, and future of a foundational construct. *Educational Psychology Review*, 34(2), 1133-1156.

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28

“Coupled with control, meaning, purpose, and choice are fundamental to self-worth, quality of life, and well-being. They are integral to people’s doing, being, becoming, and belonging, which are positive attributes to health or negative attributes when lacking.” (p470)

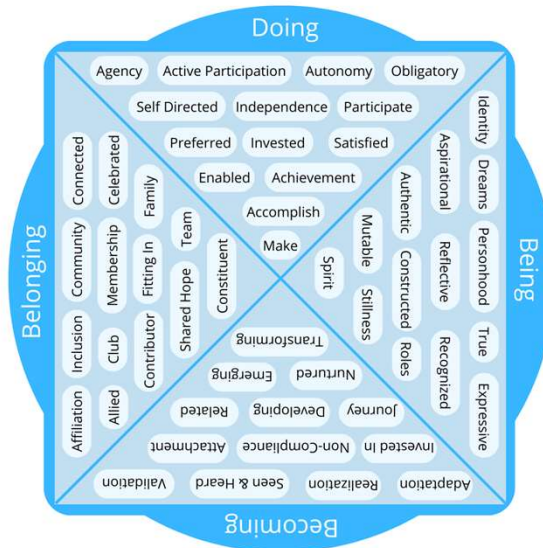


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Wilcox, A. A., & Hocking, C. (2015). *An occupational perspective of health*. SLACK.

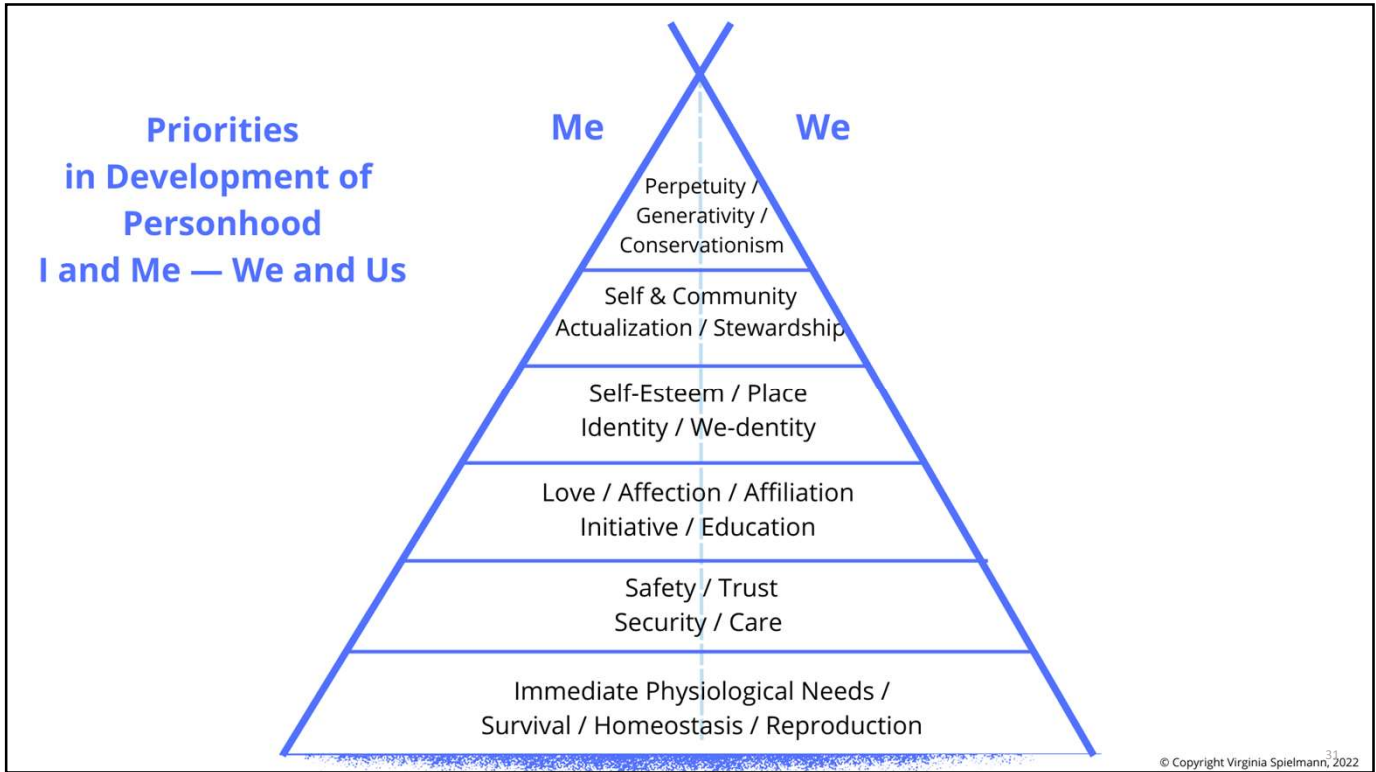


Occupational Justice

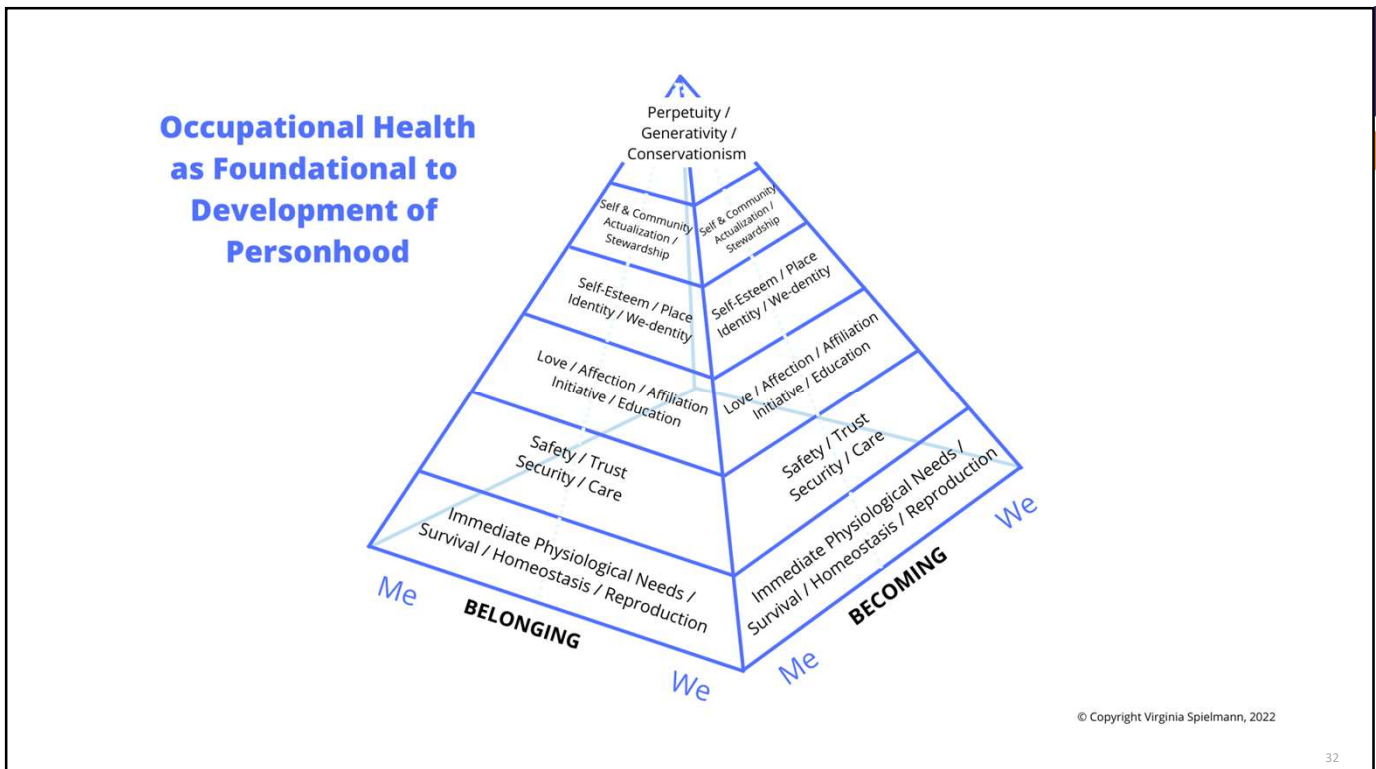


Adapted from: Wilcox, A. A., & Hocking, C. (2015). *An occupational perspective of health*. SLACK.





31



32



What happens when we are denied occupational engagement?

The implications of systemic marginalization.

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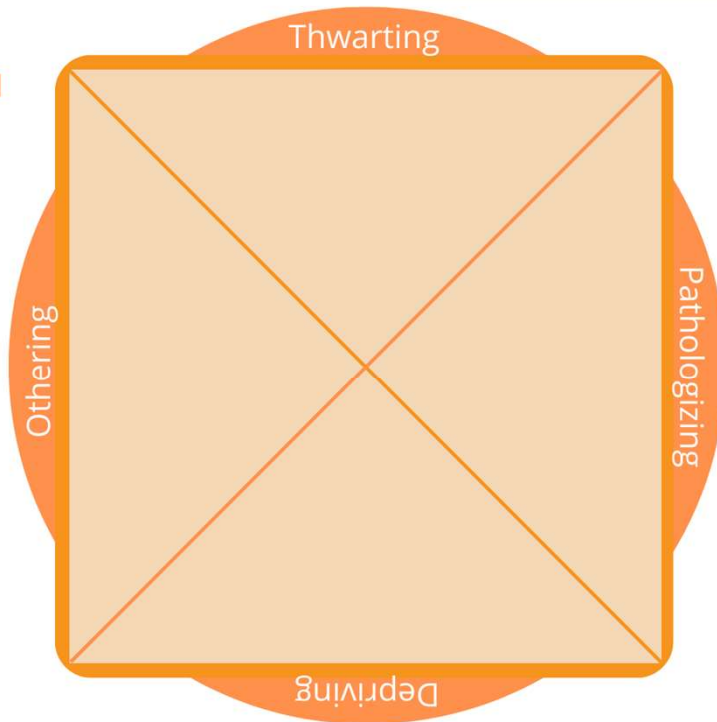
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33

An Occupational Perspective of Trauma

OR

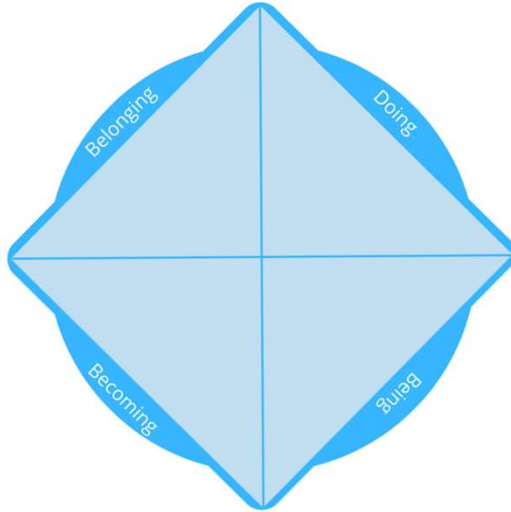
Visualizing the Cost of Occupational Marginalization



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34

Four Dimensions of Trauma



Doing
Being
Becoming
Belonging

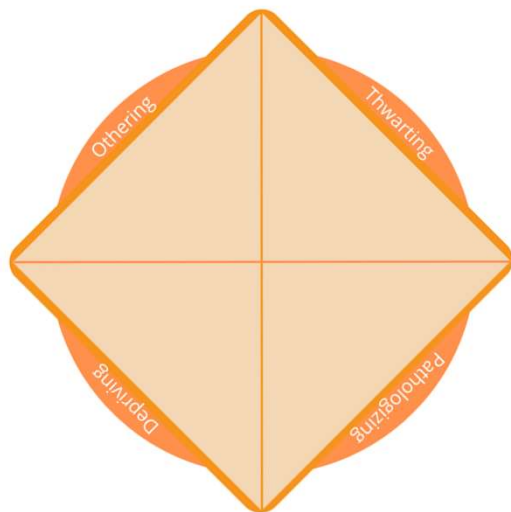


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Four Dimensions of Trauma



Doing Thwarting
Being Pathologizing
Becoming Depriving
Belonging Othering

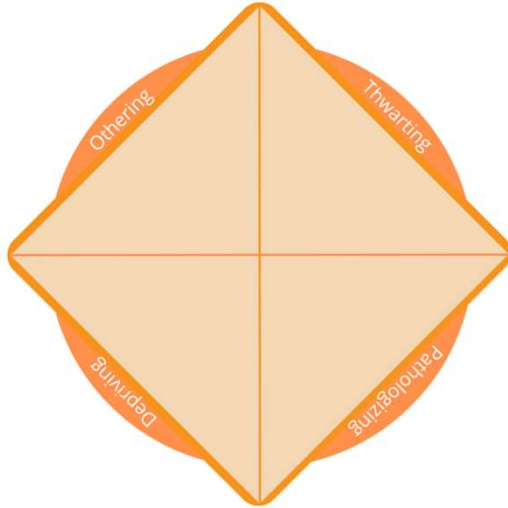


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Four Dimensions of Trauma



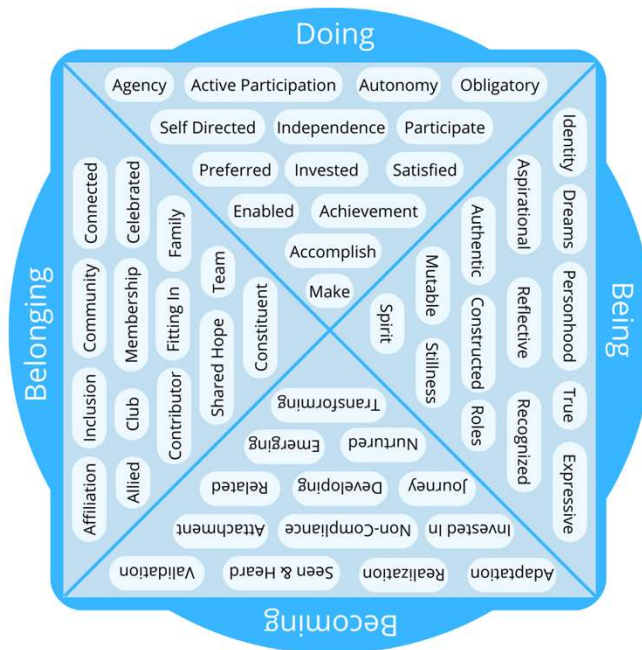
Thwarting
Pathologizing
Depriving
Othering



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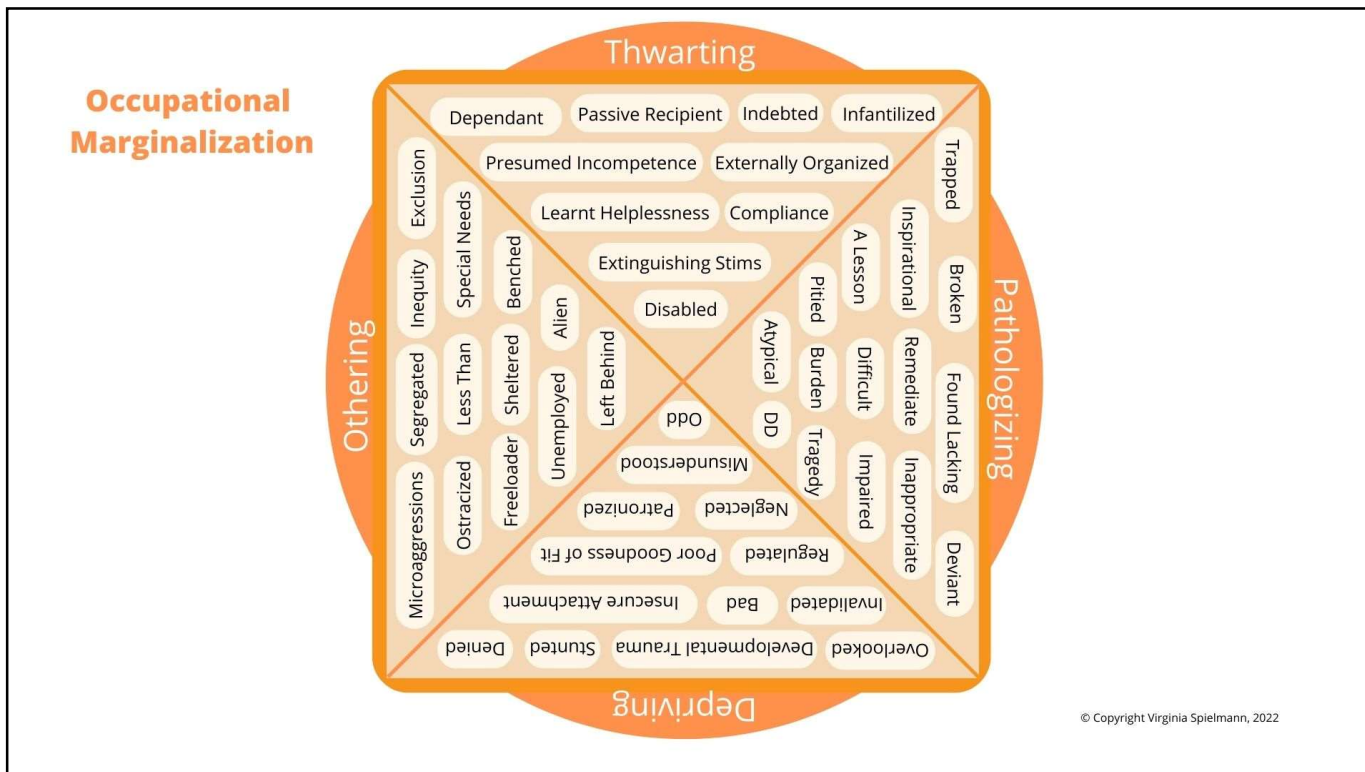
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37



38

38



39



Thwarting



- Obstructed Doing
- Disempowered
- “Done to”
- Subjugate
- Loss of locus of control – doing is externally organized.

The inverted triangle contains the following terms from top to bottom:

- Dependant, Passive Recipient, Indebted, Infantilized
- Presumed Incompetence, Externally Organized
- Learnt Helplessness, Compliance
- Extinguishing Stims
- Disabled

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40

Moral Treatment – A Quick History of OT

- William Tuke
- Rejection of rest-cures and institutionalization
- Origins of occupational therapy
 - kindness
 - sympathy
 - treating patients as active agents
- encouraging them to recover autonomy
- enablement
- attentive interest in patients as people

Christiansen, C. H., & Haertl, K. (2014). A Contextual History of Occupational Therapy. In B. A. Boyd Schell, G. Gillen, M. E. Scaffa, & E. S. Cohn (Eds.), *Willard and Spackman's Occupational Therapy* (12th ed., pp. 9–34). Baltimore, Maryland: Wolters Kluwer.



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41

41

Childhood Occupations

- What is it to be a child?
- The job of living in childhood:
 - Developing physical mastery
 - Forming interpersonal attachments
 - Growing into a thinking self

I believe in other people, I believe in myself, I believe in communality, I have a place in the world.



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42

Childhood Occupations

- Developing physical mastery
 - I can move against gravity
 - I can breathe and swallow
 - I can move my eyes
 - I can move my limbs
 - Symmetrically
 - Unilaterally
 - Reciprocally
 - I can bring things to my mouth
 - I can sit
 - I can roll, I can mobilize



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Development of The Self-Organized Child

- I can organize my body with your body . . . We feel nice.
- I can organize my body in space . . . I changed my point of view!
- I make things move and happen . . . I can cause an effect.
- Wow I make things happen in the immediate future!?!
- I can make things happen in the future, what happened in the past guides my actions.
- Things I first experienced with my whole body I am starting to understand with my mind.
- I can think about distant past, future, space, and relationships.

Blanche, E.I., & Parham, L.D. Praxis and Organization of Behavior in Time and Space. Chapter 10. Understanding the Nature of Sensory Integration with Diverse Populations, Smith-Roley, Blanche, & Schaaf, (2001), Pro-ed, Austin, Texas

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Childhood Occupations and Autism

- You're not doing it right
 - Play
 - Listening
 - Participating
 - Eye contact



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LaVesser, P., & Berg, C. (2011). Participation patterns in preschool children with an autism spectrum disorder. *OTJR: Occupation, Participation and Health*, 31(1), 33-39.



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Life Span Occupations and Autism

- You're still not doing it right



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Billstedt, E., Gillberg, I. C., & Gillberg, C. (2011). Aspects of quality of life in adults diagnosed with autism in childhood: A population-based study. *Autism*, 15(1), 7-20.




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46

46


Cultural Belief	Thwarted Occupations/Performance Patterns
Children need to do as they are told.	Exploration of boundaries – physical and social risk taking.
Nice children share.	Negotiation, shared social problem solving, boundary setting.
The neurodivergent child must go into therapy immediately.	Play, free-time, self-direction, boredom.
Independence is prioritized over interdependence.	Requesting help. Working together. Team work. Partnering.
Neuromajority play is the correct way to play.	Free play. Self expression. Exploration of interests, patterns, aesthetics etc. Self soothing.



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47

Cultural Belief	Consequence
Children need to do as they are told.	Thwarted creativity and idea generation. Doing is externally controlled. Consent is not respected. We do not nourish realization of how to give or deny consent to others.
Nice children share.	Thwarted social development. True sharing is not cultivated, suppression of self is prioritized.
The neurodivergent child must go into therapy immediately.	The primary occupation of childhood is remediation; the child is taught that they are deviant. Thwarted play occupations and co-occupations.
Independence is prioritized over interdependence.	Learnt helplessness, or self sufficiency. Thwarted development of shared social problem solving, capacity to accept help or partial help, or ability to trust others when vulnerable.
Neuromajority play is the correct way to play.	Thwarted exploration of self. Imposed performative play schemas do not match processing style, therefore internal working models are not generated. Development of self organization is thwarted.



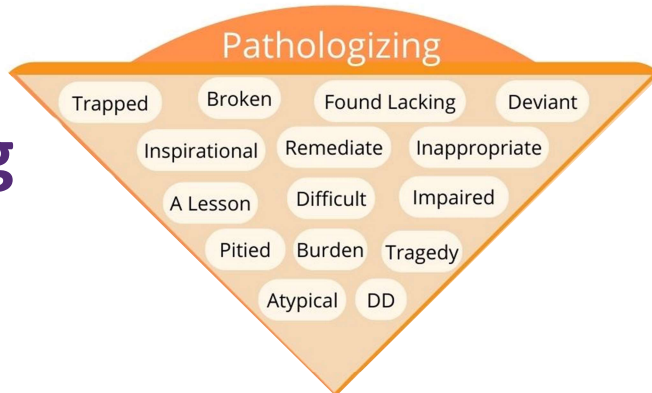
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48



Pathologizing

- “Being” Undermined
- Disenfranchised
- Search for a cure
- Ableism / normalization
- “We aren’t given anything we cannot handle”.



Pathologizing

Galiano-Simal et al., Cogent Medicine (2020), 7: 1736829
<https://doi.org/10.1080/2331205X.2020.1736829>

cogent
medicine

Received: 20 April 2018
Accepted: 21 February 2020

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E-mail: adrian.galiano@cdicr.es

Reviewing editor: Udo Schumacher, University Medical Center Hamburg-Eppendorf, Germany

Additional information is available at the end of the article

PSYCHIATRY | REVIEW ARTICLE

Sensory processing disorder: Key points of a frequent alteration in neurodevelopmental disorders

Adrian Galiano-Simal^{1*}, Maria Vela-Romero¹, Victor Manuel Romero-Vela¹, Nuria Oliver-Tercero¹, Virginia Garcia-Olmo¹, Pedro Javier Benito-Castellanos², Victoria Muñoz-Martinez² and Luis Beato-Fernandez²

Abstract: Altered neurological sensory integration results in Sensory Processing Disorder (SPD), also known as Sensory Regulation Dysfunction, Sensory Integration Dysfunction or Sensory Dysfunction Disorder. Under this condition, the brain doesn't process sensory inputs correctly, following inappropriate behavioral and motor responses that affect learning, coordination, behavior and language. SPD may lead to stress, anxiety or even depression, and represents a risk of psychopathology. Epidemiological studies carried out in western lifestyle populations have shown a high prevalence of SPD among children (5-15%); however, a large number of health professionals still do not know this condition, giving rise to unattended children and frustrated families. This review aims to provide an updated starting point about some of the most relevant aspects of SPD.

Subjects: Pediatrics & Child Health; Child & Adolescent Psychiatry; Occupational Therapy

Social Skills Curriculums

- Higher standards of behavior for neurodivergent students
- Implicit value on regulated and compliant behaviors
- Success is measured by the child's 'performance' rather than quality of listening and learning experience
- Fails to recognize double empathy problem
 - Lacks social reciprocity
 - Misrepresents theory of mind
- Tends not to teach how to complain, self advocate etc.



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51

51

Camouflage

- Code-switching or masking
- When the emphasis is on assimilation much of what is taught is how to appear a certain way
- A certain amount of camouflaging is inherent in all social interactions
- Shame based camouflaging undermines a person's natural way of being



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Pathologizing

- Understanding the Reasons, Contexts and Costs of Camouflaging for Autistic Adults (Cage & Troxell-Whitman, 2019)
- Looking good but feeling bad: “Camouflaging” behaviors and mental health in women with autistic traits (Beck et al., 2020)
- “Putting on My Best Normal”: Social Camouflaging in Adults with Autism Spectrum Conditions (Hull et al., 2017)
- I Overcame my Autism and All I Got Was This Lousy Anxiety Disorder, Sarah Kurchak (2013)



Pathologizing

- Implicit

- Explicit





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“Since scientists and societies have historically made significant errors in deciding which behaviors (left-handedness, homosexuality) should be treated, and in which kinds of people they deem acceptable and valuable, behavior therapies involving non-consenting clients should require an ethical review process in order to decide which behaviors should be treated.”

Bagatell, N. (2010). From cure to community: Transforming notions of autism. *Ethos*, 38(1), 33-55.

55

55

Recognizing and Honoring Monotropism

- The Attention Tunnel

Murray, D., Lesser, M., & Lawson, W. (2005). Attention, monotropism and the diagnostic criteria for autism. *Autism*, 9(2), 139–156. <https://doi.org/10.1177/1362361305051398>

<https://www.bps.org.uk/psychologist/me-and-monotropism-unified-theory-autism>




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56

56


Cultural Belief	Denied Occupations/Performance Patterns
Children must make eye contact.	Authentic listening, learning, communication, regulated exchanges.
Courtesy over candor.	Monotropism, social confidence. Becoming.
The odd child is at risk of being bullied. We must teach them socially appropriate behavior.	Self realization, social competence. Becoming, self expression and exploration.
Social skills can be taught cognitively.	Embodied development of social confidence and flourishing.



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57

Cultural Belief	Consequence
Children must make eye contact.	Forced discomfort. The way a person may naturally need to listen is aberrant. Redirection of cognitive resources <i>away from learning</i> and towards appearing to be learning.
Courtesy over candor.	Small talk is taught as a discreet skill that must be mastered in order to master "social skills". Dynamic navigation of interpersonal relations is under-developed.
The odd child is at risk of being bullied. We must teach them socially appropriate behavior.	Pathologized identity. We teach that the fault lies with the unusual individual not the bully.
Social skills can be taught cognitively.	Social skills are taught as concrete and rigid rules in which neurodivergent communication styles are deviant. The neurodivergent communication partner does not experience compassion and perspective taking but is expected to demonstrate competence in both (in a neurotypical manner).



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58

Sensory Motor Difference / Disability	Example of Pathologizing Goal
Tactile Defensiveness (Discomfort or pain when wearing clothes, with incidental, and light touch.)	Patient will demonstrate decreased tactile defensiveness by tolerating hair brushing and face washing without adverse reactions with minimal verbal cues.
Sensory Over Responsivity to sound	Student will demonstrate improved modulation of auditory system by staying in line during classroom transitions (class bells) and staying in place during start and end of day (school chimes).
Motor apraxia in autism**	Adult will be able to sit at a table and work on employment task for 30 minutes at a time without needing a break.
Alexithymia	When shown a photographic image patient will be able to accurately identify emotions of others 8/10 times.
Intolerance for uncertainty	Student will reduce instances of Passive Non-Compliance (becomes purposely and increasingly distracted through ignoring tasks, demands, or staff directives) in response to unscheduled change. 20% of intervals or less, both across all educational environments and within each educational environment, as measured across a one-week period.

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59

Sensory Motor Difference / Disability	Potential Consequence
Tactile Defensiveness (Discomfort or pain when wearing clothes, with incidental, and light touch.)	Nervous system becomes sensitized to stress. Abundance of cortisol. Possible similarities to chronic pain.
Sensory Over Responsivity to sound	Baseline state of arousal becomes hyper vigilant. Easily triggered into a fight or flight response. May be perceived as aggressive and labelled with "difficult behaviors".
Motor apraxia in autism**	Body-level ability to be stationary incorrectly viewed as measure of competence.
Alexithymia	Learns monocultural rote labeling of other's emotions; lacks accuracy and nuance.
Intolerance for uncertainty	Fragile self-integrity, psychological trauma, self-doubt, emotional distress, poorly developed self-regulation.

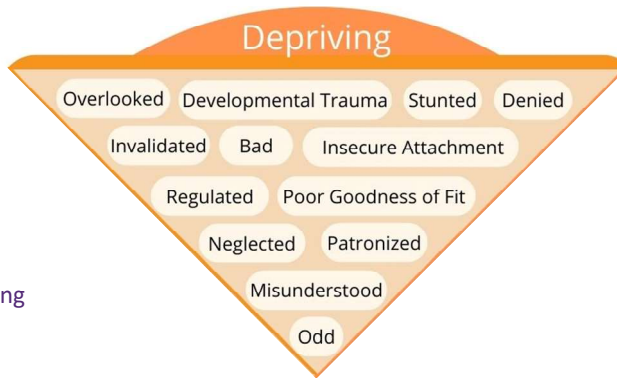
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60



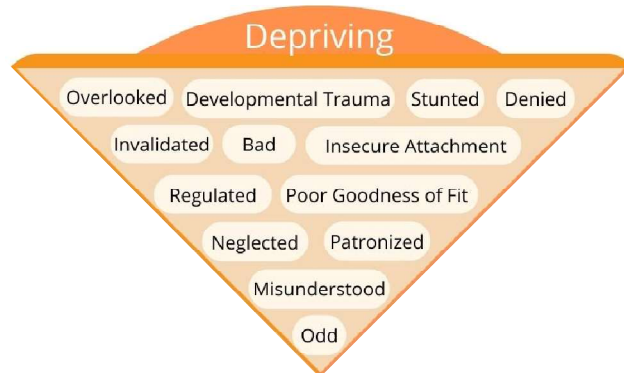
Depriving

- Unsupported becoming
- Intentional and unintentional
 - Often perpetrated by well-meaning clinicians and caregivers
- Double empathy



Depriving

- Alienation
 - “.. A condition in social relationships reflected by a low degree of integration or common values and a high degree of distance or isolation between individuals, or between an individual and a group of people in a community or work environment.”



The American Heritage Medical Dictionary of the English Language, 4th ed. (2019) Boston: Houghton Mifflin Company



Depriving - Autism

“The potential implications of experiencing isolation, marginalisation and bullying at school on the development of self-understanding and self-appraisal in students with ASD can only be fully understood when set in the context of empirically supported self and identity theories which converge in grounding self-development in day-to-day interactions with both individuals and relevant social groups (e.g. Bruner, 1990; Cooley, 1902; Markus et al., 1997; Mead, 1934; Sedikides and Brewer, 2001; Tajfel and Turner, 1979). Self-development is seen as inherently socially constituted through interactions with (and perceptions of) others, while these interpersonal experiences are themselves informed by a socially acquired understanding of both the nature of relationships and the individual’s thoughts and feelings about themselves (Morf and Mischel, 2012).”

Williams, E. I., Gleeson, K., & Jones, B. E. (2019). How pupils on the autism spectrum make sense of themselves in the context of their experiences in a mainstream school setting: A qualitative metasynthesis. *Autism*, 23(1), 8-28.



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63

63

Cultural Belief	Denied Occupations / Performance Patterns
Cognitive ability can be ascertained via motor outputs. Developmental age is accurate and should guide care.	Age-appropriate occupations across domains.
Intervention for neurodivergence is corrective or remedial.	Attachment co-occupations. Feeling seen.
Sheltered employment is a kindness.	Employment, self sufficiency, professional development.
The spoken word is a superior form of communication.	Natural communication, nuanced consent, boundary setting, negotiation, self expression.
Attention seeking is a cause of multiple “misbehaviors”.	Accessing co-regulation, negotiating needs, learning to ask for help, self-attunement.



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64

64

Cultural Belief	Consequence
Cognitive ability can be ascertained via motor outputs. Developmental age is accurate and should guide care.	Lack of exposure and engagement/participation at chronological age may perpetuate cycle of perceived inability. Individual believes in externally driven messages regarding self-competence OR becomes resentful.
Intervention for neurodivergence is corrective or remedial.	Unable to self-direct, reliant on external organizers, rote rule following, negative self-belief OR becomes resentful.
Sheltered employment is a kindness.	Meaningful employment, limited employee rights, unable to earn living wage.
The spoken word is a superior form of communication.	Violation of basic human rights.
Attention seeking is a cause of multiple "misbehaviors".	Fragile self-integrity, psychological trauma, self-doubt, emotional distress, poorly developed self-regulation.



Othering

- Disrupted Belonging
- Otherness cultivates continuous states of unease and anxiety
- Social-psychological toxins of loneliness and isolation (Cohen)

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66



Autistic Adults Accurately Detect Social Disinterest in their Conversation Partners when Non-Autistic Adults Do Not

Kilee M. DeBrabander, M.S., Desiree R. Jones, M.S., & Noah J. Sasson, PhD.
School of Behavioral and Brain Sciences, The University of Texas at Dallas, Richardson, Texas

Background

- Metaperception refers to how one perceives they are perceived by others.^{1,2}
- Consistent with a social cognitive deficit model, some studies report that autistic people are less accurate at predicting how they are perceived.³
- However, these studies often assess metaperception using discrepancies between self- and informant-report or video recordings to obtain impressions.
- Within real-world social interaction, autistic participants may be more accurate than non-autistic (NA) participants at predicting how they are perceived by NA conversation partners.⁴
- This may be because they are less likely than NA participants to demonstrate a "self-enhancement" bias in which NA people over-estimate how positively they are viewed by others.
- Here, we examine the accuracy of metaperception of autistic and NA adults within same-diagnostic and mixed-diagnostic conversational dyads.
- Participants predicted how their conversation partner would evaluate the quality of the interaction, their own character traits, and their social interest in future interaction with them.
- We hypothesized that autistic adults would show greater metaperception accuracy with autistic relative to NA conversation partners.

Methods

- 67 autistic (A) males with confirmed diagnoses, 58 NA males
- Three dyad types: A-A, A-NA, NA-NA
- Dyads and diagnostic groups comparable on race (predominantly White) and IQ (mean = 110) but differed slightly on age ($M_{A_{aut}} = 23.5$, $NA_{aut} = 20.8$).
- Age, race, and IQ were covaried in analyses
- Methods: Unstructured 5-minute "get to know you" conversation with previously unfamiliar A or NA partner.
- Computerized questionnaires
 - **Social Interaction Evaluation Measure (SIEM)** – 11 items assessing conversation quality, disclosure, engagement, and intimacy. Averaged to create an overall quality composite.
 - **First Impression Scale (FIS)** – 10 items assessing perceptions of others on six traits (e.g., awkwardness) and four social interest (e.g., I would hangout with this person). Traits analyzed independently; social interest averaged to a composite.
- After the conversation, A and NA participants completed two versions of the SIEM and FIS.
- First: on their partners
- Then: on how they believed their partner would rate them

Results

Actor Partner Interdependence Model (APIM): Estimates effects of the actor, the partner, and interaction of the two on each persons' conversation outcomes

The Truth and Bias Model: Assesses the "truth" of a judgment (e.g., a person's accuracy at predicting how they were rated by their partner) and the "bias" or direction of a judgment (e.g., the degree to which a person over- or under-estimated how they were rated by their partner).

Results:

- Actor truth values and actor metaperception ratings were significantly related to interaction quality, attractiveness, and trustworthiness.
- Actors rating their partners more favorably on these items predicted that their partners would rate them higher in return.
- No significant partner effects. Participants' predictions of how they were rated by their partners did not align with their partners actual ratings.
- Significant interaction between actor diagnosis and the partner's truth value for social interests ($p = .003$).
- Actor metaperception for social interest was significantly related to the partners actual evaluation for autistic adults ($p = .007$) but not NA adults ($p = .20$).
- Metaperception of intelligence was significantly and negatively related to the truth value for NA adults ($p = .02$).
- NA participants who perceived themselves to be more intelligent were rated as less intelligent by partners. This effect was not significant for autistic adults ($p = .16$).

Table 1. Means and standard deviations of actor perception scores for diagnostic and dyad groups

	A-A		A-NA		NA-NA		A		NA	
	(n=42)	(n=40)	(n=42)	(n=40)	(n=42)	(n=40)	(n=66)	(n=58)		
Interaction Quality	5.42	5.02	5.10	5.58	5.99	5.02	6.22	5.86	5.07	5.19
Attractiveness	2.88	2.88	3.11	3.00	2.67	3.28	2.88	2.92	3.16	2.77
Trustworthiness	3.28	3.45	3.05	3.17	4.49	3.11	3.32	3.34	4.07	3.77
Aggressive/Dominant	2.05	2.02	1.95	1.87	1.65	2.28	2.05	1.98	2.05	2.08
Likeable	3.12	3.09	3.03	3.30	4.47	2.89	3.32	3.18	3.55	2.98
Smart	3.02	2.87	2.80	3.04	3.56	2.61	2.61	3.03	2.74	2.58
Live Next	3.12	3.03	3.03	2.78	4.07	3.09	3.09	3.00	3.66	3.02
Hangout	2.86	2.86	2.70	2.74	4.01	2.47	2.69	2.82	3.03	2.99
Get to know	2.95	2.85	3.15	3.17	4.05	3.06	3.06	3.03	3.60	3.12
Conversation	2.93	2.85	2.98	3.10	4.04	3.06	3.06	2.97	3.58	3.00
Behavioral Index	3.07	2.7	3.01	3.07	4.7	3.84	3.5	2.97	3.39	3.8

Table 2. Metaperception bias and accuracy effects

	Intercept	Actor Diagnosis	Partner Diagnosis	SEX	Age	Race	IQ	Truth		Bias		F	p
								Value	SE	Value	SE		
Interaction Quality	5.42	0.04	0.11	0.04	0.01	0.01	0.01	0.01	0.01	0.01	0.01	136.88	<.001
Attractiveness	2.88	0.04	0.06	0.04	0.01	0.01	0.01	0.01	0.01	0.01	0.01	38.94	<.001
Trustworthiness	3.28	0.04	0.08	0.04	0.01	0.01	0.01	0.01	0.01	0.01	0.01	45.57	<.001
Aggressive/Dominant	2.05	0.04	0.06	0.04	0.01	0.01	0.01	0.01	0.01	0.01	0.01	21.21	<.001
Likeable	3.12	0.04	0.08	0.04	0.01	0.01	0.01	0.01	0.01	0.01	0.01	29.27	<.001
Smart	3.02	0.04	0.06	0.04	0.01	0.01	0.01	0.01	0.01	0.01	0.01	16.19	<.001
Live Next	3.12	0.04	0.08	0.04	0.01	0.01	0.01	0.01	0.01	0.01	0.01	25.27	<.001
Hangout	2.86	0.04	0.06	0.04	0.01	0.01	0.01	0.01	0.01	0.01	0.01	16.19	<.001
Get to know	2.95	0.04	0.08	0.04	0.01	0.01	0.01	0.01	0.01	0.01	0.01	25.27	<.001
Conversation	2.93	0.04	0.06	0.04	0.01	0.01	0.01	0.01	0.01	0.01	0.01	16.19	<.001
Behavioral Index	3.07	0.04	0.08	0.04	0.01	0.01	0.01	0.01	0.01	0.01	0.01	32.63	<.001

Conclusions

- Both autistic and NA adults showed relatively poor metaperception for many traits.
- All participants, not just autistic ones, had difficulty predicting how others viewed them after a conversation.
- However, only autistic adults' ratings of their partner's social interest aligned with how these partners actually perceived them.
- They accurately predicted both when their partners wanted to interact again and when they did not. Such findings are inconsistent with a social cognitive deficit interpretation.
- In contrast, NA adults predicted that their conversation partners would be more interested in future interaction with them than their autistic and NA partners actually reported.
- Autistic adults did not share the typical NA "self-enhancement bias".
- This may be due to prior poor social experiences and internalized beliefs that contribute to them to expecting low social interest.
- The more accurate appraisal of their partners social interest could relate to greater social reticence and social anxiety than NA adults who assume greater social interest from others.

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1. Cook, E. J., & Brown, J. E. (2010). Self-perception, social perception, and metaperception: A review of the literature. *Journal of Personality and Social Psychology*, 98, 1-15.
2. Cook, E. J., & Brown, J. E. (2010). Self-perception, social perception, and metaperception: A review of the literature. *Journal of Personality and Social Psychology*, 98, 1-15.
3. Baron-Cohen, S., Ashwin, E., Ashwin, E., & Ashwin, E. (2015). The theory of mind deficit theory of autism: A review of the literature. *Journal of Autism and Developmental Disorders*, 45, 1-15.
4. Baron-Cohen, S., Ashwin, E., Ashwin, E., & Ashwin, E. (2015). The theory of mind deficit theory of autism: A review of the literature. *Journal of Autism and Developmental Disorders*, 45, 1-15.

A Path From Childhood Sensory Processing Disorder to Anxiety Disorders: The Mediating Role of Emotion Dysregulation and Adult Sensory Processing Disorder Symptoms

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OPEN ACCESS
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Although maladaptive sensory processing has been observed among individuals with persistent heightened anxiety, it is unclear if difficulties processing sensory input early in life lead to anxiety disorders in adulthood and what mechanisms would drive this progression. In a transdiagnostic clinical sample of 231 adults characterized by heightened difficulties with emotion regulation, the present study sought to examine whether: (a) childhood sensory processing disorder (SPD) symptoms predict an increased probability of an anxiety disorder diagnosis in adulthood; and (b) difficulties with emotion regulation and adult SPD symptoms mediate this relationship. Participants were administered the Structured Clinical Interview for Axis-I disorders and self-reported symptoms of SPD experienced in childhood and adulthood. Results suggested that childhood SPD symptoms were significantly associated with a higher likelihood of a lifetime anxiety disorder diagnosis. Difficulties with emotion regulation fully mediated the

As disabled people have increasingly analyzed their segregation, inequality and poverty in terms of discrimination and oppression, research has been seen as part of the problem rather than part of the solution ... Disabled people have come to see research as a violation of their experience, as irrelevant to their needs and as failing to improve their material circumstances and quality of life.

Bagatell, N. (2010). From cure to community: Transforming notions of autism. *Ethos*, 38(1), 33-55.



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69

Does rejection hurt?

- Kip Williams et al. fMRI studies of social exclusion
- Activates the dorsal anterior cingulate cortex
- Three stages of social exclusion: <https://www.wisebrain.org/papers/RejectionHurt.pdf>
 - Social exclusion
 - Coping
 - Resignation
- “Invisible bullying” that profoundly impacts self-esteem and self worth



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70



70

Othering – Autism

- Michna, G. A., Trudel, S. M., Bray, M. A., Reinhardt, J., Dirsmith, J., Theodore, L., Shou, L., Patel, I., Jones, P., & Gilbert, M. L. (2022). Best practices and emerging trends in assessment of trauma in students with autism spectrum disorder. *Psychology in the Schools*.
- Hodge, N., Rice, E. J., & Reidy, L. (2022). 'They're told all the time they're different': how educators understand development of sense of self for autistic pupils. *Disability & Society*, 34(9-10), 1353-1378
- Sensory trauma: Autism, sensory difference and the daily experience of fear. Fulton, et al., (2020)



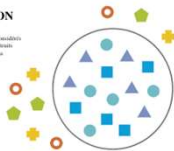
71

Othering – Dyspraxia

O'Dea, Á., Stanley, M., Coote, S., & Robinson, K. (2021). Children and young people's experiences of living with developmental coordination disorder/dyspraxia: A systematic review and meta-ethnography of qualitative research. *PLoS one*, 16(3), e0245738.

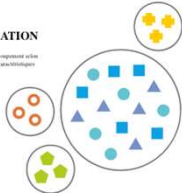
EXCLUSION (tenir hors de)

Éliminer ou exclure complètement
certaines personnes ou groupes
et ainsi ne les reconnaître pas.



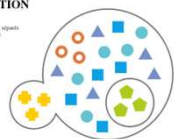
SÉGRÉGATION (séparer)

Mettre à l'écart et empêcher ou limiter
les interactions et les échanges.



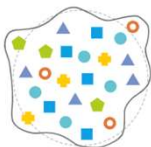
INTÉGRATION (incorporer)

Rassemble les éléments séparés
pour les faire se rejoindre.



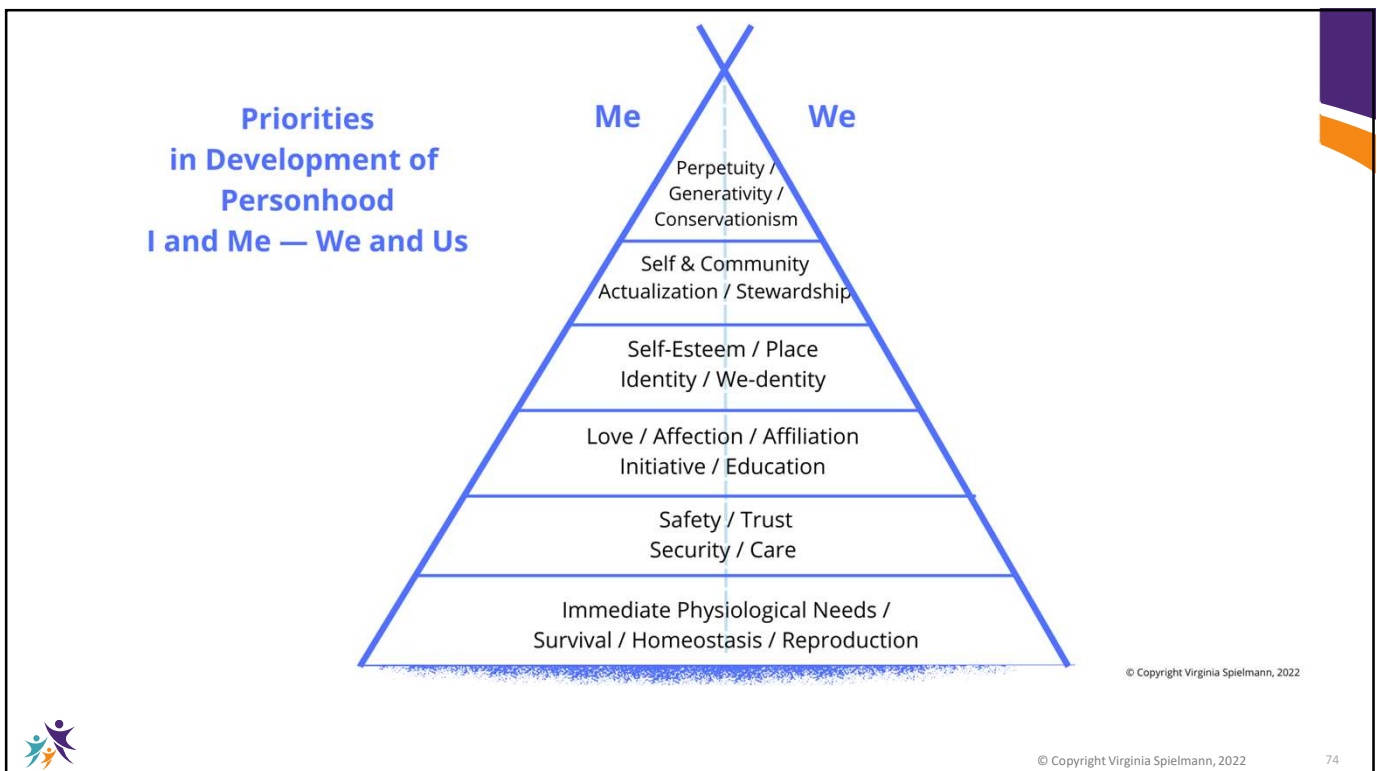
INCLUSION (ensemble)

La création d'un espace de
collaboration où toutes les
différences sont prises en compte
dans la relation.

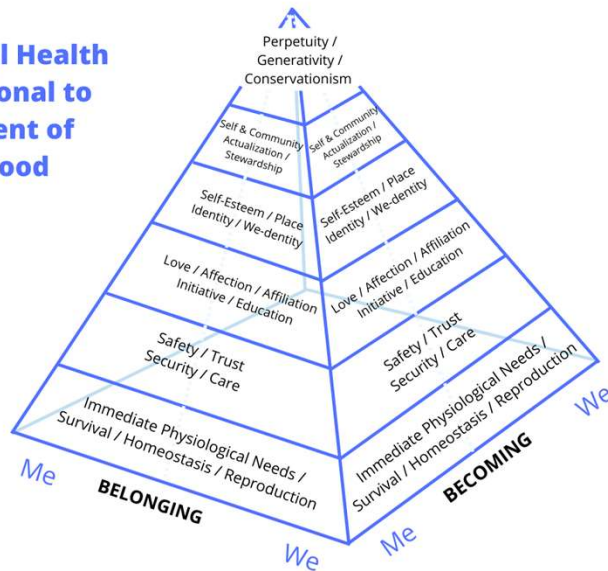


72

Cultural Belief	Denied Occupations / Performance Patterns
Inclusion is mostly geographic, or 'locational'.	Classroom citizenship / workplace membership, peer relationships.
We must seem normal in order to enhance acceptance and belonging by other people	Self actualization, finding your 'tribe'.
There are rules that you can learn to increase your social desirability.	Making authentic friendships, boundary setting, shared interests.
An adult needs to monitor and facilitate all social interactions of the special needs child.	I never get to be the mean one, or the bully, or inappropriately exploit a power dynamic.



Occupational Health as Foundational to Development of Personhood



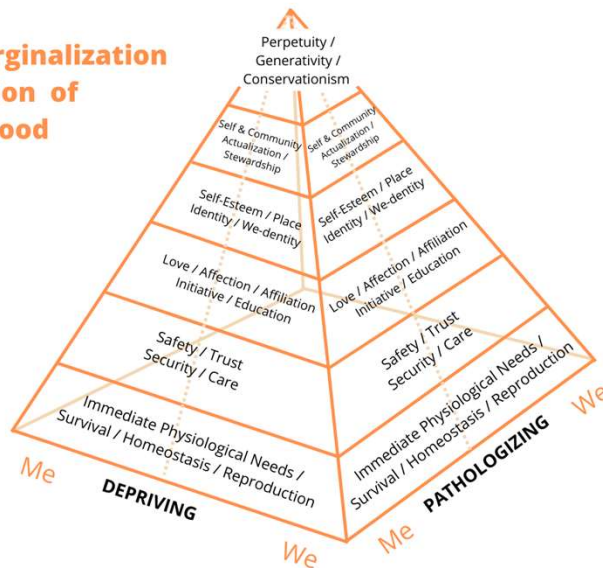
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75

Occupational Marginalization as a Violation of Personhood



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76

From Cure to Community

“How is it possible that an autistic community has emerged? Given that, from a biomedical perspective, autism is characterized by significant social and communication deficits and repetitive and stereotyped behaviors, restricted interests and activities, people with autism would seem to lack the skills essential for the establishment and maintenance of a community.”

“Individuals labeled with mental retardation began making their own decisions, speaking for themselves, and taking control over their lives.”

Bagatell, N. (2010). From cure to community: Transforming notions of autism. *Ethos*, 38(1), 33-55.



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77

77

From Cure to Community

“Behaviors, such as repetitive movements and lack of eye contact, which are considered problematic in the biomedical paradigm, need to be understood as a difference, and not considered a behavior that needs to be changed. In this discourse, people with autism are considered worthy individuals in and of themselves, not people who need to be cured, altered, or isolated from the world.”

Bagatell, N. (2010). From cure to community: Transforming notions of autism. *Ethos*, 38(1), 33-55.



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78

78



“Communities that can’t handle dissenters aren’t real communities, but can certainly grow into them if they learn to handle dissent by doing something other than a Chicken Little routine ... Don’t see dissent as a threat, see it as a source of strength. Don’t issue with-us or against-us ultimatums and lash out and bicker yourselves to death about who said what. Otherwise you’re doomed even if you never do get open dissent of this nature again: If this community is that fragile, it’ll be ineffective in ever getting things done.”

Mel Baggs, cited in, Bagatell, N. (2010). From cure to community: Transforming notions of autism. *Ethos*, 38(1), 33-55.

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79

79

The Least Dangerous Assumption

“In the absence of CONCLUSIVE data, educational decisions should be based on assumptions which, if incorrect, will have the least dangerous effect on the student”.

Anne M. Donnelan



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80

80



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81

“The lesson isn't so much about the power of an ... intervention per se, as much as it is about ***the power that we all hold as engineers of one another situations to bring out one another's best.***”


Geoffrey L. Cohen

81

Why is Belonging so Important?

- Belonging maps to autonomy and feelings of mastery
- Big predictor of teen mental health problems is a sense of connection at school and at home “I belong at school, and I belong in my home”

Dutcher, J. M., Lederman, J., Jain, M., Price, S., Kumar, A., Villalba, D. K., Tumminia, M. J., Doryab, A., Creswell, K. G., Riskin, E., Sefdigar, Y., Seo, W., Mankoff, J., Cohen, S., Dey, A., & Creswell, J. D. (2022). Lack of Belonging Predicts Depressive Symptomatology in College Students. *Psychological Science*, 33(7), 1048–1067.
<https://doi.org/10.1177/09567976211073135>



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82

82

Reclaiming Core Values

- Client centered means:
 - Competence
 - Presuming Competence
 - Facilitating Competence
 - Volition / Determination / Agency
 - Person-centered
 - Me-We
 - Mastery
 - Membership



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83

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Presuming Competence

The assumption that everyone can participate in age-appropriate general education, leisure occupations, and play, as well as form meaningful relationships.



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84

84

Presuming Competence

- When describing someone, focus on abilities and needs. Avoid language that classifies a student based on functioning or developmental level.
- Always provide a means to communicate about the same academic and social topics as peers without disabilities.
- Be sure that annual goals on IEPs reflect content standards from the general education curriculum as well as the functional skills students need to fully participate in school and community life.

Jorgensen, C., (2009) The Beyond Access Model: Promoting Membership, Participation and Learning for Students with Disabilities in the General Education Classroom. brookespublishing.com



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85

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Presuming Competence

- Don't predict that someone will never acquire certain knowledge or skills. See *everyone* as capable of learning the general education curriculum.
- Speak directly to individuals rather than speaking to students through paraprofessionals or caregivers.
- Use age-appropriate vocabulary, topics, and inflection when talking to people.
- Respect privacy. When you have consent, only discuss personal care, medical needs, and other sensitive issues only with those people who genuinely need the information, and out of earshot from others.



Jorgensen, C., (2009) The Beyond Access Model: Promoting Membership, Participation and Learning for Students with Disabilities in the General Education Classroom. brookespublishing.com

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86

86

Volition

- The motivation for occupation.
- Self-determination: “Self-determination means acting with a sense of choice, volition, and commitment, and it is based in intrinsic motivation and integrated extrinsic motivation” (Deci & Ryan, 2010).
- Embracing autonomy as a fundamental basic process underlying therapeutic change (Vansteenkiste, M., et al., 2012).

Deci, E. L., & Ryan, R. M. (2010). Self-determination. *The Corsini encyclopedia of psychology*, 1-2.

Vansteenkiste, M., Williams, G. C., & Resnicow, K. (2012). Toward systematic integration between self-determination theory and motivational interviewing as examples of top-down and bottom-up intervention development: autonomy or volition as a fundamental theoretical principle. *International Journal of Behavioral Nutrition and Physical Activity*, 9(1), 1-11.



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87

87

Healing Centered Care – In Early Life

- Trauma informed
- Focus on safety and trust
- Collaborate
- Self regulation – body level learning
- Helping families identify external and systemic ableism



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88

88

Healing Centered Care – In Early Life

Healing the thwarted person

- Building sense of self and returning to *self*-organization
- Remediating past experiences rather than the person (corrective recapitulation)
- Return to motivation as self-determination and embodied
- Success at body level, challenge and engagement at cognitive level



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89

89

Healing Centered Care – In Early Life

Healing the pathologized person

- Presume competence
- Acknowledging the person – “I see you”
- Building self-belief and esteem
(I know what I like to do, I like who I am when I do it)
- Introduce neurodivergent culture, neurodivergent pride
- Teach social model of disability



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90

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Healing Centered Care – In Early Life

Healing the deprived person

- Support relational development
- Identify leisure occupations
- Prioritize communication
- Practice boundary setting
- Pretend play (age appropriate)



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91

91

Healing Centered Care – In Early Life

Healing the othered person

- Identify affinity groups and safe spaces
- Support social flourishing and community membership
- Unlearning internalized ableism
- Educate around diversity issues and help to identify prejudice as a maladaptive behavior



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92

92

Affirming Client Centered Care – In Early Life

- Return to the core occupations of childhood
- Emphasize mastery, sense of self—make space for mischief
- Options for communication
- Teach self advocacy skills
- Prioritize risk assessment skills
- Provide space and therapeutic invitations to develop bodily autonomy and mastery
- Parent education, reflection, and support
- Pursue sensory health
- Every document is an advocacy document



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93

93

Healing Centered Care – Through the Lifespan

- Inter-disciplinary teams, never just psychotherapeutic and never just body-based
- Use health literacy best practice to teach about
 - Neuroception
 - State Regulation
 - Sensory Integration/Processing
- Promote client voice, expression, and empowerment
- Embrace all four domains of occupational health
- WISE Interventions (understanding the full humanity of the person despite stigmatization, reassure people of their belonging) Geoffrey L Cohen.



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94

94

Affirming Client Centered Care – Through the Lifespan

- If requested by the client: Flexible application of neurotypical social skills on the client's own terms. Skills to operate in the current paradigm
- Establishing occupations and a lifestyle where authenticity is celebrated
- LGBTQIA+ affirming
- Considers topics of sexuality and spirituality
- Builds protection against all four domains of occupational marginalization
- Ensuring people feel seen (look at work of Social Psychologist Gregory M. Walton)
- Give voice to self-integrity, i.e., *values affirmation activities*.

<https://www.gsb.stanford.edu/insights/value-values-affirmation>



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95

95

The Power We Hold

- Language
- Documentation
- Listening
- Acceptance
- Space



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96

96

“But living with diversity means getting comfortable with people who might not always think like you, people who don’t have the same experience or perspectives. That process can be challenging. But it might also be an opportunity to expand your horizons and examine your own buried bias.”

“Bias, even when we are not conscious of it, has consequences that we need to understand and mitigate. The stereotypic associations we carry in our heads can affect what we perceive, how we think, and the actions we take.”

Eberhardt, J.L., (2019) *Biased: Uncovering the Hidden Prejudice That Shapes What We See, Think, and Do*, Penguin Books



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97

97

Trauma Informed Care is a Way of Being

- Clinical Reasoning and Professional Reflection – necessary bedfellows in the pursuit of therapeutic excellence



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98

98

Processing the Humane

- Reflective practice is a mechanism and structure for addressing the person-centered and relational aspects of therapeutic work.
- It serves to broaden the lens of the clinician, transforming perspective taking, and interrogating/examining the micro and macro systems impacting self, client and organization.
- These nested ecologies include social and cultural conditions and external contextual factors.
- Reflective practice intentionally attends to the emotional content of the work, considering feelings, values, attitudes and beliefs of self, client and family system.



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99



Professional Reflection

The active, persistent, careful consideration of what we do and why we do what we do in practice. It examines the conscious and unconscious processes that contribute to the actions we take during the clinical process. Professional reflection incorporates metacognitive and meta-affective processes and allows clinicians to be **both evidence-based and person-centered** practitioners. Professional reflection is a *way of being* as well as something that we *do*.

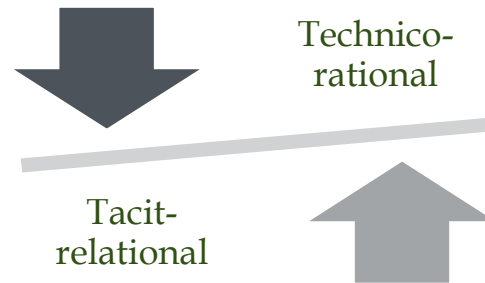
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100

Reflective Practice

- Don't deceive yourself, you are the easiest to deceive
- Notice bias and barriers to learning
- Resist socialization away from your core beliefs
- Proactively guard against secondary traumatic stress



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10
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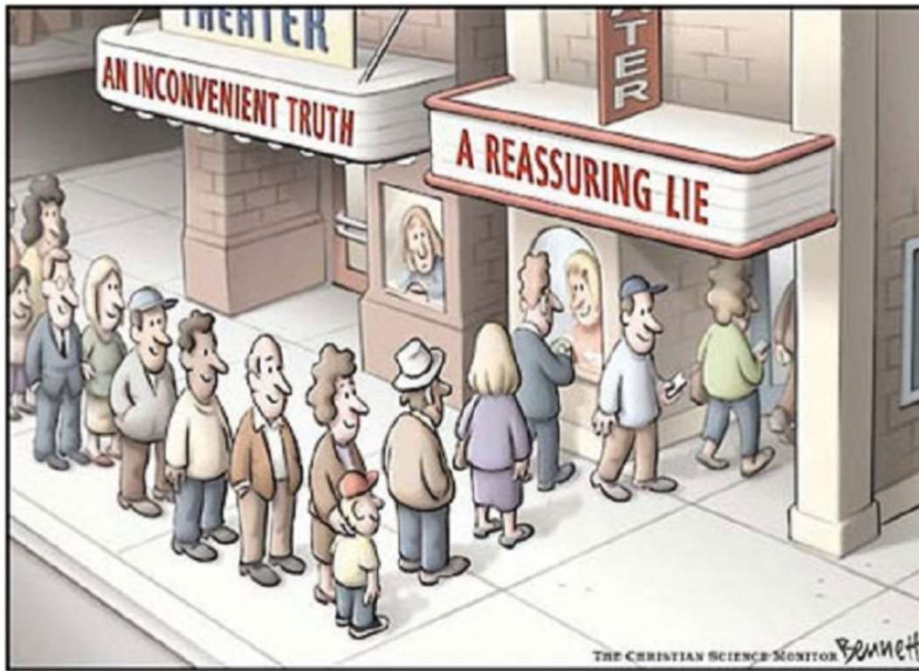
101



“This work is too important and too complex to do alone.”

—
Jeree Pawl

102



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3

103



“We choose what to pay attention to based on the ideas that we already have in our heads.”

Eberhardt, J.L., (2019) *Biased: Uncovering the Hidden Prejudice That Shapes What We See, Think, and Do*, Penguin Books



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10
4

104

We humans are in every case remarkably different in the ways we are the same, and by the same token extraordinarily similar in the ways we're different; we're at once united and kept apart by whatever history we have in common. ... If an anthropologist, sociologist, or psychologist is to understand the particular humans who are the object of their studies it makes sense to begin with an awareness that every human being incorporates the history of his or her relations with others – a history that is at once social and personal, physical and psychological – and that to explain any aspect of what it is to be human demands an explanation of this micro historical process or at least an acknowledgement of it.



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10
5

105

... Neither as academics nor as policymakers should we presume to know what is good for others: where we do so it's almost bound to be the case that we are imposing on others conditions that may be good for us but probably not for them; and this is so even where (hand on heart) we have consulted with those we aim to help – the problem here being that even to ask the relevant questions requires real, in depth, long term knowledge about the people with whom we're speaking and the real respect in which such knowledge is founded. ...



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10
6

106

The fundamental condition then of finding out about others lies in knowing that really and truly you know nothing about them, but that you can come to know something provided you grant to all those others the same humanity that you grant yourself: that is, that because all our ideas and practices are historical products, what others say and do is as valid in its humanity as what we say and do ourselves. Who knows but that by understanding how this can be, we may arrive at some deeper (more humble, more compassionate, more skeptical) insights into ourselves. (Toren, 2008, pp. 110–111)



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10
7

107

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108

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109

Further 'Reading'

- <https://beaconhouse.org.uk/wp-content/uploads/2020/02/Developmental-Trauma-Close-Up-Revised-Jan-2020.pdf>
- Netflix - Episode 6 of The Beginning of Life "Emergence of the Self"
- Costly and Cute: Helpless Infants and Human
- Lise, E. (1999). *What's going on in there?: How the brain and mind develop in the first five years of life*. New York: Bantam Books.
- Netflix – Episode 1 of Babies "What Babies Know"



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110



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1

