Journal Pre-proof


SSM-
QUALITATIVE
RESEARCH IN
HEALTH

Bio-divergent identity therapy: Habilitating identity from the biographical disruption of diagnosis in sci-fi fantasy culture

Meir Y. Barth

PII: S2667-3215(22)00081-6

DOI: https://doi.org/10.1016/j.ssmqr.2022.100119

Reference: SSMQR 100119

To appear in: *SSM – Qualitative Research in Health*

Received Date: 24 March 2021

Revised Date: 2 June 2022

Accepted Date: 10 June 2022

Please cite this article as: Barth M.Y., Bio-divergent identity therapy: Habilitating identity from the biographical disruption of diagnosis in sci-fi fantasy culture, *SSM – Qualitative Research in Health* (2022), doi: https://doi.org/10.1016/j.ssmqr.2022.100119.

Bio-divergent Identity Therapy:

Habilitating Identity from the Biographical Disruption of Diagnosis in Sci-Fi Fantasy Culture

MPhil in Health, Medicine and Society

University of Cambridge

2 June 2022

myb23@cam.ac.edu

1 (978) 491-7527

Word Count – 24,725

ABSTRACT

This article seeks to address a gap in the therapeutic arsenal for those diagnosed with chronic conditions. Where such diagnoses disrupt patients’ identities, a form of identity habilitation is needed. By building on pre-existing models for therapy related to identity in conjunction with a multi-method investigation of in situ practices enacted by the bio-divergent (disability) community at a sci-fi fantasy convention as a manifestation of sci-fi fantasy culture more broadly, this article aims to establish the utility of formulating an empirically-based model for a form of identity habilitation practices for redressing the impacts of diagnoses.

keywords: diagnosis; biographical disruption; sci-fi fantasy culture; identity therapy; disability; communities of play

Please use color for all images.

INTRODUCTION

Psychiatric conditions, neurologic conditions, immunologic conditions, cancers, complications from traumatic injuries, exposures to environmental toxins. All disrupt the flow of life. These conditions often necessitate intensive medical intervention causing harm and loss of function beyond that caused by the conditions themselves. A profoundly institutionalized bio-ethical mandate has rightfully existed in biomedical practice for decades to include therapeutic means of addressing the harms resulting from these interventions as a part of ensuring that the interventions themselves are in fact ethical (WHO, 2011:100-102; UN Office of the Human Rights High Commissioner, Committee on the Rights of Persons with Disabilities, 2020:16-17). For example, if the medical intervention of reconstructive orthopedic surgery is required, that intervention includes the prescription of physical therapy to address the harm of the surgical trauma. When human growth hormone injections are necessary to correct a hormone imbalance in a child or early adolescent and that growth results in severe spasticity, antispasmodic pharmaceuticals are prescribed to mitigate this harm. Yet there exists no prescribed treatment to address the impact of what can often be the most profoundly disruptive intervention of all: in some sense the intervention that enables all others: diagnosis itself.

Diagnosis can often effectively come to constitute a form of frequently repeated assault on the identities of patients. These assaults impact patients' lives in ways no less painful and disruptive as other traumatic medical interventions. In the diagnostic moment, the diagnostic act often imprints upon the identities of patients in substantial and persistent ways (Jutel, 2014). In order to have any hope of mitigating or addressing, let alone redressing or remedying the harms of such diagnoses, patients must be equipped with the skills and self-understanding to transcend the consequences of the act(s) of diagnosis. If that most basic bioethical imperative is to be met in the enactment of diagnostic practice, and yet no therapeutic framework for addressing the life-disrupting consequences of diagnoses as entangled with but distinct from conditions themselves has yet been proposed and placed at the disposal of either patients or medical actors.

The diagnostic act itself imprints upon the identity of the patient in ways enduring and often deeply disruptive. These consequences are described in medical sociology (Bury, 1982), rehabilitation science (Anthony and Liberman, 1986), disability studies (Charmaz, 1983), and philosophy of medicine (Charland, 2004; Jutel, 2014; Carel, 2016). Hence, it must be understood that although diagnoses can aid and empower patients (David, 2015:27; Rosenberg, 2002:243-245; Stegenga, 2018a:176-178), they can simultaneously shatter dreams of the future, sever continuity with the past, and distort the potential of the present (Carel, 2016). The impact is not confined to the moment of diagnosis. Associated stigmas (Goffman, 1963) can sear themselves into identity narratives, becoming wounds unable to heal, continuously reinfected by internalized oppression and external discrimination (Smart, 2016:184-186). Thus, these diagnostic interventions have an often manifest potential to be deeply harmful. This would constitute iatrogenic harm as described by Illich (1976:26).

While the iatrogenic consequences of most medical interventions come with procedures for therapy and rehabilitation, the disruptive impact of diagnosis has led some scholars to either accept this harm as a necessary evil (Brown, 1990; David, 2015) or object to diagnostic practice as a form of corrupted social control (Stegenga, 2018a:45-55). Thus, there is no standard of practice from which to address the harm and disruption to identity resulting from diagnosis.

Taking seriously the iatrogenic impact of diagnosis subverts this problematic binary (Bury, 1982). Medical sociology in particular "has done more than simply document the problems which people face. It has also, as Bury (1991) notes, paid careful attention, through its interpretive lens, to the variety of [patient] responses, successful or otherwise, it calls forth, and to the importance of changes [in patient responses] over time" (Williams, 2000:44). In this vein, the present article aims to explore the question of formulating a viable theory of practice for a form of identity therapy. Proceeding from the assumption that the first step in this undertaking should necessarily include an empirically grounded analysis of solutions those experiencing this problem can and do enact. This paper aims to ask: What would it mean for this problem to be routinely addressed with forms of habilitation? How are people affected by biographical disruption responding to this problem? Can certain currently extant *in situ,* non-clinical practices be instructive in seeking broader development of practical responses to diagnosis?

Addressing these questions, this article theorizes a form of therapy for identity targeted at the iatrogenic harm of diagnosis. Unlike rehabilitation, intended to restore a previous state (Deegan, 1988), this form of therapy would allow a person to achieve a new, fully empowered equilibrium of being post-diagnosis, or essentially to pre-habilitate a person to adjust their identity, continuously, to a life of ongoing diagnoses arising from the unfolding of their conditionalities. This habilitative intervention would inculcate skills, abilities, and *habita* (Bourdieu, 1977: Chapter 2), enabling patients to reauthor their identity narratives, thus empowering those patients to challenge, process and manage iatrogenic biographical disruptions.

This article engages a possibly novel, but greatly instructive, specific field of practice (Bourdieu, 1977) where a subset of those who have been iatrogenically diagnosed experience such forms of habilitation in the course of non-clinical *in situ* practice. This field of practice has many names (Tocci, 2009:2-9), including *inter alia,* "geek culture", "nerd culture", "geekdom", "sci-fi fandom”, “fantasy fandom”, and “gamer culture” (Cochran, 2009:48-49; Tocci, 2009:2-9; Woo, 2012:14-20). Synthetically, the label “Sci Fi Fantasy Culture” (SFFC) will be employed here. Following the work of Celia Pearce (2009), SFFC as a field of practice is recognized for the purposes of this study as giving rise to a specific kind of community of practice (Lave and Wenger, 1991) called a community of play. Her work focuses on communities of play emergent in cyberspace within online virtual worlds; however, she asserts that her concepts would be applicable to other communities of play. According to Pearce, this specific kind of community of practice emerges when communal coherence is achieved based on synergies in the ways people play, the reasons people play, and the philosophical values underlying their play.

The present goal is to illuminate SFFC as a context where a critical methodological approach – an approach advocated by many scholars at the intersection of social science, health, illness, and disability – can be implemented. That recommended approach centralizes analysis of *in situ*, non-clinical (extra-institutional) coping practices in the formulation of formal medical methodology wherever possible. Therefore, this study focuses on ways in which participants in SFFC respond to iatrogenic consequences of their own diagnoses. SFFC is explored as a context where fruitful identity therapy practices have developed organically and are enacted effectively. This study explores the feasibility of this practice, and posits that SFFC and similar fields could well become sites for further exploration in developing this form of habilitation. The goal is to propose a foundation from which to ensure that a means of addressing iatrogenic harms resulting from diagnosis could come to exist in a form potentially integratable into the standard therapeutic arsenal.

Initially, the issue of labeling and framing the community under study must be addressed, which presents complexities (Brown, 1998). Members of this community (a subset of participants in SFFC) self-identify as disabled, as having chronic conditions, as both, or with other terms entirely. Many find “disabled” and “chronically ill” problematic labels, including most interviewees and interlocutors in this study. Other terms have emerged from the academic literature and wider culture of this community, each broadly criticized by both scholars and activists. Many in this community feel that supposedly positive neologisms like “dif-ability” and “neuro-atypical” erase experience (Mairs, 1986); and other terms such as “crip”, “freak” (Clare, 1999/2015), “handicapped” (Smart, 2016), and “special needs” (Corbett, 1996) have problematic histories. Nevertheless, some nuanced means of labeling overarching communal experiences is needed, particularly with regard to conditions that are likely to persist: “ … your sensitivity to the nuances of words used to describe [such experiences] is inevitably heightened. You become critically aware of the subtle ways in which lexical choices define you as a person” (Fleischman, 1999:7).

Bury acknowledges that not every diagnosis of disability or chronic condition is biographically disruptive (Locock and Ziebland, 2015) nor stigmatizing. This necessitates an authentic label (Giddens, 2013:48) for those whose diagnoses *are* biographically disruptive, whose brains and bodies deviate from socioculturally embedded norms (Davis, 1997) to the extent that our diagnoses involve branding our identities with stigma, signifying us as intrinsically, irrevocably different (Goffman, 1963). This signifier must fully acknowledge our common experience of diagnosis and divergence from norms, in which growing numbers take pride, particularly within the community under study in this work. Within this group especially, an authentic label must both avoid connoting or denoting notions of deficiency, damage, or suboptimality, and must foreground the deliberate resistance to, “disidentification with” (Muñoz, 1999), and subversion of a wide range of societal norms. In this vein, Judy Singer (1998), Thomas

Armstrong (2010), and Rosemarie Garland-Thomson (2015) reframe the phenomenon of disability as a valued kind of biodiversity. Hence, these conditionalities are referred to here as bio-divergence; those living such experiences are referred to as bio-divergents. These expressions refer to socio-relationally marked diversity along the neurological, psychological, and physiological axes of human experience.

There are several intersecting arenas of literature which serve as a foundation for the original theoretical and empirical contribution of this study. A review of this literature follows in order to develop the argument that relevant identity therapy practices are at present being enacted within the context of SFFC. This work aims to make three main contributions. A theory of identity therapy extends Gidden’s (1991) concept of self-therapy, as well as White and Epston’s (1990) theory of narrative therapy, simultaneously applying Muñoz’s (1999) praxis of disidentification. These ideas are used as a basis to formulate a model for identity therapy aligned with international Standards of Effective Therapeutic Method (World Health Organization, 2011:100-102), henceforth SETM. Satisfying SETM requires cultivating capacities, equipping patients with assistive technologies, and building skills. Empirically, the present study offers original data on bio-divergents as an active population rarely brought into focus in studies of SFFC. This study therefore introduces a possibly novel line of medical sociological research into practices this population enacts within SFFC. In doing so, this article aims to make a practical contribution to the lives of bio-divergents, suggesting tools and practices capable of ameliorating disruption caused by diagnosis throughout our lives.

The present study begins with a review of literature on identity narratives to define and explicate the locus and nature of the harm from biographical disruption caused by diagnosis. The next section outlines elements of effective models of habilitation, applying frameworks of capacities, technologies, and skills needed to cope with biographical disruption. In a further section, play theory intersecting with anthropological and sociological literature concerning the context and practices under study is reviewed to provide background for the data presentation. A methodologies section follows, after which data are presented and analyzed in alignment with the framework set out in the literature review. Finally, implications of these findings for advancing the project of wider development of identity therapy practices are discussed.

THEORETICAL REVIEW AND CONTRIBUTION

Identity and the problem of biographical disruption

The theoretical contribution of this article is based on a set of assumptions regarding identity, meaning, and the ways in which contexts of meaning function in late modernity. Understanding the iatrogenesis of diagnosis, and the means of addressing it explored here, requires placing the phenomenon of identity in the context of late modernity and particularly "postmodern" theoretical frames of biography and autobiographical narratology (Ergin, 2017). This work also relies on a conceptualization of play's relationship to social and individual identity, and the role of culture, society, and dynamics of intersubjectivity in the formation, persistence, and iteration of social and individual identity (Pearce, 2009; R. Jenkins, 1996/2014).

Identity

Identity is viewed here as:

> The traits and characteristics, social relations, roles, and social group memberships that define who one is. Identities can be focused on the past – what used to be true of one, the present – what is true of one now, or the future – the person one expects or wishes to become. . . . Identities are orienting, they provide a meaning-making lens. . . . (Oyserman, Elmore and Smith, 2012:69)

Though scholars dispute the general nature, existence, and definition of identity (e.g. Brubaker and Cooper, 2000), this model of identity is employed because it legitimately presents the sense of self invoked in lay practices like those investigated here (Pearce, 2009:119,237). This model is well suited here as it includes both internal and external elements of social identity as formed through inter-subjective and intra-subjective processes (R. Jenkins, 1996/2014:22).

Pearce, within the instantiations of SFFC she investigated, focused on individual identity as cohering from external causes as an "intersubjective accomplishment that develops through a process of social emergence…" She noted specifically that "the group identity frames the individual identity, and the group itself constructs both its collective identity and that of the individuals within it" (2009:189).

The model of identity employed in the present study assumes simultaneously that identity is indeed the kind of intersubjective process that Pearce describes, but further, it is based in a kind of autobiographical narrative that can only be sufficiently coherent if it is part of an intra-subjective process. This process of the intra-subjective nature of identity is explicit in the work of Erikson (1959:7-16) and McAdams and Janis (2004). Therefore, this model can be seen as drawing heavily on the work of R. Jenkins. Jenkins' conception of identity is based on an acknowledgement of an integration between intersubjective and intra-subjective processes in both the internal narrative and external enactment of social identity.

Identity Narratives

Giddens (1991:33) conceives these integrated identity processes as manifesting in a narrative, which is the product of a capacity to synthesize these elements into a coherent form. Therefore, for Giddens, acknowledging this model of identity is vital "to keep[ing] a particular narrative going" (1991:54). McAdams and Janis outline key components constituting identity narratives:

> Human beings make sense of their lives and their worlds through stories… identity itself takes the form of an inner story, complete with setting, scenes, character, plot, and themes. … People living in modern societies begin to reconstruct … an integrative narrative of self that provides modern life with … psychosocial unity and purpose. Internalized life stories are based on biographical facts, but they go considerably beyond the facts as people selectively appropriate aspects of their experience and imaginatively construe both past and future to construct stories … that vivify and integrate life. (2004:2)

Identity can be conceived as a perpetually forming product of this narrative compositional process, and therefore simultaneously process and product. These narratives require coherence to function (Baerger and McAdams, 1999; R. Jenkins, 1996/2014:22). From the earliest phases of the emergent development of distinct personhood in childhood onwards, the lack of such coherence in identity results in fundamental crises of being (Erikson, 1968/1995).

In late modernity, the maintenance of the necessary coherence in an individual's identity narrative has become acutely challenging. "In the depiction of a transition to a 'postmodern society' the unifying categories of culture, social roles, self, and identity give way to notions of fragmented and disorganized social relations, of renewed interest in 'multiple realities' and of 'decentred' selves" (Bury, 1997:12). "This also illustrates a general cultural trend in late modern societies to become more 'reflexive' in character, as people are required to assimilate and evaluate increasing amounts of information" (Bury, 1997:10).

This challenging, "reflexive project of the self, which consists in the sustaining of coherent, yet continuously revised, biographical narratives, takes place in the context of multiple choice as filtered through abstract systems" (Giddens, 1991:5). In this contemporary context, "The self is actually a kind of 'polyphonic novel' or combination of various voices embodied in one person." In this dynamic, these voices often complexly contest one another. Therefore, "Although written by one person, the polyphonic novel is spoken by many 'sub selves' . . . resulting in a complex, narratively structured self" (Hermans and Gieser, 1992/2011:456).

Even for those who do not have to contend with the threat to the coherence of their identity narrative of an acute, institutionally-epistemically-weighted event such as a diagnosis, Giddens (1991) argues that a form of habilitation he refers to as "self-therapy" is required in order to ensure that the polyphony of voices within late modern subjectivities are harmonious rather than incoherently cacophonous. This is the case as a result of "changes in the social and economic structures of late modern societies, where professional authority and other key processes concerning self and society are being significantly altered" (Bury, 1997:8). Because of these changes, people author identity narratives while struggling to remain afloat within a sea of "discursive capital" (Angermuller, 2018). The torrents of possible meaning, into which experience can convert this sea of discursive capital, batter individual subjectivities as they define and redefine themselves through the processes of self-definition and redefinition. Examples of currents in that sea flow from sources as diverse as national constitutions, media, textbooks, oral religious traditions, or medical compendia like the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-V) and the *International Classification of Function and Disability* (ICF) (World Health Organization, 2001).

Identity Ink

These discourses impact the formation of individual subjectivities to varying degrees depending on the historical and sociocultural momentum propelling them. Those that are internalized become "ink" in authoring identity narratives (Derrida, 1977:10-20). The proliferation of this late modern cultural ethos has, for many, transformed the process of self-formulation from a monolithic one to one that consists of the tumultuous collision of discourses, rituals, institutions, and symbols, in the context of both interactive social processes and the internal subjectivity of the individual. However, "…these processes produce a 'contestable culture' in which trust in abstract systems and expertise is frequently threatened" (Bury, 1997:11). This in turn frequently threatens the coherence of those identity narratives.

In functionally inhabiting late modern societies, one learns to render diverse currents of discursive and symbolic capital into what can be conceptualized, for present purposes, as identity ink. The right contexts, such as fandoms, can particularly facilitate access to the kind of identity ink that allows one to author a coherent internal autobiography (Seregina and Schouten, 2016). In these empowering contexts, the meanings of these currents of identity ink can be configured and reconfigured, merged and recast, taken up and used in identity authorship in any way inhabitants of the late modern societal sphere of ideation (Berger and Luckmann, 1966) can imagine.

These kinds of empowering contexts are often vital because of the difficulty many experience in trying to author an intelligible autobiography (Ergin, 2017) rather than drowning in the paradoxical dissonances that manifest when the flow is so torrential as to render the element of identity illegible. The semiotic weight of the meanings written into internal biography in various inks can and do vary in the extreme. Different kinds of discursive capital are rendered into different kinds of identity ink. Problematically, identity ink can be used or severely restricted based on the weight that different currents of identity ink possess for each individual. What is deeply meaningful to one person may not be to another. What one person considers an acceptable aspect of social identity may seem unacceptable to another. What one person knows how to integrate into their identity, another may not. What would stably persist as a component of one person's identity might be highly unstable to another. For example, consider a scenario in which a patient internalizes identity ink originating in the discourses of formal diagnosis that emphasize damage and suboptimality, and contrastingly internalizes identity ink from a support group or family that conceptualizes what the patient is experiencing in more positive or emancipatory terms. In such a scenario, the question of which ink the patient integrates with greatest weight into their identity narrative will often have very little to do with the hermeneutic content of the messages the patient received. Instead, it will be primarily influenced by the question of which of the discourses are internalized with a greater degree of force or weight (Garro, 1994).

The idea of recognizing this kind of weight as distinct from the hermeneutic concept is based primarily on Austin's (1962) theory of the force of an utterance as extended by Derrida. Derrida demonstrates the ways in which Austin's analyses about the semiosis of utterances can be applied to almost all media of signs, i.e., all forms of communication (1977:13-23,7). Derrida conceptualizes utterances manifesting in "fronts" of meaning as weighing to varying degrees, upon various receivers, in ways that transcend the predominantly reflectively analytical. These fronts of meaning extend into the arena of the directly experientially phenomenological (Derrida, 1977:38). For some people, for example, the identity ink rendered in the course of a ceremonial religious identity-conferment ritual will have greater weight, and be consequently easier to use and more indelible, than the identity ink from the certification of a legal name change in a contemporary judicial or another governmental context. If the telos of the significance of two such processes are aligned, the differences in weight between these two kinds of identity ink might not be discernible or even materially impactful. If, however, they contrast in some way, then the relative difference in their semiotic weight in the kind of self-palette a person is able to draw upon in identity authorship, might very well be pivotally impactful. In such cases, that relative weight of different inks in the self-palette could be a function of numerous forms of hegemony, ranging from the historical to the pedagogical and epistemic, to the religious and economic, or simply the general sociocultural (Gramsci, 1947/2011). The question of whether a person's subjectivity would effectively be drowned out of coherence by the conflicting weights of identity inks would, under such circumstances, depend on the degree to which a person was capacitated to take up and combinatively, volitionally, employ identity ink in a manner conducive to authentic self-expression, in spite of hegemonic weight that might otherwise distort those processes.

Taking a Derridean, or at least broadly postmodernist, view of the authorship of autobiography in general, and specifically of internal autobiography, is helpful in understanding the iatrogenesis of diagnosis. Within this frame, according to Derrida, “Self-reflection makes the human being a subjectivity that has center in itself, a self-consciousness certain of itself. ... It constitutes the autonomy of the cogito, of the subject, of thought” (Ergin, 2017:344).

As a function of this autonomy, bio-divergence organically becomes a part of identity narratives in some form. Those narratives must account for the stark differences between self and others that manifest to the individual, whether conditions are diagnostically named or not. The problem is that institutionally hegemonically weighted diagnosis (Jutel, 2016) has a high potential to shift the role bio-divergences, and specifically incapacities stemming from bio-divergences, play in a person’s identity narratives. The key is to have a habilitative practice where “information that reflects badly on the self may be identified with a particular part of the self, but be prevented from influencing one’s self-concept in a global fashion.

Jutel foregrounds the distinct role of the diagnostic utterance in this alienation, describing it as “…a terrifying and life-disrupting 1” (2016). Fleischman even describes this moment of terror as “iatrogenic” (1999:13). “The moment at which a diagnosis is delivered to a patient, particularly when it is serious, is an important social moment. It not only dictates the clinical pathway, it also rewrites the patient narrative, shifts their identity, predicts potential outcomes, and foregrounds mortality. It may provide a sense of relief, or one of despair” (Jutel, 2016:92).

Biographical Disruption

The original concept of biographical disruption (Bury, 1982) captures the harmful effect of diagnosis on internal biographies of bio-divergents and those with chronic illnesses. Bury's concept of biographical disruption entails a recognition of the foundational medical utilities of diagnostic practice (Bury, 1982; Bury, 1997:14). However, in theorizing this concept he also recognizes that certain kinds of diagnoses bring "[patients] face-to-face with 'worlds of pain and suffering . . . normally only seen as distant possibilities'" (Locock and Ziebland, 2015:587). Bury coined the term in order "to give expression to these processes" of the subjects of formal diagnosis reacting to diagnostic events. Not all diagnoses cause biographical disruption (Williams, 2000) and the degree of disruption can depend on a variety of factors (Reeve, 2002), including the patient's condition, the type of diagnosis, and other psychosocial factors that shape bio-divergent experience.

Empirical studies have validated this general notion of diagnosis as a catalyst of profound anguish, supporting the recognition of diagnosis as distinctly, intrinsically, iatrogenically harmful. Bury (1982) studied young rheumatoid arthritis patients, finding that for many, their entire sense of youthfulness unraveled due to their diagnosis. Wilson (2007) applied Bury's concept of biographical disruption to understand the impact of HIV diagnoses upon Scottish women: the stigma caused, the impact on their futures, and their compromised maternal identities. Similarly, McCann et al. (2010) employed the theory to analyze identity fluctuations in and out of the "sick role" (Parsons, 1952/1991:321) experienced by women diagnosed with breast cancer as they sought to restore their identities while facing uncertain futures. Charland (2004:335) further validated this idea, contending that diagnoses can create "iatrogenic identities"; he even found that removal of diagnoses could disrupt identity. Seeley et al. (2012:330) corroborated this finding among patients diagnosed with AIDS who underwent a period of biographical adjustment and were subsequently told their diagnosis was incorrect, resulting in further disruption. These findings, among many others, confirm that harm to patients from the biographical disruption of medical diagnosis extends beyond the direct endo-subjective or internal phenomenological effects of conditionalities. Locock and Ziebland describe diagnosis as "…a destructive breach in the fabric of life" (2009:1075).

Bury establishes a continuity between his theorization of this concept and Giddens' concept of the existentially disruptive moment (Bury, 1994; Giddens, 1991:162-172). In following Giddens' theorization of what Bury labels as 'disruptive moments', Bury clearly establishes biographical disruptions as temporally acute disruptive events that severely alter a person's sense of self. For example, the moment when a previously legally sighted person with declining visual acuity receives medical confirmation that they are legally blind; or at the point in the lifecycle when a person with an already manifest condition such as autism receives the message of diagnostic judgment.

Critically, Giddens' work (1991) would suggest that socio-relational occurrences that disrupt the routines that orient overall human social experiences in late modernity don't become disruptive moments simply because an experience occurs; even a negative, uncomfortable experience that falls outside of established norms. For Giddens, this is the case even if that experience is traumatic, induces anxiety, and gives rise to a great deal of uncertainty or other forms of experiential disorientation. The point where an event of relational alteration in human experience becomes a disruptive moment, within Giddens' description, is that at which some discourse, signification, or other meaning-endowed practice solidifies an abnormality as the manifestation of an irrevocable and fundamental experiential alteration in a person's overall sociocontextual understanding of self-identity. Critically, such solidification would not be caused by the experience of the unexpected or abnormal in and of itself. Some form of social meaning would be necessary to solidify the understanding from within the otherwise inevitably necessary cascade of possible meaning attributions that would present from any possible sufficiently disruptive experience. The phenomenological disruption of, for instance, either the gradual diminution of a person’s visual acuity or the sudden contraction of a person’s visual field, would not come to constitute a biographical disruption as Bury theorizes it. If, for instance, these phenomenological disruptions were caused by etiologies that could be fully addressed through surgical intervention, the experience of the phenomenological disruption might certainly be severely psychologically traumatic, but it would not alter a person’s sense of identity. The entire experience of diagnostic investigation, diagnosis itself, and subsequent treatments would integrate into a person's biographical identity narrative as an episode of struggle against adversity. However, this process would in no way threaten the coherence of a person’s identity narrative because sense-making practices already present and widely employed within late modern societies exist that allow people to integrate such episodes of transient occupancy of the sick role into their biographical narrative without threatening overall identity coherence. Only in the disruptive moment where a diagnostic speech act or other signification authoritatively confirmed a phenomenological disruption as persistent and unalterable, such as the onset of irreversible blindness, would the kind of biographical disruption come to occur that Bury theorizes as threatening the coherence of identity.

Bury’s analysis can be understood as distinguishing two types of meaning. The first type of biographically disruptive process stems from the alteration in lived experience at the emergence of symptoms, or the occurrence of pivotal changes in a person’s biology that alter their fundamental phenomenology of self. The second type of biographically disruptive process Bury distinguishes is connected with the socio-relational meaning of the attribution of medical conditions. Under this second type of process, Bury lists the disattribution of cultural competencies, the attribution of stigma, the disruption of opportunities for certain kinds of social interactions, the burdens of socially substantiated pity or shame, the dissolution of socio-relational confidence of others in future potential for achievement, or even the basic meeting of established social expectations for the unfolding life course (1988:124-125). This is not to say that Bury doesn't consider the phenomenological disruptions brought about by symptoms to be biographically disruptive, as in components of the biographical disruption phenomenon. It is doubtful that in Bury's theorization the event of diagnosis itself would constitute a biographical disruption in the absence of such symptomatic components, but it is also clear that the phenomenological delineation between the event of an experiential disruption that might be caused by symptoms, and the full event of a biographical disruption, is the moment when the significance of an authoritative diagnostic "performative" (Austin, 1962) interpellates the identity narrative of the patient.

Carel illuminates the iatrogenic consequences of such diagnostic interpellation of a person's identity narrative. She describes how certain diagnoses can fracture one's subjectivity, making one experience some part of oneself, for instance the body, "as threat to self" (2016:31). Carel further illuminates diagnostic intervention as a moment of distinct, acute, subjective trauma in the experience of chronic conditionality:

> The time of diagnosis ...can be toxic, tearing apart taken-for-granted expectations and goals. A mix of fear, confusion, anxiety, and a sense of unreality enfolded me when I was diagnosed. . . . We can say that illness changes how the ill person experiences the world and how she inhabits it. . . . A common reaction to a diagnosis of an illness is a sense of meaninglessness and despair; such an event challenges the ill person to reflect on her life and search for ways of regaining meaning. (2016:101)

These processes of interpellation where facets of a person's identity narrative are forcibly added or subtracted by diagnosis can bring about a kind of alienation (Carel 2016:14). The aforementioned empirical examples and theoretical elaborations encourage the recognition that diagnostic practice takes place in a distinct phenomenological dimension of meaning-making that includes, but extends beyond, the experience of the condition itself, encompassing the whole meaning-making process surrounding conditionality and identity (Carel, 2016:4).

Primarily, any habilitation practice for addressing the iatrogenic harm of biographical disruption must provide bio-divergents with the means of "regaining meaning". In the vast majority of cases, this will not involve reclaiming disrupted meanings. Instead, it will consist of new meaning-making. This practice must combat the "threat to self" Carel describes. This part of the self can then be interpreted as distant from one's 'core' or 'essential' nature" (Smart, 2016:45-46).

Fundamentally, then, the habilitative practices theorized here must centralize meaning-making practices for the kinds of meanings that can be integrated into a person's internal biography. Ergin shows that Derrida's view of what constitutes an autobiography is consonant with Bury's – a self (an *autos*), a set of chronologically related empirical events and the facts of the subject's life (*bios*), and the inscription of the life story (*graphe*). Hence, it can be argued that Bury's conception of internal biography can be considered Derridean and that in theorizing biographical disruption, he is dealing with the kind of external influences that Derrida asserts prevent closure or in some other way disrupt the coherence of that biography.

It could be argued that Bury's theoretical concept might have been better labeled 'internal autobiographical disruption'. Bury acknowledges that the internal text of symbols constituting the self-concept of the subject is not authored entirely internally. On the contrary, Bury's entire concept hinges on the recognition that others externally, socio-relationally, inscribe content into the text of the biographical narrative that coheres as self-concept. While an understanding of the distinct phenomenological nature of this inscriptive process was not explicit within Bury's original theorization of biographical disruption (1982), it was appended to his development of the concept in more recent iterations of his theoretical work (Bury, 1994).

Many scholars, particularly scholars of disability theory (Williams, 2000), criticize the use of Bury's concept in the theorization of problematics associated with diagnostic practice. They charge that taking up Bury's theory has too great a tendency to reproduce problems with institutionalized, medicalized practices and is insufficiently reflective of what is now generally referred to in disability theory as "sitpoint epistemology" (epistemologies derived from and fully acknowledging and respecting the bio-divergent experience – coined by Mairs, 1986). However, this criticism is not as applicable to later iterations of Bury's theory. These later iterations of biographical disruption largely consist in establishing a theoretical continuity with the work of Anthony Giddens on the complexities of identity formation and stability in late modernity (Bury, 1994; Giddens, 1991:162-172). The continuity Bury establishes between his concept and the work of Giddens serves as sufficient grounds to justify the assertion here that this newer refinement of the biographical disruption concept can be compatible with at least certain strands of contemporary disability theory, as exemplified by Smart (2016), Shakespeare (1996), and Bauman (2008). This is particularly the case because Bury extends his concept to include the segment of the bio-divergent community who were diagnosed in childhood, prior to the emergence of an internal biography. Though this was previously a source of criticism (Williams, 2000), the recognition that biographical disruption occurs at the point where a diagnosis interferes with internal biographic processes renders it applicable to the whole bio-divergent community. The proposal advanced here is based on an understanding of diagnosis that stems distinctively from this refined iteration of the biographical disruption concept emergent from the continuity Bury establishes with Gidden's work in his later theorization.

Therefore, addressing the iatrogenesis of diagnosis depends on meaning-making processes and practices, specifically the meaning-making tools at the disposal of the individual with which the identity ink of the problematic diagnostic discourse can be empoweringly, habilitatively, absorbed into the text of a now-disrupted identity narrative when identity ink becomes biographically disruptive. An analysis of the meaning-making tools derivable from play practice enacted in the context of SFFC, therefore, requires a definition of "meaning-making tools. The development of a definition suitable for present purposes is complicated by the need to integrate two generally disparate denotations of the term "meaning." The first is that pertaining to significance or the hermeneutic content of signs (Sebeok, 2001). The second is that pertaining to the purpose of phenomenological trajectory and projection of actions as those projections constitute one's relationship to the world. These two denotations of the term "meaning" both refer to the consequences of sense-making and the ways in which sense-making enables relationality. Therefore, meaning-making tools can be defined here as tools for maintaining the cohesion and coherence of enacted sense-making over time (Derrida, 1977:3).[1]

The "sense-making" in the definition is based upon the work of Katherine Hayles (1990), who, in line with Derrida, conceives of sense-making as a basic form of boundary enactment that makes what she refers to as the otherwise unmediated flux of reality relatable; or, in effect, even sensible. Boundary enactments such as, *inter alia*, language, signs, and rituals, permit the deliberate application of volitional creative capacity to the solidification of otherwise transient forms of sense into a cohering and enduring form. This serves for the present purpose as a viable

---

[1] The synthesis of the two denotations upon which this definition of meaning-making tools is based draws upon Derrida's work (1972) as interpreted by Briankle Chang (1996:189-205)).

definition of meaning-making tools.

Identity Therapy

The need to provide many bio-divergents with distinct tools of meaning-making can and should be recognized as a bio-ethical mandate to address and ameliorate the iatrogenic harm of diagnostic acts. Perhaps surprisingly, this may even be necessary in order to ensure that diagnosis remains a bio-ethically permissible intervention by contemporary standards of medical practice (WHO, 2011:100-102; UN Office of the Human Rights High Commissioner, Committee on the Rights of Persons with Disabilities, 2020:16-17).

Giddens' concept of self-therapy (1991:70) is a starting point in exploring such redressive identity therapy practices. He proposes self-therapy as a praxis to maintain functional social identity in the discursive tumult of late modernity through engagement with creative expression, meditative introspection, intimate dialogue with trusted confidantes, and rituals of recentering. He advocates these as tools to reintegrate fragmented identity components through organic, continuous, adaptive self-reflexivity. Given the potentially immense impact of diagnosis on an identity narrative, these tools are acutely necessary for those facing the disruptive potential of diagnosis. Giddens contends that in late modernity these reflexivity skills are critically important for everyone (1991:69-72), arguing that institutional therapies can be scaffolding, but individuals must be the primary drivers (1991:139-141). According to Giddens, these exercises must be autonomous, lest their efficacy be undermined by institutional homogenizing influences. Giddens does not address specific challenges of diagnosis for bio-divergents who face bifurcation between specific meanings that they formulate for themselves, and those imposed upon their identities by socioculturally powerful institutions of medicine by the performative of medical diagnosis (Mohr, 2020). Specific skills, resources, and capacities are required for this kind of identity habilitation. Many bio-divergents cannot easily, if at all, access these resources alone, suggesting that development of pedagogy/training and peer support systems would be required to initiate and support such work.

White and Epston's model of "narrative therapy" entails similar practices but assumes the varied traumas and social dynamics to be navigated would be too difficult to overcome if the internal project of authorship is solitary (1990:18-19). They advocate for the presence of a therapist while enacting the same kinds of creative authorship, although like Giddens, they root the process in the patient's agency, drives, and goals (1991:80-85). Despite advocating this dialogic relationship between therapist and patient, White and Epston are wary that avoiding enacting institutional, authoritative power dynamics will be impossible despite therapists' best intentions (1990:27-30). They maintain that narrative authorship, like any authorship, is a skill that must be trained through dialogic refinement. Beyond the skill itself, they see identity narratives as inherently imaginative, almost artistically creative, particularly around transition and change. This parallels Giddens' discussion of individuals' capacity to insert "counterfactuals" (i.e. fictive elements) into their own identity narrative (1991:28). They argue that the very capacity to engage in the exercises of imagination necessary for this kind of creative identity narrative authorship itself has to be trained. That training must be rooted in understanding that the psychological function of imagination in self-narrative authorship and the psychological function of imagination in the composition of any form of artistic narrative are exercises of the same function (White and Epston, 1990:13).

Synthesizing these models suggests a self-driven, extra-institutional, community-based identity habilitation approach free of authoritative oversight. It would involve identity narrative composition based upon dialogue and refinement of narrative authorship skills over time. Potentially useful elements of such habilitation are emerging from non-clinical, communal settings through activities like artistic production (Reynolds, 2003; Solvang, 2018), recreational skills training (Block and Rodriguez, 2008), performative political activism (Shakespeare, 1996), and communal storytelling (Elderton et al., 2014). An example far closer to the conception of identity therapy being theorized here is the SuperBetter program developed by Jane McGonigal in which a game-based approach is used to develop a set of individualized practices for identity work designed to facilitate participants' authorship of identity narratives that centralize ability. However, neither the SuperBetter program nor the other examples listed above are specifically designed to address and/or redress the iatrogenic harm of biographical disruption. These varying modalities, while community-based, depend on medical/other clinical authoritative actors. They also try either to excise problematic elements like diagnosis from identity narratives by externalizing them, or accepting them as inevitable disruption caused by the diagnostic act. They often operate by disengaging or focusing on positivity in spite of the disruption.

The problem in devising a kind of variant of Giddens' self-therapy, i.e. identity therapy, as a habilitative practice against the iatrogenic harm of biographical disruption, is that functional forms of such practice must be based on meaning-making practices and tools that strike a delicate balance. On the one hand, they must avoid the problems White and Epston foreground by subverting the problematic hegemonies that imbue identity ink that flows from medical science with a degree of weight that often overwhelms most other ink. On the other hand, they must not encourage dangerous extremes of dogmatic medical nihilism (Stegenga, 2018b:1). This is difficult because, enmeshed as the discourses of medicine are in the wider scientific, institutional construction of the understood limits of reality and "possibility" (Barad, 2007), the meaning-making tools of identity therapy must be capable of subverting or recontextualizing those discourses to a certain extent without becoming dangerously nihilistic. The understanding of this requirement in the attempt to develop viable identity therapy practices immediately points toward play practices as central components of such a solution.

This optimality is implied in Derrida's conceptualization of postmodern autobiographical practice. Ergin describes Derrida's response to the impossibility of self-closure in the complex context of postmodernity, by treating "writing as a playful practice that can radically transform the way we think of selfhood and autonomy" (Ergin, 2017:345). Pearce quotes Jackson (1998) in holding that if the *bios* (life) is treated playfully, "[i]f life is conceived as a game, then it slips and slides between slavish adherence to the rules and a desire to play fast and loose with them" (Pearce, 2009:53).

Identity Play

Within the context of communities of play such as SFFC it becomes possible to enact a form of autobiographical 'writing' with unique potentials for skill acquisition in the use of meaning-making tools central to identity work; and ongoing, iterative, playful experimentation with the use of those tools (McGonigal, 2015). In such contexts, the very conceptualization of identity work as labor is deconstructed (Snow and Andersen, 1987). In these playful contexts, the continuous iteration of identity can become normalized and the ongoing revision of internal biography can come to be understood less as a form of identity work and more as a form of identity play.

Pearce sees such communities of play as emerging in late modernity, not necessarily as facets of already existing coherent cultural spheres, such as the geographic, national, tribal, or religious; but instead in the context of what she theorizes as “ludispheres” (Pearce 2009:34). Pearce’s theorization of the ludisphere is an extension of Huizinga’s (1938) theorization of the magic circle as a spatiotemporal boundary enacted over a territory in which ludic activity takes place, where rules of behavioral permissibility, epistemology, and ontology are suspended to facilitate the playing of a game or the coherence of some other form of ludic activity. For example, according to Huizinga, a magic circle would be enacted around a football field for the duration of a game. This circle would suspend the significance and consequences of aggressive physical contact, among other behavioral rules, enabling the game to be played. As an elaboration of this concept, Pearce thus theorizes ludispheres as nested, interactional contexts in which particular playframes (LeBlanc, 1997) are persistently instantiated. Following Huizinga, Pearce asserts that in entering into a playframe, “[players] are literally and figuratively playing by a different set of social rules that allow them to take liberties with their roles and identities that they might not take in ordinary life” (2009:59).

This characteristic of playframes is critical to understanding the unique potencies of ludispheric contexts for equipping those experiencing iatrogenic biographical disruption with the means of achieving habilitation from that disruption – and carrying far beyond the parameters of the ludisphere. This is the case because, in contrast to Huizinga’s theorization of magic circles as socio-structurally impermeable barriers insulating domains of play from the outside world, Pearce conceptualizes ludispheres as bounding but permeable membrane social constructions that can often be “porous” (2009:177-184). For example, in Huizinga’s conceptualization of the magic circle, a football game solely extends spatially to the scope of the designated playing field and temporally to the designated period of play for the game. According to Pearce’s theory of the ludisphere, however, general rules around acceptability of behavior during physical horseplay between a group of people who regularly play football together might change beyond the formal boundary of either the field or the time period where the game is played. Similarly, Pearce asserts that factors external to the ludisphere can leak into the playing of games; for example, hazards posed by low visibility due to weather might reduce the degree of tolerable aggression that conventions of the magic circle would typically legitimize.

In the virtual communities of play she studies, Pearce explores these potentials in illuminating the play practices involved in the making of avatars. By understanding avatars as narrative texts that vividly manifest ongoing, distinct exertions of agency, it becomes possible to view avatars as giving rise to a form of distinct manifestation, which, though lacking material substance in the conventional sense, troubles Derrida's assumption that texts, including the autobiographical, are not possessed of a kind of phenomenal presence (1977:137). By recognizing that the structural contexts of virtual worlds as facets of SFFC make it possible for avatars as experimental, fictive, autobiographic texts to be present, Pearce's work invites the recognition that other facets of SFFC manifesting non-virtually in the real world may enable the enactment of practices giving rise to a real-world equivalent of an avatar. These equivalents might be called 'ludic personas' that permit the same kind of identity play to be enacted in real life that Pearce describes as enacted through virtual avatars.

McGonigal conceives of these exact kinds of real world alternative personas as "secret identities" (2015: Chapter 10). She asserts:

> What is a secret identity? Think of it as an avatar for the real world. In video games, avatars are the heroic characters we play as. We see the virtual world through their eyes, and we draw on their special strengths. [... A] heroic avatar can bring out your heroic qualities in real life. But you don't need a video game or a 3-D character to maximize your heroic potential. Your own imagination and creativity are strong enough to do the trick. Simply by adopting a heroic nickname, or secret identity, you can bring out some of your most important challenge-facing attributes, like determination, courage, and compassion.

The difference between McGonigal's concept of a secret identity and a ludic persona is that a ludic persona is the opposite of secret; it is vividly performed in a way that allows precisely the kind of identity work McGonigal advocates to become the kind of "intersubjective accomplishment" Pearce describes (2009:119). According to Pearce,

> the player constructs her avatar character through a combination of representation and improvisational performance over time, through play. Avatar development follows its own emergent patterns: just as there is a feedback loop between players in a play community, there also exists a similar feedback loop between the player and his or her avatar. As players in the study often pointed out, the avatar is an extension of the player's real-life persona, even if it instantiates in ways that digress significantly from her real-world personality or life roles. (2009:198)

It is in her exploration of the avatar that Pearce's work begins to touch directly on issues of concern in disability theory. Pearce recognizes that "The avatar is a precious entity, because it is an extension of yourself, a social prosthesis, especially when the game embodiment is compensating for a physical embodiment that has broken down" (2009:242). This concept of the social prosthesis, particularly impacting bio-divergent experience, places Pearce's work within a wider context of the theorization of the prosthetic within disability theory. This theoretical work recognizes "the self-shaping agency [...] of prosthetic technologies" (Ewart, 2019:162). This theory acknowledges that certain kinds of social prostheses can "enable participation with the collective… the prosthesis becomes a social interface that allows people to communicate in ways that could, perhaps, be more human" (Gutiérrez, 2018:8). Avatars do not exist in isolation, and through this inter-subjective, co-performative framework, players may discover sides of themselves that may not have avenues of expression in the other aspects of their lives, even sides of themselves of which they may not previously have been aware.

Pearce's concept of social prosthesis, particularly when augmented by an understanding of the concept of prosthesis drawn from disability theory, explicates the full extent of the ways in which the identity practices enacted in the context of and through the avatar extend beyond the playframe. She reports the testimony of interlocutors that "being the avatar changes the real person. As one player pointed out, 'We create our avatars, and our avatars create us'" (2009: 128). Critically, this mutual process of creation can provide those experiencing biographical disruption with a form of identity ink that has the unique potential to enable a kind of counter-disruption of the highly weighted discourses of 'disablement' that are all too often an unavoidable and immediate consequence of diagnosis. This occurs, according to Pearce, as "Players often find themselves surprised by their online identities, exhibiting qualities and talents of which they themselves were not aware, including leadership abilities, drawn forth by play" (2009:140).

These kinds of avatars can constitute a stark manifestation of identity constructed on the basis of ability and capacity – not just identity founded on ability, centralized on ability, or given overarching coherence by ability, but an identity the very substance of which is fundamentally capacital. As Pearce says, in giving voice to her own avatar in the course of an ethnographic experiment in her work: "my identity is constructed largely of statistical powers" (2009:216). This statement itself points towards an innate, distinct potential for bio-divergent empowerment in SFFC. Role-playing games played in the SFFC ludisphere, both virtual and otherwise, rely on mechanisms of synthetic statistical construction in the assessment and definition of capacity and ability of characters (Fine, 1983). These same kinds of statistical constructions, when enacted on a societal scale outside of playframes, frequently serve as a cornerstone of bio-divergent oppression through the imposition of the order of the normal (Davis, 1997). Thus, it is clear that the playframes of the SFFC ludisphere are distinctly capable of subverting a central mechanism of disability oppression in a way that opens up rich possibilities for empowerment. In the ludic context of SFFC, these same kinds of synthetic statistical knowledge practices employed within a playframe permit the kind of playful experimentation with pivotal notions of ability and capacity that allow for distinct subversions of conventionalized normative notions of ability and capacity

(McGonigal, 2015). This gives rise to potentials for the kind of unconventionally competency-based self-concept-adjusting identity work described by Smart (2016).

A Derridean analysis of Pearce's conceptualization of the avatar invites the question of whether the kind of virtual context in which Pearce illuminates, describes, and contextualizes avatars is necessary to give rise to these potentials. From a Derridean perspective, an avatar is a text, a sequence of symbols containing, transmitting, and continuously altering meanings according to the structures of a relational grammar. Whether one views the avatar from the perspective of the computer code on the servers where gaming platforms are hosted, from the groups of symbols constituting the graphics that manifest the avatar as a phenomenon to players, or as the conception of a person's virtual personhood completely beyond cyberspace, and even beyond the minds of the players, the avatar still meets the definition of a textual 'corpus.'

The ludisphere allows player and avatar to merge into a blurred state of what James Gee calls "third being" (2003). If ludically-reconstituted symbolic action fashioned into the textual corpus of an avatar is understood as constituting this third-being-ness, however, then there is no reason that this dynamic requires the context of the virtual in order to emerge. What is required, however, is a totalizing playframe that allows for a kind of intricate, subversive emergence of alternative ways of being that gives rise to the potential to accomplish this empowering kind of identity play. In either case, avatars or their real-world equivalents, ludic personas, can be used as sketch pads for the authorship of an internal autobiography.

Worldness/Worlding

Opening up the possibility for the enactment of this kind of identity play requires totalizing context that meets certain conditions (following Pearce's theorization of avatars). In her work, she conceptualizes such contexts and their conditions through the discourse of “worldness” (2009:17), specifically the worldness of virtual worlds that possess this elusive worldness quality. Pearce asserts that “worldness” truly manifests by virtue of enacting a consistent set of conventions concerning behavior and possibility within its parameters when the broader context of fundamental rules of morality, identity, capacity and relationality become systematically alterable within a definitively bounded parameter of space, time, and community.

As a facet of the manifestation of such worldness, a centerpiece of Pearce’s analysis concerns the ways that the trans-spatiotemporal persistence of a ludisphere can reach the point of giving rise to what she refers to as “fictive ethnicities” (2008). “In the alternative universes of virtual worlds, games, and fan cultures, players may adopt fictive ethnicities that provide them with a sense of belonging and community” (Pearce, 2009:278). Drawing on classical anthropological theory that illuminates the intrinsic interconnection between cosmology and both the meanings and practices of nativity, she argues that the kind of intensely intricate and persistent emergence of communities that cohere around the systematic enactment of such fictive cosmologies are what come to, in effect, give rise to these fictive ethnicities. This analysis follows from the work of such thinkers as Lévi-Strauss (1963/2008:197) who maintained that the ethnos, the cultural sphere in and through which an ethnicity is manifest, is both the locus and root of a significant amount of the substance of an individual’s worldview, often cohering as a systematic understanding of the universe. These fictive ethnicities, emergent as they are from a kind of totalizing performative practice, and adhering to the patterns he identifies, can and do become invested with this substantial degree of worldness.

Hence, in line with Lévi-Strauss, Pearce clearly holds that nothing less than a discourse that invokes the broader scope of cosmology, and therefore of worldness, is suitable as a means for analyzing and communicating the socio-structural phenomena with which he is concerned. This imperative analytical need for the discourse of worldness is parallel within disability theory in the work of Michele Friedner. In her discussion of what she refers to as the biosociality of deafness (2010), which in this context could be labeled as a bio-divergent sociality, she asserts that “the concept of worlding” (Friedner and Kusters, 2015:xviii), which she bases on the work of Martin Heidegger, is necessary to understand the complexities of deaf communal relationality. Friedner conceptualizes worlding in the context of explicating deaf sociality. She defines ‘worlds’ as non-geographic relationalities arising from experiential solidarity in the “networks” (xvii) constructed by the members of a community. These are ongoingly, iteratively, enacted through the enrichment of those networks in the practice of worlding. Friedner’s argument for employing this conception in the analysis of deaf bio-divergent sociality is applicable to the polyconditional bio-divergent sociality under study here. It is similarly productive for present purposes to follow Friedner by employing Kleinman’s concept of “local moral worlds” (1999). (Kleinman describes the worlding of these worlds as “local processes (collective, interpersonal, subjective) that realize (enact) values…” (1999, 71–72).)

Such understanding is vital to the present project because the potential of those potent functions to enable subversive, iterative, innovations – both *in situ* as well as in institutional habilitative practices (Berger and Luckmann, 1966) – can act as the cornerstone of a paradigm of practice for addressing the biographically disruptive iatrogenesis of diagnosis.

The definitions of worldness and fictive ethnicities are equally applicable to enactments of ludic performativity outside of the virtual. In these non-virtual cases, instead of being made by game designers, the worlds in question are made by participants in the ludisphere as they performatively enact various forms of play. Therefore, one of the ludic activities within instantiations of SFFC taking place outside of the virtual must be understood as a playful form of worlding.

The worldness of the ludisphere is vital to the potencies of identity work practices in SFFC. This follows from the way Pearce conceptualizes “diaspora” (2009:69-194) of communities between constructed worlds in her work. By doing so, she implicitly invokes the concept of nativity. This implication is epistemically potent because it illuminates the ways in which one can experience nativity in the context of fictive worlds. This fictive nativity can serve to counterbalance the lack of a kind of prime nativity of the self to the bodymind that arises from the kind of post-diagnostic alienation that Carel describes. That fictive nativity can serve as a foundation from which skills, capacities, and other facets of identity that emerge in ludispheric contexts can come to manifest outside those contexts over time, either in other ludispheres (Pearce, 2009:188) or in altogether extraludispheric contexts (2009:232-342). This piece of her analysis arises from the experience of an interlocutor with whom she engaged who could be considered, within Pearce’s conceptual frame, a fictive native of a fictive ethnicity emergent within the wider ludisphere of SFFC. This interlocutor was able to accomplish unique forms of identity play in the face of biographical disruption brought about by a severe diagnosis. Pearce even notes directly that this kind of outcome from participation in the ludisphere she studies experienced by those contending with biographical disruption brings “the word Therapeutic [sic] … to mind instantly” (2009:190). This kind of empowering fictive nativity and ludic persona-based identity work could not come to be experienced without some worldness of the kind that Pearce describes. Understanding the potential of SFFC as a context of identity therapy first requires understanding worldness and ways of worlding particular to the community of play in the SFFC ludisphere.

Building on Victor Turner's work (1982), Pearce sees the concept of "liminal" and "liminoid" space as particularly relevant to this power of worldness in the kind of identity work she describes. Turner defines the liminal as territory between, and the liminoid as new construction that is something distinct enacted within the liminal. "Both concepts, like Huizinga's magic circle, define a space outside of the everyday…a kind of transitional gateway from one dimension or stage of life to another…" (Pearce, 2009:58-59).

Muñoz's practice of disidentification applies this concept of inhabiting the liminal and creating the liminoid to the construction of identity. This praxeology emerges from Muñoz' theoretical work and lived experience as a queer scholar and activist. K. Anderson summarizes Muñoz:

> Disidentification is a form of resistance that both accepts and fights back against interpolation as subjects simultaneously. It's inherently contradictory . . . [in that] it doesn't create purely "new" things but rather modifies existing things in unexpected ways. (Personal communication, August 7, 2020)

Disidentification is rooted in projection, i.e. external performance of the internal narratives crystallizing identity. Through disidentification one creates and inhabits a safe, performative, artistic space, which could also be considered a form of ludic sphere, engaging in that space as both performer and spectator, in and with art, from a standpoint of intense organic intellectualism (Gramsci, 1947/2011:131-148). Effective disidentification accomplishes the Foucauldian goal of refusing to accept what majoritarian frames might define as limits of valid subjectivity, enacting subjectivities that exist outside and beyond those frames (Muñoz, 1999: Chapter 8). Pearce's work already directly suggests that SFFC can facilitate this kind of identity play, in discussing artisans within the virtual gaming world she studies: "The more positive feedback they received, whether social or economic, the more motivated they were to create" (2009:120). "Mastery of specific skills is highly valued" (2009:147). As a result, "over time," according to Pearce, "others will recognize the traits and talents of the individual, often before she recognizes them herself. In this way, players take on a role in the group not by an act of individual will, but in response to feedback, and in some cases, even demands from the play community" (2009:140).

The applicability of disidentification to the bio-divergent community, advocated by Schalk (2013), stems from structural commonalities between the bio-divergent and queer communities. Both are subaltern (socioculturally subordinated) as defined in the work of Gramsci (1947/2011:202-207), each defying norms through sheer existence. Disidentification originated as a practice that empowered members of the queer community to each inhabit their own liminality of gender identity. This process involves resisting pre-existing gender ideologies in favor of embracing gender hybridity without completely disengaging from those majoritarian ideologies. Similarly, a bio-divergent form of this practice might help bio-divergents inhabit the liminality between embracing and erasing diagnosis. This bio-divergent form of disidentification would involve subverting the problematic discourses of deficiency, damage, and brokenness intrinsic to many diagnoses (Wendell, 1996:28,104) without complete biomedical disengagement. Following McGonigal (2015), this could be accomplished through authoring identities centering around both disabilities and radically divergent abilities.

METHODOLOGY AND BACKGROUND CONTEXT

Background on sci-fi fantasy culture

Manifestations of the SFFC ludisphere include conventions, festivals, and gatherings of social circles across an array of times and spaces, both real and virtual (Pearce, 2009). These spaces range from games like World of Warcraft, Elder Scrolls Online, and Minecraft, to physical contexts such as after school clubs and university societies, to gaming tournaments, trade and tech expos, and dedicated conventions ("cons"), ranging in attendance from several hundred to tens of thousands (Woo, 2012; C. Anderson, 2019; H. Jenkins, 2006).

The SFFC ludisphere primarily coheres from fandoms (Cochran, 2009; H. Jenkins, 2006), including *Star Wars*, *Game of Thrones*, DC and Marvel Comics, filmographies such as those of J.J. Abrams and Joss Whedon, and Japanese anime, particularly Studio Ghibli. The enactments of this ludisphere include trading card games, e.g., Pokémon, Yu-Gi-Oh, or Magic the Gathering; or role-play: either tabletop role-play, such as Dungeons and Dragons or Pathfinder, or live action role-play (LARP) like Nexus Elements or Vampires of the Masquerade, and video games, among many others. This ludisphere often extends to include BDSM culture and organized "cosplay," including drag (a form of thespianic theatrical practice, often incorporated in cosplay, which has given rise to a community of play and ludisphere revolving around what Muñoz refers to as "queer hybrid self-fashioning" (1999:89)).

Trading card games are strategy games that are usually semi-rigidly structured and semi-open ended, in which players collect cards to creatively combine in the implementation of various strategies within an evolving set of rules instituted and maintained by the gamemakers.[2] These games can exist in both virtual and non-virtual forms and give rise to fields of varying scope in which cards become constantly exchanged items of capital in ongoing play (Malaby, 2006; San Juan, 2014:15-17).

Typical features of tabletop role-playing games include "Physical aids for play, including but not limited to rule- and sourcebooks, dice, cards, character sheets, maps and figures. These are

---

[2] Also sometimes referred to as "game master" (GM) or "dungeon master" (DM): the supervisor primary arbiter, "referee" (Fine, 2002:29) and in some cases, overall architect of a role-playing game.

usually not indexical, as in LARPs, but symbolic, working as reference materials and textual or graphic descriptions[;] Verbal description of the game events with varying, but typically low, amounts of enactment or performance of play events" (White et al., 2018). In contrast, a "Live Action Role Playing game, commonly referred to as a LARP, is a highly immersive role playing activity in which participants take on the roles of predefined characters for periods of time ranging from a few hours up to a couple of weeks. LARPs present players with a detailed storyline and scenario, within which players enact their characters" (Balzac, 2016:1-2).

In this context, BDSM is a term which refers to a ludisphere involving complex forms of roleplay. BDSM is "a compound acronym, derived from the terms Bondage and Discipline (B/D), Dominance and submission (D/s), and Sadism and Masochism (S/M). It serves as a sort of umbrella label [...] for forms of sexuality that incorporate restraint, pressure, sensation, and elements of power exchange between the engaged parties" (Ortmann and Sprott, 2012:1-14). The BDSM community often enacts cosplay and can intersect with many other aspects of SFFC. This community's play practices are enacted in order to permit exploration and subversion of parameters of sexual behavior and erotic practice.

Cosplay (derived from the words *costume play*) is formalized, sometimes competitive, creative costume pageantry based on assuming role(s) of characters from literature, film, television, gaming, or self-imagined character roles. The inclusion of these activities within the SFFC ludisphere frequently facilitates distinct manifestations of LGBTQA+, bio-divergent, and other minority cultures.

I chose SFFC as a field for exploring application of this concept of identity therapy because it offers a context for navigating diverse aspects of this tension. It is rooted in exercise of imagination, composition of narrative, experimentation with identity, radical performance, and resistance to norms. It is also distinct from formal biomedical contexts. It is unaffiliated with authoritative institutions, a communal context in which a great deal of potency derives organically from the community. I chose a particular sub-ludisphere of SFFC, a sci-fi fantasy convention where I had developed a profound degree of personal fictive nativity, as the specific context for my research; therefore, its structure and cultural composition have profoundly influenced my intuitions concerning the essence and potential of SFFC. Additionally, it is a context with a wide array of biosocialities arising from "neurotribes", which are described as being "like a tribe of digital natives with their own history, rituals, ethics, forms of play, and oral lore [...] with others who are on the same frequency" (Silberman, 2015:3), a frequency arising from autistic neurodivergence and their equivalents along other axes of bio-divergence (Friedner, 2010). It is an environment with many options for finding appreciative audiences for the identity narrative performances that White, Epston, and Muñoz advocate. Its essence invites participants to swim in a large reservoir of potentially highly empowering and generative identity ink in a supportive and low-risk manner.

This is by no means to say that in its capacity as a community of play, ethnos/world, or other social structure, the convention is free of problematics. This work is in no way intended as a full portrait of either the particular instantiation of SFFC under study or SFFC more broadly. Rather it strives to illuminate the emancipatory potential of generative practices and avenues for future dialectic innovation, particularly via methods that will naturally foreground the reasons that people most value and love this community. There is no intention to portray this convention and other SFFC environments as a form of absolute utopia free of dynamics of prejudice, exclusivity, power inequality, and to a certain extent, the marginalization of subaltern voices. For example, both Anderson and Pearce, in various ways, directly describe and otherwise illuminate dynamics of sexism, and the objectification, marginalization, and hypersexualization of women, as part of many facets of gaming culture (Pearce, 2009:111). These problematics are certainly manifest in the context under study here. Additionally, Tocci (2009) foregrounds a historical genealogy of white majoritarian ethnocentrism in the historical construction of the "geek" (16), which, though resisted and subverted by many praxes and practices in the context under study here, are certainly undeniably manifest. Finally and perhaps most importantly given the subject of the present study, my own experience as a fictive native of this fictive ethnos, as well as certain elements of the data collected in the course of this research, at least strongly implicatively outline, if not starkly demonstrate, some problematic aspects of the very bio-divergent accessibility promotion and inclusivity practices which are so effective for many.

Consciousness of these problematics is at the forefront of substantial collective communal understanding. Accordingly, as in many instantiations of SFFC, particularly in recent years, activist projects have been and are being enacted that are designed to address these problems. The implementation of these projects has frequently been imperfect, and in some cases, has exacerbated the very problems they were intended to address. Oftentimes, implementations have failed to live up to highly sophisticated but idealistic visions of community reform or evolution. The further detailing of these problematics, and the history of redressive, reformational, compensatory, and progressive transformational measures enacted in order to contend with them, is beyond the scope of this article but nonetheless important to mark as part of the overall phenomena at the outset of the presentation and analysis of this data.[3]

---

[3] At this juncture, it is also critically important to note that if I had obtained more data illustrating many problematics with regard to bio-divergent experience in this context, its inclusion in this presentation and analysis would certainly not have been beyond the scope of this text. However, the extent to which the data I was able to obtain in any way even pointing to those problematics, let alone illuminating them, was extremely obliquely implicative, thus rendering it too disjunctive with the quality of data actually obtained to be included here. I also feel it is necessary to acknowledge that the lack of explicit, starkly illuminating data in regard to these problematics over the course of my research may be a direct result of my own experiential, ideological, or other cognitive biases, particularly rooted in my affinity for and love of this community and form of play; and more broadly, my own sociopositionalities as an affluent, white, heterosexual, cisgendered male. It is my hope that by following the ethnographic methodological principles of Willis (1978) and many

The data presented here illuminate one instantiation of SFFC, exploring ways in which it might qualify as a context in which bio-divergents engage in a form of community-based identity therapy. In order to argue that these practices should be considered an effective form of therapy, they are framed in terms of SETM, including: (1) offering therapy to increase capacities; (2) providing referrals to assistive technologies and other support resources; and (3) cultivating life skills (WHO 2011:94-123).

My methodological approach in undertaking this research largely parallels that employed by Pearce; for instance, her combination of participant observation, semi-structured interviews, and discourse analysis of social media content. I adopted this mixed-method approach for essentially the same reasons that Pearce articulates. First, because I felt that genuine observation of a community constituted as much by emergent action as this one required participation in order to achieve the greatest level of insight, because, as Pearce asserts, “communities can be seen with greater depth when viewed from their interiors” (2009:62).

Like Pearce, drawing on feminist and postcolonial methodological theory in social sciences (2009:55,195), I prioritized insight obtained through the dialogic study of multiple subjects over the value of supposedly distant, unattached, and objective insights vaunted within classical anthropological method (2009:216). In engaging with methodological theory that expands classical standards of rigor and subverts classical notions of objectivity in the formulation of my approach, like Pearce (2009:237), I was able to embrace my love of the people, worlding, values, play, and other practices comprising a phenomenon I sought to illuminate as an asset rather than a detriment.

---

others, in marking my positionalities in this way, I will have helped ensure that the data presentation and analysis to follow is as epistemically accountable (Barad, 2007) as possible.

My motives for employing both the above methodological approach and broad methodological philosophy also parallel those expressed by Pearce. Pearce justifies the highly participatory and thereby autoethnographic approach she took, particularly in the latter half of the study, by virtue of the impossibility of inhabiting the virtual worlds she studied without participation (2009:19). I made the decision to employ a fully participatory, auto-ethnographic method from the outset for essentially the same reasons, though the community of play studied here is primarily a real life instantiation rather than a virtual one. Primarily, because it is not possible to really inhabit the ludisphere of the convention I chose to study without assuming and performing a persona, or series of personas, that parallel the functions and nature of video game avatars in virtual worlds, in real life. My long experience with the community I was studying allowed me to reach an intuition concerning the process of study from the outset of my undertaking, which parallels a conclusion Pearce reached analytically halfway through her study (2009:236). This realization was that the nature of most interlocutors that one encounters in the context of the SFFC ludisphere and culture is such that intense, intersubjective, bilateral engagement is almost structurally demanded in order to engage in the kind of dialogue that yields the richest insight.

With regard to my reasons for taking a mixed-methods approach, my motivations also parallel Pearce's. In eschewing classical conceptions and standards of empirical rigor for the study of human behavior and interaction in the same vein as Pearce, I took up threads of methodological principle from feminist and postcolonial thinkers in adopting alternative standards of empirical rigor that involve striving to include the greatest breadth and depth of diverse perspectives, vantage points, and subjectivities in empirical analysis, and to trace the interconnections between that contrasting polyphony of subjectivities as coherently as possible.

My methodology was based on phenomenologically-rooted participant ethnography (Desjarlais and Throop, 2011; Van Maanen, 1988; Israel et al., 2005:e.g., 341); semi-structured interviews of informants following Creswell (2013); as well as Drew, Raymond, and Weinberg (2006:29-48); and artifact analysis (Bhattacherjee, 2012: Chapter 11). Following Willig and Rogers (2007), I also employed digital media analysis of an unofficial but highly active Facebook group for fans and attendees of the selected convention. As a veteran attendee, and therefore fictive native of the convention's ethnos, it was possible for me to achieve the sociocultural integration needed for participatory ethnographic research.

"The ludic environments of online games are characteristically open-ended, nonlinear and participatory, unpredictable and labile, and thus require an agile and responsive approach to research. They are also characterized by lived experience, which is one of the central concerns of ethnography" (Pearce, 2009:55). "This is particularly true in ethnographies of play, where the strategy of following requires a highly improvisational approach, and one which I would characterize as opportunistic: being in the right place at the right time and going with the flow of whatever is happening in the moment" (Pearce, 2009:57).

I also employed this multi-method approach so that I could achieve crystalline depth, in Richardson's sense, "which combines symmetry and substance with an infinite variety of shapes, substances, transmutations, multidimensionalities, and angles of approach" (1994/2000:1416), rather than what Richardson would view as the more triangulating scope of mere spatiotemporal breadth. According to Richardson, "Crystallization, without losing structure, deconstructs the traditional idea of 'validity'. Crystallization provides us with a deepened, complex, and thoroughly partial understanding of the topic" (1994/2000:1417). This element of Richardson's praxeology was particularly necessary to apply here, because in this context, the convention schedule was so dense that it would have been impossible to research everything relevant via traditional participant-observation. I therefore use these methods, like Pearce, because I strove to simultaneously perceive the forest and the trees, and to produce such crystallized, rather than triangulated, knowledge. As in my own work, for Pearce, crystallization provided a means of “analyzing data from different angles, different subjectivities, and at different scales” (2009:200). This thus enabled me, as Pearce expresses it, “to arrive at a multifaceted portrait” of the culture I sought to illuminate (2009:200).

Regarding the bio-divergent facets of my own positionality, I followed numerous bio-divergent researchers (Friedner and Kusters, 2015:xxii,73-74; Linton, 1998:41-43,292-295; Kusters, 2012) who treat their bio-divergence as an investigative asset in executing social science research. They assume that one should, wherever possible within ethical constraints, refrain from engaging in compensatory action to normalize one’s positionality or subjectivity as a researcher in order to adhere to ultimately ableist standards when conducting research. Following Drew et al. (2006:10-48), I deliberately sought out bio-divergent informants within the convention community with whom I had pre-existing relationships.

Throughout most fieldwork I could not dictate jottings in real time as Emerson, Fretz, and Shaw (2011: Chapter 2) recommend. Doing so would have compromised my ability to observe and participate; such dictation would have drawn attention to my role as researcher. When possible, I created jottings immediately following an event. However, the intensity of the convention schedule and the diverse elements I wished to observe forced me to delay memo-ing much of the time. Three interviews were recorded with full transcriptions prepared later; a fourth was conducted through electronic textual correspondence per an interviewee’s expressed preferences and accessibility needs. All interviewees were fully aware that they were being recorded during interviews.

Because of the sensitivity of some topics discussed and behaviors exhibited, precluding an ethical breach required anonymizing all participant-related information, including data retrieved from social media sources. All names of interviewees and informants are pseudonymized. Several contexts in which I obtained my most fruitful ethnographic data were explicitly designated safe spaces where coordinators specifically enacted policies of privacy and confidentiality. Some interlocutors actively requested that I not present descriptions of certain behaviors or sources of stigma non-anonymously. This limitation was potentially problematic because of the degree to which descriptions of costumes, mannerisms, patterns of speech, or even forms of adaptive equipment and diagnoses might identify certain interlocutors despite pseudonyms.

In numerous instances, the nature of topics discussed or practices enacted mandated informing interlocutors of my position as researcher. Additionally, in the interest of general ethical disclosure, I informed interlocutors and interviewees on the research goals. I described these as broadly connected to issues of identity and SFFC, specifically questions of SFFC and “disability identity”. To avoid potentially influencing behavior or discursive emphasis of interlocutors and interviewees, I did not provide further information although I would have done so had anyone sought elaboration.

Background on the convention

The convention is organized by a mostly volunteer-driven non-profit cooperative. Held annually for decades, it takes place at a hotel equipped for full-scale business conferences in a major U.S. city. Three to four thousand people participate, mainly regionally based with some long-term participants from other parts of the country and abroad. Admittance, beyond the hotel costs, is about $50 with student discounts and about $75 otherwise. Volunteers run panels and activities. A few paid guests of honor and gaming businesses give presentations, run program rooms, and manage events.

The gender distribution has historically skewed to the cisgender male; this has become less pronounced over the past decade, with self-identifying women approaching the numbers of self-identifying men. The number of participants identifying as non-binary or gender nonconforming has also increased in that time.[4]

In order to sufficiently acknowledge the diversity of the array of identity inks available in this context, I also feel it is necessary to acknowledge that I have encountered many varieties of religious and spiritual belief systems and identifications, including Christianity, Judaism, Buddhism, Taoism, Wicca, and contemporary forms of neo-paganism originating from many cultural contexts. Outside of political or cultural gatherings specifically centered around bio-divergence, I have encountered more people at this convention making use of adaptive mobility equipment or otherwise unambiguously signaling bio-divergence than I have in any other context.

The convention combines many elements: a film festival, music festival, art exhibit and expo, trade show, postmodern bazaar, multiple competitive tournaments in a variety of strategic games, masquerade, dance festival, theater festival or improv retreat, writers' retreat, meditation retreat, comedy festival, and broadly interdisciplinary academic conference. People attend to play,

---

[4] I based this conclusion not on any explicit analysis of formal attendance data, for such data is not available. Instead, the intuition is based on numerous informal comments I have heard attending various iterations of the convention over the years, although no such comments were made in the course of my formal research for this study. I feel this intuition is supported by numerous observations I was able to make, in both this and prior iterations of the convention, that matched certain indicators identified by Anderson (2019) of the gradual shift of this skew. These indicators include a de-emphasis on the media hypersexualizing women, an increase in the number of activities, panels, artists, and speakers pointing to or outright centralizing queer or feminist themes in response to demand from the community, and the increased presence of forms of practices drawn from the drag field of practice, as conceptualized by theorists such as Muñoz (1999), manifest in the array of pageantry and other performance in the context of the convention. A more detailed collaboration on these demographic patterns would unfortunately not be supported by the data I was able to collect, given how focused I had to be on the bio-divergent community due to the time constraints of the study imposed by its short duration. Nevertheless, this facet of the manifest ethnos with which the overarching context of the convention occurs seems to require acknowledgement.

think, laugh, learn, argue, imagine, buy, sell, create, build, test and experiment, to astonish and be astonished.

The convention schedule is divided into several tracks:

- Community solidarity among different groups, such as the LGBTQA+ community, the POC (People of Color) community, or the bio-divergent community;
- Social justice and planning of social action;
- Music and dance;
- Video games;
- Science and education; and
- Mass multimedia.

RESULTS

Many SFFC conventions have come to focus on only one of the larger fandom literatures, such as *Star Wars* or *Lord of the Rings*, or other facets such as anime or gaming, but beginning in the early 90s, a new type of convention began to emerge (Jenkins, 1992), which has become increasingly common over the past decade and a half (Tocci, 2009): a rich, multifaceted event where no single aspect overshadows others. This variant encompasses all these facets of the SFFC ludisphere, and more. An interviewee, Sage, who has frequently managed vendor booths on the convention circuit, said, “Most other cons have more of a theme, like books, or anime. [This con] is a delightful mix of everything.”

Events run at the convention almost continuously, usually pausing briefly between 4 and 8

AM. Many attendees plan their participation almost ritually, as far in advance as possible. Many of these factors, along with the specific size of the convention, come together to ensure that on the scale of relative experiential insulation a ludisphere can achieve, this convention is highly insulated. Of course, this ludisphere, like any other, is porous, and behavior, ideas, and discourses do leak in from outside its parameters. However, I did not notice or therefore observe much encroachment of the outside world into the convention during my research. This was probably the case for several reasons. As usual, the hotel where the convention takes place is full of attendees; every room is booked months in advance. Therefore, there weren't any non-participants in the hotel to manifest an outside perspective. Further, my immersion in the ludisphere of the convention was so profound as to inherently distort my perception of any such leakage in from the outside world from other sources, such as from hotel staff, because of the degree that my focus was dedicated to the phenomena I was studying.

I entered the field to begin conducting the ethnographic component of this research as I had over nine previous annual instantiations of this ludisphere:

> I walk through a familiar set of automatic doors and observe a stream of people flowing through a hotel lobby. . . . My overwhelming impression is one of the dawning of mantles of identity. Groups of people talk through the logistics of unpacking and putting on their costumes. . . . People discuss plans to begin a multi-hour live-action role-play campaign in which they will not merely dress up in costumes but remain continuously in an intricately formulated character role amidst an entire cohort of fellow players likely until early hours of the following morning. Others select gender pronouns or gaming handles long, familiar and established, or experimental, asking convention registrars to print them on nametags.

The following are examples of the kinds of identity performance presented in this world.

[5]

---

[5] Retrieved from http://techno-fandom.org/~hobbit/pix/a19/

6

7

---

[6] Photograph by Elena Canadas via Instagram @Ellen.caes.

[7] Photograph by Joy Mosenfelder. Posted Feb 9, 2020.

The texts of SFFC often invoke an archetypal symbol of the wormhole, or a portal ripped in the fabric of existence, that acts as a conduit allowing the questing traveler to reach an extraordinary world. Often these worlds are filled with novel opportunities for self-discovery and self-empowerment. In so many of the stories that are the lifeblood of SFFC, passing through these wormholes people discover technologies, capacities, and modes of existence that challenge assumptions and break rules once thought immutable (Mendlesohn, 2008: Chapter 1) – entering the liminal and constructing the liminoid. In sci-fi stories, wormholes are tears in the fabric of physical existence, space-time. Arriving at the convention is like passing through a metaphorical wormhole, ripped not through space-time but instead through the fabric of social existence, cultural norms. Thus, in passing through that set of automatic doors, I passed through a portal that transported me to a world of world-makers who, in gathering and play, performance and creativity, find new ways to conceive of not only themselves and their own worlds, but also what defines a world, and what defines a self. This impression was echoed by an interlocutor named Robyn:

> When we go through the doors to a convention, we are entering Lothlorien, we're entering whatever our little fantasy or science fiction world is. We're entering our very own building-sized safe space . . . where we can intermingle, we can show our true selves or alternate selves or whatever we are feeling at that time without anyone cutting us down for it. Because it's built into the whole idea that we were all there for the same thing. Basically, we're all there . . . to find our other lives.

Here Robyn essentially describes the processes and generative, beneficial impacts of enacting ludic personas in ways that this sub-ludisphere uniquely facilitates.

Worlding/worldmaking and the exercise of imagination

A core characteristic of convention practices was the implied invitation to create and move among an array of radically diverse worlds contained within a nested set of sub-ludispheres that combinatively constitute the overall ludisphere of the convention. In this context, worlding is a communal, creative exercise. Participants used everything from language to props to video images as instruments and instrumentalities to create and invite each other into multitudinous rendered worlds (Fine, 1983/2002). The very presentation of so many vivid alternates means that worlding can be both accessible and extraordinary.

At any time, numerous small communities were constantly (if disjointedly) engaged in cooperatively building and inhabiting a number of worlds. Panels with descriptions like these tend to be staples of the convention schedule:

> **Make your own world and tell your own stories -** . . .Whether you want to build an actual game, create an MMO sandbox, or create an animated movie, the tools are available to do it and many of them are free.
>
> **The GM-less Game -** A major trend in indie tabletop RPGs is the GM-less game, in which all players collaborate to create the world and story. What is gained and lost by this approach? What happens when things stall? How can players ensure that everyone's voice gets heard? . . .

Participants were able to enter a profoundly distinct world, enacting a form of ludispheric worlding that includes but extends beyond the kinds of worlding practices discussed by Kleinman and Friedner; specifically beyond the ordinary, to a place or state where the liminoid can be comfortably constructed and inhabited in myriad ways. I saw such ludic worlding being enacted, for example, by LARPing, that makes the wish to live in a radically different world something more than aimless longing. It renders worlding an embodied undertaking that can be conceived, refined, tested, and playfully entered.

Interlocutors and informants with whom I engaged during my research clearly experienced this sense of the convention as a worlding and exploring space. Robyn distinguished the convention from the real world in this way:

> I like the idea of an environment, a world set up like the elf kingdoms are always portrayed, as people doing what they love to do. And everything just sort of takes care of itself. Everyone takes care of each other . . . it's nice to escape as often as possible to a world where I can talk about my business all the time and everyone loves it because they're in the same field and they love it too. And that's the real life. And a lot of them do have quote-unquote 'day jobs' where they have to go off to an office or do whatever. But that's just temporary because as soon as they can, they know that their real world will be waiting.

This statement of Robyn's strongly implies not a kind of self-conscious delusion but instead more of an ontological prioritization or privileging of meanings derived from within the context of this ludisphere as opposed to meanings outside of it, particularly with regard to identity and social worlds. Sage described this meaning-making potential even more explicitly:

> Once you arrive, you learn the con is its own little world with its own rules. People are free to be whatever they want without the public heckling or harassing them. . . . the cons are the safe space we create to be ourselves. We tend to be the geeks, nerds, freaks, and outcasts, as seen by society.

Immersion in the convention's worlds can be seen as an equivalent to high-intensity muscle training, exercising the widest possible array of facets of imagination. Artemis explicitly articulated this as a value they extracted from participating in the convention:

> The truth is, exercising our imagination the way bodybuilders build eight-packs is the only hope that we have of changing the world so that we can feel more comfortable in it. As much as I for one might want to, I know I can't live without doctors and they're certainly not going to stop building cages out of the standard of what's possible according to their textbooks until people like us shock them by doing things with our imaginations that none of them could have imagined.

At the convention, bio-divergents are able to exercise their imaginations in playful resistance against the broader infrastructure of authoritative knowledge in which medical diagnosis is situated, without descending into nihilism or chaos. Science was injected with the ethos of the ludisphere itself, allowing participants who experience forms of hegemonic oppression rooted in scientific authority to achieve unique levels of empowerment from being able to inhabit worlds where hegemonically enforced limits of ontological possibility apply to both individuals and collectives. Everything from technologies to civilization could be powerfully playfully subverted using the unique worldness of such an expansive, flexible and rich ludisphere. Two panel discussions exemplified this playful but balanced orientation toward scientific work, institutions, and knowledge:

> **The Year in Science—2019 -** A compendium of the top science stories of the year! This annual panel looks out at space, down at particles, around at medicine, and in at psychology! …
>
> **The Year in Bad Science—2019 -** Scientists are people and make mistakes. Many people are not

> scientists but use the language of science to mask some outrageous claims…

These descriptions express a balance between regarding numerous aspects of science as a source of vital utility and also fully acknowledging the need for critical skepticism of both scientists as people as well as scientific institutions and methods.

Identity ink and meaning-making tools in SFFC

The convention provided an array of sources of meaning. Attendees were able to experiment with rendering them into individualized meaning-making practices and identity ink. In this sociocultural context, the results of experimentation with that ink were deeply socially validated by the community. These meaning-making resources included panels that introduce a wide array of art forms and techniques, an art show and bazaar, cosplay, educational panels designed to introduce people to different spiritual beliefs and communities, different fandoms, interest groups, and opportunities to discover new interests and passions. These activities gave participants the sociocultural framework to recognize and learn how to render and employ identity ink from channels of meaning most never even consider. The convention offered a safe way to initially experience these activities. Examples of panels that offered such rich meaning-making resources include:

> **Techniques for Body Positive Cosplay -** Have you ever felt that you ‘couldn’t’ cosplay your favourite character because you believed your body type was the ‘wrong’ kind? . . . People come in all shapes and sizes, and cosplay should too! Join other body-positive cosplayers as we discuss design, construction, and modelling techniques to help your cosplay look good on the body that you have right now.
>
> **Sing-along: CircleSinging -** CircleSinging is a form of facilitated vocal improv, . . . which could be described as ‘a drum circle for singers’ or ‘improvised choral music’. During the course of the ever-changing chant, the leader develops and gives parts to a circle of singers, which in turn supports individual solos. Both participating in and witnessing the creation of the music that emerges is an exhilarating and joyful experience. Fun for all, and no prior experience required.
>
> **‘Figure Writing’ with a Live Writing Prompt -** ‘Figure Writing’ is similar to Figure Drawing where you have a human subject you’re deconstructing for visual exploration. This exercise

> involves having a human subject you're deconstructing for narrative purposes. Experience this innovative style of writing exercise. Be prepared to ask penetrating questions about the character the subject is portraying.

Robyn stated:

> Since we're so accepting and accommodating without even thinking about it, of all the different things like, you know, a stormtrooper can talk to an elf and nobody thinks that they're weird. . . . I know that it was very important when people first started coming out of the closet . . . the community was very welcoming because we were so used to the idea of alternate sexualities and alternate body types and just, you know, everything, and that goes over to neurodiversity, too. If someone doesn't speak like we do or someone has a stim or, you know, it's just all part of the thing. You know, it's what makes them *them*. And we don't worry about it. They don't notice my little quirks and I don't even notice their little quirks for the most part, except to try to accommodate them if it's something that's going to get in the way of our being friends.

An example of radical meaning-making liberated by the ethos of non-normativity occurred in the following panel:

> **BDSM for ALL - Communities, Panel -** Kinksters come in all types, but not all of us are represented at the local dungeon. How can we modify and accommodate all kinds of play to be accessible? Come connect with members of the community as we address differing health and ability levels, discuss ways to create safer spaces for marginalized participants, and find new ways to be inclusive.

The attitude of moderators and participants in the panel seemed to reflect the notion that a significant achievement has been accomplished in ascending to some new height of freakdom by discussing bio-divergence in the context of BDSM. This led to a sense of internal pride in the enacted radical deconstruction taking place that a panelist, Joyce, articulated brilliantly:

> We're allowed to have standards. Not stupid bullshit, ableist ones, but personal, human ones. We deserve to be appreciated and we're worthy of being appreciated for who we are, because of, not in spite of. No one is independent, everyone is interdependent. Everyone has special needs, the whole BDSM scene is in a way satisfying special needs that lots of different kinds of people have, whether they are marked as having disabilities or not.

Another interviewee, Benjamin, explicitly described ways in which the ethos of sci-fi fantasy is especially fertile soil for meaning-making, particularly in the bio-divergent community:

> Yeah, well, like science fiction can be used to discuss disability in interesting ways like obviously when people like to talk about . . . X-Men for instance, works very well as an all-purpose oppression metaphor, but it works particularly well for disability and neurodiversity. Like obviously

> it’s an imperfect metaphor because none of us are like shooting flames out of our hands. But in terms of discussing being a mutant . . . like even going back to the first science fiction story, like Frankenstein is a story about ableism. It’s someone who’s rejected for their physical being by their own family and takes revenge.

This fecundity is revealed in a discussion of the wide array of accessible contexts, depending on one’s form of bio-divergence, in which the convention’s art show could be experienced. Artemis said,

> This year… they set [up the art show] like a Howard Gardner fest. I saw a tactile show on the schedule and also a tour for mobility devices as well as an all-visual tour, I assume with an ASL interpreter and meant for deaf people, on top of the accessible art show.

By presenting these meaning-making tools in such a free-flowing manner, the structure of the convention facilitated the subversion of problematic hegemonic dynamics in meaning-making activities involved in identity authorship. It did so by broadening accessibility to different forms of identity ink, and providing the context of a local moral world and community where the development and use of meaning-making tools radically divergent from many societal norms of identity construction and enactment were made possible and practical. The convention’s ethos, i.e. the ludisphere and fictive ethnicity of SFFC, encourages the understandings necessary for a person to weight identity ink derived from DSM or ICF diagnoses, Star Wars fandom, the character creation sections of a Dungeons and Dragons handbook (inclusive of web encyclopedias), or membership in a costumer’s guild equally. When this identity ink equilibrium is established, elements drawn from these disparate sources, therefore, have the potential to be equally significant components of identity (McGonigal, 2015: Chapter 10).

Cultivating the skill of ability-based identity authorship

This wealth of meaning-making resources was used throughout the convention in a plethora of identity authorship experiments. A Facebook exchange between two members of the

LGBTQA+ community who attended the convention exemplified this:

> I have met a number of people who've found themselves able to be themselves at [the con]. I've also known people who were wondering if they were trans [who] showed up and used other pronouns and found that it DIDN'T work and decided their birth pronouns were actually right. …. Imagine being able to actually test this stuff and have EITHER result be fine! There isn't a risk to checking it out and seeing if another gender presentation works for you – even if it DOESN'T you haven't lost anything, and nobody thinks less of you! If it does, you've learned something important about yourself and if it doesn't you're learning something important about yourself.

Sage attributed similar utility to SFFC in cultivating an empowered sense of her own bio divergence:

> Going to cons has been almost nothing but a learning experience. . . . It has given me a lot of lessons about myself too. Being able to be exposed to such a wide variety of subjects, cultures, and lifestyles has allowed me to identify parts of myself, my own desires, dislikes, and feelings. Sure, I could learn half the stuff online, but I would not have the same feelings of safety and confidence given to me by personal experience.

There was, in fact, an entire panel dedicated to the discussion and exploration of the utility of sci-fi fantasy content in this kind of identity play:

> **Fractured Selves: Dis-embodied Identity in SF -** Works such as Battlestar Galactica, Altered Carbon, Westworld, and the Ancillary series all share themes of memory, identity, and trauma, and raise questions of what constitutes 'core' identity and what doesn't. When one consciousness is able to inhabit multiple bodies, what does 'identity' even mean? . . .

Given this emphasis on experimentation and the distinction of personal identity, the convention means many different things to different people. A central aspect around which most of this disparate meaning-making converges, at least partially, was in centralizing ability, competency, and expertise. The understanding that the gathering is an ideal place for participants to grow and improve themselves in ways invalidated by most normative cultural mores maintains communal solidarity. Thus, much of the convention seemed to revolve around the integration of abilities of all kinds into identity authorship as a means of self-empowerment.

At the neurodiversity meet-up panel, which was the first of the "disability" panels that became the centerpiece of my ethnographic research, Artemis arrived with glasses, bright neon colored hair, jeans, and a tie-dyed t-shirt. They deliberately requested that people not refer to their conditionality outside of these kinds of safe spaces since they were living with it covertly and did not feel comfortable "not being closeted unless they were in one of these kinds of community spaces." Artemis explained that they were a member of a hive, which they further explain is the term they employ to identify their total selves within their conditionality of Dissociative Identity Disorder (DID). In a conversation held with them prior to the start of the panel, they provided an explanation of that conditionality. They described ways in which meaning-making resources from sci-fi fantasy fandom are involved in this process. Although they apply these resources solely to their own experience, this practice encapsulates an extreme form of the general trend of these empowering identity authorship practices. Artemis shared:

> . . . You have memories sometimes of experiencing trauma in certain ways, and seeing someone in your life or more often in some form of media who you just feel in your gut, who wouldn't be powerless in the face of the trauma you're experiencing. Either because they wouldn't be vulnerable to it, or because they would be able to get away from the trauma or fight it, overcome it, defeat it, protect against it, and then the thought of wanting to be that way just gets interjected into every other thought you're thinking. . . .

Just as Artemis discussed a member within their hive cohering based on a desire to take on characteristics they could use to resist subjugation, for many bio-divergents the convention is a resource for constructing and enacting roles that we can take on as part of our identities in order to empower ourselves.

Exploring and advancing toward the actualization of the development of ability was arguably the broadest theme across all convention activity. The largest variety of panels involved the exploration or acquisition (either in reality or fantasy) of various forms of ability, whether related to music, writing, artistic technique, dramatic performance, parenting, knitting, costuming, martial arts, dance, game design/play; or the fictive acquisition of the ability to fly, breathe fire, or summon lightning. Much of the value people seem to derive from engagement in SFFC relates to a sense of that competency, naturally integrable into identity in that context.

An exchange between two interlocutors in the official electronic gaming room illustrated the potential real-life value of this kind of fictive ability acquisition. They were playing a music simulator video game after a particularly skilled player had received much adulation from everyone in the room for breaking a scoring record. A spectator responded:

> Life isn't a video game though. . . . It's a great way to blow off steam but there is no way to convert your indisputable badassery at it into real life skills, so maybe, just maybe, it might have been better to spend whatever enormous portion of your life you spent to get good at this, doing something else.

A third person interjected:

> I play this game and you play this game and lots of other people play these kinds of games because they make it possible for teams of people to come together out of thin air at cons like these, or gaming cons anywhere else, who don't know each other before, to feel totally badass, and maybe they get inspired to learn these different kinds of skills in ways nobody could have before video games like this were invented.

Benjamin described this orientation toward ability characterizing the whole convention's operation:

> I guess like because the convention itself is like pre-organized. Like as far as activism goes like I'm a good participant. I'm not a good organizer. It's like part of my, my social disability. . . . Yeah, I mean, I figure like that's like how the con operates. People do what they feel comfortable doing and they do it well enough to make the convention work.

Robyn spoke more explicitly about the extreme focus on commonality and synergy in interests and skills as the foundation of her identity in this community. She said she has met a lot of people at the convention who adore what she does and initially they were only interested in her clothing expertise. She described how she has been able to build strong relationships as a result of the recognition of her competency: "And now we've become really close friends and we talk about a lot of other things. . . . So I'd say, yeah, the majority of my friends and I are all in the same little circle of talking about clothing and costumes and fabric, stitch length, and all that…"

This recognition positively impacted her identity formation:

> In the con world, I'm an expert. I'm a master at what I do. And in the real world, most people look at me like, 'So what do you do for a living, which real job?' They don't realize that this is my real

> job. … In fact, the ones who hear that in real life this is what I do are like, 'Wow, that's so cool.'

Bio-divergent identity therapy and diagnosis

Illuminating how the identity formulation practices presented here engage with the impact that diagnoses has on bio-divergents' subjectivities requires exploration of the relationship many attendees felt exist between the treatment of their divergence in formal biomedical contexts and the treatment of their divergence in the context of the convention. Anastasia explicitly discussed this contrast when she said:

> . . . In the medical world, they're just making sure you're taking care. They're saying, 'Okay, this is what you're dealing with. This is how we're gonna treat it.' And it's not. It's not. And it's a 'I'm taking care of this as a doctor' way, rather than, at the con, it's, 'I feel what you're feeling. I get what you're feeling.' More of an empathy way. . .

Similarly, Robyn said:

> I think the real world and, you know, in the medical and everything else. . . Again, it's so, it's so prescribed in many ways. I mean, you go to the doctor and you say, this is how I'm feeling, and he says, 'Ok, take this medicine.' That medicine may or may not fix it. He doesn't take the time to figure out what's really wrong. I have a lot of friends with chronic illnesses who have had to go through years of testing to figure it out. And that's not going to happen in a science fiction fantasy world. They're not trained for anything like that. But if you're more likely in that community at a convention to maybe meet someone else with the same symptoms who has a different diagnosis than you, so you could compare them. So that's opening up your world so that you can go back to the real world.

Beyond establishing a contrast between the two framings of her divergence, she contended that experiential solidarity in this context can aid the diagnostic process. Similarly, Sage conveyed that she considers SFFC highly therapeutic: "Depression, lack of accessible activities, can be tough on the mind, body, and spirit. Cons are better than happy pills. Human interaction among trusted friends is gold."

I most directly observed bio-divergent identity habilitation at two sequential panels occurring in the same location. Although they were moderated by different people, there was significant overlap in attendance.

> **Fans with Disabilities Meetup -** Being disabled in fandom has its ups and downs. Some things are more accessible in fan spaces; others still need a lot of work. Come relax with some fellow

> disabled folks in a low-stim environment and tell us how your con experience is going. Rants welcome.
>
> **Neurodiversity Meetup -** The convention is a very welcoming place, but even the best spaces can be difficult to navigate if you are neurodiverse. This meetup is for neurodiverse folks (self diagnosed welcome) to hang out and meet other individuals who may share similar experiences. (Neurodiversity encompasses mental illness, autism, learning disabilities, and anything else affecting brain function). To maintain a safe space, Allies are asked not to attend.

Unlike most of the panels, where most of the chairs in the room were arranged in neat, orderly rows with a few designated spaces marked off with blue tape, designated as wheelchair and low stim spaces respectively, at these panels there was no spatial structure. At the first panel a few people had adaptive equipment, but most people were distributed haphazardly throughout the room. With a few exceptions, the rule seemed to be "maximum possible distance between any two people." People were all around the room, some seated, some lying down, some in continuous motion, engaged in forms of self-stimulating behavior: people were clicking pens, spinning fidget spinners, playing with rubber bands, rocking back and forth, or tapping feet or fingers in motions characteristically associated with conditions entailing needs for perpetual self-stimulation. People would come and go in and out of the room with regularity, demonstrating a tendency to move farther from or closer to the center of the circle depending on their involvement in the discussion.

Robyn acted as facilitator for the first panel. She started the discussion by asking whether anyone wanted to talk about their self-identification. Many did. Particularly notable was the response of the person sitting next to me, Isaac:

> . . . I had to self-diagnose myself as autistic until a bunch of medical professionals suddenly caught on about three years ago. It's because I am extroverted. I like to socialize. I had the opportunity to socialize with a lot of people with similar neurologies to my own at a very early age, so I didn't come away from my childhood with a deeply embedded sense of social despair. But, 'Oh my god, you're an autistic extrovert - that's impossible!' is the message I've got from so many people.

Then there seemed to be a gap in the discussion, so I decided to give my own answer to the group. I explained that until I had attended an autism education panel at the convention several years previously, I had not identified as being on the spectrum. That changed because of a panelist's response when I prefaced a question by introducing myself as diagnosed with sensory integration disorder. The panelist in question who, himself, was diagnosed as on the spectrum, pointed out to me that most in the autism community consider sensory integration disorder to be a diagnosis the medical world came up with to avoid telling rich, white helicopter parents that their kids are on the spectrum. I explained to the group how that answer set me on a path that led me to self-identify as autistic. I ended up taking on this identity because everyone I asked who was on the spectrum thought that I was as well. For so many people to come to that conclusion who didn't know each other and had never talked about it, there had to be some underlying pattern they were recognizing. I explained to the group: "I mean, I'm sure my autism is different from your autism and your autism," I said, pointing to people who had introduced themselves previously as being on the spectrum.

> . . . There has to be some sort of a central commonality we're all using to recognize each other, even if it's not what the medical establishment says it should be. I mean, how many of us figured out that we were on the spectrum because of a book or an article that we read by somebody on the spectrum that sounded like your whole experience?
>
> Brenda responded:
>
> Yeah, that reminds me a lot of my experience. In fact, I've often thought of my whole autism diagnosis as being kind of like the stories of people who start off their queer self-identification by coming out as gay and then eventually realize that they are trans. Because for my entire childhood, everybody just thought of me as obsessive. My parents used to accuse me constantly of being scared of the world, becoming fixated on the world and structures of fantasy characters like the ones at this convention as a way of coping with my anxiety. I hate the word 'obsession' – it has become such a pejorative. It means stuck, spinning around an imaginary world like a broken record, and that's the thing, this place where we are, this group, this convention, is that hidden world, we're all here. They'd call all of us obsessed, and this, this is real and I only figured that out once I read that article and figured out that that was what was going on inside my mind, that was how I was able to get on the right medication and start using the right therapy.

These contrasts and convergences reflected another panel exchange, which was focused on the function and utility of diagnostic practice. It took place during the Fractured Selves Panel. Tegen, a panelist who identified as a DID hive, explained that before they were equipped with the mechanism of the language provided by psychiatric medicine, they were never sure whether the actual contrast in their various mental members was substantive. In Tegen's own words, "The diagnosis forced me to stop treating me like other parts of myself like a giant 'dickosaurus' and accept that in order to live well I had to accept the validity of my plurality." In contrast to the positive attitude toward categorization that Tegen held, Rachel, the moderator of the Fans with Disabilities Meetup, problematized it deeply. She introduced herself by explaining:

> I have a cane that's white and blue, as opposed to white and red. It's just as usable as a sensory tool as this cane is, and because of the shape and the way that I use it, it effectively signifies that I am blind, but because of the difference in colour, it forces people to take a second and re-evaluate me, which at least impedes or possibly outright prevents them from instantly putting me into one of those annoying conceptual/categorical boxes.

At this panel, aside from observing different manifestations of the central tension around diagnosis in the bio-divergent community, I participated in an exchange that was acutely illustrative of the ways in which science fiction texts and media are deployed in playfully and productively disruptive discourses of "disability". Oscar brought up a thought experiment he conducted that considered how disability might look in a "salad-bowl" truly integrated sci-fi galaxy, where disability would be socially constructed differently because ability norms would all be relative to species:

> It's like if you were a time lord something, like a form of chronic fatigue syndrome or POTS might result if one of your hearts didn't beat as fast as it was supposed to, so that condition would become a Gallifreyan disability that couldn't have any meaning to humans.

Then other people started throwing out examples. Roger said:

> Any wookie who couldn't climb trees would probably be marked as disabled. I mean, I know about the idea from that TED talk by the quadriplegic, whose name I am forgetting, where he says, 'If I want to travel at speeds greater than around 8mph, I need an assistive device called a car.' Now it's also true in my case, that if I want to move at any speed up to 8mph, I also need a different assistive device, my power chair. But that doesn't change the fact that past a certain threshold of speed, we all need adaptive devices, and yet, you know, just the information that a person would have to have in one of those societies. I mean, the fact that in the Star Trek universe, it is perfectly possible to know that the Xindi-Aquatics have the ability to breathe underwater and that humans or lots of other species don't, without anyone having to think of anyone else as disabled or damaged or broken.

The interconnection between the project of disrupting diagnostic hegemony while drawing on its utility is effectively illustrated by exchanges from the close of the neurodiversity panel. The first exchange began when Artemis said:

> The big important thing about these meetups is that we can ask for help from one another, get ideas about how to solve problems we face individually and collectively without having a feeling like you want to rip the head off of people who are trying to help you. That's the thing that's so crazy about doctors – you know that old saying that seems to pop up in every other country song by a male artist about women – about how you can't live with them and you can't live without them. That's exactly how I feel about doctors most of the time . . .

Riana responded:

> . . . Except it's not that you can't live with them. They do help you live technically, it's that you can't be yourself organically when they start intervening in your life; you can't dream properly because they keep doing things and saying things that change what you can conceive about your own potential. That's what I love about this convention, it's all about warping limits, playing with possibilities, imagining things people say are impossible and pulling them subtly toward reality.

This exchange prompted a short but intense discussion that included almost everyone attending the meetup about how to explain that value to everyone from parents, to teachers, to doctors and therapists. "Essentially," Willy said, "we would need to set up a conference where we could pitch the idea of things like what we are doing here as official rehab or therapy." Robyn responded, "That sounds a great way to start gently taking over the world, and you know what is so amazing, I think we can all work together to do it."

"See, that's the thing," the moderator said. "I think all around this room that there is a wide variety of people with different strengths. Who's good at event planning?" A person in the corner, who seemed to have been paying attention in a very signature "spectrumy" way, raised their hand. "Who's good at manning booths at conferences?" Landel raised his hand. "Who's good at writing grants for funding?" I raised my hand, saying, "I have a little bit of experience with it, and I think I have all the requisite skills to do it well." "Who's good at doing social media and web development?" . . .

Riana spoke up:

> The thing we have to remember is that just because the ableist ethos says that the different ways

> that our minds and brains work make it hard for us to socialize and cooperate doesn't mean that it's true, doesn't mean we have to believe it, doesn't mean we can't come together in spaces like this and find ways to team up.

In this exchange, a non-distorting emancipatory shift from weakness to strength and from disability to ability, based on a materially informed knowledge of the divergence of each person in the room, took place. It was the enactment of this type of practice in ways both small and large, both subtle and overt, that appeared to lead so many bio-divergents participating in the field to experience a realization about their conditionalities akin to the one Sage described:

> I already knew that disabilities are limited limitations – that people can overcome incredible challenges. The conventions showed me a level of this I never expected. We are all learning how to accept, and include, one another, including our diversities, especially now. . . . This has taught me how to push myself harder, and gives me something to work for, look forward to, and get a sense of satisfaction from accomplishing those goals.

DISCUSSION

The convention through a therapeutic lens

These data illuminate this instantiation of SFFC as a site of community-based identity therapy for bio-divergents. The iatrogenic harm of diagnosis (as discussed above) invites an analogy between surgical intervention on the body and diagnostic intervention on the identity narratives of bio-divergents. With highly biographically disruptive diagnoses, a medical actor invoking formal authority (Foucault, 1973/2003:108-137) effectively performs "surgery" on the identity narrative, distorting, inscribing, erasing, and appending parts of the "text" of internal autobiography. Participants described their struggle to manage the different dimensions of their bio-divergent diagnoses and offer examples of identity habilitation experienced at the convention.

This case study illuminates how identity authorship practices at the convention can satisfy

SETM (WHO, 2011:100-102). The first component of identity therapy observed involves strengthening the capacity of imagination. Just as a physical therapist might begin rehabilitation from surgery on a limb with strengthening exercises, identity therapy begins by strengthening the imagination in ways that increase imaginative range and capacity. Imaginative capacity is important because diagnosis can substantially constrict imagination and limit horizons of a person's sense of possibility. Left unaddressed, constriction of possibility can cause the imagination to atrophy (Carel, 2016:146).

The authority behind diagnostic practice is implicitly linked to ontological parameters that define the sense of reality (Giddens, 1991:7-50; Lévi-Strauss, 1949/2000). When diagnosis is involved, those limitations have an even greater bearing on one's sense of who one can be (Ingstad and Whyte, 1995:35). Diagnoses are a prime example of the kind of 'ruts' that Goodman says can be transcended (1978/1992:104) through worldmaking, i.e. worlding, by engaging in playful, imaginative reshaping of the parameters of one's reality. Further, Bourdieu asserts that only enacted practice (such as folklore) empowers the kind of "imaginary experience . . . which neutralizes the sense of social realities" so that "the social world take[s] the form of a universe of possibles equally possible for any possible subject" (1990:64). Therefore, an important technique observed to strengthen the imaginative range entails an engagement with the parameters that science ascribes to the universe. The practices of storytelling, performance, and fictive 'scientific' speculation are folkloric and play with these parameters as a kind of reimaginative fantasy worldmaking that Riana called "warping limits, playing with possibilities, imagining things." Goodman sees this creation of worlds as a product of a fundamental human capacity:

> Works of fiction in literature and their counterparts in other arts . . . play a prominent role in worldmaking [or worlding]; our worlds are no more a heritage from scientists, biographers, and historians than from novelists, playwrights, and painters. . . . Metaphor is no mere decorative

> rhetorical device. . . Fiction, then, whether written or painted or acted, applies truly neither to nothing nor to diaphanous possible worlds but . . . metaphorically, to actual worlds. (1978/1992:103-104)

This intense engagement in creating and inhabiting imagined worlds was discernible as an important exercise in strengthening imaginative capacity as part of this habilitative process. The second component of effective identity therapy is equipping patients with effective resources and assistive technologies. Foucault (1988) suggests that those seeking emancipation should eschew the course of self-discovery and self-definition provided in the blueprints that societal institutions promote for constructing subjectivities. Just as physical therapists refer patients to arsenals where they can select assistive equipment once strength is developed, the convention offers bio-divergents a veritable expo of what could be called assistive "technologies of the self" (Foucault, 1988), such as the social prosthesis of avatars or ludic personas. Foucault suggests that emancipatory projects must be founded on integrated, personally sovereign identities. This entails a "refusal of a scientific or administrative inquisition which determines who one is" (Foucault, 1982:781), of the kind Artemis described as "cages… of what's possible."

Foucault asserts:

> Technologies of the self . . . permit individuals to effect by their own means or with the help of others a certain number of operations on their own bodies and souls, thoughts, conduct, and way of being, so as to transform themselves. . . (1988:18)

These technologies of the self include a diverse range of resources and methodologies: art, writing, physical activities, and spirituality, among others (1988:18). The convention offered innovative creative and performative pursuits, different spiritual practices and belief systems, and alternative forms of sexuality and self-definition. All of these potential sources of identity ink are frequently potently integrable in SFFC identity play through the enactments of ludic personas enabled by the kinds of worlding that occur in the SFFC ludisphere. In line with Pearce's work, several participants described the manifestation of identity facets first enacted through ludic personas at the convention transferring beyond the parameters of the ludisphere and into the "real world". The third component of effective identity therapy is cultivation of skills supporting identity authorship. The harmful impacts of diagnoses come from the way they force ideas of deficiency, damage, and brokenness into the center of identity narratives (Wendell, 1996:28,104). Just as a physical therapist would begin teaching a patient how to walk safely after muscle strength is recovered and appropriate mobility aids are acquired, identity therapy inculcates skills to use strengthened imaginative capacity together with assistive technologies of the self for emancipatory identity authorship. To habilitate identity effectively, some facet of the self needs to grow within the identity narrative, displacing the constricted aspects rooted in diagnosis. Developing this facet requires accessing the most individualistic aspect of human nature: namely "ability", or what White and Epston (1990:16) call "unique outcomes", the highly individualized facets of oneself in which one can take pride.

The convention places creativity, competency, and expertise, and their social recognition at the center of self-definition and social relationships, no matter how narrow and exotic. The validity of this principle in enacting empowering bio-divergent identity work is illustrated in the work of McGonigal (2015). This assertion is illustrated by the conversation about the ways that the music simulation game and players can inspire the genuine capacitation of others, and by Robyn's sense of her expertise in costuming growing to define her sense of identity and community. Any community member can enact some kind of these ability-focused practices.

Integrating an SFFC-originating ability into the core of her self-definition, Robyn stated, did not erase diagnostic discourse from her identity narrative, but rather overpowered it so that it no longer dominated her identity. She was able to do this because the meaning-making resources and practices at the convention allowed her to weigh identity ink stemming from ability more heavily than the problematic identity ink stemming from her diagnosis. This kind of reauthorship constitutes a form of bio-divergent disidentification balanced between the extremes of embracing and erasing diagnosis. Although participants noted frustration with aspects of the medical system, they clearly recognized its value; complete rejection of that system was not part of the culture. A respectful but playful relationship to science was apparently foundational to this bio-divergent disidentification practice.

In sum, interviewees and interlocutors described how capacities, or confidence in those capacities, were constrained by diagnosis. They then provided examples of ability to move beyond these constraints by imagining alternative worlds, building characters in role-playing games, putting on costumes, or being involved in any of the multitudinous avenues for identity experimentation offered. For many, these imaginative capacities, technologies, and skills transfer beyond the field of SFFC. If one regularly performs the mental gymnastics to imagine oneself as an alien, elf, or cyborg, the comparative mental ability to envision new ways of being in the world, ideas of driving, working, or living in a different way are easier to actualize.

These practices meet WHO SETM by inculcating people who have had their identities disrupted by the "surgery" of diagnosis with *habita* of bio-divergent disidentification that effectively habilitate them to contend with the iatrogenic harm of diagnosis upon their identity, both in the present and in the future. This suggests that, even if new diagnoses (for the same or new conditions) still cause biographical disruption, those who undergo such identity therapy may be habilitated to address it. Such skills will not necessarily reduce condition- or symptom-related disruptions but may minimize impact on bio-divergents' identity narratives.

On the basis of this data and analysis, it is possible to conclude that identity therapy practices are being enacted in this context and to reasonably hypothesize that they may be occurring in other instantiations of SFFC ludispheres. These practices could come to fill this gap in the therapeutic arsenal for many. However, there are segments of the bio-divergent population for whom these practices would not work. Certain levels of capability in communication, literacy, and education are required to engage in SFFC practices. Some will lack necessary affinities (Curwood, 2013) for the assistive technologies of the self SFFC offers to be accessible or functional. Many of these capabilities and affinities may also be necessary to engage and participate with SFFC in a way that would give rise to a sense of fictive nativity, and therefore the kind of enthusiastic engagement with the culture that is likely vital to therapeutic potency. Bio-divergents who benefit from the convention are a self-selected group, perhaps belonging to segments of the larger bio-divergent population for whom the practices illuminated here are most therapeutic. Nevertheless, it was apparent that the convention provides effective identity therapy to a relevant sample of the bio-divergent population.

In addition to the specific "therapeutic methods" available at the convention, this instantiation (and conceivably much of SFFC) has many characteristics that seem to contribute to its effectiveness as a site for identity therapy. It integrates ideas developed by Giddens (1991:139-41) and White and Epston (1990:18-19) of the importance of individual agency and need for pedagogy in building the skills to author identity narratives in late modernity. These practices functioned independently of any medical or other institutions that might nullify their emancipatory potentials.

The convention integrated an ethos of imaginative narrativity (White and Epston, 1990:13) and fictive elements (Giddens, 1991:28) in identity narratives. By participating in this culture, particularly as a fictive native, one learns to use cultural, social, and symbolic capital from many sources as identity narrative ink to author an empowered identity (Seregina and Schouten, 2016). The richness of programs, panels, art exhibits, informal activities, and social interactions offered a broad array of options and provided a multitude of opportunities for experimentation and exploration, systematizing existing passions and discovering new ones.

Arguably, the convention serves as a site of identity therapy for a wide variety of individuals because it is simultaneously conducive to intense organic solidarity and embraces diversity. This data illuminates a dynamic within this real-world instantiation of SFFC that parallels a critical observation of Pearce's; in this regard, in the context of virtual worlds, namely that, "Far from being subsumed in the group identity (conformity), individuals flourished as unique while still being a part of the group" (2009:133).

This organic solidarity (Durkheim, 1912/2012: Chapter 3) derives from the common project of helping individuals undertake and succeed in their own projects, particularly projects of self-discovery and empowerment. It solves the problem Foucault theorizes (1982:780-781) as endemic to most emancipatory struggles, namely locating a balanced individualism that resists homogenizing oppression on the one hand and the powerlessness of isolation on the other. That communal project manifests in the sense of solidarity that participants expressed. When Robyn affirmed, "If someone doesn't speak like we do or someone has a stim or, you know, it's just all part of the thing. You know, it's what makes them *them*," she is reflecting on the nature of the culture as diverse and inclusive, rejecting the norms that typically exclude bio-divergents.

The simultaneously respectful and playful attitude toward science is similarly important. Drawing on Sanger (2007), Cochran asserts that in the context of SFFC, "Both the specialist and the amateur or novice – have a place 'at the table,' that new epistemologies can be simultaneously egalitarian and expert" (2009:23). In this view, she explicates, "truth need not be sacrificed for every person to play a role in knowledge creation."

Through engaging with these structural and cultural aspects of the convention, many fictive natives of this culture come to understand the project of identity authorship as naturally perpetual and see disruptions in its flow not as burdens requiring great labor, but as an invitation to engage in a uniquely empowering form of identity play. By participating in this identity play rooted in practices of disidentification, one can push past limits of preconception that might otherwise cut off any number of avenues for genuine empowerment. This has the potential to be deeply beneficial for the many bio-divergents who do not alone have the meaning-making resources and imaginative scope, and therefore identity ink, to conceive of transforming themselves beyond the bounds dictated by society's normative rules for identity narrative authorship.

Future research and direction

These findings invite avenues for further investigation: Does SFFC promote the enactment of identity therapy practices beyond the scope of the convention under study? Are these identity therapy practices transferrable beyond the boundaries of SFFC? Can identity therapy become a part of the standard therapeutic repertoire for habilitation associated with chronic conditions and their diagnoses? Would enactment in any clinical context be impossible because these practices emerge from a liberatory and organic ethos created by bio-divergents, for bio-divergents? The success of McGonigal's SuperBetter methodology would suggest that the answer to this dilemma might itself be somewhat liminal, permitting partial enactment of some part of a SFFC identity play-based form of bio-divergent identity therapy in clinical contexts, that could be combined with some more extra-institutional organic forms like the ones studied here.

Different facets of such a liminal methodological approach might have to be enacted in different contexts and might involve different support structures in terms of the degree of dedicated professional as opposed to community support involved in the enactment. McGonigal's work however suggests that it might be possible to validate the efficacy of SFFC-based habilitation practices by clinical epistemic standards (Stegenga, 2018a). The fluctuations of those standards and the sheer counter-orthodoxy of the entire methodological paradigm proposed here might be too extreme for even such a liminal form of somewhat clinically-based bio-divergent identity therapy to be viable. Further dedicated research will be required to meaningfully evaluate such viability.

However, regardless of whether such a liminal possibility of bio-divergent identity therapy enactment is possible, the data analyzed here illuminate practices that certainly have the potential to be significantly helpful to at least certain subsets of the bio-divergent population in their extra-institutional organic form.

Therefore, the systematic referral of patients to instantiations of this field or other fields with the necessary characteristics could be a beneficial tool in the therapeutic arsenal if a large percentage of bio-divergents affected by iatrogenic diagnosis were able to derive the same kinds of benefits described by the interlocutors and interviewees in the course of this research.

Beyond the empirical contribution of this study, therefore, these findings point toward a new paradigm of therapeutic practice that takes diagnostic interventions as seriously as the conditions they describe. The outcomes illuminated here suggest that promoting prescriptive practices that refer people to community-based settings where they can explore and author identity narratives could be an effective method for empowering the bio-divergent community and redressing the iatrogenic harm of diagnosis more broadly. Further research could reveal that this kind of vital habilitative community would even be more widely useful outside of the bio-divergent community, to those who wish or need to habilitate their identities from various disruptions. Ideally, further explorations of various instantiations of the SFFC ludisphere might catalyze the kind of fundamental clinical innovation that would contribute to the goal that all patients whose conditionalities require diagnostic intervention could achieve such a mastery of the playful access, acquisition, and use of diverse currents of identity ink through bio-divergent identity therapy, that even the most profound diagnoses cease to be iatrogenic for most.

REFERENCES

American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders* (5th ed). American Psychiatric Publishing.

Anderson, C. (2019). Women in Online Science Fiction Fandoms: Perceived Impact on Psychological Well Being. PhD dissertation, Capella University. ProQuest, 13857793.

Angermuller, J. (2018). Accumulating Discursive Capital, Valuating Subject Positions. *Critical Discourse Studies,* 15(4):414-25, doi:10.1080/17405904.2018.1457551

Anthony, W. A., & Liberman, R. P. (1986). The Practice of Psychiatric Rehabilitation: Historical, Conceptual, and Research Base. *Schizophrenia Bulletin,* 12(4):542-59.

Armstrong, T. (2010). *The Power of Neurodiversity: Unleashing the Advantages of Your Differently Wired Brain*. Da Capo Press.

Austin, J.L. (1962). *How To Do Things With Words.* Oxford University Press.

Baerger, D. R., & McAdams, D. P. (1999). Life story coherence and its relation to psychological well being. *Narrative Inquiry,* 9(1):69-96.

Balzac, S. R. (2016). An Exploration Into How Live Action Role-Playing Game (LARP) Participants Experience Leadership, Decision Making, And Working Within A Group In Non-Game Social Interactions. ProQuest, 10130761.

Barad, K. (2007). *Meeting the Universe Halfway: Quantum physics and the entanglement of matter and meaning.* Duke University Press.

Bhattacherjee, A. (2012). *Social Science Research: Principles, Methods, and Practices*. University of South Florida.

Block, P., & Rodriguez, E. (2008). Team Building: An Anthropologist, an Occupational Therapist, and the Story of a Pediatric Multiple Sclerosis Community. *Practicing Anthropology,* 30(3):6-9.

Bourdieu, P. (1977 [2013]). *Outline of a Theory of Practice*. Translated by Richard Nice. Cambridge University Press.

Bourdieu, P. (1990). *The Logic of Practice*. Translated by Richard Nice. Stanford University Press.

Brown, S. (1998). Poster Kids No More: Perspectives About the No-Longer Emerging (In Fact, Vibrant) Disability Culture. *Disability Studies Quarterly,* 18(1): 5-19.

Brubaker, R., & Cooper, F. (2000). Beyond 'Identity.' *Theory and Society,* 29(1):1-47.

Bury, M. (1982). Chronic illness as biographical disruption. *Sociology of Health and Illness,* 4(2):167-182.

Bury, M. (1991). The Sociology of Chronic Illness: A Review of Research and Prospects. *Sociology of Health & Illness,* 13:451-468.

Bury, M. (1994). Health Promotion and Lay Epidemiology: A Sociological View. *Health Care Analysis,* 2:23-30.

Bury, M. (1997). *Health and Illness in a Changing Society*. Taylor & Francis.

Carel, H. (2016). *Phenomenology of Illness*. Oxford University Press.

Chang, B. G. (1996). *Deconstructing Communication: Representation, Subject, and Economies of Exchange.* U of Minnesota Press.

Clare, E. ([1999] 2015). *Exile & Pride: Disability, Queerness, and Liberation*. Duke University Press.

Charland, L. C. (2004). A Madness for Identity: Psychiatric Labels, Consumer Autonomy, and the Perils of the Internet. *Philosophy, Psychiatry & Psychology,* 11(4):335-349. doi:10.1353/ppp.2005.0006

Charmaz, K. (1983). Loss of Self: A Fundamental Form of Suffering in the Chronically Ill. *Sociology of Health & Illness,* 5(2):168-95.

Cochran, T. R. (2009). Toward a Rhetoric of Scholar-Fandom. PhD dissertation, Georgia State University. https://scholarworks.gsu.edu/english_diss/51

Corbett, J. (1996). *Bad Mouthing: The Language of Special Needs.* The Falmer Press.

Creswell, J. W. (2013). *Qualitative Inquiry and Research Design: Choosing Among Five Approaches* (3rd ed). SAGE.

Curwood, J. S. (2013). The Hunger Games: Literature, Literacy, and Online Affinity Spaces. *Language Arts,* 90(6): 417-27. https://www.jstor.org/stable/24575002

David, G. E. (2015). Dealing with the Diagnosis. *Contexts,* 14(2):22-7. doi:10.1177/1536504215585770.

Davis, L. J. (1997). Constructing Normalcy: The Bell Curve, The Novel, and The Invention of the Disabled Body in the Nineteenth Century. In L. J. Davis (Eds.), *The Disability Studies Reader* (pp. 9-28). London: Routledge.

Deegan, P. E. (1988). Recovery: The Lived Experience of Rehabilitation. *Psychosocial Rehabilitation Journal*, 11(4):11-19.

Derrida, J. ([1972] 1981). *Dissemination*. Translated by Barbara Johnson. University of Chicago Press.

Derrida, J. (1977). *Limited Inc.* Translated by Samuel Weber. The Johns Hopkins University Press and Editions de Minuit.

Derrida, J. ([1967] 2010). *Voice and Phenomenon.* Translated by Leonard Lawlor. Northwestern University Press.

Desjarlais, R., & Throop, J. C. (2011). Phenomenological Approaches in Anthropology. *Annual Review of Anthropology,* 40(1):87-102.

Drew, P., Raymond, G., & Weinberg, D. (2006). *Talk and Interaction in Social Research methods.* SAGE.

Durkheim, É. ([1912] 2012). *The Elementary Forms of the Religious Life.* Translated by J. W. Swain. Dover.

Elderton, A., Clarke, S., Jones, C., & Stacey, J. (2014). Telling Our Story: A Narrative Therapy Approach to Helping Lesbian, Gay, Bisexual and Transgender People With a Learning Disability Identify and Strengthen Positive Self-Identity Stories. *British Journal of Learning Disabilities,* 42: 301-307.

Emerson, R. M., Fretz, R. I., & Shaw, L. L. (2011). *Writing Ethnographic Fieldnotes* (2nd ed). The University of Chicago Press.

Epstein, S. G. (2008). Patient Groups and Health Movements. In E. J. Hackett, O. Amsterdamska, M. Lynch, & J. Wajcman (Eds.), *The Handbook of Science and Technology Studies,* (3rd ed., pp. 499-539). MIT Press.

Erikson, E. ([1968] 1995). *Identity: Youth and Crisis*. W. W. Norton & Company.

Erikson, E. ([1968] 1980). *Identity and the Life Cycle.* Norton.

Ergin, M. (2017, Spring). Derrida's Otobiographies. *Biography*, Vol. 40, No. 2. Pp. 342-365. University of Hawai'i Press.

Ewart, C. (2019). An Arm Up or a Leg Down? Grounding the Prosthesis and Other Instabilities. In D. T. Mitchell, S. Antebi, and S. L. Snyder (Eds.), *The Matter of Disability* (pp 160-181). University of Michigan Press.

Fine, G. A. ([1983] 2002). *Shared Fantasy: Role-Playing Games as Social Worlds.* University of Chicago Press.

Fleischman, S. (1999). I am . . . , I have . . . , I suffer from . . . : A Linguist Reflects on the Language of Illness and Disease. *Journal of Medical Humanities*, 20(1).

Foucault, M. (1982). The Subject and Power. *Critical Inquiry,* 8(4): 777-95.

Foucault, M. (1988). *Technologies of the Self: A Seminar with Michel Foucault*, L. H. Martin, H. Gutman, and P. H. Hutton (Eds.). Tavistock Publications.

Foucault, M. ([1973] 2003). *The Birth of the Clinic.* Translated by A. Sheridan Smith. Routledge.

Friedner, M. (2010). Biopower, Biosociality, and Community Formation: How Biopower Is Constitutive of the Deaf Community. *Sign Language Studies* 10(3):336-47. doi:10.1353/sls.0.0049

Friedner, M., & Kusters, A. (2015). *It's a Small World: International Deaf Spaces and Encounters*. Gallaudet University Press.

Garro, L. (1994, March). Narrative representations of chronic illness experience: cultural models of illness, mind, and body in stories concerning the Temporomandibular Joint (TMJ). *Social Science & Medicine*, Volume 38, Issue 6, Pages 775-788. https://doi.org/10.1016/0277-9536(94)90150-3

Garland-Thomson, R. (2015). Human Biodiversity Conservation: A Consensual Ethical Principle. *American Journal of Bioethics* 15(6):13-15.

Gee, J. (2003). *What Video Games Have to Teach Us About Learning and Literacy*. Palgrave Macmillan.

Giddens, A. (1991). *Modernity and Self-Identity: Self and Society in the Late Modern Age*. Stanford University Press.

Goffman, E. (1963). *Stigma: Notes on the Management of Spoiled Identity.* Prentice-Hall.

Goodman, N. ([1978] 1992). *Ways of Worldmaking* (6th ed). Hackett.

Gramsci, A., and Buttigieg, J. A. (Ed.) ([1947] 2011). *Prison Notebooks.* Columbia University Press.

Hayles, N. K. (1990). Constrained Constructivism: Locating Scientific Inquiry In The Theater Of Representation. New Orleans Review.

Heidegger, M. ([1927] 2008). *Being and Time*. Harper Perennial.

Hermans, H. J. M., & Gieser, T. (Eds.) (2011). *Handbook of Dialogical Self Theory*. Cambridge University Press.

Howard, J. A. (2000). Social Psychology of Identities. *Annual Review of Sociology* 26:1, 367-93 doi:10.1146/annurev.soc.26.1.367

Huizinga, J. ([1938] 1950). Homo Ludens: A Study of the Play-Element in Culture. Translation of the original. Roy Publishers.

Illich, I. (1976). *Limits to Medicine: Medical Nemesis, the Expropriation of Health.* Random House.

Ingstad, B., & Whyte, S. R., eds. (1995). *Disability and Culture.* University of California Press.

Israel, B A., Eng, E., Schulz, A. J., & Parker, E. A. (Eds.). (2005). *Methods in Community-Based Participatory Research for Health.* Jossey-Bass.

Jackson, M. (1998). *Minima Ethnographica: Intersubjectivity and the Anthropological Project*. University of Chicago Press.

Jenkins, H. (2006). *Fans, Bloggers, And Gamers: Exploring Participatory Culture.* New York University Press.

Jenkins, H. (1992). *Textual Poachers: Television Fans and Participatory Culture*. Routledge.

Jenkins, R. ([1996] 2014). *Social Identity* (4th ed). Routledge.

Jutel, A. (2014). When the Penny Drops: Diagnosis and the Transformative Moment. In A. Jutel and K. Dew (Eds.), *Social Issues in Diagnosis: An Introduction for Students and Clinicians* (pp. 139-161). Johns Hopkins University Press.

Jutel, A. (2016). Truth and lies: Disclosure and the power of diagnosis. *Social Science & Medicine*, Volume 165, Pp 92-98.

Kleinman, A. (1999). "Moral Experience and Ethical Reflection: Can Ethnography Reconcile Them? A Quandary for 'The New Bioethics.'" Daedelus, 128 (4): 69–97.

Lave, J., & Wenger, E. (1991). *Situated Learning Legitimate Peripheral Participation.* Cambridge University Press.

Linton, S. (1998). *Claiming Disability.* New York University.

LeBlanc, H. P. (1997). Teasing That Works: Sharing the Play Frame. Paper presented at the Annual Meeting of the Southern States Communication Association (68th, San Antonio, TX).

Lévi-Strauss, C. ([1963] 2008). *Structural Anthropology*. Basic Books.

Lévi-Strauss, C. ([1949] 2000). *The Effectiveness of Symbols.* Bloomsbury.

Locock, L., & Ziebland, S. (2015). Mike Bury: Biographical Disruption and Long-Term and Other Health Conditions. In F. Collyer (Ed.), *The Palgrave Handbook of Social Theory in Health, Illness and Medicine* (pp. 582-598). Palgrave Macmillan. doi:10.1057/9781137355621_37

Mairs, N. (1986). *On Being a Cripple*. Arizona Board of Regents.

Malaby, T. (2006). Parlaying Value: Capital in and Beyond Virtual Worlds. *Games and Culture,* Volume 1 Number 2141-162. Sage Publications.

McAdams, D. P., & Janis, L. (2004). Narrative Identity and Narrative Therapy. In L. E. Angus & J. McLeod (Eds.), *The Handbook of Narrative and Psychotherapy: Practice, Theory, and Research* (pp. 159-173). Sage Publications. doi:10.4135/9781412973496.d13

McCann, L., Illingworth, N., Wengstrom, Y., Hubbard, G., & Kearney, N. (2010). Transitional Experiences of Women with Breast Cancer Within the First Year Following Diagnosis. *Journal of Clinical Nursing,* 19(13-14):1969-1976.

McGonigal, J. (2015). *SuperBetter*. Penguin.

Mendlesohn, F. (2008). *Rhetorics of Fantasy.* Wesleyan University Press.

Mohr, S. (2020). The performative effects of diagnosis : Thinking gender and sexuality through diagnostic politics. Kvinder, Køn

Og Forskning, 29(1), 19–32. https://doi.org/10.7146/kkf.v29i1.123447

Muñoz, J. E. (1999). *Disidentifications.* University of Minnesota Press.

Ortmann, D. M., & Sprott, R. A. (2012). *Sexual Outsiders: Understanding BDSM Sexualities and Communities.* Rowman & Littlefield.

Oyserman, D., Elmore, K., & Smith, G. (2012). *Self, self-concept, and identity.* In M. R. Leary & J. P. Tangney (Eds.), *Handbook of Self and Identity* (pp. 69-104). Guilford Press.

Parsons, T. ([1952] 1991). *The Sick Role, The Social System.* Routledge.

Pearce, C. (2008, October). *Identity-as-Place: Trans-Ludic Identities in Mediated Play Communities—The Case of the Uru Diaspora*. Presented at Internet Research 9.0: Rethinking Communities, Rethinking Place, Association of Internet Researchers, Copenhagen IT University.

Pearce, C. (2009). *Communities of Play: Emergent Cultures in Multiplayer Games and Virtual Worlds.* MIT Press.

Reeve, D. (2002). Negotiating Psycho-emotional Dimensions of Disability and their Influence on Identity Constructions. *Disability & Society,* 17(5):493-508. doi:10.1080/09687590220148487

Reynolds, F. (2003). Reclaiming a Positive Identity in Chronic Illness through Artistic Occupation. *OTJR: Occupation, Participation and Health*, *23*(3), 118-127. doi:10.1177/153944920302300305

Richardson, L. (1994). Writing: A Method of Inquiry. In N. Denzin and Y. S. Lincoln (Eds.), *Handbook of Qualitative Research* (pp. 923–948). SAGE.

Rosenberg, C. E. (2002). The Tyranny of Diagnosis: Specific Entities and Individual Experience. *The Milbank Quarterly* 80(2):237-60. doi:10.1111/1468-0009.t01-1-00003

Saldaña Gutiérrez, R. J. (2018). Cultural prostheses and their spatial consequences. https://renati.sunedu.gob.pe/handle/sunedu/2213377

Sanger, L. M. (2007). Who Says We Know: On the New Politics of Knowledge. *Edge*. https://www.edge.org/conversation/larry_sanger-who-says-we-know-on-the-new-politics-of-knowledge

Schalk, S. (2013). Coming to Claim Crip: Disidentification with/in Disability Studies. *Disability Studies Quarterly,* 33(2). https://dsq-sds.org/article/view/3705

Sebeok, T. (2001). *Signs: An Introduction to Semiotics*. University of Toronto Press.

Seeley, J., Mbonye, M. K., Ogunde, N., Kalanzi, I., Wolff, B., & Coutinho, A. (2012). HIV and Identity: The Experience of AIDS Support Group Members Who Unexpectedly Tested HIV Negative in Uganda. *Sociology of Health and Illness,* 34(3): 330-44.

Seregina, A., & Schouten, J. W. (2016). Resolving Identity Ambiguity through Transcending Fandom. *Consumption Markets & Culture,* 20(2):107-30.

Shakespeare, T. (1996). Disability, Identity and Difference. In C. Barnes & G. Mercer (Eds.), *Exploring the Divide: Illness and Disability* (pp. 94-113). The Disability Press.

Singer, J. (1998). Odd People In: The Birth of Community Amongst People on the Autistic Spectrum. A personal exploration based on neurological diversity. Faculty of Humanities and Social Science University of Technology, Sydney.

Smart, J. (2016). *Disability, Society, and the Individual*. Aspen Publishers.

Snow, D A., & L. A. (1987). Identity Work Among the Homeless: The Verbal Construction and Avowal of Personal Identities. *American Journal of Sociology,* 92(6)1336-1371

Solvang, P. K. (2018). Between Art Therapy and Disability Aesthetics: A Sociological Approach for Understanding the Intersection Between Art Practice and Disability Discourse. *Disability & Society,* 33(2):238-53. doi:10.1080/09687599.2017.1392929

Stegenga, J. (2018a). *Care and Cure: An Introduction to Philosophy of Medicine*. The University of Chicago Press.

Stegenga, J. (2018b). *Medical Nihilism*. Oxford University Press. doi:10.1093/oso/9780198747048.001.0001

Tocci, J. (2009). Geek Cultures: Media and Identity in the Digital Age. PhD dissertation, University of Pennsylvania. ProQuest, 3395723.

Turner, V. W. (1982). *From Ritual to Theater: The Human Seriousness of Play.* Performing Arts Journal Publications.

United Nations Office of the Human Rights High Commissioner, Committee on the Rights of Persons with Disabilities. (2020). *Convention on the Rights of Persons with Disabilities.* Geneva, Switzerland.

Wendell, S. (1996). *The Rejected Body: Feminist Philosophical Reflections on Disability*. Routledge.

Van Maanen, J. (1988). *Tales of the Field.* University of Chicago Press.

White, M., & Epston, D. (1990). *Narrative Means to Therapeutic Ends.* W.W. Norton.

White, W. J., Arjoranta, J., Hitchens, M., Peterson, J., Torner, E., & Walton, J. (2018). Tabletop Role-Playing Games. In S. Deterding, & J. Zagal (Eds.), *Role-Playing Game Studies: Transmedia Foundations*. Routledge.

Willig, C., & Rogers, W. S. (2007). *The SAGE Handbook of Qualitative Research in Psychology.* SAGE.

Willis, P. (1978). *Profane Culture.* Routledge.

Wilson, S. (2007). ‘When You Have Children, You’re Obliged to Live’: Motherhood, Chronic Illness and Biographical Disruption. *Sociology of Health and Illness,* 29(4):610-626.

Woo, B. (2012). Alpha nerds: Cultural Intermediaries in a Subcultural Scene. *European Journal of Cultural Studies,* 15(5):659-676. doi:10.1177/1367549412445758

World Health Organization. (2011). *World Report on Disability*. Geneva, Switzerland.

World Health Organization. (2001). *International Classification of Functioning, Disability, and Health*. Geneva, Switzerland.

Highlights

- If diagnosis is to be ethical, a form of identity therapy is necessary
- Potent identity empowerment practices are enacted through sci-fi fantasy culture
- Sci-fi fantasy culture encourages positive construction of identity around ability
- This culture allows resistance to scientific absolutism without medical nihilism
- Identity therapy practices help resolve the dilemma of diagnosis

I have no conflict of interest to declare.