Autism, Neurodiversity, and the Good Life

On the Very Possibility of Autistic Thriving

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ABSTRACT: Autism is typically framed as stemming from empathy deficits as well as more general cognitive and sensory issues. In turn it is further associated with other purported harms: ranging from psychological suffering to diminished moral agency. Given such associations, in the philosophical literature, autism is widely taken to hinder the possibility of both thriving and attaining personhood. Indeed, this purported stifling of thriving personhood can be taken as the core harm associated with autism as such. In direct contrast to this dominant view, the key aim of this thesis is to raise reasonable doubt as to the validity of this exclusion, by establishing that there is no decisive reason to accept the notion that autism is inherently harmful. This builds on arguments made by autistic self-advocates who argue in favour of de-medicalising and instead politicising autistic disablement and distress. However, the originality of this thesis lies in three key factors. First: it focuses more specifically on the purported impossibility of thriving autistic personhood, since I take this more fundamental matter to underlie all the other issues relating to these wider debates. Second: I use a negativist methodology. That is, instead of, say, arguing that autistic individuals can be useful to society or have positive attributes, my aim is to raise reasonable doubt regarding the core assumption underlying the dominant framing of autism as a pathology: namely, that autism and thriving personhood are inherently at odds. Third, I draw on methodologies developed by feminist philosophers and critical theorists in order to further our understanding of autism and the ethical issues surrounding it with more nuance than I have found in the existing literature. In sum: after a critical analysis of the concept of autism, and then further analysis of the relationship between autism and the harms it is associated with, I conclude that we have no decisive reason to think that being autistic, in and of itself, is at odds with either thriving or personhood. This chimes with the notion that autism is best framed as a difference, disabled by society rather than medical pathology, raises important problems for both ethical and psychiatric theory, and has significant implications for autism policy and practice.

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Chapter 1: Introduction: The Challenge from Neurodiversity

Within institutional psychiatry autism is typically identified in light of two core criteria. These are 1) ‘persistent deficits in social communication and social interaction across multiple contexts’ and 2) ‘the presence of restricted, repetitive patterns of behavior, interests, or activities’ (APA 31). Exhibiting the combination of these traits throughout the lifespan – at least to what is thought to be a ‘clinically significant’ or ‘significantly severe’ level – is taken by organisations such as the *American Psychiatric Association* (APA) and *World Health Organisation* (WHO) to suffice for a diagnosis. In turn, these are taken to relate back to a ‘harmful dysfunction’ at the psychological level of functioning. Typically, in the medical literature, the key traits here taken to be empathy deficits and general cognitive processing issues (Bowler 2006), coupled with a ‘fear of change’ or ‘need for sameness’ (Kanner 1943). Finally, although no definitive biomarker has been found, these are generally taken to stem from a neurological and in turn a largely genetic basis (Coleman 2005; Baron-Cohen 2008).

Alongside these core diagnostic criteria and cognitive traits, autism is also further associated with (what are widely considered to be) other forms of harm. In particular, many autistic persons live with both neurological conditions such as epilepsy, and cognitive, learning, attention, or motor function disabilities (Mannion and Leader 2013). Some of these individuals, classified by psychiatrists as “severe” cases, need twenty-four hour care, and many are continually frustrated by being unable to successfully communicate their needs. At the same time, even the most able autistic individuals struggle in both the education system and the workplace, with the majority being bullied at school (Cappadocia et al 2012) and only a small percentage finding full time work (Barnard et al 2001: 7). In line with this, many such individuals also suffer from mental health problems such as anxiety and depression

(Stewart, Bernard, & Pearson 2006). Because of these various issues, in comparison to non-autistic persons, autistic persons also tend to live shorter than average lives – with suicide being the principal cause of death in those deemed "mildly" autistic, and epilepsy being the principal cause of death in those considered more "severe" (Hirvikoski et al 2016).

Given such factors, autism is generally associated with suffering and catastrophe in both clinical and wider representations. Metaphors widely used to represent autism include those of the kidnapped child, of their being held hostage behind barriers, of them being dead or dying, and, finally of needing military assistance in the forms of 'defeating' or 'combatting' autism (Zoe Gross 2012). Representations of autism often exhibit a 'totalizing narrative of tragedy' (Stevenson 2008: 198), sometimes in relation to perceived loss of the normal child that should have been or was expected (Sinclair 1993). The prevailing picture of autism that emerges from multiple daily news reports – in which autism is often characterised as an "epidemic" – has been described that of 'an unknown fear and threat, that needs to be addressed as soon as possible' (Murray 2008: 3). Underneath all this, as the researcher and mother to an autistic son, Virginia Bovell, points out:

> 'even if the word "suffering" is not always used, much of the discourse in both academic and lay communities implicitly or explicitly relates to the relationship between autism and suffering or autism and reduced well-being, relative to a neurotypical [i.e. species-standard] "norm".'

(Bovell 2015: 265). That is to say, in its essence, autism is not just typically seen as something terrible that destroys lives and which needs to be fought and eradicated. It is also evaluated as such in relation to a species-standard norm – a norm in comparison to which it is typically deemed inherently lacking in various vital regards.

This dominant understanding of autism is reflected in the academic literature regarding the ethics of autism. Among moral philosophers, autistic people are typically represented, in virtue of being autistic, as both having impaired agency and being inherently unable to live good lives. One oft-cited factor here is the (purported) empathy deficit exhibited by autistic persons. The problem, as moral philosopher Deborah Barnbaum asserts, is that:

> ‘not only will the person who lacks empathic ability live a life that is not a good human life, a life whose good is compromised in virtue of being unable to make certain empathic connections, but that individual may also lack the capacity to perform the morally right action in certain situations’ (Barnbaum 2008: 83).

In line with this, more general information processing issues associated with autism are also often seen to hinder the general capacity to understand, navigate, and make decisions within the world. This is significant because autonomy and agency are widely seen as the very basis for our distinctly human value and dignity. And yet, as one commentator writes, the ‘profound difficulties’ associated with autistic cognition precisely ‘make the claim to autonomy more difficult to sustain’ (DeVidi 2013: 189). In short, then, the autistic perceptual-cognitive profile is widely taken, either explicitly or implicitly, to exclude autistic individuals from – amongst other things – autonomy, moral agency, and, ultimately, living good, meaningful lives.[1]

At a deeper level, both the notion that autism is somehow ethically disabling, and the framing of it as a developmental disorder, are related to questions regarding what it means develop a *self* and thus be a *person*. On the one hand, for instance, Peter Hobson, an influential developmental psychologist, argues that autistic individuals systematically fail to develop selfhood due to a lack of ‘interpersonal relatedness’ (Hobson 2002). Similarly, Uta Frith, a leading cognitive psychologist, focuses on the

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[1] Indeed, people at the “severe” end of the autism spectrum are sometimes excluded altogether, and for the rest of the spectrum it is often seen more as a matter of degree. David Shoemaker, for example, suggests that people at the “mild” end of the spectrum may be ‘just mimicking’ moral behaviours, even if they do seem to act morally (2015: 170), whilst another recent paper argued that when, regardless of the level of impairment, ‘left to their own devices, the prospects for a child with autism living [a] good life are virtually nil’ (Furman and Tuminello 2015: 256). The combination of these problems has even led some commentators to consider autistic people as, to varying extents at least, sitting outside the ‘moral community’ of humanity altogether, raising further questions regarding the rights and worth of autistic individuals (Barnbaum 2008).

seemingly fragmented nature of autistic self-consciousness in order to suggest that an ‘absent self’ may be the ‘essence’ of autism (2003: 208). According to these various commentators, then – and although each has a different understanding of what both the self and autism consist in – autistic individuals do not just have a heightened disposition towards distress and suffering in the more everyday senses noted above, but diminished selfhood *as such*.

On the other hand – from a more ethical point of view – the issue here regards how having a self in the psychological sense is widely taken to relate to being classified as a *person*, in a more normative and perhaps also legal sense (Silverman 2011: 7). In debates about abortion, and whether foetuses should be deemed worthy of human rights, for example, some have suggested that, despite being biologically human, early foetuses may not yet be selves, and thus persons that deserve full moral consideration. This is because they lack various characteristics, such as self-consciousness, language, and moral agency that seem essential for personhood (see, e.g. Warren 1973). Similar debates in bioethics also focus on non-human animals, humans in terminal vegetative states, and the cognitively disabled, and are likewise concerned with assessing the claim to moral status in each case. In line with this, if justified, the exclusion of autistic individuals from full personhood has similarly significant implications. For example, it has been taken by Barnbaum to indicate that autistic individuals may fall outside the ‘moral community’ of humanity, and so be less than human in not just a psychological but also normative sense – forfeited of an inherent claim to dignity and human rights (Barnbaum 2008). This notion is also linked with justifying responses to autism among medical practitioners. Take, for instance, Doctor Ivor Lovaas, who developed the method of Applied Behaviour Analysis, which is currently the most widely-used and yet simultaneously controversial (Waltz 2008) and invasive “therapy” for autistic children. Notably, Lovaas justified his intervention, in part, precisely in light of the notion that his patients ‘were not persons in the psychological sense’ (quoted in Donovon and Zucker 2016: 154). Beyond just justifying interventions towards existing autistic individuals, Barnbaum takes the diminished capacity for personhood she associates with autism to mean that parents would have, if technology permitted it, be not just allowed, but morally obliged to abort (2008).

On the face of it, these claims might appear to support the notion that autism is a problem. Indeed, they may be seen as explaining why autism is seen as a problem in the first place – to cut to the very heart of what makes autism so seemingly terrible. Nonetheless, both this dominant understanding of autism, and what are taken to be its ensuing ethical implications, have not gone unchallenged. In recent decades and against the medical model that frames autism as a disorder, the grassroots 'neurodiversity movement' has arisen amongst autistic and other cognitively disabled self-advocates in order to challenge the pathologisation of the cognitive disabled (Singer 1999; Walker 2013; Arnold 2017). In fact, according to neurodiversity movement proponents, 'neurological difference' or 'neurodivergence' is not a manifestation of pathology, but rather of minority ways of being, to be framed more in line with minority categories of race, gender, and sexuality. On this view, autistic persons are not inherently damaged or disordered, but rather are marginalised and oppressed due to being part of a 'neurominority' in a world designed for 'neurotypicals' (i.e. those taken to be typically developed).[2] According to neurodiversity movement proponents, then, although it may be right to association autism with various characteristic limitations, autistic suffering and disablement should nonetheless be accounted for in light of a social model of disability. In contrast to the medical model relied on within institutional psychiatry, the social model does not take an essentialist or medical view on disability but instead considers the latter to be the result of a societal failure to accommodate the needs of individuals who are not neurotypical.

The most philosophically nuanced articulation of this challenge comes from autistic academic Nick Walker. For him, what neurodiversity movement demands should be seen in terms of a *paradigm shift* (2013). The notion of a paradigm indicates a basic set of axioms and assumptions that underlies both how we perceive, understand, and interpret relevant data, as well as our ensuing practices and policies. On the one hand, for Walker, the dominant 'pathology paradigm' perceives neurocognitive diversity in relation to various presuppositions regarding what it means to be a "normal" or "species-standard" human. And in this turn leads to automatically interpreting any

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[2] I will use the term 'neurotypical' here. However, it is not used by all neurodiversity movement advocates (Arnold 2017).

deviances from this norm as inherently pathological, and in need of fixing. By contrast, the ‘neurodiversity paradigm’ rejects such a restricted notion of the “normal” human, and instead interprets neurological diversity *itself* as the norm. This framing uses a social model in order to conceptualise neurodivergent disablement and distress in light of social exclusion, marginalisation, and oppression, thus seeking to de-medicalise and instead politicise neurodivergent struggles (Robertson 2010). What Walker takes the neurodiversity movement to be calling for, then, is a:

> ‘shift in our fundamental assumptions; a radical shift in perspective that requires us to redefine our terms, recalibrate our language, rephrase our questions, reinterpret our data, and completely rethink our basic concepts and approaches’ (Walker 2013)

In other words, a key goal of the neurodiversity movement is to reclaim the identifies denoted by the pathology paradigm by re-framing them from a neurodiversity paradigm perspective, in order to establish them as minority modes of being to be accommodated and accepted – rather than as medical pathologies to be treated or cured (Chapman, forthcoming).

In line with the neurodiversity movement’s shift to seeing autism as a minority difference rather than disorder, many autistic people have stressed their capacity for thriving personhood.[3] As Jim Sinclair, an early pioneer of autistic self-advocacy, who did not speak until the age of 12, writes:

> ‘My personhood is intact. My selfhood is undamaged. I find great value and meaning in my life, and I have no wish to be cured of being myself’ (1992: 302).

Similarly, Edgar Schneider, diagnosed with Asperger’s syndrome, stresses that

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[3] Some think that disabled people believing they flourish is merely a matter of ‘adaptive preference.’ My own view, however, is in line with that of Elizabeth Barnes (2016 ch. 4), who argues that such dismissals should be seen as a matter of ‘testimonial injustice.’

> ‘in spite of being “disabled”, I have managed to adapt quite well, and build a rich, full life (and I am far from unique in that regard)’ (1999: 10-11).

In line with this, a small but increasing number of neurotypical commentators have become keen not just to stress the positive aspects of autism, but also to defend the intactness of those aspects of personhood autistic people are typically taken to be excluded from. In regards to autistic moral agency, for example, according to the highly influential autism researcher Simon Baron-Cohen:

> ‘[…] some [autistic persons] like to speak bluntly – which can be hurtful –but I don’t think this is motivated by malice. It’s just that they value the truth and [have] a sense of justice. They value loyalty and they certainly have a strong moral code by which they may have worked out how they would like to be treated and how they would like the planet to be treated’ (quoted in Feinstein 2010: 32).

In short, for these various commentators, autistic individuals *are* persons, albeit of a different sort, and indeed can be flourishing persons with a deep, if distinct, manner of ethical comportment. And the key reason given for thinking this that there do in fact seem to be autistic individuals have found ways to live that allow them to thrive and find their lives deeply meaningful. That is, despite the dominant view of autism indicating that the condition automatically excludes *all* those so-labelled from thriving personhood, there nonetheless do seem to be autistic individuals who *have* found ways to flourish – and who have managed this despite living in societies that are not designed to accommodate for them.

1.1 Thriving Autistic Personhood: The Question and Aim of this Thesis

An interesting upshot of the neurodiversity movement is a challenge not just to dominant psychiatric conceptions of species-standard functioning, but also to dominant ethical notions regarding species-standard flourishing. This concerns how, ranging back to Aristotle at least, moral philosophers have typically written of *human* flourishing. This is in the sense that human flourishing is taken to be different from the flourishing of, say, dogs, pigeons, or any other species. In turn, human flourishing is taken on the Aristoltian approach to be species-standard, in the sense that there is a norm for the species that delineates what is good for us and how we should live. When it comes to contemporary ethical theory, for example, Philippa Foot, a leading proponent of this view, argues in her book *Natural Goodness* that the flourishing of any individual organism necessarily rests on:

> 'what the particular species of plants and animals need, on their natural habitat, and the ways of making out that are in their repertoire. These things together determine what it is for members of a particular species to be as they should be, and to do what they should do' (Foot 2001: 15)

Similarly, Martha Nussbaum, another leading proponent of this view, has associated the species standard not just with flourishing, but also to our obligations to each other, including to the disabled. Her suggestion is that:

> 'The species norm (duly evaluated) tells us what the appropriate benchmark is for judging whether a given creature has decent opportunities for flourishing. [So] what is wanted is a species-specific account of capabilities […] and then a commitment to bring members of that species up to that norm' (Nussbaum 2006 365)

Most relevantly, for our concerns, when it comes to autism, Nussbaum writes, then it is 'vital that special efforts must be made to develop […] social capacities' (2006: 364) in order to bring those so-labelled up to the species-standard norm (Also see Foot 2001: 15). So, on such accounts, not only is autism taken to inherently diminish the capacity to thrive, but it seemingly becomes imperative that we alter autistic people to make them fit more in line with species-standard conceptions of correct human functioning. This fits precisely with the medical conception of autism as something to be treated and altered, since doing so seems necessary for being mentally healthy on the dominant account.

These worries regarding species-standard thriving do not just *happen* to coincide with those raised by the neurodiversity movement in relation to species-standard functioning. Historically, as the philosopher of disability Garret Merriam has pointed out, when the medicalisation of human suffering grew roughly from the 19th Century onwards, Aristotle's species-standard model of human thriving was at least implicitly adopted by the pathology paradigm, in as far as it similarly measures human health in relation to species-standard norms, and those who fall outside these norms to be worse off in an important sense (Merriam 2009).[4] Indeed, as we shall see later, this is precisely the case for the concept of mental disorder, which has often been explicitly justified in light of falling outside bio-statistical human norms. So theoretical conceptions not just of health but also of the good life also tend to be species-specific and use a species-standard norm as a common metric. In particular: they are intertwined in as far as they each begin by taking humanity to have an at least relatively stable essence, and use this as the basis for understanding what it means for us to flourish or be healthy, qua our humanity, defined in relation to what the majority is like. Put another way, each shares as a method for understanding what the ideal self or person is, making any individual who falls outside of this norm disordered in terms of selfhood, and ethically excluded in terms of personhood. Thus – to focus on the example at hand – questions regarding autistic thriving are intimately intertwined with whether the notion of autism as an inherently 'harmful dysfunction' is really justified. If, as neurodiversity paradigm proponents contest, autism is not inherently harmful, then it should not be taken to exclude autistic individuals from thriving and personhood; and if it hinders neither thriving nor personhood, then there seems no reason to take it to be an actual harmful dysfunction.[5]

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[4] Whilst the similarities are usually implicit (e.g. in Boorse 1975), some, such as Christopher Megone (1998), have explicitly built accounts of mental disorder by drawing on Aristotle.

[5] Merriam's own response to his worries is to shift the focus from the species to the individual, and whatever they take a worthwhile life to consist in (Merriam 2009: 136-9). In line with this, the philosopher Jonathan Glover (2014) suggests that the debate between the neurodiversity paradigm and pathology paradigm may come down to whether any given individual is significantly hindered from thriving or not. However, this is not a satisfying answer from either the neurodiversity perspective or the medical perspective. For on the one hand, this again raises the question of precisely what thriving means, and how we can recognise thriving in those who fall outside currently dominant perspectives on what it consists in. How, for example, could an autistic person who has been brought up in light of neurotypical conceptions of thriving even recognise whether they were really thriving or not? Given that our conceptions of and discourse surrounding thriving are themselves grounded in species-

On the face of it, it seems obviously right that human flourishing is different from the flourishing of other species. After, all, eagles, but not humans, need to be able to fly in order to flourish. And humans need certain kinds of foods and nutrients that may be unnecessary or even harmful for eagles. Nonetheless – and very much in line with the challenge from neurodiversity – philosophers of disability have, over recent years, pointed out that this does not mean that all human flourishing must necessarily require the same capacities and must be reached in the same way, or indeed that we should accept such restricted conceptions of normality. In fact, according Merriam, the notion that static or even temporary snapshot conceptions of species-standard norms can show us how we should live may be both arbitrary and violent towards minority disabled modes of functioning (Merriam 2009 135). The problem here is that adhering to such a model can lead to an inability to properly distinguish between inherently inhibited flourishing on the one hand, and societally disabled minority ways of being accompanied different conditions for flourishing on the other (ibid. 134-5). Similarly, in philosopher Christopher Riddle's terms, species-standard accounts of flourishing are insufficiently 'stigma-sensitive' (Riddle 2014, in Birchenback et al), thus leading us to overlook, or indeed actively stifling our understanding of, minority modes of, or routes to, thriving as human beings. In line with this, others have suggested that the contemporary exclusion of the cognitively disabled from thriving is reminiscent of other historical cases that we now see as misguided:

> 'Historically a good life has been explicitly defined in relation to certain groups of citizens. The Greek philosophers did not include women or slaves as citizens and they were not included in a view of the good life that was based on what was then seen as a man's province: reason. Gradually, though not without problems, the idea of a good life has been

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standard, neurotypical forms of thriving, then this may actively obscure us from even being able to recognise other ways for humans to thrive. And on the other hand, an oft-cited worry with the neurodiversity movement's rejection of species-standard standards is that this can lead to a problematic form of relativism. In this regards neurodiversity advocates have been accused of overlooking profound limitations sometimes found among the autistic population (Grinker 2015). In short, it may seem, for example, that a non-verbal, intellectually disabled autistic individual being subjectively happy still does not count as full human thriving, since, even if he was happy, many key human goods (from marriage to autonomy) might be out of reach for him.

> developed to include some groups, such as women, who were formerly excluded. It is only in recent times that a good life has been consciously sought by, and for, disabled people.’ (Johnson and Walmsley 2010: 32)

Given these various worries – especially when taken in light of the challenge from neurodiversity – there seems good initial reason to be wary of the exclusion of autistic individuals from thriving. For if our notions of thriving are based on arbitrary, insufficiently stigma-sensitive conceptions of what humans are supposed to be like, then there is, on the face of it, room for asking whether the exclusion of the autistic population is precisely more in line with the historical errors than reflecting a natural fact about all autistic people.

With all this in mind, the central *question* of this thesis, and my proposed answer to it, can now be clearly stated. What I seek to answer arises in light of the rise of the neurodiversity movement. And in one sense the question is simply: is autism, or any subset of autism, best seen as disorder on the one hand, or diversity on the other? But in a deeper sense – given what we have just covered – it regards whether being autistic inherently hinders the possibility of flourishing as a person or not. For as we have seen, autism is almost universally taken, either explicitly or implicitly, to inherently exclude autistic individuals from what we might call ‘thriving autistic personhood’. By this I mean both from having the potential to be counted as being fully human in the psychological and normative senses, and also to be able to flourish as such.[6] Although these issues are not identical, and I shall often deal with them separately, to an extent I have brought them together in the term ‘thriving autistic personhood’ since questions regarding personhood, the possibility thriving, and the notion of autism as an inherently harmful disorder are in many ways intimately related. As one philosopher of disability summarises:

> ‘Philosophically, the question of what makes for a good human life arguably presupposes the question of what constitutes a human life of moral value, conceptualized as the grounds of personhood.’ (Bickenbach 2014**:** 4)

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[6] I shall use the terms ‘thriving’ and ‘flourishing’ interchangeably for this thesis.

At the very least, and at least in general, when it comes to discussions of autism I have found an implicit and widespread assumption that to have the (psychological) capacities associated with full personhood is necessary for the capacity to thrive as a human. And I have also found that the capacity to thrive in line with species-standard norms is associated in various ways with having a typically developed self – something autism is taken to be excluded from (see, e.g. Hobson 2007). (Of course, nobody denies that one could have full personhood and not currently be thriving – say, due to bereavement – but here we are concerned with the capacity to have a possibility of thriving *as such*.) So when we classify autism is a disorder, the underlying issue is that autism is taken to inherently stifle the possibility of both thriving and full personhood. And yet, from a neurodiversity paradigm perspective, there is room to explain this in relation to society rather than just psychological capacity. As Milton writes

> Autistic people are some of the most marginalised in society, historically depicted as embodying ‘deficits’ in their social being, incapable of full socialisation and personhood […In turn] the loss of liberty is common, with such marginalisation often leading to gross injustices, violence against the person and a position of powerlessness.’ (2016: 1405)

From this perspective, as shall be elaborated upon, it is these social processes that stifle autistic thriving and personhood, rather than autism itself. So these theoretical issues regarding disorder, personhood, and thriving – and in turn the challenge to them from neurodiversity – are intimately related to one another. And in light of this challenge, I shall examine whether the full or partial exclusion of autistic individuals from thriving and personhood is really justified, in order to get clearer about the question of disorder or diversity.

As to answering this question – for reasons that shall become increasingly clear – I side with the neurodiversity movement in rejecting the notion that autism is inherently pathological. However, this will not simply consist in review of the existing arguments. Whilst it will cover existing debates, this thesis is original in at least three vital ways. First, a core difference in my approach is that instead of focusing on, say, finding ways to show that autism might be deemed a positive, or as valuable to society, I focus more specifically on undermining the purported exclusion of autistic individuals from thriving personhood. This is partly since, for the reasons already discussed, I see this matter as underlying all the other various related debates. But this also stems in part from an ethical concern. Often, neurodiversity proponents rely on justifying the value of autistic life by arguing that autistic people can be *useful for society* due, say, to a heightened ability for creativity or logical thinking (this began with Blume 1998). Whilst I think it is certainly true that autistic people can be useful in this sense, and also believe it is important to establish this fact, my worry is that justifying the value of autistic life *instrumentally* both takes away from the pursuit of seeing it as valuable in and of itself, and also may leave behind those who are deemed more significantly disabled. By contrast, however, if we show that autism is not inherently harmful to thriving personhood, then the assumption needed to see autistic life as less valuable than neurotypical life has been undermined.

Second, in doing this, I shall adopt what we might call a negativist approach: rather than, say, listing all the reasons one might have to think that autistic individuals *are* capable of flourishing as persons, I shall argue that we have no *decisive* reason to think that they inherently disposed to be excluded from these to any significant extent. In other words, I shall argue that there is no knock-down, or even reasonably convincing, argument establishing that autism, in and of itself, excludes, or even significantly diminishes, the possibility of flourishing personhood. Rather, as I shall unearth, there are various interlocking social mechanisms and webs of concepts that makes this seem to be so – even though the reasoning does not hold up under critical scrutiny.

In doing this, I frame my overall aim in analogy with a method often used in courts of justice: that of raising *reasonable doubt*. Just as raising reasonable doubt as to a defendant guilt should be enough to presume them innocent, I defend autism against the exclusion from thriving personhood, so as to convince those who hold a pathology paradigm conception of autism to alter their views (or at least question their practices) and instead hold open the possibility of autistic flourishing. The point here is that condemning someone to being inherently incapable of thriving personhood is a damning sentence – one I shall argue can become a self-fulfilling prophecy – making it something we should never commit to if there is room for reasonable doubt. Thus, by raising such doubt, I hope to change how we might think of both autism, and thriving personhood.[7]

Third, a final part of my originality lies in drawing on feminist theory (e.g. in regards to analyses of gender or feminist epistemology) as well as other forms of philosophical analysis (explained more below) in order to analyse both the nature of autism and the various harms it is associated with. In this regard, neurodiversity proponents often claim that neurominorities should be analysed along the same lines as gender and race, but then often fail to do this (or even actively resist it), and instead uncritically accept and reinforce – for instance – the notion that classifications such as autism have some sort of fixed biological essence (Runswick-Cole 2016; Nadasen 2005). Whilst some neurodiversity proponents, such as Nick Walker and Damian Milton have begun to draw on feminist theory in order to analyse autism as neurodiversity, I develop the project of rethinking autism in this regard further and more systematically that I have found in the existing literature.

I shall discuss my methodology in more detail below. For now, it should be summarised that one key part of my aim is to help open up the space for thinking about flourishing autistic personhood in a post-medical context. Thus, on the one hand, my target audience is, in large part, the (often neurotypical) pathology paradigm proponent, including both researchers such as scientists and moral philosophers, and professionals such as psychiatrists. For this reader, I want to convince them that some of their notions regarding autism, and perhaps also often implicit notions of human thriving, are not only unjustified, but also (albeit unintendedly) positively harmful for the autistic population. The point of establishing this is so that they may change their response to autism – to begin to think of autism in new and, I hope, more emancipatory ways. To be clear: in doing this, I assume in good faith that, by and large, pathology proponents do care about autistic people, and have the best interests of autistic people at heart. On my view, the key issue that they have been misguided in light of incorrect information and unsound reasoning – and

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[7] Exploring this possibility has now not just arisen but also becoming pressing, I take it, because of the co-concurrent rise of the neurodiversity movement as a political force, and the claims of those autistic individuals who take themselves to be flourishing autistic persons. For we should not simply dismiss such claims. Indeed, unless we precisely *presuppose* the conceptual link between autism and being unable to flourish that the medical conception of autism assumes – and which these autistic individuals want to challenge – there is no good reason to think that they are any more mistaken about their thriving than any other human might be about theirs'.

these tied in with wider social norms and hegemonic ideology – as to how best to understand both autism, and thriving personhood.

On the other hand, and simultaneously, part of my aim with this thesis is to produce something that may be helpful in a practical sense for autistic individuals, including those who already endorse the neurodiversity paradigm. In saying this I do not mean that this will be a self-help book. Rather, by going down to the more fundamental philosophical levels, and further expanding the conversation about autistic flourishing in a post-medical context, I hope that it may become easier for autistic individuals to begin to orientate themselves in such a way that ethical self-cultivation becomes a shared and individual focus alongside the more specifically political tasks of, say, promoting acceptance, or combatting unjust social structures. At the very least, then, this thesis should provide a reference point for them to point towards: one which may help legitimise their arguments from an academic perspective.

In sum, the practical aim of this thesis, in short, is to help open up the space for the recognition of autistic individuals being people who can thrive *autistically* – not merely in a compensatory sense, but in a sense which is taken to be as legitimate and worthwhile as neurotypical modes of thriving. And I shall try to achieve this by, in analogy with the court of law, argue that we can reasonably doubt the damning sentence that autism and thriving personhood are either incompatible or at least significantly at odds. Bearing this initially stated aim in mind, I will spend the rest of this introduction explaining the kind of autism I shall focus on (i.e. the scope of this thesis), the methodological concerns and commitments I shall work with, and, finally, the plan for the rest of the thesis.

1.2. Which Autism? The Subject and Scope of this Thesis

Within the pathology paradigm, autism has traditionally been divided into "high-functioning" types such as "Asperger's syndrome," and "low-functioning" kinds, given labels such as "autistic disorder." These are now widely taken to be related to each via the "autism spectrum" (Wing 1996), which indicates a 'seamless continuum' from the latter to the former in terms of functioning impairments. Although there is ongoing debate as to the precise nature and causes of autism, perhaps the closest thing there is to an official psychiatric definition of autism can be found in the *American*

Psychiatric Association's (APA) *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5).[8]

As was noted earlier a diagnosis of what it calls 'Autism Spectrum Disorder' (ASD) should primarily come down, for the APA, to fulfilling two key criteria: 1) 'persistent deficits in social communication and social interaction across multiple contexts' and 2) 'the presence of restricted, repetitive patterns of behavior, interests, or activities' (APA 31). In turn, the current diagnosis of ASD is further accompanied by a functioning label of 'mild,' 'moderate,' or 'severe'. These further labels are taken to indicate both the level of disability in relation to implicit standards of normal functioning by signposting whereabouts on the autism "spectrum" each individual sits. Finally, the APA suggests, additional clarifications must also be made as to both whether the patient is verbal or non-verbal, and whether there is an accompanying intellectual disability, in order to help elucidate the precise nature and extent of the problem.

This might seem like a thorough and authoritative characterisation. It is certainly among the most widely used by clinicians. And the notion of the spectrum may be practically helpful in terms of allocating funding and services to those who need them most (Lord and Jones 2012). Nonetheless, when trying to reach a realistic understanding of the nature of autism as such (if indeed it has one at all) – as I want to do in this thesis – this framing is thoroughly unsatisfactory. Beyond the worry that it may be actively harmful or at the least divisive and offensive for the autistic population,[9] there are two key reasons for not relying the notion of the spectrum, each of which I take to apply from the pathology paradigm and neurodiversity paradigm alike. The first regards how the diagnostic labels have lacked clarity and fluctuated. For example, before the notion of the ASDs, the previous edition of the DSM instead

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[8] The *American Psychiatric Association* (APA) is, without question, among the most powerful psychiatric organisation in the world. In large part, this is because the APA's diagnostic manual, the Dia*gnostic and Statistical Manual of Mental Disorders* (DSM-5), now in its fifth edition, is relied on to guide psychiatric diagnoses not just in America, but also across much of the globe.

[9] On the one hand, the low-functioning/high-functioning distinction may be damaging to those considered 'low-functioning'; leading to a failure to appreciate their positive aspects, and in turn to a condemnation of them as less worthy of, say, human rights such as education. On the other hand, the label of 'mild' or 'high-functioning' may lead to overlooking the many struggles that people given these labels face, and is also offensive for many autistic people. Beyond this, the distinction can be divisive, and hinder solidarity among the autistic community.

contained ‘Asperger’s disorder’, ‘autistic disorder’, and ‘pervasive developmental disorder (not otherwise specified)’. Prior to this, labels used by psychiatrists included, to name just a few: ‘childhood schizophrenia’, ‘autistic psychopathy’, ‘schizoid disorder of childhood’, and ‘infantile autism’ (Feinstein 2010). Given the fluctuating diagnostic terminology, and continuing disagreement among psychiatrists as to the validity of any particular way of dividing autism into different kinds (see, e.g. Fitzgerald 2004, Timimi et al 2010), there seems initial reason to be wary of all such subdivisions – at least when we are trying to understand the nature of autism *as such*. (To be clear: in saying that ‘nature’ of autism here, I include the possibility of it having no nature – I do not mean to presuppose a commitment to its reality). To find this, we must, then, look beyond these merely pragmatic and often somewhat arbitrary sub-divisions, and instead – as I shall later explore – to the factors that (may or may not) underlie them.

The second worry here regards how the standard ‘spectrum’ framing is highly misleading. In essence, those who are labelled as having “severe” or “low-functioning” autism often exhibit both the key traits associated with being autistic *and* have some further disabilities or disorders that are – as I shall argue both here and later on – inessential to the concept (most often various learning or cognitive disabilities, but also epilepsy, gastrointestinal issues, motor function difficulties, and any number of other factors, including various combinations of these). As we saw above, for example, for a psychiatric diagnosis of ASD, it needs to be further specified whether any given individual is intellectually disabled or not. It is not hard to see that those given the label “severe” are much more likely to be those who also have co-occurring disabilities, such as being intellectually disabled. When looked at from this perspective, another way of understanding this, is that the term “severe” is used to refer to group together a whole range of cases where individuals happen to be autistic *and* have some, in some cases unrelated, condition(s) that are not conceptually vital to the notion of autism at all. Just when it comes to the level of verbal communication, for example, Robertson notes how:

> ‘Many autistic people face challenges with spoken language due to co-occurring dyspraxia (which impacts gross and fine motor functioning), generalized and social anxiety, and other reasons.’ (2010)

Bearing such factors in mind, the key problem with grouping these disabilities together under the same label is that the notion of “severe” autism leads to a systematic and often highly misleading conceptual *conflation*[10] between autism and other disabilities, or indeed neurological disorders such as epilepsy. By analogy, this would be like grouping together a broken leg and broken ankle under the branch term “severely broken leg”, rather than acknowledging that there are two intersecting issues here. Bearing this problematic conflation in mind, getting clear about the nature of autism requires looking beyond the notion of the spectrum.

Given these worries, I shall use a slightly different conception of autism, and shall focus the scope of this study in a particular way. In contrast to the linear notion of the “spectrum”, I shall just say “autism.” To an extent this is in line with the philosopher Ian Hacking’s alternative notion of the ‘autism manifold’. As he notes, just in terms of adopting a metaphor, ‘spectra are linear and autism is not. Autism is a many-dimensional manifold of abilities and limitations’ (2010: 265). In turn, he further elaborates that

> ‘I use autism for the entire manifold of associated [traits]. I shall not say “on the autistic spectrum.” Once we have agreed that autism is polymorphic in its manifestations, it is better to speak simply of autism’ (Hacking 2009: 48-9)

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[10] Some studies suggest that at least some cases of autism might share underlying causal factors with various medical conditions. For example, what is framed as ‘aberrant connectivity and disordered synaptic plasticity’ (Jeste 2011) has been associated with both autism diagnosis and epilepsy. Nonetheless, even if both share some common causal pathway, this may not be enough to decisively justify autism itself as a disorder. Many human differences are casually connected to terrible diseases, and yet we do not thereby count these differences as pathological in and of themselves. For example, women, qua the biological features associated with womanhood, are much more likely to develop breast cancer than men; and yet we do not see being a woman as a medical issue in and of itself. I see no reason we should not afford the autistic population the same kind of reasoning.

This seems a clearer and more nuanced way to think about autism, since it both avoids the problematic notion of the "spectrum" and also allows us to look beyond the often arbitrary differences between the various fluctuating labels. Given this, and despite me aiming to avoid reductionism, this may also therefore also help us work towards identifying and clarifying the underlying nature (if, indeed, there is one) underlying these various classifications, at least in as far as it allows us to avoid getting side-tracked by more contingent and fluctuating labels and constructs. Of course, to be sure: in rejecting to notion of the spectrum, I certainly do not deny that it is important to acknowledge that there are significant differences between those classified within institutional psychiatry as being at each end of the spectrum. The differences themselves are undeniably real, in one way or another. It is just that we need to be clear about the specific intersection of such issues, rather than misleadingly conflating them. So I shall talk of autistic people, and also of autistic people with specific intersecting disabilities. That is, just as we would call a neurologically typical person with a learning disability just *that* – rather than, say, a "low-functioning neurotypical" – it seems more reasonable to call an autistic person with a learning disability as just *that*, rather than, say, as a "low-functioning autistic".

In regards to the *scope* of this thesis I have tried to find a balance between inclusivity and clarity. On the one hand, for clarity, I have decided to focus most centrally on manifestations of autism that do *not* come with any added disabilities (e.g. significant learning disabilities) that are not necessary for being identified as falling within the autism manifold. To some extent, the diagnoses most commonly given to the form of autism I shall focus on will, therefore, typically be "Asperger's syndrome", "mild" and "moderate" ASD, and (colloquially) "high-functioning autism". The key reason for this is that since autism – and the purported harms that are taken to accompany it – is often misleadingly conflated with conditions and disabilities that sometimes occur alongside it, then bracketing off autism from these further factors allows me to highlight and assess it on its own merits. In other words, distinguishing autism from other conditions or disabilities that regularly occur alongside it allows me to present what I take to be a relatively pure[11] example of autism, in that the autism will be less easy to misrepresent by conflating it with other disabilities that are inessential for the

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[11] I mean 'pure' in a conceptual sense, not an evaluative sense.

identification of the condition. For here we are asking whether being autistic is incompatible with thriving, not whether, say, epilepsy is.

Simultaneously, however, although I am concerned to achieve clarity as to what, in and of itself, autism is, and to work most primarily with this – I also aim to be inclusive. Given this, I will also, *as far as possible* given the various constraints of time, space, and logical possibility, try to also make my analysis include those autistic people with intersecting disabilities and various health conditions. For, whilst I take autism with no further intersecting disabilities to be the most clear and distinct example of autism, I also acknowledge that such manifestations do often intersect, meaning that the question of thriving personhood also needs to be asked in regards to those autistic people the spectrum construct misleadingly labels "severely" autistic. It is important to note that it would be conceptually impossible to claim that I can account for every given possible case, given that there are an infinite number of possible intersections between autism and other disabilities, as well as various disorders. Nonetheless, I will, at the least, cover some of the most common intersections in this regard, such as those mentioned above (most notably, being autistic and intellectually or learning disabled), alongside considering some more general (albeit appropriately cautious) arguments that are relevant in this regard. So even though try to avoid using the term "severe" autism, I certainly do not exclude those so-labelled from this study.

1.3 Methodology: Approaching Autism "Critically" and Raising "Reasonable Doubt"

As was noted above, this thesis is most centrally concerned with establishing the possibility of flourishing personhood amongst the autistic population, via a negativist methodology of showing that the opposite conclusion can be reasonably doubted. When considering this, is worth starting with the simple fact that whether or we consider autism to be an impediment in this sense will rely largely two things. First: how we define autism; and second: how we define flourishing personhood. That is, the extent to which autistic persons can be thought of as capable of flourishing (and related concepts such as moral agency) will, ultimately, be delineated by how far these two are taken to overlap. For, if we define flourishing and personhood as having certain necessary and sufficient conditions, and if we define or construct autism in such a way that excludes autistic persons from these conditions, then the notion of autistic flourishing will seem impossible. And yet if we define autism in such a way that autistic persons are not excluded, then autistic flourishing will seem possible. Hence, as philosophers and parents to an autistic child Anderson and Cushing note, 'it is practically impossible to separate discussion of what, if anything, constitutes the 'essence' of autism from discussion of related normative issues.' (2013: 10) The question then becomes how best to go about assessing these matters – for of course, we want to justify our definitions, and to not base them on mistaken premises or reasoning.

Seemingly, the standard methodology for assessing these matters among bioethicists is to accept some given (dominant/popular) version of the medical account of autism, and then in light of this to measure autistic persons up to dominant accounts of human flourishing and agency, in order to ask to what extent autistic persons are excluded. This approach is best exemplified by Barnbaum's *The Ethics of Autism* (2008), which is the standard (and only) book specifically dedicated to the subject of its title. For Barnbaum, as was noted above, the exclusion of autistic persons from ethical comportment follows in light of accepting both the notion that autism can be characterised via an empathy deficit, and the further notion that empathy is of central importance for flourishing personhood. If both of these premises are accepted, the question then becomes *to what extent* are autistic persons excluded (and then what kind of compensations they can find to make up for their deficits, and so forth). In other words, if we accept standard notions of species-based human flourishing coupled with standard pathology paradigm definitions of autism, then it follows, as moral philosopher Nancy Potter similarly argues, that 'for people with autism to flourish, they would need to diminish radically the very problems that characterize their dysfunctions' (Potter 2015: 265) – in other words, the *only* route to flourishing would be for autistic persons to stop being autistic.

On the face of it both this way of assessing the ethics of autism, and its conclusions, may seem intuitive, straightforward, and plausible. It leaves scientists to define autism (which, after all, is a psychiatric classification), and philosophers to define the good life (as they have traditionally). Then it combines these two different accounts, typically in order to conclude that autistic flourishing is limited. Thus, Barnbaum accepts the notion that autistic people are defined by a total lack of empathy because she takes this to be ‘empirically proven’ (2008: 6), and goes from there to assess the moral and ethical capacities of autistic persons as inherently deficient in light of various dominant ethical theories. Nonetheless, despite making intuitive sense, this methodology may be flawed. An initial general worry regards how the human sciences, especially when they concern mental disorder classifications, may be loaded with tacit ideological and normative commitments. In this particular case, as critical psychiatrists Sammi Timimi his co-authors (2010) put it:

> ‘Much of the literature on autism (like that on psychiatry more generally) is actually based on interpretation (hermeneutic knowledge), shot through with cultural, social, and historical “baggage”’ (Timimi et al 2010: 7)

That is to say, even though there surely is good scientific work on autism, it is nonetheless crucial to be wary of ‘hermeneutic knowledge (produced by “consensual norms”) masquerading as positivistic knowledge’ (ibid.). More specifically, from a neurodiversity paradigm perspective, the key worry regards the tendency to – without any kind of rational justification – implicitly measure autistic persons against neurologically typical norms and conceptual schemes, and to thus automatically find autistics lacking in comparison. But, far from being justified, as neurodiversity advocate Thomas Armstrong (2015) notes, this is more in line with

> ‘[h]ow absurd it would be to label a calla lily as having “petal deficit disorder” or to diagnose a person from Holland as suffering from “altitude deprivation syndrome.”’

The point here is that, even if the data presented is objectively verifiable and valid, underlying normative and conceptual assumptions may lead to unduly stigmatising biases when it comes to framing, producing, interpreting, and, finally, presenting it. In part, then, the worry here regards the ‘(perhaps unconscious) attitudes on the part of the scientific and clinical community’ (Bovell 2015: 78). Bearing this in mind, it seems there is initial reason to think that there is room for exploring the possibility of reasonable doubt as to dominant picture of autism that emerges from within the pathology paradigm – however unshakable it may seem at first glance.

To go into more detail, part of the issue here regards the production of knowledge within the autism industry, and how it may more reflect and uphold existing power-relations as much as provide value-free positivistic knowledge. Far from being an entity that we simply learn more about through its study, the notion of autism is now produced and reproduced in light of the various power-structures and economic forces that have now grown around it. So many jobs and careers rely on the notion of autism as a pathology – ranging from work in genetics to specialised kinds of therapy and autism consultation – that the notion of autism as a natural pathology needs to be upheld in order to keep these jobs in place (Mallet and Runswick-Cole 2012). In turn, there may be stigmatising biases here that reflect existing power-relations between autistics and neurotypicals. For, despite research showing that autistic individuals tend to have a more well-researched less stigmatising view of autism than neurotypicals do (Gillespie-Lynch et al 2017), the autism industry, as autistic sociologist Damian Milton (2012) summaries, routinely:

> ‘silences the autistic voice from any participation, other than in the form of a tokenistic gesture. Therefore, far from owning the means of mental production about one’s own culture, the ‘autistic individual’ often becomes the ‘product’ of the industry, the ‘thing’ that is ‘intervened’ with. ‘Services’ are provided for the carers of ‘autistic people’, often with little attention given to the needs of the ‘autistic person’ as they perceive them to be. Autism is not just an ‘invisible disability’ to many in terms of a behavioural definition; the ‘autistic voice’ is made ‘invisible’ within the current culture of how knowledge is produced about ‘autistic people’, often excluding empowered ‘autistic advocates’ from the process.’

Given such factors, primatologist Masataka (2017a) suggests that most autism research and representation is undertaken in light of, and reinforces, an implicit ‘ethnocentric’ perspective, that distorts the reality of the social and cognitive differences between neurotypicals and autistics. Once we bear such factors in mind, to uncritically base any ethics of autism on currently dominant biomedical characterisations no longer seems so fully reasonable. For, *if* one denies the possibility of autistic flourishing simply in light of knowledge produced by the autism industry, then there is a real *risk* this will be violent to the autistic population by re-producing and reinforcing an exclusion that might not necessarily be justified. In other words, the worry is that the violence might already be contained within the very paradigm through which researchers produce theories, construct experiments, interpret data, and represent results – meaning that the knowledge produced precisely risks reflecting this, rather than simply being value-free scientific fact.

In this regard, it is also worth noting how feminist epistemologists have argued that, even within the sciences, there can be biased and oppressive forms of knowledge production that block alternative ideas from emerging. This is because scientific practices are embedded in a wider context of hegemonic ideology, leading to a systematic 'epistemological ignorance' (see, e.g. Tunana and Sullivan 2011). When it comes to autism, relevant examples provided by Mottron (2010, 2011), who found that implicit bias in autism research led to a default pathologisation of *any* structural differences noted in autistic brains (e.g. whether they were bigger *or* smaller), and to cognitive or personality traits that would be seen as *strengths* for anyone else to be characterised as mere *compensations* in autistic persons. Robertson (2010) similarly notes how:

> 'Academic studies adopting the deficit model have sometimes even characterized relative strengths of autistic people as deficits. For example, [researchers] emphasize how a greater reliance on rational thinking by autistic people leads to impaired social interaction, but they largely ignore the potential advantages of strengths in rational thinking'

In short, even scientific researchers who specialise in autism – the very people who are supposed to be experts in understanding autism – can be blind to the possibility of seeing autism in a more positive light. Indeed, even the way in which autism is defined in the diagnostic manuals is only in light of perceived negative traits, with none of the positive traits associated with the condition even mentioned (Murray 2013: 57).

In sum: bearing such considerations in mind, there seems good reason to think that notions such as autistic flourishing have been, to some extent at least, rendered invisible, and perhaps *unthinkable,* under the currently dominant conditions of knowledge production regarding autism as a medical disorder. In other words: given the extent to which autistic difference has been medicalised in comparison to a projected neurotypical norm, and also how the industries of knowledge production in regards to autism presuppose and then reproduce and reinforce various related assumptions – the very idea of autistic flourishing may have been systematically stifled from being seen as even a mere possibility, including by those who are typically deemed experts. But, given what I have outlined so far, there now seems initial space – perhaps for the first time in history – for reasonable doubt regarding the exclusion of autistic people from human thriving, and in turn to question species-standard conceptions of thriving. Indeed: now it has arisen, to ignore the opportunity to properly explore this risks being profoundly unfair to the autistic population, and indeed knowingly so.

Bearing these various factors in mind, my approach will be different to that of Barnbaum. Rather than accepting any given version of the dominant medical account of autism, a key part of my task here will be to critically analyse the concept of autism itself. And in doing so I shall draw on and assess the claims of autistic self-advocates, as well as academic accounts which examine autism in its social, historical, and ideological (rather than merely medical) contexts. My key aim in doing this is to clarify the nature of autism in such a way avoids the risk of unduly pathologising, medicalising, and naturalising aspects of autism that may alternatively be seen in a different, hopefully more emancipatory, light. Part of the aim in raising reasonable doubt as to the exclusion of autistic people from the possibility of thriving personhood, lies in desire to render the possibility of thriving autistic personhood more easily thinkable, so that knowledge-production, and in turn policy and practice, regarding autism can develop in light of this.

Given this aim, methodologically-speaking, I have found the methodologies of Critical Theory helpful. Initially, Max Horkeimer's 'critical' approach (1977) stressed how even science is mediated through ideology and culture in such a way that reproduces domination through its knowledge-production. Given this, he notes the need for producing emancipatory (rather than oppressive) knowledge, and thus the need for a more interdisciplinary approach that includes a commitment to the unveiling of hidden ideological commitments in discourse surrounding, for example, scientific or human categorisations (also see relevant feminist theory, e.g. Tuana 2013.). Relatedly, I have also found the methodologies initially developed by philosopher Michael Foucault to be particularly relevant. Amongst other things, Foucault was concerned with how shifting power structures, discourse, and social discipline shape (and stifle) conceptions of the *self*, especially in cases where pathologised groups begin

> 'to speak in [their] own behalf, to demand that [their] legitimacy or "naturality" be acknowledged, often in the same vocabulary, using the same categories by which it was medically disqualified' (1979: 101).

On his analysis, hegemonic ideologies pervade societies in such a way that continually leads us to oppress and discipline those who fall outside of culturally-accepted norms. And, in turn, this process continually shapes how members of these categorisations understand and relate to themselves, often in limiting and otherwise harmful ways. Because of this, Foucault finds it important to analyse human categorisations as historical phenomena that arise and fluctuate in relation to wider power structures and ideological shifts. For this purposes of this thesis, the key point is that when it comes to medicalised categories like autism, as Conrad and Barker nicely summarise, this means it is necessary to

> 'deconstruct medical knowledge (i.e., provide a detailed analysis of medical discourse) to reveal its embedded meanings, normalizing tendencies, and relationship to embodiment and identity' (2010: 69)

If we do this in such a way that allows us to see how such classifications have been shaped, even in part, by hegemonic discourse and power, this may also open up the possibility of our being able to consciously work on changing them, thus making the categorisations themselves more emancipatory in regards to the recognition and self-development of those so-labelled. In Hacking's words: 'The point of unmasking [the genesis of such knowledge] is to liberate the op-pressed, to show how categories of knowledge are used in power relationships' (Hacking 1995: 58)

Building on these insights, it is also worth noting how my own project fits with the more specific emergence of 'critical autism scholarship' as recently defined by Orsini and Davidson (2013: 12). They suggested three central elements for critical autism scholarship as they understand it:

1) 'Careful attention to the ways in which power relations shape the field of autism';
2) 'Concern to advance new, enabling narratives of autism that challenge the predominant (deficit-focused and degrading) constructions that influence public opinion, policy, and popular culture'; and
3) 'Commitment to develop new analytical frameworks using inclusive and nonreductive methodological and theoretical approaches to study the nature *and* culture of autism.'

These three elements are not supposed to be exhaustive and prescriptive, but more a description of how emerging non-standard ways of engaging with autism – mostly by those working in the humanities and social sciences – have overlapped in recent years. The point, as one group of critical autism scholars recently put it, the point is not so much 'talking about autism', but, rather, 'pursuing the emancipation of the autistic population' (Woods et at 2018 2)[12] This approach is also precisely in line with my own aims and commitments here. Through the project of raising reasonable doubt regarding the exclusion of autistic people from thriving personhood, I hope not just to make the notion of thriving autistic personhood more easily *thinkable*, but also to help establish it as a goal so it can become more widely actualised.

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[12] It should be noted that, although I use these methods in support of the neurodiversity movement, and am in alignment with this particular characterisation of critical autism scholarship, those who identify with the term are not necessarily supportive of neurodiversity. In fact, some of the most vehement criticisms of the neurodiversity movement come from people who identify as such, although their use of the term is very different from the use initially suggested by Orsini and Davidson.

Lastly, I would position myself within what – for lack of an existing or better term – we might call 'autistic scholarship'. By this I mean critical autism scholarship that is carried out by people who identify as being and/or have a diagnosis relating to, autism.[13] In recent years, autistic people have begun to enter academia and research in order to challenge neurotypical narratives regarding autism. That autistic scholarly voices are heard seems important both because we have the lived experience of being autistic, and in some respects the possibility of a critical distance to neurotypical presuppositions regarding autism. In this regard, for example, one recent study found precisely that (Gillespie-Lynch et al 2017):

> 'autistic people should be considered "autism experts" as they often build upon insights derived from the lived experience of being autistic by researching autism systematically. Autistic people who have developed heightened understanding of autism may be particularly well suited to teach other people about autism, as they tend to endorse less stigmatizing conceptions of autism, have reduced interest in making autistic people appear more normal, and may often have heightened empathy for the challenges others face'

Indeed, it also seems important to correct how 'non-autistic academics are not respectfully or accurately critiquing the neurodiversity movement due to the lack of use of autistic scholarship in their work' (Wood et al 2018 3). Existing autistic scholars include – to name just a few – Laurence Arnold, who edits *Autonomy, the Journal of Critical Autism Studies*, Damian Milton, a sociologist and interdisciplinary academic, Michelle Dawson, a scientific researcher who has both been highly critical of the methodologies and assumptions found in autism science, and Nick Walker, who I have already discussed. Although I differ from these various scholars in coming from a philosophy and ethics background (and they each differ from each other in their various backgrounds), I share with them the combination of having both the lived experience of being autistic, and a drive to change the knowledge production regarding autism so it becomes more emancipatory for the autistic population. In this

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[13] The author of this book has a diagnosis of Autism Spectrum Disorder, but identifies simply as autistic. The book will not explicitly include any personal narrative, but it is certainly driven in light of the lived experience of being autistic.

sense autistic scholars can be seen as combined through a shared project of shifting the means of knowledge production into our own hands.

1.4 Synopsis

This thesis follows a relatively simple structure. Now I have outlined my question, aims, and methodology, I will go on to spend the next two chapters (part 1 of this thesis) exploring the concept of autism in order to develop an understanding of the nature of autism. This will firstly be through a history of the concept, and then through an analysis of contemporary attempts to capture its ontological status and essence. After this, I shall go on in the following two chapters (part 2 of this thesis) to critically examine the notion that autism should be taken to be a mental disorder that inherently hinders the possibility of thriving personhood. Against the dominant interpretations, I argue that the key assumptions holding this exclusion in place can be reasonably doubted. That is, although I of course cannot go through every possible argument in relation to every possible understanding of autism within the limitations of this thesis, I nonetheless cover both the most dominant understandings of both autism and the concept of mental disorder – and find that there is good reason to doubt the conclusion that autistic people are *inherently* disposed to suffer, be disabled, or be unable to thrive, to anything like a 'clinically significant' extent. Bearing this structure in mind, this introductory current chapter will now conclude with a brief chapter-by-chapter synopsis of how my argument shall unfold.

Chapter 2: The History of the Concept of Autism: Firstly, building on what I have argued already, in Chapter 2 I shall give a medical and social history of the concept of autism. This will both introduce the reader to the concept, and also further open up the space for thinking about autism critically. As we shall see, dominant narratives regarding autism represent it as something natural, that we slowly come to know more about over time through increased scientific knowledge and the raising of awareness. But an awareness of the history of autism call into question the extent to which this narrative is believable; and social critics also stress how this narrative can be politically or psycho-socially oppressive for those labelled as autistic. An overview of the history of the concept is, therefore, vital for us to begin our exploration.

Chapter 3: The Nature of Autism: Social Impairment or Social Construct? Building on this history of the concept, Chapter 3 will look at contemporary accounts of the nature of autism. This is both in terms of what its core traits are, and the question of whether autism is best thought of as a natural kind, as the dominant biomedical approach takes it to be, or a social construction, as the neurodiversity paradigm allows room for (although does not necessarily imply). After analysing the various theories and issues involved, I shall argue that the concept indicates both a cluster of strongly characteristic traits that are natural for each individual included in the category, and yet that as a category it is nonetheless a social construct, more like (on at least the majority of accounts) notions of race and gender. In reply to various critics who suggest abandoning the concept of autism once it has been unearthed as a social construct, I go on to suggest that this does not mean the concept is invalid, lacking meaning, or necessarily damaging for those so-labelled. Rather, acknowledging this opens up new ways of thinking about and accounting for the kinds of cognitive, relational, and behavioural traits autistic persons exhibit, as well as the socio-political issues they characteristically face. Crucially, it also leaves open the question of whether autism should be considered necessarily detrimental or not: as with all constructed human kinds, the value or disvalue we assign to being autistic exists within shifting power-structures, and remains, so to speak, up for grabs.

Chapter 4: Disorder and Diversity: Is Autism Really Harmful? Now we have developed an understanding of the nature of autism, Chapter 4 will enter into the debate regarding whether autism should be seen in terms of disorder or diversity. Although this debate has played out for many years now on blogs, in magazines, amongst various advocacy organisations, and so forth, I take it down to fundamental theoretical levels by analysing the neurodiversity challenge in relation to the concept of mental disorder as found within the philosophy of psychiatry literature. In doing this, I both argue that the pathology paradigm’s notion of autistic suffering cannot be justified without begging the question and circular reasoning, and I further I draw on a social model of disability to argue that the link between autism and clinical levels of suffering can be better accounted for in light of social exclusion, marginalisation, and oppression. Given this, I suggest that we can reasonably doubt that autism is inherently harmful in the ways it is typically taken to be.

Chapter Five: Autistic Personhood. Finally, Chapter 5 will turn to a deeper sense in which autism might be seen to be inherently harmful, and thus stifling when it comes to personhood, and perhaps thriving, as such. This issue regards, say, whether or not being autistic diminishes fundamental aspects of the self, and in turn the possibility thriving as a human, within the moral community of humanity. In particular, I focus on four key areas where autistic people are often taken to be lacking. The first is self-consciousness, the second is having a narrative sense of self, the third is autonomy, and the fourth is moral agency. In each of these various regards, I examine the presuppositions and fallacies that lie behind the ultimate ensuing exclusion of autistic people from full personhood, and argue that this exclusion can be reasonably doubted.

Chapter 6: Concluding Remarks. My concluding remarks round things up in Chapter 6. Based on what I have argued, I conclude that there is no decisive reason to think that autistic personhood is inherently diminished, or autistic flourishing inherently stifled. Simultaneously – and although I do not take myself to have decisively proven this – there also seems good initial reason to think that exploring autistic disablement and suffering through a social model might lead to a more fruitful response to autism, helping us carve out a broader space in which autistic individuals and those around them can come to thrive. In going through this, I make some suggestions regarding ethical theory, and how it could be more inclusive of neurological difference. I finish with some suggestions for further research, and the cautiously hopeful thought that autism thriving is very much possible, albeit stifled by current social conditions in important ways.

PART 1: WHAT IS AUTISM?

‘We really don’t know what we’re talking about’ – Doctor Eric London, Director of the Autism Treatment Research Laboratory at the New York State Institute for Basic Research in Developmental Disabilities (quoted in Bovell 2015: 78)

Chapter 2: A History of the Concept of Autism

What *is* autism? What are its core characteristics? And what *kind of thing* is it? In order to even begin talking about flourishing autistic personhood, we first need to understand the nature of autism. Unfortunately, however, clarifying the nature of autism is no small task. Murray notes how autism is represented as both a ‘current concern’ yet also as an ‘alien phenomenon, something that seems to have come from nowhere’ (2008: 2). Moreover, as Chloe Silverman argues, autism has been variously characterised as a psychological, neurological, behavioural, or genetic disorder, usually corresponding to more general trends in psychiatric and popular interest (Silverman 2011). Given this, can seem to be a sense in which, as Hanbury puts it, ‘autism is a shifting condition which seems to shrink from definition, reforming itself each time an attempt is made to capture its essence’ (Hanbury 2005 p. 8). In light of this – and rather than merely accepting whichever representation of autism happens to be currently dominant – a good place to start with autism is by looking at how and why the concept originated and has grown over the past century.

Further reason for beginning with a history of the concept comes from the Foucauldian concerns discussed in the previous chapter, whereby unearthing the genealogy of human categories is vital for properly understanding them – and in particular how our ways of categorising humans can, far from being a simple matter of increased scientific understanding, often be fused through with ideological baggage. As we shall see, in line with this, scholars have recently stressed that the concept of autism has precisely shifted due to ideological and social forces, for example shifting economic and gender norms (Timimi et al 2010). Because of this, some researchers have suggested that to understand autism necessarily requires us to understand the concept in its social and historical context (Nadasen 2005; Silverman 2011; Hacking 1999). At the very least, as Bovell notes, an historical approach to understanding autism can help show the ‘complexity and breadth of responses to autism [as they manifest] according to the prism through which it is viewed’ (2015:

6). Bearing this in mind, it will be necessary to begin this thesis by outlining an historical understanding of the concept of autism.

To do this, I have ordered the following chapter in a roughly chronological order, but have divided each section into specific key concepts relevant to autism, or specific factors related to shifts in the concept, rather than tell, say, a decade-by-decade linear narrative. Of course, due to the limited space I can assign to this history, I can only ever hope to give a partial, limited insight into the complex range of factors involved. Nonetheless, even an incomplete understanding of how the category has shifted and grown by drawing on various recent histories of autism (e.g. Feinstein 2010; Silverman 2011; Waltz 2013; Nadasen 2005; Silberman 2015; Donovan and Zucker 2016) as well as historical texts (e.g. Asperger 1938; Kanner 1943) will be helpful. In sum then, this history will serve two key functions. First, it will provide an initial basis for developing an understanding autism. And second, it will also help open up the space for various critical questions regarding the nature of autism to emerge. Establishing further insight into the nature of autism by answering these questions, as I then shall attempt to do over the following chapters, will then give us good grounds to then assess the core ethical concerns of this thesis.

2.1. The Origins of Autism

2.1.1. Bleuler, Schizophrenia, and Autistic Thinking

The term ‘autism’ was coined by the psychiatrist Eugen Bleuler in 1908 (first appearing in print in 1911). Etymologically, Bleuler’s term “autism” derives from Greek word “autos” (αὐτός) meaning “self,” thus initially indicating this kind of temporary detached egocentrism that could occur for brief periods. In particular, the term was coined in order to indicate how schizophrenics – another category created by Bleuler – could sometimes enter a ‘detachment from reality with the relative and absolute predominance of the inner life’ (1911). At this time, then, autism was a symptom of the psychiatric category schizophrenia rather than a category in its own right.

Following Bleuler, others built on his use of the term: for example autism was framed in 1927 as ‘a deficit in the basic, non-reflective attunement between the person and his world' by the French psychiatrist Eugène Minkowski (as summarised by Parnaz et al 2002). The term also began to be used loosely in medical discourse, initially in regards to schizophrenic patients, but also as a verb to indicate egocentric thinking more generally (Feinstein 2010). Finally, in the 1930s the term was first systematically used to indicate people we would now think of as autistic, rather than it referring to a symptom of schizophrenia (Asperger 1938, 1944; Kanner 1943). This happened when Hans Asperger and Leo Kanner each developed independent but overlapping understandings of autism as a specific human categorisation, working in their respective clinics in Austria and the United States. Previously, the kind of people they were concerned with had been variously grouped under broader, much more vague classifications such as 'feebleminded', 'schizophrenic', 'idiots', 'schizoid', 'mentally retarded', or 'introverted' (Feinstein 2010); but from this time onwards, they were increasingly recognised and grouped under the new, distinctive category of *autism*.

2.1.2. Hans Asperger and Autistic Psychopathy

Chronologically, the term "autism" was first systematically used to describe individuals we would now recognise as being autistic (as opposed to schizophrenic) by Hans Asperger and his colleagues George Frankl and Anni Weiss (Silberman 2015; Robison 2016). Working in Vienna under the Nazi occupation during the late 1930s, Asperger initially wrote a brief article on autism in 1938, and then published a more detailed paper in 1944 (1938; 1944). Notably, Asperger was not a psychiatrist, but rather a paediatrician whose main concern was 'remedial pedagogy' in special education (Feinstein 2010). Given this, part of his practical concern was to identify kinds of person, not to diagnose and treat them as purely medical subjects, but rather in order to assess how best to educate them.

In light of Bleuler's work, Asperger suggested the terms 'autistic psychopathy,'[14] and sometimes used 'autistic personality type', to indicate a number of children – mostly boys – who appeared to share a cluster of overlapping psychological, relational, and

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[14] As Wing notes, Asperger used the term 'psychopathy […] in the technical sense of an abnormality of personality' rather than to indicate an association with sociopathic behaviour (1991). Thus, as Frith further elaborates, this label was supposed to 'indicate that the condition was not a disease, but part and parcel of someone's personal make-up' (2008 34).

behavioural tendencies. Behaviourally, they came to clinical attention as they tended to lack social skills, have trouble picking up on non-verbal communication, be physically clumsy, and be socially aloof. At the same time, however, they were also often intellectually mature and creative, especially in regards to their originality of ideas and idiosyncratic language-use (1944: 71-80). Notably too, they also all tended to have intense, idiosyncratic interests, often in the arts or sciences, at the expense of interests more generally shared by children of their age at the time.

Asperger was wary of reducing autism to a set of specific behaviours,[15] however, and instead suggested that a key factor that linked all autistic people was that each 'is not an active member of a greater organism which he is influenced by and which he influences constantly' in the ordinary way (1944: 38). According to Asperger's observations, this relational difference also typically stemmed from a specific cognitive style, which consisted in a 'gravely disturbed […] instinctive understanding' coupled with an 'outstandingly well developed […] capacity to think logically' (1938). He also noted that this kind of person seemed to have 'Sensitivity […] in different areas of perception' as well as 'psychological sensitivity' (1938). These autistic cognitive and perceptual differences – sensory sensitivities, diminished instinctive understanding, and intact or heightened capacity to think logically – affected 'all expressions of their personality *and* can explain their difficulties and deficits as well as their special achievements' (ibid. my emphasis). Although this was the core of autism, on his account, Asperger also noted that autism could accompany any level of more general intelligence, and that it could manifest in many different ways (1944).

2.1.3. Asperger, Nazism, and Eugenics

It is relevant that Asperger's concept of autism was baptised under Nazi occupation, and at the height of the eugenics movement as it manifested in the early 20th Century. The science of eugenics was developed by pioneering statistician Francis Galton,

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[15] According to Gil Eyal et al (2010), rather than reducing autism a specific and essential set of behavioural symptoms, Asperger took autism more as a "family resemblance" concept, whereby it consists in a network of overlapping tendencies rather than a specific set of behavioural traits. For Asperger, then, what was more important was that 'autistic behaviour' […] has its own particular *flavour* which is unmistakable for the experienced' (quoted in Nadasen 2005: 12-3, my emphasis).

whose central aim was to normalise populations in relation to averages by eliminating specific traits deemed to fall below the mean (Davis, 1995: 14). In Germany, the Nazi eugenics programme was carried out from the mid-1930s onwards. During this period, as Robison summarises,

> ‘mothers were told cognitively disabled kids were “useless eaters”; a drain on the resources of state and family at a time when everything was needed to win the war. Nazi laws required doctors to report birth defects, cognitive impairments, blindness, and even deafness. Parents were encouraged to place those children in residential clinics, for the good of the family and the state. Once institutionalized, the children were systematically killed by poison, starvation, or exposure.’ (Robison 2016: 5)

In short, increasingly narrow definitions of normality in relation to the perceived economic needs and cultural ideals of the German Reich, coupled with the new science of eugenics, meant huge numbers of cognitively disabled and otherwise purportedly abnormal persons were sterilised or exterminated.

Although the extent of his compliance remains unclear, Silberman (2015) has suggested that Asperger’s classification of the syndrome seems to have been a response to the manner of thinking about human value derived from Galton. Initially, against the default assumption that abnormality was necessarily bad, Asperger argued in his 1938 paper that ‘Not everything that falls out of line, and thus is “abnormal,” has to be deemed “inferior”’ (1938). In turn, he reacted against Galton’s idea of seeing humans a made up of separate characteristics that could be either preserved or eradicated in relation to a statistical norm. Rather, he emphasised, when it came to autism, the ‘positive and […] negative features are two naturally necessary, connected aspects of one really homogenously laid out personality’ (1938). This line of argument, also followed up in his 1944 paper, allowed Asperger to stress that both the (purported) abilities and deficits of autistic persons related back to the autistic personality as a *whole*, thus justifying, to some extent, their limitations as being necessary for their abilities – and this in turn in relation to the perceived value of autistic individuals for the German Reich. According to Silberman, the classification of autism as a type of person was, then, as much a political event as a medical or scientific one. For at least part of its function was to cultivate the conceptual space for Asperger to raise the perceived value of autistic life, so as to save – despite Asperger not, seemingly, being against eugenics as such – at least some autistic children from being euthanised (Silberman 2015).[16]

2.1.4. Leo Kanner and Infantile Autism

Leo Kanner was an influential child psychiatrist interested in identifying clear behavioural classifications of 'psychobiological' disorders (Feinstein 2010: 22). Roughly around the same time Asperger was categorising his distinct group of patents, yet working in the John Hopkins clinic in the United States, Kanner began working with children to whom he also applied Bleuler's term. Interestingly, as Robinson notes, there were some key similarities between Kanner's and Asperger's use of the term:

> 'They both saw, "children who are in their own world," "children who prefer to play alone," "children who don't show love, or respond to parental affection," and the fixations on objects rather than people. They also agreed on the children's need for routine and ritual, and recognized what we now call autistic special interests' (Robison 2016: 6)

Nonetheless, in contrast to Asperger's focus on more capable individuals, Kanner identified what later came to be variously known as "classic," "severe," or "low-functioning" autism in a landmark paper in 1943. The eleven children Kanner identified in this paper as having 'autistic disturbances of affective contact' appeared to ignore other people in favour of partaking in elaborate repetitive routines such as

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[16] It is hard to tell the exact extent of his compliance with or resistance to the Nazi eugenics programme. On the one hand, according to Silberman (2015), Feinstein (2010), and Frith (1991), Asperger's aim in categorising autism is more likely to have been to protect his patients from the dominant eugenicist ideology of the time. Very significantly, however, critics point out that he also signed what were effectively death warrants for a number of multiply disabled autistic children (Herwig 2018; Donovan and Zucker 2016). Because of this, he should not be seen as a proto-neurodiversity advocate, as Silberman has portrayed him (2015), even if he resisted aspects of the eugenics programme.

spinning object or lining up toys, exhibited sensory sensitivities, various learning disabilities, and notable language delays. In contrast to Asperger's often highly-verbal patients, Kanner's were sometimes non-verbal, and those who were often spoke in echolalia and exhibited a highly literal manner of communicating. Nonetheless, whilst his patients had often previously been seen as mentally "retarded" or "feeble-minded", Kanner noted that they were often skilled at handling objects, expressed strong rote memory, and exhibited an 'intelligent physiognomy.' He indicated that they were 'endowed with good cognitive potentialities' (Kanner 1943: 47) that they failed to actualise due to an innate 'autistic aloneness' (Feinstein 2010 25-6). Kanner also stressed that being autistic has a developmental effect, in contrast to Asperger's focus on more static traits (Van Krevelen 1971).

Given this view of the condition, Kanner took himself to have identified a rare and monolithic disorder that had previously been wrongly conflated with both mental retardation, and childhood schizophrenia. What distinguished autism, according to Kanner's initial 1943 paper, was that autistic aloneness and behaviour stemmed from a lack of *affective* contact with people and situations (1943: 38-39) rather than from intellectual disability or paranoia. Moreover, in further contrast to schizophrenia, the condition was there from the beginning of life: 'it is not a "withdrawal" from formerly existing participation. There is from the start an extreme autistic aloneness' (ibid).

2.1.5. Who Discovered Autism?

Despite now being recognised as a founding text on autism, Asperger's 1944 paper was not translated until 1981 in light of a renewed interest in it from the British Psychiatrist Lorna Wing. Moreover, his 1938 paper – the first paper in which autism was discussed as a human category rather than a passing trait – was lost until the 21st Century (Feinstein 2010; Silberman 2015). Notably too, although Kanner claimed to not have known of Asperger's work, it has recently emerged that Kanner employed Asperger's former co-worker Georg Frankl, who had been developing the concept of autism together with Asperger for a number of years before he came to work with Kanner (who prior to that time had not used the term in this way). Thus, it seems highly likely that Kanner was not only well aware of Asperger's use of the term, but also that he had a considerable undeclared intellectual debt to both Asperger (Silberman 2015) and Frankl (Robison 2016).

Notably, though, Kanner – who wrote in English, and was widely read amongst clinicians – since he failed to acknowledge his connection with Asperger, was widely seen from the 1940s onwards as both the sole discoverer of autism and the world's leading autism expert. This is significant in as far as it meant that Kanner's 'early descriptions of autism remained largely unchallenged for approximately the first two decades after its introduction' (Verhoeff 2013: 5). Thus, Asperger's notions that autism stemmed from cognitive and perceptual differences, was very common, was more likely to occur in people with average or above levels of intelligence and high verbal competence, and was associated with rational thought and creativity, were temporarily lost in favour of the depiction of autism as a rare and monolithic affective disorder that also – despite Kanner's emphasis on the 'intelligent physiognomy' of his patients – associated with further cognitive disability (Silberman 2015).

2.2. Autism's Shifting Representations

2.2.1. The Medicalisation of Autism

The personal and political context Kanner was working in when he developed his conception of autism was different to that of Asperger.[17] Nadasen (2005) suggests that Kanner's initial conception of autism, and the way the concept has developed since then, must be understood in relation to the emerging discipline of child psychiatry and an increased drive to medicalise human difference (2005: 58). In her words:

> 'The [early 20th century growing] interest in childhood "development" led to […] new divisions among children based on their degree of apparent normality in relation to newly created and standardised developmental norms.'

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[17] Although not totally. Similarly too, eugenicist ideology was widespread in the United States, and Kanner himself came to support sterilisation (Silberman 2015).

Kanner himself, she further notes, wrote the popular textbook *Child Psychiatry* in 1935 (ibid. 71) and was seen as being at the forefront of this new science, which gave him further reason to designate highly specified medical classifications. This was also during a more general period where an increased secularization of society led to factors previously seen in a religious framework being reconstructed as medical issues (Conrad 1992), leading to abnormal personalities increasingly becoming framed as a matter of medical pathology (Bourne 2011). Given these various intersecting social and personal factors, as Gil Eyal and colleagues note, whilst Asperger saw autism as a ‘personality Gestalt, a unique human type admitting of infinite variation and nuance’, Kanner ‘felt compelled to systemize and distil his descriptions because of his orientation to a field of competing diagnostic labels’ (2010 220-1).

Following his initial article, Kanner continued to build on and clarify his conception of autism over the following years, coming to use the term “autism” (rather than the descriptive term “autistic”) by the late 1940s (Robinson 2016). In 1951, and in contrast to Asperger’s less precise depiction of the category, Kanner proposed necessary symptoms for the identification of autism, clarifying that

> ‘the characteristic features consist of profound withdrawal from contact with people, an obsessive desire for the preservation of sameness, a skilful relation to objects, the retention of an intelligent and pensive physiognomy, and either mutism or the kind of language that does not seem intended to serve the purpose of interpersonal communication’ (Kanner 1951)

In line with this, by 1955 Kanner and his colleague Eisenberg stated that ‘early infantile autism has been fully established as a clinical syndrome.’

In contrast to Asperger’s more holistic conception of the autistic personality, the drive to medicalise autism meant that it came to be defined in terms of key deficits and problematic behaviours – leading to an atomistic focus on the negatives over the positives, and the parts over the whole (Murray 2012). For example, and despite

Kanner's own noting of autistic strengths such as strong rote memory, the first diagnostic categorisation of "infantile autism" that was separated from "schizophrenia" in the DSM in 1980, the core traits were all deficits: 'Pervasive lack of responsiveness to other people'; 'Gross deficits in language development'; 'peculiar speech patterns'; and 'Bizarre responses to various aspects of the environment, e.g., resistance to change, peculiar interest in or attachments to animate or inanimate objects.' (DSM III).

Following this, the same drive to medicalise that Kanner adopted delineated how Asperger's autism was received when it subsequently became adopted by the British psychiatrist Lorna Wing. Wing initially published a clinical account of what she re-named "Asperger's syndrome" in 1981. In contrast to Asperger's original characterisations, Wing proposed a medical deficit account for what Asperger's syndrome. She stressed, for example, that whilst

> 'Asperger described people with his syndrome as capable of originality and creativity in their chosen field [it] would be more true to say that their thought processes are confined to a narrow, pedantic, literal, but logical, chain of reasoning [… and although] Asperger also believed that people with his syndrome were of high intelligence, [they are actually] lacking in common sense' (1981).

Given her medicalisation of Asperger's syndrome, Wing therefore proposed a specific checklist of deficits,[18] and this was soon followed by other deficit checklists such as Gillberg's (Fitzgerald 2004). In turn, when the category was included in the ICD-10 and DSM-IV during the 1990s, both were medical deficit accounts, defining the condition in light of specific checklists of shortcomings in implicit relation to a species-standard norm.[19]

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[18] Oddly, this is despite Wing's own insistence that 'the people described by the present author all had problems of adjustment or superimposed psychiatric illnesses severe enough to necessitate referral to a psychiatric clinic [and so] the series described here is probably biased towards those with more severe handicaps' (1981).

[19] Conceptually, this differs from Asperger's original account in at least two key ways. Firstly, it defines the condition solely in light of negative traits rather than as a pattern of abilities and disabilities that arises in light of an innate autism. Secondly, it was now seen seem as a "mild" form of autism as

2.2.2. Autism as Emotional Disturbance

In line with Asperger, Kanner's initial paper on infantile autism suggested that autism was 'innate' and 'biological' (1943: 250). By contrast, however, he then stated in a 1949 paper that 'parental coldness, obsessiveness, and a mechanical type of attention' may lead to autistic children 'turning away from such a situation to seek comfort in solitude' (1949). In light of the notion that infantile autism was an emotional 'disturbance' that could stem from psychogenic factors, psychoanalytic thinkers were quick to argue that autism was caused by uncaring parents, and especially mothers (Silverman 2011).

The theory that parents caused infantile autism through coldness and neglect had little evidence (Feinstein 2010).[20] Nonetheless, it was popularised by the psychoanalyst Bruno Bettleheim in his best-selling book *the Empty Fortress* (1967). Drawing largely on his own clinical experience, as well as his experience of being incarcerated in a concentration camp, Bettleheim likened the mothers of autistic children to concentration camp guards, and autistic children to prisoners. During this period, the "refrigerator mother theory" became dominant in popular as well as clinical representations, leading to both parents being unfairly blamed for autism in their children, and the separation of autistic children from their families (Feinstein 2010).

The causes of the abandonment of the refrigerator mother theory are disputed. According to Feinstein, the refrigerator mother theory was initially questioned by biological accounts, most notably in Bernard Rimland's *Infantile Autism* (1964), and then finally became fully discredited when twin studies in the late 1970s found both that families of autistic persons also had autistic traits and that autism occurred more regularly in identical twins than in non-identical twins (Feinstein 2010). Breggin

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characterised by Kanner, rather than as something that 'occurs at different levels of ability' as Asperger took it to.

[20] According to Feinstein (2010), Kanner's apparent adoption of the psychoanalytic "refrigerator mother" model can in part be seen as a repose to the eugenic ideology as it manifested in America. For if autism is deemed genetic, then autistic people are deemed candidates for sterilisation; but if it is psychogenic, then the possibility of treatment becomes feasible. (Also notable in this regard is Kanner's stressing of the retention of intelligence in autistic persons). In the end, Kanner became a supporter of sterilisation although not euthanasia (Feinstein 2010).

(1992), however, contends that the key reason for abandoning this theory was political rather than scientific, resulting from pressure from advocacy organisations of parents who were frustrated with being unfairly blamed for autism manifesting in their children. Although this conception of autism still persists in several societies in which psychoanalytic frameworks still dominate, it has generally been abandoned (Feinstein 2010).

2.2.3. The Biologisation of Autism

What is clear is that the refrigerator mother theory was dropped in conjunction with a more general turn to a biomedical framing of mental disorder that began roughly in the 1970s (Nadasen 2005). In regards to autism specifically, this led to research into genetic and neurological factors that may contribute to the condition, combined with searching for innate cognitive rather than psychogenic differences to explain the nature of autistic thinking and behaviour. In support of this, early twin studies indicated that autism has a large hereditary basis, whilst various physical tendencies were noted in autistic persons, for example a tendency to have bigger brains when compared to neurotypcials (Feinstein 2010). In contrast to the notion that it was an emotional disturbance, theories regarding autistic cognition also began to be proposed, often focusing on purported empathy deficits or more general processing problems that were taken to be exhibited by autistic patients. Given these shifts, as Evans notes, by the 1980s autism was increasingly 'as a problem of cognition and 'social' interaction, rather than a problem of emotional relationships with others' (2013: 21).

The combination of these conceptual changes ultimately led to autism being placed under the new category of 'Pervasive Developmental Disorders' in the DSM-IV. The idea of a developmental disorder is that someone is born with social-cognitive deficits that stop them developing in the usual way during their formative years. More recently this categorisation has been replaced in DSM-5 with the term 'neurodevelopmental disorders,' in line with a more general increased stress on the neurobiological and cognitive aspects of the condition. Today, it is represented in the literature as being a largely biologically-based disorder both of innate cognitive capacities and the development of the self throughout the lifespan (see, e.g., Baron-Cohen 2008; Frith 2008; Tantam 2009). Thus approximately between the 1950s and 1990s the concept of autism changed significantly: from an emotional disorder caused by parents to a developmental disorder stemming from innate, probably hereditary, neurocognitive deficits.

2.2.4. Lorna Wing and the Construction of the Autism Spectrum

Lorna Wing not only popularised Asperger's work; she also drew on it to develop the notion of the autism spectrum (Feinstein 2010; Silverman 2011). This construct can roughly be traced back to 1978, when Wing and her colleague Judith Gould carried out a study of children considered to have special needs in order to track the prevalence and nature of autism (Wing and Gould 1979). They found that whilst many of the children they studied displayed the key traits of Kanner's autism, others had either some or all of the traits in a 'milder' form. In light of this, Wing turned to Asperger's work, and adopting the notion of the 'autism continuum' (1979) and later shifting to the 'autism spectrum' (Wing 1991). She took this to indicate a 'seamless continuum from Kanner's autism to Asperger's syndrome' (ibid: 103).

Wing and Gould's key suggestion was that the essence of the autism spectrum was a 'triad of impairments.' This refers to problems in: social communication, social interactions, and social imagination (Wing and Gould 1979). Wing later explained that:

> 'the essential features of [autism] were a triad of impairments of social interaction, communication and imagination, the last being replaced by a narrow range of interests and activities […] The essential point of the spectrum concept is that each of the elements of the triad could occur in widely varying degrees of severity and in many different manifestations' (quoted in Fitzgerald 2004: 34).

In other words, on Wing's and Gould's account, there was a strong tendency for these three impairments to cluster together *and* to come with a restricted, narrow pattern of interests and activities. Given this, they took themselves to have established these three deficits as the core of the autism spectrum.

The idea of the autism spectrum brought about a significant change regarding how the concept of autism was understood. As Verhoeff notes,

> ‘social impairment was no longer understood as Kanner’s “extreme autistic aloneness” but as a continuum of problems in social interaction ranging from subtle deficits in the use and understanding of the “unwritten rules of social behaviour” to profound social withdrawal’ (Verhoeff 2013: 5).

In clinical practice, this led to the identification and recognition of other ‘kinds’ of autism. Most notably, the *World Health Organisation* included Wing’s preferred term ‘Asperger’s syndrome’ in the ICD-10 published in 1992.[21] Following this, in 1994, *the American Psychiatric Association* introduced ‘Asperger’s disorder’ in the 4th edition of the DSM. In each manual, the various autisms were now diagnosed via a combination of social problems, communication problems, and restricted, repetitive actions and routines, with Asperger’s being used to indicate those with no language delay or intellectual disability. Nonetheless, distinctions between the autisms were not clear-cut. No clear biological markers for the various distinctions was discovered, and there was also confusion in clinical practice (Fitzgerald 2004: 19-37). Given this, and although some still maintain that there is a clear distinction, in 2013, the diagnoses of both Kanner’s autism and Asperger’s syndrome, as well as other less common kinds of autism, were removed from the fifth edition of the DSM and replaced with the label ‘Autism Spectrum Disorder’. As we have seen, people diagnosed with ASD have since been assigned a further label of ‘mild’, ‘moderate’,

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[21] The ICD refers to the International Classification of Diseases, the most widely used diagnostic manual beyond the DSM. The ICD-10 notes that Asperger’s syndrome should be take to be equivalent to both ‘autistic psychopathy’ and ‘schizoid disorder of childhood.’ As with autism, the term ‘schizoid’ comes from Bleuler, and today it is diagnosed largely through a lack of interest in others, a preference for solitary activities, indifference to praise and criticism, and apparent emotional coldness or detachment. Although classed as distinct disorders, Asperger’s syndrome and schizoid are often used to characterise almost the exact same group of people (Atwood 2007). It may be that a large number of people who are diagnosed as or were previously thought of as schizoid could equally be thought of as having Asperger’s syndrome, although currently the terms are not wholly interchangeable.

or ‘severe’, to indicate where on the spectrum they are (‘mild’ ASD is almost identical to Asperger’s syndrome, whilst ‘moderate’ and ‘severe’ ASD as more in line with autistic disorder).[22]

Nonetheless, the DSM-5’s more linear notion of the spectrum has been criticised, for instance in light of the reasons discussed in the previous chapter. In light of conceptual issues regarding the spectrum construct, some prominent medical researchers simply refer to ‘the autisms’ or ‘the autistic syndromes’, indicating that there may be a range of different kinds and causes, not necessarily existing in a linear relation to each other (Gillberg and Coleman 2012). This also chimes with Hacking’s proposal regarding the alternative metaphor of the autism ‘manifold,’ in order to avoid the notion that autism is an inherently linear classification. Neurodiversity advocates often speak simply of ‘autism’, in light of how the spectrum notion can be harmful and divisive for autistics. In this regard, for instance, Anne McGuire has stressed how: on the spectrum construct, as ‘the ‘severity’ of autism’s pathology increases, and as it increases its hold on life, normative life is understood to be ever more compromised: weakened, siphoned, lessened’ (2016: 97).

2.2.5. Autistic Intelligence

Kanner thought that his patients were capable of high intelligence despite their limitations in regards to communication (1943), and Asperger found that autism ‘occurred at all levels’ of intelligence, taking it to be particularly prevalent in those with average or above intelligence (1944). Nonetheless, historically, autism has typically been associated with intellectual disability (Feinstein 2010). Recent pathology paradigm studies also indicate a high overlap, with some suggesting that up to 70% of people diagnosed with ASD are also intellectually disabled (Matson and Shoemaker 2009). Hobson (2002) even went as far as to argue that autism causes intellectual disability by hindering the development of cognitive capacities formed in relational contexts.

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[22] It is likely that the ICD-11, due in 2018, will adopt the DSM-5’s terminology.

However, in recent year it has become clearer that the extent to which the two disabilities have been associated may be severely misguided. In general, the measuring of intelligence is fraught with methodological and political problems, with only 60% of those labelled as such thought to be clear cut cases (Whittuck 2014: 61). When it comes to autism specifically, researchers have more recently pointed out that there may be a bias against autistic intelligence in IQ testing. According to Mottron (2011), due to their different cognitive style, the use of unsuitable intelligence tests may lead to the intelligence of autistic persons being systematically underrated. As Bogdashina similarly reasons, testing autistic persons on standard IQ tests is like testing ‘the IQ of a blind person by asking him to name the colours of the objects in front of him’ (2005 116). In fact, recent findings (e.g. O Saad and Celeri 2018) as well as some retrospective analyses (e.g. Hippler and Klicpera 2003) have found IQ levels of autistic persons to be not too dissimilar to those found in the normal population. This chimes with how Crespi’s recent review of the literature (2016) leads to the suggestion that autistic intelligence is not so much lower, but rather uneven in comparison to a neurotypical norm. The notion that autistic intelligence has been underestimated is also consistent with the notion that both the concept of intelligence, and that of intellectual disability, may be more social constructs than natural demarcations (Goodey 2015).

2.2.6. Rising Prevalence

Another key factor that has changed remarkably is the purported prevalence of autism. Initially, when only Kanner’s autism was widely acknowledged, autism was thought to be an extremely rare disorder. In line with this, a pioneering 1966 epidemiological study based on Kanner’s strict criteria found a prevalence of 4.5 per 10,000 (Lotter 1966). Feinstein (2010: 224) notes that most studies during the 1980s reported a slightly higher prevalence of between 4 and 7 per 10,000. In contrast, however, Wing and Gould found a greatly increased prevalence of approximately 20 per 10,000 when they widened the criteria in the 1978 study to include Asperger’s syndrome (1979). In 1993 Ehlers and Gillberg looked at Asperger’s syndrome specifically and found that a much higher rate 36 per 10,000 children fit their criteria.

Later studies of studies of ASD show even higher prevalence still. In 2005 Green and colleagues found that 90 in 10,000 had an ASD diagnosis (Green et al, 2005), whilst Baird and colleagues found the prevalence was 116 per 10,000 in 2006 (Baird et al, 2006). In 2014 the Centres for Disease Control and Prevention released data which indicated that the prevalence of ASDs in the United States was 1 in 68 (1 in 42 for boys and 1 in 189 for girls) (Autism and Developmental Disabilities Monitoring network: 2014).

The rising prevalence has led to claims regarding an autism 'epidemic', with many campaigners suggesting that vaccines and various other environmental factors have contributed to the rapid increase in diagnoses (Feinstein 2010). However the evidence does not support this. Although some environmental factors have been implicated in increased chance of children being born autistic (Grandin and Panek 2013), there is a general consensus among researchers that the rising prevalence is largely an effect of the widening of the diagnostic criteria as well as increased awareness of the category (Feinstein 2010). Gil Eyal *et al.* (2010) add to this that diagnoses of autism rose when institutions for those previously considered "retarded" were shut down, meaning that those who were previously shut away were increasingly integrated into society and re-labelled autistic. Beyond this, merely accidental factors may also have contributed to the increased number diagnoses. As Grinker (2007) notes, for example, in one edition of the DSM, there was a typo (the term 'and' was replaced by the term 'or'), leading the diagnostic criteria for PDD-NOS that allowed many more people to be diagnosed (also see Feinstein 2010 186). In sum, then, the increased prevalence should not be thought of as an epidemic, but rather due to changes in the categorisation, the broadening of the spectrum back to being more line with Asperger's original concept, as well as being due to other contingent social factors.[23]

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[23] Interestingly, current conceptions of autism's breadth and prevalence are more in line with Hans Asperger's views developed in the 1930s and 1940s. On the one hand, contemporary views regarding autistic intelligence also echo Asperger's observation that: 'autism occurs at different levels of ability. The range encompasses all levels of ability from the highly original genius, through the weird eccentric who lives in a world of his own and achieves very little, down to the most severe contact-disturbed, automaton-like mentally retarded individual' (1944: 74). On the other hand, bearing the breadth of autism manifestations in mind, Asperger also hypothesised that autism was relatively common and probably hereditary. In his words: 'Once one has learned to pay attention to the characteristic manifestations of autism, one realises that they are not at all rare in children, especially in their milder forms' (ibid.).

2.2.7. Autism and Gender

As has been noted, autism has mainly been diagnosed in boys and men. In line with this, Asperger referred to autistic thinking as an ‘extreme variant’ of ‘male’ intelligence (1944). Various more recent theories have attempted to explain this in naturalistic terms, for example by characterising autism as ‘the extreme male brain’ (Baron-Cohen 2003) or via speculation regarding paternal genomic imprinting being the cause of autism (Badcock 2009). Nonetheless, as Jack notes, this approach fails to account for how gender is at least partially distinct from sex, with the former being more a cultural rather than natural phenomena (Jack 2014: 13). Given this, biologised representations can be methodologically flawed and systematically misleading. For example, when it comes to such accounts,

> ‘researchers might reason from the sex ratio of autism diagnoses to theories of autism that reflect gendered norms [… In such cases] scientists do not distinguish between [biological] sex and [culturally constructed] gender, but, rather, subsume one into the other’ (2014: 13).

Rather than being a genuine explanatory force in regards to the nature and genesis of autism, then, Jack suggests that ‘gendered characters are especially common in autism discourse because they help fill gaps in knowledge or authority about autism’ (Jack 2014: 4). Moreover, in recent years it has become clearer that autism manifests differently in for females and those of other gender identities rather than less regularly. In this regard, autistic academic Dani Alexis Ryskamp (2016) has also noted how females are expected and raised from birth to produce more emotional labour when compared with males. Given this, part of the reason females may have been missed regards how males are raised more in line with the traits typically associated with autism.

From a more historical perspective, it has been noted that the characteristics associated with autism mirror the traditional modernist construct of the rational male: independent, logical, lacking empathy, clear and fixed in focus (Goodley 2016: 154-5). Similarly too, as Murray notes:

> ‘The kind of interests and obsessions [associated with autism] – science, mathematics, calendars and timetables [–] seem to be paradigmatically male concerns, almost extensions of an idea of male personalities.’ (Murray 2008: 140)

Bearing this in mind, and contrast to the biologized approaches, a recent and more nuanced view comes from Timimi and McCabe (2016). They locate shifts in the categorisation of autism within the context of an increased ‘feminisation’ of education and working environments, coupled with an ever increasing surveillance of childhood culture and oppressive masculine ideals. By way of explanation for this shift in gender norms, Timimi and colleagues (2010, 2016) draw attention to the interplay between shifting economic ideology and ideal gender norms. In particular, the market system, particularly in service economies, increasingly requires individuals to both continually merge into new roles and to constantly sell one’s “self.” Given this, those who find this difficult due to being less flexible are increasingly seen as a problem to be either eradicated or altered. The effect of this, as Haydon-Laurelut summarises, is that

> ‘Bodies now labelled as autistic were perhaps closer to the norms of the late nineteenth and the early to mid-twentieth century. These bodies and their characteristics are increasingly distinct from the kinds of humans – those of the “agile” or “flexed” workforce, narcissistic, hypersocial, and so on – demanded from the second half of the twentieth century to the present day by the changing socio-economic conditions of neoliberal capitalist cultures and a service economy’ (2016: 222).

In other words, whereas modernist conceptions of masculinity tended to celebrate autistic traits, neoliberal economic ideology and the social structures that they are tied up with have altered contemporary conceptions of masculinity in such a way that takes them to be pathological. Thus, Goodley points out, the relationship between autism and gender is thus more complex than a simple alignment: in fact, 'autism works in and against the norms of ethnoclass man: being evoked either as the opposite or an approximation of the male centre' (2016: 155).[24] [25]

2.2.8. Autism and Race

Overwhelmingly, autism has been represented as a white phenomenon. The concept was conceived of and developed in societies dominated by white people, and has been represented largely through white individuals. Within these societies, non-white people are less likely to be identified as autistic, and those who are tend to be identified later than non-white-people (Heilker 2012; although also see Becerra et al 2014). Heilker has argued that the 'whiteness' of autism may continue to distort our understanding of autism:

> 'there is a great deal of work to be done to create a more realistic portrait of autism and autistics in our public discourse. Until that more realistic discourse emerges, our collective understanding of autism, our various

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[24] Interestingly, gender norms in Nazi Germany, where Hans Asperger was working, have also been associated with the drive to sterilize and exterminate the cognitively disabled, partly since the ideal male was judged largely in light of their capacity to contribute to the state (by contrast, women were judged by their capacity to reproduce) (Loroff 2012: 58). More relevantly to Asperger's syndrome, this ideal was bound up with a prominent hyper-masculinity, whereby 'a man could only achieve true manliness by engaging in heroic activities, such as fighting in a war' (Loroff 2012: 49):'For the Nazis, the soldier embodied all the ideal characteristics associated with the "new man". Men were expected to embrace the soldier mentality and join male dominated organizations, such as the SS (Schutzstaffel). Furthermore, in order to fulfil their racial duties, men were also encouraged to marry „hereditarily fit" German women and establish kinderreich (rich in children) families.5 In the family unit, men were expected to act as patriarchs, charged with instilling proper Nazi values into their children (49-50). Given that the patients Asperger saw were more in line with what we now think of as "geek" culture (Silberman 2015), it seems reasonable to infer they would have fallen well outside the dominant economic and gender norms of the time. That is, being more interested in idiosyncratic, isolated pursuits, they would neither have seemed good at embracing the 'soldier mentality' of Nazi Germany, nor indeed marrying. In both places where Asperger's autism came to be seen as a distinctively problematic condition – first, briefly, in Nazi Germany, and then again in Britain and the United States from the late 1980s – gender norms may help explain why the condition was seen as problematic

[25] Increasingly, critics also point out that many girls and women do exhibit the core cluster of features associated with autism, it is just that they manifest differently. Given this, there has been an increased drive in recent years to identify female manifestations of autism. Notably too, there is a strong correlation between autism and gender dysphoria. One recent study, for example, found that 7.8% of autistic persons were transgender (de Vries et al 2010).

> relationships with autistics, and the social systems we base on those relationships will remain unfortunately and necessarily skewed.' (2012)

Notably too, only in recent decades has the concept autism been exported to many Asian and African societies, often in a clumsy manner that overlooks cultural differences (Feinstein 2010). More research needs to be carried out in this regard, and currently the extent to which our understanding of autism is distorted by the current orientation of autism representations and research.

2.2.9. The Rise of Neurodiversity

Until the late 1980s, autism advocacy and the autism community referred almost exclusively to parents of autistic children. They had tended to argue for better services, increased awareness, and greater funding (Feinstein 2010). From around the end of 1980s, however, autistic persons such as Temple Grandin, Donna Williams, and Jim Sinclair began to advocate themselves (Silberman 2015). In contrast to parents, some autistic self-advocates began to argue that autism was not a disorder but a difference. Most notable was Jim Sinclair's 1993 speech *Don't Mourn For Us*, in which they[26] argued that autism should be seen as a 'way of being' to be accepted and affirmed rather than a disorder to be mourned or cured. Sinclair also challenged the notion that autism was, in itself, a tragedy, instead arguing that this was more a projection of a societal devaluation of autistic difference (ibid.). This collective effort, whereby autistic people took from the broader disability rights movement the drive to 'transform themselves through collective action' in challenging oppressive structures (Oliver, 1990: 190) has come to be known as the 'autism rights movement.'

Building on the autism rights movement, in 1998 the term "neurodiversity" was first used in print by the journalist Harvey Bloom an article in *the Atlantic*, although he had written of 'neurological pluralism' a year earlier (1997), and had developed the concept together with the autistic self-advocate Judy Singer (1999), who wrote an

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[26] Sinclair is intersex.

honours thesis on the concept and then published an academic paper on it in 1999.[27] On the one hand, Blume used this term to indicate how different neurological types

> ‘may be every bit as crucial for the human race as biodiversity is for life in general […] Cybernetics and computer culture, for example, may favor a somewhat autistic cast of mind’ (1998).

His take stressed an analogy with bio-diversity: ‘Neurodiversity may be every bit as crucial for the human race as biodiversity is for life in general’ (ibid.). In short, his argument echoed Asperger’s claims from the 1930s (Silberman 2015), stressing how autistic people can be useful to society as a whole. The key difference was that, rather than being framed in relation to the German Reich, Blume’s conception of society was much broader, and was concerned with how autistic thinking could be helpful for humanity as such. By contrast, Singer (1999) focused more on the emancipatory potential of developing an autistic community and autistic culture, rather than on the use of autistic thinking for the rest of humanity.

Building on this, as a counter to the medical paradigm’s notion of autism as a disorder, proponents of neurodiversity variously argue that ‘neurological differences’ or ‘neurodivergences’ should be accepted and celebrated for both its inherent value and the value they can bring to humanity more broadly (see Silverman 2015). Since its inception the neurodiversity movement has spread rapidly, mostly via self-advocates using blogs, chat room, and online articles. Although the neurodiversity movement stemmed from autism-rights advocates in the 1990s, it has now developed to other neurological differences such as dyspraxia and dyslexia (Armstrong 2010), although there is ongoing debate as to how far the concept should be extended (Arnold 2017; Chapman forthcoming). In contrast to medicalised accounts of such differences, a key point for many neurodiversity proponents is to expand the notion of normalcy to cover neurodivergent individuals. This is either in in relation to different kinds of normalcy, each of which corresponds with a different “neurotype”, or in a more general sense, in as far as neurological diversity among humans *as such* is the norm (Walker 2013). Since its inception, the rise of the neurodiversity movement has

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[27] Interestingly, although Singer was key in developing the concept, Arnold notes that the term was first used in passing in relation to dyslexia (Arnold: 2017)

brought a colossal shift in regards to the concept of autism, changing it from an individual medical pathology to a minority mode of neuro-cognitive functioning disabled by exclusionary and oppressive social structures and norms (Arnold 2017).

2.2.10. The Pre-history of Autism

If there is no autism "epidemic", and if the medicalisation of autism was in part based on wider social factors, this raises the question of where all the autistic people were before they were medically classified. In recent years, various historical cases have been noted in the decades shortly prior to Asperger's and Kanner's initial papers of patients who seem to be autistic but were given alternative labels by their psychiatrists. For example, a group of children identified as having 'schizoid personality of childhood' as early as 1926 by the Russian psychiatrist Eva Sucharewa are now cited as being an early clinical case of Asperger's syndrome (Feinstein 2010). Other medical reports similar to Kanner's have also been noted in the decades prior to his paper (Donovan and Zucker 2016). Those autistic individuals who were also intellectually disabled would have been classed, along with many others, under less specified labels such as 'idiots' or 'developmentally retarded' (Feinstein 2010).

Beyond medical reports, historical analyses focused on the periods prior to the rise of medicalisation have led to the identification of seemingly autistic individuals who were not pathologised during their time. In this regard, famous historical figures have been subject to retrospective studies by psychiatrists and psychologists. Most notably, child psychiatrist Michael Fitzgerald (2004) has argued in detail the various notable scientists, philosophers, and artists fulfil the DSM-IV criteria for Asperger's syndrome. Steve Silberman (2015) has written about the famous 18th century chemist Lord Henry Cavendish as being autistic. Frith suggests that medieval monasteries may have provided a place in society for autistic individuals, and has gone in to detail in regards to specific monks (2003). Prior to actual historical cases, evolutionary psychologist Christopher Badcock (2009) has suggested that autism evolved in part for working with the natural over the social world, and has also associated autistic art with cave paintings. In line with this, Frith (2003) has associated autism with various ancient myths and fables. Although all these claims are to some extent speculative, they can help us see how autism was responded to prior to its categorisation.

2.2.11. Concluding remarks

Autism seems to be a fluctuating concept, both in terms of what we consider to be its nature and its value. Indeed, as can be seen from even this very concise and incomplete history of autism, the concept has shifted (and continues to shift) in relation to both more general trends in medical and scientific thinking, as well as various social factors such as shifting gender norms and political ideologies. Nonetheless, at the same time, the concept has remained fairly consistent in at least some ways. Since its classification as a human kind it has consistently referred, for example, to individuals who are both seemingly out of sync with the majority, and who have intense, idiosyncratic interests. And even if the category is fairly recent, it seems that people with these traits existed long before the medical category was baptised. These various factors may both make us question any one particular definition of autism, but also provide the ground for developing a more nuanced understanding of the nature of autism.

Bearing all this in mind, although the concept does, on the face of it, seem to be meaningful, shifting representations of autism, and the various conceptual and political disputes relating to them, can be taken to call the concept into question in several important ways. Most significantly, they raise questions regarding the nature of autism. Issues here regard what kind of thing autism is (i.e. whether is a social or natural grouping), and what its core features are (if, indeed, it has any). In turn, further questions arise as to the medicalisation of autism. As we have seen, that autism was medicalised was a contingent historical process relating to wider social and ideological factors, rather than being an obvious fact about its very nature. And at various points in history prior to now, autistic individuals may have found ways to live well and be valued in society, rather than being categorised as pathological. Although this certainly does not, in and of itself, show that this medicalisation was unjustified, it does given the claims of the neurodiversity movement some initial force, thus pushing the question of whether autism is really pathological into prominence.

Significantly, considering both of these issues will be crucial for asking whether flourishing autistic personhood is possible, since in order to answer this, it is precisely the case that we first need to have a clear idea of the nature of autism, and also to extent (if at all) being autistic is inherently harmful. Bearing these issues in mind, I shall next explore contemporary conceptions regarding the nature of autism, and following that, the debates regarding whether it should be seen as a disorder or difference, in more detail. This will initially allow me to develop a coherent understanding of what autism actually is, before I go on to discuss the possibility of thriving autistic personhood at the end of this thesis.

Chapter 3: The Nature of Autism: Social Impairment or Social Construct?

Typically, autism is represented as a natural phenomenon that we continually come to learn more about over time. Newspaper articles suggesting that a new ‘biomarker’ or ‘biological test’ for autism is just around the corner appear regularly, and we often hear of ‘advances’ in our understanding of autism. As we have just seen, however, although the term “autism” was coined just over a century ago, and has since then referred to people or things that seem cut off, in a certain sense, from others, much about the concept has remained in flux. In recent years, a growing awareness of the fluctuating history of the concept on the one hand, and problematic findings regarding the biological underpinnings of autism on the other, has led to a crisis of meaning in regards to the concept of autism. Given our purposes, one key question that arises here regards what *kind of thing* autism; and indeed, to what extent it is a meaningful concept at all. In other words, the issue regards the ontological status of autism: whether it is a natural kind, like gold or uranium, a social kind, like race or gender, or perhaps a different kind of thing altogether. In turn, a related question arises as to what the essence of autism is (again, if indeed it has one at all). That regards what is distinctive about autism that makes it unique and different from other ways of being human. This could be in terms of, say, a key defining trait, or perhaps cluster of traits, at the genetic, neurological, psychological, or behavioural levels. We will need to come to some kind of definition of the nature of autism in each of these senses before we discuss the key concerns of this thesis, since understanding what autism is will be necessary for even asking about the possibility of autistic thriving.

The issues here are not totally clear-cut. Mostly, the debate regarding what autism’s ontological status (i.e. what kind of thing autism is) has been between those who take a naturalist perspective, reducing autism to innate natural biological or psychological properties in the individual, and those who take a social constructivist perspective, focusing on the social and ideological contexts in which the concept of autism arose and has since grown. Those on the naturalist side, usually coming from a medical or scientific perspective, but also many neurodiversity advocates, point towards various (purported) properties at the genetic, biological, psychosocial, and behavioural levels that they take all or at least most autistic persons seem to share. In contrast, those who take a socio-historical perspective tend to focus on the fluctuating nature of the concept of autism, and in turn of the autism spectrum, as well as the crypto-normative assumptions that (purportedly) underlie the medical account of autism. This approach, mostly taken up by social scientists, but also by prominent neurodiversity proponents, takes autism to be socially constructed. Nonetheless the divide is not always so clear cut. Some medical naturalists have argued for the abandonment of the concept of autism on what they take to be purely scientific grounds, whilst some of those who approach autism from a socio-historical perspective see the concept as helpful and worth keeping despite its many problems.

In navigating these debates, it is helpful to discuss questions regarding the (purported) essence and ontological status of autism together, since any given purported essence of autism might also help us understand its ontological status (for example if we found it to have a specific biological underpinning then this might indicate that it is a natural kind); whilst discussions of its ontological status may also help solve puzzles that arise in search of its essence (for example, considering it as a social construction may help us account for any underlying biological heterogeneity). Given this, this chapter will cover both questions together. In contrast to much of the existing literature, however, I shall also draw on philosophical work in order to supplement the existing literature. For the most part, philosophers of science, and philosophers of psychiatry have not had had much to say on the matter of autism. This is unfortunate, given that the kind of issues encountered when trying to define (or indeed deconstruct) autism are precisely those that such philosopher's tools are designed to provide nuance to. Notably too – as shall become clearer below – many feminist analyses of human kinds (most notably gender) may be relevant here, not least because of the links between the emancipatory aims of both the feminist and neurodiversity movements. In this regard, although many neurodiversity advocates are explicit that neurominorities should be analysed along the same lines as constructs such as gender, to my knowledge there has been no attempt to draw on academic feminist metaphysics in order to supplement our understanding of the nature of autism.

Bearing all this in mind, in this chapter I aim to review the literature on the nature of autism whilst criticising and supplementing it with more philosophical and critical nuance than is often present in this debate. I shall first go through the various dominant naturalist attempts to account for the nature of autism – those focusing on behaviour, neurology, genes, social understanding, and general cognition – and show that none of them provides a sufficient account. Building on this, I shall turn to arguments supporting the notion that autism is a social construction. My own suggestion will be that, although the concept of autism clearly is socially and ideologically constructed to at least some extent, we can nonetheless understand autism as a meaningful and coherent concept. In particular, I suggest that the most reasonable conclusion given the knowledge we have available is that it has a social ontology, but nonetheless that it groups together naturally occurring human differences, most importantly those at the psychological levels, albeit in relation to wider social norms and structures. This is important to consider, I suggest, because how we understand what kind of thing autism is will delineate how we approach the ethics of autism – as we see both here and in subsequent chapters.

3.1. Naturalist Accounts of Autism

3.1.1. Autism as Behavioural Cluster

When looking for the key traits of autism, the most obvious place to locate this essence is at the behavioural level. After all, it is diagnosed largely in light of a set of necessary and sufficient behavioural traits, and it is precisely defined as such in the diagnostic manuals (DSM-5; ICD10). In turn, these manuals are based on accounts of clinical observations, such as those originally documented by Asperger and Kanner (Asperger 1944; Kanner 1943). On one view, then, it may be that autism *is* a constellation of behaviours; meaning that together they simply *are* autism. In other words, if anyone acts in the ways currently deemed necessary and sufficient for being diagnosed, then they are, by definition, autistic. At the very least, it might be pragmatic to define it this way from a psychiatric perspective. As one clinician explains (quoted in Fitzgerald 2012: 70-71):

> ‘I [always use] the definition that is given in the diagnostic process – which is that autism is diagnosed based on a triad of symptoms based on social interaction communication and restricted interests. And I’m using that because it’s very convenient. Nobody’s questioning it because if you really start thinking about it then it’s very difficult – *really* defining autism. Because it is not only diagnostically defined as a spectrum, for example, of abilities – low-functioning people and high-functioning people, they are all within the spectrum – but also that between individual differences are so large that I find it sometimes quite difficult to put all those people into one umbrella term. And so far it’s a very convenient way of defining it by just going back to the DSM-IV.’

Nonetheless, there are several fairly obvious problems with identifying autism strictly in light of the diagnostic criteria. First: conceptually, it makes perfect sense to say that someone could just be acting in the way autistic people act but not be autistic. The idea that someone could behave like an autistic person but still not essentially *be* autistic indicates that behaviours are characteristics of autism rather than being the essence of autism (Anderson and Cushing 2013). Second, the specific diagnostic criteria often change, and there are many competing attempts to provide necessary and sufficient behavioural criteria. At least two issues arise from this. First, there are questions as to which of them, and indeed whether any of them, are correct. Despite the APA’s and WHO’s definitions being the most widely used, there is much dispute as to whether they are the most useful or accurate (Fitzgerald 2004: 22-42). Second, if behaviours are all we go by in order to check the accuracy of the identification of autism, then we would have no independent criteria for knowing whether one set of diagnostic criteria were more or less accurate than any other. So anyone wanting to suggest that autism is purely a behavioural category will face epistemological as well as scientific issues.

Bearing these worries in mind, a more realistic perspective is that any given criteria for identification are only meant to be rules of thumb to grasp more fuzzy clusters of traits. In fact, as Asperger wrote, 'autistic behaviour' […] has its own particular flavour which is unmistakable for the experienced' (quoted in Nadasen 2005: 12-3). In line with this, Patrick Fitzgerald found that many contemporary clinicians take autism to be instantly recognisable as a qualitative human difference, 'even where this commitment could only be articulated as a feeling, or a just-knowing.' (2012: 79-84). In the words of one clinician:

> 'there's a certain kind of feel to the interaction, and you just….it takes a bit of time, once you've met a certain number of people with autism, you just kind of develop a radar for it' (2012: 82)

As can be seen, for those familiar with autistic being, the diagnostic criteria are just a rough guide. Actually *seeing* autism is something that happens in a relational context, and is irreducible to a specific list of essential behaviours. This again seems to indicate that autism may have an essence at a deeper level than a mere list of necessary and sufficient behavioural criteria. Autistic behaviours, in other words, seem to be characteristics of autism, rather than equivalent to it.

3.1.2. Autism as Inherent Biological Structure

In both the medical literature and among neurodiversity proponents, autism is typically characterised as stemming from alterations in the brain that are in turn largely hereditable and probably genetic in origin. As Nadasen wrote in 2005:

> 'In the search for its essence, the *being* of autism, […] autism continues to be implicitly and explicitly theorized as a definitive entity whose origins can be found in faulty genetics, neurological impairments (e.g. of the amygdala) or impaired biochemistry. The implicit but dominant model seems to be that there is a visual-spacial-topological autistic centre that will ultimately be discovered. This view of autism implicitly invokes a model of medicine in which disease is ontological, a *thing in itself*' (Nadesan 2005 19-20)

That is to say, even when it is not explicitly framed in this way, research and practice have often been driven by a (sometimes tacit) acceptance of the notion that autism is some kind of physical thing that somehow exists inside, and is shared by all, or at least some subsets of, autistic individuals. This paints a physicalist picture of autism – what Hacking calls an 'inherent structurist' framing (1995) – in which the behavioural symptoms of autism stem from an underlying physiological reality. Notably too, neurodiversity movement proponents also often frame autism in such a way, using phrases such as 'autistic wiring' and 'autistic neurotype', as well as of 'natural human variants', in order to capture the essential difference they exhibit. At least rhetorically, this seems to indicate that autism is taken by a fair number of neurodiversity advocates to be an expression of some kind of neurobiological structure.

There is significant evidence suggesting that autistic neurology is different in either its structure or structural functioning than neurotypical neurology. The notion that autism is a matter of innate neurological difference with a genetic origin found initial support from a range of twin studies over the past four decades which consistently indicated that autism has a strong hereditary basis (Feinstein 2010). In recent years, research has found numerous further indications that autism stems largely from neurological and genetic factors (Coleman 2005; Freitag et al 2010). For example, reviews indicate general neurological tendencies among the autistic population such as larger overall brain size, parieto-temporal lobe, and cerebellar hemisphere, when compared to neurotypical controls (Brambilla et al 2003). One currently promising line of research regards findings that autistic brains tend to have more synapses (i.e. connections between brain cells) than neurotypicals (Valnegri et al 2017). Many genetic (Freitag et al 2010) factors have also been implicated as relevant in increasing the possibility of being autistic (for an assessable overview, see Grandin and Panek 2013). Various theories have been proposed to help explain this, for example the 'assortative mating theory', which notes that parents and grandparents of autistic individuals typically have higher rates of autistic traits than the general population (Baron-Cohen 2006). If these research projects turn out to find a valid biomarker for autism, it may seem reasonable to think that autism has an inherent structure and is thus a natural kind with a physical essence or cluster of traits.

3.1.3. The Heterogeneity Problem

As Verhoeff notes, these research programmes both rely on *and* reinforce a ‘depiction of autism as a *bona fide* scientific and physical object that can be discovered and identified with systematic biomedical and neuroscientific investigation’ (Verhoeff 2012: 412). Despite this continual reinforcement, this physicalist project towards understanding autism has increasingly led to a problem for the concept of autism both as a spectrum or a range of individual kinds. This is because the biomedical research over recent years has not just failed to find a clear physical essence of autism, but – despite the very general findings noted above – has increasingly indicated that autism may have no such essence. In regards to the genetic findings, Coleman and Betancur explain:

> ‘there now exists evidence of both locus heterogeneity (mutations in completely different genes causing the same phenotype) and allelic heterogeneity (different mutations in the same gene causing different phenotypes)’ (Coleman and Betancur 2005: 15)

In other words, there seems to be a vast variety of genetic underpinnings of autism that are different in different cases. In fact, recent research indicates that hundreds of different genes may contribute towards being autistic (Waterhouse 2013: 9-12). In line with this, neurological research has been equally problematic for the idea that autism has a physical essence. As Adam Feinstein notes,

> ‘[t]he fact is that, while many regions of the brain have been implicated in the genesis of autism, the neurobiological basis of the disorder remains unknown’ (Feinstein 2010: 210).

Indeed, according to Coleman, neurological research increasingly indicates that, as with the genetic research, ‘autistic symptoms reflect a great variety of underlying […] entities, each perhaps with a somewhat different neuropathological mechanism’ (Coleman 2005: 30; also see Grandin and Panek 2013 for an accessible overview).

The issue here has been referred to as ‘the heterogeneity problem’. In short: if autism is still defined behaviourally, and yet there seems to be no underlying natural causes (not to mention evidence of multiple underlying causes in different cases), then it is unclear that these behaviours do in fact indicate an underlying physical essence at all. These findings have led some prominent researchers to suggest giving up on the idea of a unified ‘autism’ altogether (Happé et al 2006; Waterhouse; Timimi et al 2010). As Lynn Waterhouse (2013: xi), one leading pathology paradigm proponent of this view, argues in her book *Re-thinking Autism: Variation and Complexity*:

> ‘“Autism” is not one disorder or many “Autisms” but is a set of symptoms. The heterogeneity and associated disorders suggest that autism symptoms, like fever, are not themselves a disorder or multiple disorders. Instead, autism symptoms signal a wide range of underlying disorders’

In other words: the symptoms we group together under the term ‘autism’ are really ‘symptoms of a multitude of neurobiological mechanisms’ that are essentially unrelated to other cases (Waterhouse 2013: 436). Similarly, Timimi et al (2010: 139, original emphasis) suggest that

> ‘The most scientifically appropriate conclusion that we can draw from the evidence (or lack of it) so far is that *there is no characteristic genetic or biological brain-based abnormality that corresponds with our current definition of autism and the broader ASDs’*

In short, for commentators such as Waterhouse and Timimi, the concept of *any* kind of autism lacks scientific validity; and so, they suggest, the concept should be abandoned. Even for those who do not agree that the concept should be abandoned, clearly, as Lord and Jones recently noted, ‘the most significant scientific challenge to the concept of autism as one “disease” or even “diseases” is [its] heterogeneity’ (2012: 491).

3.2. The Autistic Mind

At this point we have a polarity of views: *either* autism is a natural kind with an essential hidden structure, *or* it is a mere set of symptoms, perhaps with no scientific validity as a concept. Nonetheless, underlying physical structure is not the only way to understand as having a scientifically valid essence. For even if the underlying genetic and neurological causes of autism are not the same in each case, the essence of autism may be (at least partially) explained by another internal factor, for example via shared perceptual, emotional, or cognitive traits. This leaves open the notion that the essence of autism could be defined, like blindness or deafness, by a shared *property or properties*, regardless of underlying physical structures. If not at the behavioural and biological levels, these can still be found, most notably, at the psychological level.

It is also notable here that, even if we did find a biological essence to autism, there is also still good reason to think of autism as being more centrally located at the psychological levels. As cognitive psychologist Uta Frith explains

> ‘Dare I say that the really interesting facts about autism are not about the brain and not about the genes? They are about the mind. I firmly believe that even if we did know everything about the causes of autism, we would still not understand autism. We need to know what it is like to be autistic’ (Frith 2008: 65)

On this view, the autistic mind is the ‘heart of autism’ – and this is regardless of underlying features (ibid.). Frith’s point is convincing. For on the one hand, it is worth recalling here that the key reason autistic people have been grouped together in the first place is precisely that they seem to experience, think about, and relate to the world in ways similar to each other: the search for a biological underpinning is only an inessential historical response to this. On other hand, it is significant that the mind seems more central than the brain when we consider personhood. As anthropologist Joseph Dumit has suggested, even if recent neuroscientific technology seems to give us insight into a more ‘objective-self’, the notion of personhood still remains a ‘lived’ category (2004: 7, 88). Consider, for instance, a hypothetical case where someone’s brain changed physically after a road traffic accident, but their psychological makeup remained indistinguishable from before. In such a case we would, arguably, consider them (i.e. their mind and personhood) to be unaffected in any notable way, and to have escaped significant damage. Perhaps focusing on the autistic mind, and its defining properties, may be more fruitful, then – and this would remain so even if a convincing biomarker was found.

3.2.1. Autism as Theory of Mind/Empathy Deficit

Interestingly, the notion that autism should be defined in regards to a shared property regardless of any underlying heterogeneity was forwarded by Kanner and his colleague Eisenberg, as far back as 1956 (1956: 563). As was seen earlier, Kanner's own shared property for autism was simply 'autistic aloneness', meaning that the individual was cut off from being affectively connected to others. Nonetheless, he noted: 'There is little likelihood that a single etiologic for the pathology of [autistic] behaviour.' In line with this, the most influential contemporary attempt to account for this (apparent) essential property is that autistic persons share a meta-representational cognitive deficit. The key theme for meta-representational deficit theories is that autistic people lack, to varying extents, what is variously referred to as 'theory-of-mind', 'mentalising' capacity, or 'cognitive empathy' (Happé 1994, Bowler 2006). These terms all refer to the ability to spontaneously and intuitively read or understand the thoughts and feelings of both oneself and other people, and in some cases to understand that people have minds as such. In this regard autistic people have been described as 'mind-blind' or as exhibiting 'empathy deficits' in relation to a neurotypical norm.

This was first hypothesised by Baron-Cohen and colleagues in the 1980s and was initially taken to be supported by studies which seemed to indicate that autistic children had problems attributing false beliefs to other persons (Baron-Cohen et al 1985). For example, if an object was moved whilst someone left the room, and the autistic child was asked where the person who left the room would think the object was when they came back, they would seemingly fail to take into account that the person who left the room would not realise the object had been moved. This was taken by Baron-Cohen and other researchers (e.g. Leslie and Frith 1988) to indicate that autistic people have a limited capacity to see that other people's minds are distinct from their own, and to help explain the many clinical reports noting that autistic people seem to find it hard to understand or relate to others and themselves in the usual way. If justified, it could provide an essence of autism via a shared property, that chimes with clinical notions of 'autistic aloneness' as well the diagnostic criteria.

Notably, however, there are problems with this account as well. On the one hand, as pathology paradigm psychiatrists Gillberg and Coleman put it, 'theory of mind deficits are not specific to autism, nor can they explain all of the clinical and neuropsychological problems encountered even in the narrowly defined Kanner variant of the syndrome' (2012: 102). For example, some persons labelled as schizophrenic also seemingly exhibit similar traits in this regard, whilst there are other traits noted, especially strengths, (e.g. strong rote memory, strong logical thinking) characteristic of the autistic population that cannot be accounted for by this account. So even for pathology paradigm researchers who support this theory, a theory-of-mind deficit is thought by many to be insufficient for explaining autism.

Beyond this, the actual evidence for this theory has been criticised on a number of grounds. As noted above, the theory has generally been taken to be supported by false-belief tests, such as the one described briefly above. However, conceptually, Bloom and German (2000) argue, taking a failure to pass false belief tests as evidence for a theory of mind deficit encounters at least two problems. The first regards how passing false belief tests requires many other abilities beyond having a theory of mind (for example, communication abilities); and the second is that actually having a theory of mind would not entail being able to reason about false beliefs anyway. Building on this, other pathology paradigm researchers such as Vermeulen (2012) have stressed how more general perceptual processing differences seem to interfere with spontaneous social understanding and normal social development among the autistic population, rather than it being a matter of an inability to empahise as such. Indeed, others still have stressed that many autistic people seem to experience parts of the social world relevant to empathy more, rather than less, intensely – for example, feeling the emotions of both oneself and others (Makram and Makram 2007).

3.2.2. The Double Empathy Problem

Perhaps more significantly – philosophically, and especially for those arguing from a neurodiversity paradigm perspective – the empathy deficit framing of autism has been challenged at a more fundamental level by what has been termed 'the double empathy problem' (Milton 2012). This regards how the empathy issue arises *both ways* between the neurotypical and autistic populations. As Ian Hacking notes, just as autistic persons may find it hard to understand neurotypicals, it is also the case that

> 'ordinary people cannot see what an autistic boy is doing when, to take a banal example, he is furiously flapping his hands. What on Earth is hand flapping? The parent or other outsider knows vaguely that there must be some kind of agitation, yet the child seems so tranquil when hand flapping.' (Hacking 2009a)

The point being made here is that, just as autistic people appear to have an empathy deficit when it comes to understanding typically-developed persons, so too do the latter similarly lack empathy when it comes to understanding autistic persons. This has been supported, for example, by a recent study which indicated precisely that neurotypical individuals precisely exhibit mind-blindness towards autistic individuals (Edey et al. 2016). Other recent studies indicate that problems in socialising seem to stem from neurotypical attitudes and first-impressions towards autistic people, rather than it being the other way around (Sasson et al 2017).

According to Milton's analysis, all this becomes especially significant once we realise that interaction is always something that happens between people rather than within individuals. The implication is that:

> 'the social subtext of a situation is never a given, but actively constructed in the interactions people have with one another. From this point of view, it is illogical to talk of an individual having a 'social' deficit of some sort. Rather, that in the case of when autistic people and those not on the autism spectrum attempt to interact, it is both that have a problem in terms of empathising with each other' (2014: 10)

That is to say, given that the double-empathy problem is something that happens *between* two or more people (or groups) rather than within one or other, then the notion that autistic persons simply lack empathy in comparison to naturally empathetic neurologically typical persons seems untenable. Indeed, as Milton further postulates:

> ‘One could say that many autistic people have indeed gained a greater level of insight into (non-autistic) society, and more than *vice versa*, perhaps due to the need to survive and potentially thrive in a (non-autistic) culture’ (Milton 2012 886; original emphasis)

In sum, although autistic processing may make understanding social situations harder in certain contexts, the notion that autistic people simply have a deficit in empathy whilst neurotypicals have intact empathy, only seems feasible if we both look away from the wider social context, and presuppose the superiority of the neurotypical norm.

What exactly is the significance of this? Of course, pointing this out does not indicate that autistic individuals do not typically struggle to understand the social world in general. Indeed it coheres with the notion that this would actually be expected to happen, since the social world in general is precisely neurotypical dominated (Chown 2014). Philosophically, the key point is that the notion of an autistic empathy impairment or deficit unjustifiably presupposes a species-standard intact empathising capacity in order to make sense, when in fact the evidence indicates that this would be better framed as two different ‘forms of life’ failing to understand each other (McGeer 2004) – a point I will explore further below. Put another way: it seems true that autistic individuals and neurotypicals fail to understand each other to varying extents and given varying contexts, and it is also clear that some autistic individuals have more significant limitations in this regard than others – but the notion that a key trait of autism is a theory of mind or empathy impairment, or that many autistic people cannot understand other minds as such, is not justified.

3.3.3. Autism as Relational Essence: the Importance of Intersubjectivity

Despite the problems with the missing theory-of-mind module hypothesis, it is still widely held that autistic people have various limitation that hinder the capacity to relate to others to at least some notable extent (for thorough overviews see Happé 1994 and Bowler 2006). This relational difference is often described by autistic people. As one autistic person writes: 'I have always been somewhat out of phase with those around me' (Brodie 2005: 167). A more nuanced hypothesis in this regard is that autistic people are defined not by an inability to understand others, but rather by their not being intersubjectively *attuned* to the emotions and bodies of others in the typical way as they develop. To some extent at least this is in line Kanner, who wrote that 'the fundamental disorder is the children's *inability to relate themselves* in the ordinary way to people and situations from the beginning of life' (1943: 242, original italics). Notably, this description indicates not of underlying structural essence or innate psychological property, but a relational difference – one that exists between rather than within people.[28]

Contemporary accounts of autism as a relational essence tend to focus on the significance of intersubjectivivity, which refers to psychological relations shared by two (i.e. 'dyadic engagement'), three (i.e. 'triadic engagement') or more people. As Michael Tomasello noted in 2004, research has begun to show that:

> 'children with autism *do* appear to understand actions as goal directed if not fully intentional; that is, they understand that others have goals, persist toward them, and perceptually monitor the process. [However, they are less likely to engage] with other persons in shared dyadic engagements (protoconversations), shared triadic engagements (joint actions), or collaborative engagements (with joint intentions and attention). [...] In general, [they do not seemingly have] – at least not to the same extent as typically developing human children – the motivation

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[28] The notion of relational essences indicates how particular relations between certain types, or those types and their environment, suffice to explain their membership of a classification In this regard, Okasha (2002) distinguishes between *intrinsic properties* and *relational properties*. An objects mass, for example, is intrinsic, but its weight is relational (it would be different on the earth than it would be on the moon).

> or capacity to *share* things psychologically with others.' (Tomasello et al 2005: 686, my emphasis)

The key point here is that, regardless of underlying heterogeneity, autistic individuals are grouped in light of a lowered capacity to *share* emotions and attitudes with others, making them unable to tap into a 'shared world' of intersubjective meaning as they develop and interact (1993; 2002).

The leading proponent of this view is Peter Hobson, who argues that autistic people are less able to spontaneously attune to the moods and emotions of others during their developmental years, and in turn to the intersubjective rules of language. On his account, this differentiates autistic thought structures, since this 'shared world' is where neurotypicals pick up and learn shared concepts and develop their cognitive potential. For Hobson, then: 'we shall understand autism only if we grasp how the lack of certain forms of interpersonal experience has a profound impact on the developing mind' (2002 p. 7-8).[29] To an extent this chimes with Digby Tantam's (2009) notion of the 'interbrain', which is analogous to how the internet connects different computers in such a way that makes knowledge situated communally more centrally than within individuals. On his view, which is more optimistic than Hobson's, autistic individuals are less seamlessly connected to the neurotypical interbrain and yet – to take the analogy further – often have very powerful processors and different operating systems. So autistic thinking and acting becomes more idiosyncratic, with its own strengths and limitations, in large part due to this relational difference.

Is this relational difference the essence of autism? Whilst Hobson, Tomasello, and Tantam make a strong case, it is not yet clear to what extent autistic thinking is

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[29] It should be pointed out that, although Hobson and Tomasello frame this from a pathology paradigm perspective, this need not be necessarily seen as a deficit. As Hans Asperger pointed out (1944), autistic people are, because of being less attuned to the majority, good at seeing and thinking in original and creative ways. In line with this, Snyder and colleagues (2004) relate what they take to be delayed concept formation, which is what Hobson thinks happens when there is a lack of attunement, to autistic cognitive strengths. Beyond this, being freer from intersubjective attunement may also free autistic people from being subject to dominant yet unhealthy or oppressive concepts and thought patterns, as I shall explore in chapter 5.

inherent to the autistic neurocognitive style on the one hand, or, on the other hand, more a product of the mind developing in light of an intersubjective relational difference. Indeed, as Peter Vermeulen notes, that at least some evidence suggests that autistic relational differences may in part be down to more fundamental autistic cognitive-perceptual differences, and moreover that when enough time is given for autistic people to pick up on shared gaze cues, can often process them (Vermeulen 2013: 331). This makes such attunement appear less automatic rather than simply absent, and the interaction between autistic relational differences and autistic cognitive differences complex and two-way rather that a matter of one causing the other. After all, if autistic individuals do all miss out on intersubjective relations at this earlier stage, Hobson leaves the question of why unanswered – and it is hard to see how this could be so without underlying cognitive different and/or a mismatch between the autistic infant and his or her environment. So this relational difference may be characteristic of autism, but it is not sufficient when it comes to understanding it.

3.3.4. Inter-Autistic Attunement

There is good reason to think that some kind of relational difference is, to varying extents, something shared by all autistic persons when it comes to interaction with neurotypicals. Nonetheless, a significant issue for the relational account is what we might call inter-autistic attunement. This regards how autistic individuals often report experiencing attunement with other autistics. As one autistic person writes:

> ‘if I socialize with other Aspergians of pretty much my own functionality, then all of the so-called social impairments simply don’t exist…we share the same operating systems, so there are no impairments’ (Cornish: 2008: 158).

This chimes with Tantam’s notion of autistic individuals working with a different operating system (or systems) – except it emphasises how autistic individuals can attune to each other, rather than just how they fall outside neurotypical attunement. In line with this, at least some recent psychological and neuroscientific research has indicated, as anthropologist Nobuo Masataka puts it, that, ‘like neurotypical individuals, even individuals with ASD are able to show empathy with others. However, individuals with ASD show empathy only when the others are those with ASD' (Masataka 2017a). Particularly striking concrete examples of this comes from accounts of "autistic space," i.e. space inhabited by and designed to accommodate autistic people. In this regard, Sinclair (2010) reports how many autistic persons who experience autistic space for the first time have:

> 'written moving, dramatic accounts of immediately feeling "at home" among other autistics, having a natural sense of "belonging," and recognizing other autistics as "their own kind" of people. [Moreover, they regularly use a] "same planet" metaphor, [whilst] metaphors about "speaking the same language" or "belonging to the same tribe," are very common descriptions used by autistic people who have had this experience of autistic space.'[30]

Chown (2014) chimes in here by noting how this may affect development, leading to a contingent lack of social skills due to a lack of supportive environment and space to learn and practice. On this view, then, when it comes to any cognitive limitations that can occur alongside autism, it seems the environment may be the issue rather than anything inherent to autistic cognition in and of itself.

In light of inter-autistic attunement, it seems untenable to hold that autistic simply cannot attune to others whilst neurotypicals can. Rather, *to some extent at least*, each can attune to their own kind, but not to each other. Bearing this in mind, it is worth considering that we should not say that the essence of autism is being unable to *share* psychological states *as such* – rather it is more a matter of being less able to share with those who are sufficiently different.

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[30] Notably too, neurotypicals who have occasionally been allowed to enter autistic space, for example if an autistic attendee is disabled and therefore needs assistance from a family member, have reported 'feeling anxious, uncertain of what's expected of them, uncertain of whether or not they're welcome, concerned that they may be inadvertently offending people, confused about other people's intentions, worried that everything they do is wrong, and afraid that maybe nobody likes them' (ibid.). Significantly, the experiences described here reflect almost exactly how autistic people tend to feel in neurotypical "space." On this see Chown (2014).

3.3.5. Autism as a Form of Life?

The autistic attunement phenomenon and the double empathy problem are not just issues for the notion that autism is defined by some essential social deficit; they may also point towards a more positive way of conceptualising autism. In particular, Wittgenstein-inspired commentators have suggested that autistic persons may share a different 'form of life' to neurotypicals (McGeer 2009; Hobson 2002). For Wittgenstein, intersubjective attunement was something that happened only (or at least most strongly) between individuals with shared underlying structures regarding embodiment, relating to, and reacting to the world and each other. The significance of this is that, for a shared world or norms, meaning, and public language to emerge amongst a group of life-forms, they must have such a shared form of life – since without this shared background, meaning would have no public measure (Wittgenstein 1953/1997). In contrast to the idea that autistic persons simply lack empathy, and in turn language, in relation to non-autistic persons, the notion that (at least some) autistic persons and neurologically typical persons share different forms of life, to some extent or another, could help account for why each group often fails to understand the *other* (rather than it being a matter of just one being deficient), but *can* attune (in at least some cases, and to varying extents) to members of their own group. On the face of it, there is reason to think that this might help frame differences in both the autistic mind and autistic sociality in such a way that can account for both the double empathy problem and inter-autistic attunement.

Whilst this may help to some extent, there are at least two issues with the notion of autism as a form of life. Firstly, any notion of a clear cut difference between autistics and neurotypicals seems untenable, given that in reality things are much fuzzier (indeed, certain autistic individuals may share more with certain neurotypicals than with certain other autistics). As McGeer cautions, then, whilst 'neurotypical minds are more likely to constitute a species of mind; autistic minds are more likely to remain exceptionally multiple and idiosyncratic', meaning that although there are some similarities, there are also likely to be many differences (2009: 529).[31]

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[31] Interestingly, however – and whilst we must be wary of generalising too far from such cases – it should be noted that there are also many anecdotal reports of attunement between autistic individuals,

Especially given the way the broadness of the autism manifold seems to expand and contract at different times, it seems other factors must be taken into account when considering the relational differences found amongst the autistic population (I shall return to this below). The second issue with the form of life hypothesis is that it may still not tell us much about what constitutes the autistic form of life, in the sense that it still leaves out what makes one person a part of the autistic form of life and another a part of the neurotypical form of life. In other words, it leaves out what the essence of the autistic form (or forms) of life might be. What is distinctive about the autistic form of life – what is that thing that clinicians can "see" – that sets it apart from other human categorisations? Elaborating this via other properties will, if autism is to remain a meaningful concept, be necessary.

3.3.6. Autism as General Cognitive Style: Executive Dysfunction

It seems that, although autism does relate to certain physiological traits, no satisfactory account of these has yet been suggested; and furthermore, even if one was, autism is more of a lived category than a biological one. With this in mind, and even after we consider the issues with the social cognition accounts, it still seems that autistic people typically share cognitive tendencies in other regards, for example – sensory integration differences and strong rational thinking – meaning that autism might be defined by more general cognitive differences. Given this, in recent years many attempts have been made to explain and in an important sense define autism in terms of key general processing differences. These may also help us answer the question as to what constitutes the autistic form of life, allowing autistic individuals to attune to one another, yet stopping autistics and neurotypical attuning to each other.

One leading pathology paradigm theory cashes autism out in terms of 'executive dysfunction.' Executive function is a general umbrella term for various cognitive functions, most notably those related to planning, impulse control, working memory, and for monitoring action (Hill 2004). As clinical psychologist Tony Attwood explains:

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and non-verbal, learning disabled, autistic individuals. See, for example, Elizabeth Grace (2012: 142) and Donna Williams (Williams 1996a: 169).

> ‘think of a chief executive of a large company, who has the ability to perceive the ‘big picture’, can consider the potential outcomes of various decisions, is able to organize resources and knowledge, plan and prioritize within the required time frame, and modify decisions based on results. Such executive function skills may be significantly delayed in [autistic people] (Atwood 2007: 232)

In contrast to the theory-of mind hypothesis, this is most primarily supposed to account for what are framed as autistic rigidity and the need for preservation, since it takes autistic people to get ‘stuck’ in whichever task they happen to be concerned with, as well as problems in organising and processing information (Hill 2004: 3). According to its proponents, it might also help account for why autistic people can find it hard to deal with anything not strictly rule-governed and predictable, and, therefore, more general issues related to everyday functioning.

This theory may be helpful to some extent in regards to accounting for certain autistic traits. Nonetheless, it is far from sufficient when it comes to explaining autistic difference as such. In fact, studies on executive function among the autistic population remain conflicted (Baron-Cohen et al 1999; Russell & Hill, 2001; Hill & Russell, 2002). Moreover, it remains unclear, even for those who endorse this theory, exactly which areas are central when it comes to autism (Booth et al. 2003). Indeed, the term is also used to account for other categories classed as disorders, such as ADHD, and can seem to function as a catch all term for anyone who seems to fall short of normal cognitive functioning standards.

A bigger problem is that, in attempting to reduce autism to this one deficit, this theory seems overly negative. For in doing so, it both frames autistic difference primarily as deficient, and totally overlooks the many cognitive strengths associated with being autistic. In fact, there is reason to think of autistic cognitive control as different rather than deficient.[32] As one autistic man, John Elder Robison, writes, beyond exhibiting limitations in planning and focus in certain situations,

> ‘Aspergian focus helped me become successful by allowing me to concentrate on my interests to the exclusion of all else. The tricky part was choosing productive things as my targets. If Apspergians can do that, there is really no limit to what we can do. My exceptional focus kept me on track, and my Aspergian brain helped me soak up new knowledge at a rate few nypical [neurotypical] competitors could match’ (Robison 2011: 242).

In other words, even though his autistic way of processing could seemingly hinder his focus and ability to plan in some contexts, in other contexts it actually helped. Robinson’s framing chimes with the alternative notion of autism as ‘monotropism.’ This framing focuses on the significance of attention, suggesting that autistic ‘monotropic’ attention is focused more intensely yet on a more limited range of interests when compared to more ‘polytropic’ neurotypicals who have a broader range of attention (Murray et al 2005 152). Autistic focus and control should not, then, necessarily be thought of as a deficient, but rather as different in comparison to neurotypical focus.

3.3.7. Autism as Weak Central Coherence

Autistic people often describe experience as ‘fragmented’, and seem to focus in on details whilst missing out on what others see as the bigger picture. Another popular general processing theory, which focuses in on this, is that of ‘weak central coherence,’ developed by Uta Frith and colleagues. The term ‘central coherence’, in Frith’s words:

> ‘is a reference to the normally strong drive for meaning. With strong central coherence there is a pre-set preference towards perceiving wholes

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[32] Indeed, given the many positives increasingly associated with the condition, Happé notes, even pathology paradigm theories must aim to explain the ‘specific pattern of deficits and abilities in autism,’ rather than just the deficits (Happé 1994).

> rather than parts. We perceive a drawing of an object and not a jumble of lines; we hear a sentence and not a jumble of words.' (2008: 93)

By contrast, to have weak central coherence refers to a detail-orientated style of information processing that tends to miss more general forms. According to Frith, a weak drive for coherence, or a drive to focus on details at the expense of the whole, may be vital to understanding autism (Frith 2003).[33] Especially given how social understanding must be sensitive to contexts and wholes, this might help explain autistic social understanding as well as the experience of a fragmented world.

In its favour, this theory can account for some positive aspects that are associated with autism. For example, Frith (2003) and Happé (1996) found that autistic persons sometimes have superior attention to detail, rather than merely a deficit in regards to grasping the bigger picture. It also seems to help account for the fragmented phenomenological accounts provided in many autistic self-reports, which often precisely express a more fragmented and atomised experience of the world than neurotypicals. Nonetheless, as with the executive dysfunction theory, this theory cannot sufficiently account for autistic differences such as strong rational thinking. Moreover, more recent reviews of studies have shown mixed results in these regards, indicating a bias for local processing rather than a weakness in global processing (Frith & Happé 2006).

Beyond these issues with the weak central coherence theory, it may also be that autistic people just understand wholes less spontaneously and thus more reflectively. As one autistic person, Jim Sinclair, writes

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[33] In place of the term 'theory of mind', Frith adopts the term 'mentalizing' (2003). Whilst she does not claim that autistic people can never understand minds, she does note that this process is never 'effortless and automatic' in the way it is in neurologically typical people. For Frith, though, any deficit in mentalizing can be explained by weak central coherence, since understanding minds (through expressions, language, and so on) requires a sensitivity to contextualised wholes.

> ‘Figuring things out and finding connections between different parts of a whole are what I do best, and I get a lot of practice because not many of the connections go into place by themselves’ (Sinclair 1992)

Assuming for a moment that Frith’s theory is accurate, this manner or perceiving wholes should not necessarily be seen as ‘weak.’ Amanda Baggs, who is also autistic, similarly writes of ‘perceiving connections without force-fitting a set of thoughts on top of them’ (2010). This mode of understanding as ‘seeing connections’ has been suggested by the philosopher Ludwig Wittgenstein (1997/1953) as more fruitful than spontaneously imposing generalisations on the world, since the latter can lead to conceptual confusion and a distorted reality, instead of a deeper, albeit harder to achieve, understanding. In line with this, others have suggested that a better name for ‘weak central coherence’ would be ‘strong local analysis’ (Armstrong 2010).

3.3.8. Autism as Hyper-Systemizing/Hyper-Mechanistic Cognition

As we saw earlier, Asperger initially hypothesised in 1938 that autism stemmed, in large part, from a heightened capacity to think logically and creatively, albeit combined with more limited ‘instinctual’ understanding (Asperger 1938). Asperger’s insight is echoed, to varying extents, in various contemporary theories that aim to characterise autism as stemming from an uneven rather than deficient cognitive style. Most notably, the ‘empathising-systemizing theory’, developed by Simon Baron-Cohen and colleagues, takes autistic people to be ‘hyper-systemizers’ who simultaneously exhibit empathy limitations. On this account, systemizing refers to ‘the drive to understand [...] anything which is governed by rules specifying input-operation-output relationships’ (2003: 61) whereas empathizing refers being able to ‘naturally and spontaneously tuning in to other people’s thoughts and feelings’ (2003: 21). For Baron-Cohen, autistic people are ‘systemizing every moment of their waking lives’, (2011) which means that the unsystematic social world is experienced as chaotic and confusing (also see Badcock 2009).

In drawing attention to the abilities of autistic individuals, this approach may have some merit. Various studies have also suggested that autistic people seem more coherent in their thinking as well as more rational, not to mention being freer from cognitive biases (De Martiono et al 2008; Shah et al 2016). Autistic people have also precisely been known to exhibit notable talent in regards, for example, to mathematics and art (Hippler and Klicpera 2004). As psychiatrist Christopher Gillberg recently noted in regards to autism,

> ‘The perseverance, drive for perfection, good concrete intelligence, ability to disregard social conventions, and not worry too much about other people’s opinions or critiques, could be seen as advantageous, maybe even a prerequisite for certain forms of new thinking and creativity’ (Gillberg 2002: 134)

Nonetheless – and beyond the issues we have already seen with empathy-deficit accounts – the notion that autism is most centrally characterised by being hyper rational in these ways is not without its issues. On the one hand, there has been a problematic trend of characterising autistic people almost as ‘robotic,’ unfeeling people who cannot ever understand other people, which is tied up to an extent with these cognitive theories (Hacking 2009b). Aside from this, Murray has pointed out that not all autistic people do seem to be quite as systematic in their thought as Baron-Cohen says, suggesting that hyper-systemizing is a heightened tendency rather than a necessity in autistic people (Murray 2008). Bearing this in mind, other researchers contend that systemizing is a reaction to a more fundamental difference, for example differences in perception (Vermeulen 2014) or the focus of attention (Murray et al 2015).

3.3.9. The Intense World Theory of Autism

Peter Vermeulen has recently criticised the accounts that characterise autistic difference as taking place most centrally at the conscious levels of thought, emotion, and relation, noting that ‘personal stories and testimonials increasingly stress that autism is not as much as different way of *thinking* as a different way of *perceiving*.’ (2013: 329). This chimes with an insight from Hans Asperger, who noted in his 1944 paper that

> ‘Behind the originality of language formulations stands the originality of experience. Autistic children have the ability to see things and events around them from a new point of view’ (1944: 71).

More importantly, it chimes with how autistic individuals report that sensory differences are core to autistic difference. As Temple Grandin notes regarding her auditory processing, for example: ‘My hearing is like having a hearing aid with the volume control stuck on ‘super loud’. It is like an open microphone that picks up everything. I have two choices: turn the mike on and get deluged with sound, or shut it off’ (1992: 107).

One recent theory that may survive Vermeulen’s critique is the ‘intense world’ theory, developed by Henry Makram and Kamila Makram. Although it is a pathology paradigm theory, rather than seeing autism as stemming from a deficit, they take it stem from a (pathological) excess. What they refer to as ‘hyper-functionality’ and in particular ‘hyper-perception’ are the core issues underlying autism. On their view, the occurrence of excessive local information processing and storage means that autistic people experience the world in such a way that it is overloaded with information. Thus, in contrast to previous theories, Makram and Makram propose that the apparent social deficits in autism occur

> ‘because a subset of cues are overly intense, compulsively attended to, excessively processed and remembered with frightening clarity and intensity. Autistic people may, therefore, neither at all be mind-blind nor lack empathy for others, but be hyper-aware of selected fragments of the mind, which may be so intense that they avoid eye contact, withdraw from social interactions and stop communicating.’ (2007: 87)

In short, this theory reverses traditional social-deficit accounts of autism, by explaining autistic behaviours in light of an excess of emotional and sensory sensitivity rather than a lack.

On the one hand, this perceptual theory has been welcomed by many autistic persons who are relieved that focus has been drawn to their intense sensory experiences (see, e.g. Bogdashina 2013). It is also significant that this theory does not claim that autistic persons cannot understand the emotions of others as such: this chimes with how many autistic people report experiencing (even when they do not spontaneously tune in to) the emotions of most others very intensely. However, it should be noted that this may still be unduly negative in how it characterises autistic processing. The intense world theory replaces the notion of a deficit with the notion of overabundance, which still counts it as inherently problematic in relation to a species-typical standard. In fact, however, research has also associated positives with the autistic sensory-perceptual profile, for example an enhanced ability to appreciate complex or discordant music (Masataka 2017b), 'eagle eye' eyesight (Badcock 2009), not to mention many autistic individuals stressing the importance of 'sensory joys.' Beyond this, it may be the environment that is harmful for autistic processing rather than autistic processing being inherently pathological. If this is so, there may be no pathology, but rather a mismatch between the individual and environment. Given these various factors, we have good reason to be wary of accepting the intense world theory of autism as a sufficient explanation.

3.3.10 Autism as Context Blindness

Another recent perceptual theory, suggested by Vermeulen, is that autism stems from 'context blindness.' For Vermeulen, the context of any given perception refers to

> 'the totality of elements within the observing person and in the spatial and temporal surrounding of a stimulus that influence the perception of that stimulus and the meaning that is given to it' (2013: 318)

Thus 'context blindness' refers to a reduced sensitivity to context in regards to the determination of meaning at the sub-cognitive levels of processing. On this account, neurotypicals have a heightened 'ability to [intuitively] discover within the collection of elements contextually relevant information and to ignore unimportant things'. This means that by the time incoming external context manifests at the level of perception, it has already been shaped and filtered by the internal context. By contrast, Vermeulen takes autistic difference to stem from ‘reduced context sensitivity,’ which he defines as ‘a deficit in the ability to use context spontaneously and subconsciously to determine meanings’ (2013: 318-20). At the level of perception, then, the autistic person’s world is often experienced in a way that has not already been framed and filtered to the extent that a neurologically typical person’s world has.

For Vermeulen, the primary effects or this are that autistic people may both miss out on more context sensitive meanings (figurative language, jokes, gists, etc.), and also that the world may manifest as chaotic, overwhelming, and unpredictable (in both sensory and cognitive terms). In turn, for Vermeulen, autistic cognitive differences, including strengths such as the detached, rational thinking associated with autism, emerge because autistic people ‘consciously have to reason through what people without autism know subconsciously’ (p 330). Vermeulen thus takes this theory to account for autistic perceptual differences, issues in understanding and focus, differences in cognition, and differences in social attunement as a result of these deeper processes.

In many ways, this recent theory might seem the closest to accounting for the whole pattern of limitations and abilities in autism, from the perceptual through the cognitive and to the relational and behavioural levels. It also fits well with many autistic phenomenological accounts, too. For example, Donna Williams has written that

> ‘Mine was not a situation unlike that of the deaf-blind. Unable to filter information and being flooded with information at a rate I could not process in the context in which it happened, I was left meaning deaf and meaning blind as well as context deaf and context blind. Sometimes a sensory experience had no interpretation at all, leaving me in the sensory, struggling for the literal. At others it had a literal meaning but had no significance. I perceived sound and visual information directly and consciously only at the cost of its cohesion.’ (Williams 1999, 62–63)

Nonetheless, it is still notable that Vermeulen, without any justification, characterises context blindness in deficit terms, seeing it as a ‘problem’ that can accidentally have some positive side-effects, rather than a difference that can be more or less adaptive in different environments. This leads to implicit normative assumptions that distort his representation of autism, for example, it is far from clear what ‘relevant’ or ‘important’ information is, given that what is considered relevant will rely precisely on the attitudes and needs of the perceiver. Vermeulen himself never considers that the idea that autistic people are less able to draw on what is considered contextually ‘relevant’ by the neurotypical majority may reflect their different norms and form of life as much as it does faulty processing in one group or the other – making this theory problematic and misleading as a way of framing autistic perceptual processing. The alternative, as Williams goes on to note after her description of her own context blindness, regards how:

> ‘In spite of this, I didn’t remain under-developed, so much as I became differently developed. Like the deaf-blind, I used other systems more fully than most would ever develop them.’ (Williams 1999: 62–63)

This theory, then, although helpful to some extent, also fails to accurately grasp the complexity of autistic difference.

3.3.11 Coda: Autism as Mechanistic Property Cluster

If autism cannot be reduced to any single inherent structure, relational essence, or shared cognitive or perceptual property – and yet seems to be related to all of these – one last way of conceptualising autism, or as accounting for the autistic form of life, as being a meaningful natural kind, might be in terms of a cluster of traits. Although there are various ways to conceptualise cluster kinds, the most nuanced is the notion of a Mechanistic Property Cluster. This indicates how a category might be defined in light of a whole range of relevant (although not singularly essential) factors that interact with each causally, at varying levels (e.g. biological, psychological, behavioural) (Kendler et al 2011). On this view, at least some natural kinds can be thought of as complex sets of entities with ‘various degrees of causally supported resemblance,’ in as far as they possess similar properties in light of related causal links (Boyd, 1999: 144).

Notably, this notion has also been suggested in the philosophy of biology as a way of differentiating between different species and other (seemingly) natural kinds that do not seem to have any single essential property, and whose being relies on a complex set of interlocking factors at varying levels of analysis (all the way from the genetic to the behavioural). Similarly, regarding psychiatric classifications, pathology paradigm theorist Kendler notes how:

> '[Mechanistic] property clusters can allow us to "soften" the unsustainable demand for true "essences" in realistic models for psychiatric disorders. They give us a tractable kind of "emergent" pattern. What makes each psychiatric disorder unique are sets of causal interactions amongst a web of symptoms, signs and underlying pathophysiology across mind and brain systems.' (2016)

Putting aside the pathology paradigm vocabulary here for a moment, in line with this way of thinking about natural kinds, it may be that autism should be located at various levels – the genetic, neurological, psychological, and behavioural levels – but in light of a complex nexus of causal relations rather than a single essential trait (Verhoeff 2015: 54). The various implicated genes, neurological functioning tendencies, cognitive-perceptual traits, and behaviours associated with autism might then make up this cluster, even if we cannot point to any single defining characteristic.

From a naturalist perspective, looking at autistic being in this way may give us the fullest picture of what links all autistic persons (or of what constitutes the autistic form of life). Nonetheless, a final problem with this view is that it may still not be enough to establish autism as a clear natural kind. For even if we find and elucidate such a cluster, what is to say that we have not just grouped these people together because of similar traits or behaviours, and then categorised them in an arbitrary manner? By analogy, if we were to do some experiments on, say, professional footballers and professional philosophers in order to check their perceptual-cognitive styles and underlying biology, it is not unthinkable that we might find various statistical tendencies in each group, each of which seem to contribute to behaviours characteristic of each group (say, writing about ontology, or kicking footballs). But of course, even if we did find a general cluster of causally-related traits in each, it would not mean we had thereby verified that these grouping indicate two distinct natural kinds. Rather, we would have just found out about the various general characteristics typified by members of two socially grouped kinds. Similarly, then, even if we can meaningfully think of autism as a Mechanistic Property Cluster, this does not necessarily mean it is in fact a natural kind, in the way that, say, gold or uranium are typically taken to be. In short, as Verhoeff notes, whilst this cluster concept 'corrects an empirically flawed essentialist model [and] it is compatible with the multicausality, heterogeneity and fuzzy boundaries' surrounding autism, it nonetheless 'disregards the way in which autism relates to ideas about what kind of behavior is inappropriate and in need of correction or support' (2015: 61). Once we take these wider social factors into account, it might seem that autism is not a natural kind after all.

3.3. The Social Construction of Autism

In contrast to the naturalist or essentialist attempts to define autism – and in light of the shortcomings of the naturalist approach – an alternative view that has arisen in light of how the concept of autism has materialised and shifted in a specific social and historical contexts is that autism may be a social construction. This was first forwarded in *The Social Construction of What?* by Ian Hacking in 1999, and was also being discussed by autistic self-advocates[34] around the same time. In turn a specific focus on Asperger's syndrome arose due its seemingly sitting somewhere between, and seemingly blending into, both Kanner's autism and the neurotypical. In this regard, Molloy and Vasil (2002: 669) stressed the need to 'critically examine diagnostic labels such as Asperger Syndrome in terms of how they are contextualised in our culture'; whilst Allred similarly argued that Asperger's syndrome is 'laden with subjective, culturally relative judgments about normality' (2009: 353). Nadasen's 2005 book *Constructing Autism* gives a thorough history of autism in relation to the specific practices – most notably an increased drive to for normalisation and the medicalisation of childhood, as we saw in the previous chapter – that allowed it to emerge as a specific psychiatric entity. On her view, although

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[34] Laurence Arnold, personal communication.

autism is undeniably related to complex biological factors, our grouping of the traits associated with it is a social practice.

Runwick-cole and Mallett (2012) chime in here from a Marxist perspective, arguing that not just the services associated with autism, but rather the very concept itself has become commodified *informationally* in relation to various competing groups with a social or political interest in regards to how the concept is understood. On their analysis:

> ‘Predominately biomedical but also social, political and economic practices have created a situation where expert medical professionals produce autism as a 'thing' because they perceive a need for certain behaviours and symptoms to be explained. Practitioners and academics consume such knowledge in their efforts to create knowledge which fulfils the perceived need for informed interventions in certain situations (e.g. the classroom). Parents and families help produce autism in their interactions with the medical profession and consume autism in order to understand and better care for their loved ones, indeed to be a good parent depends on consumption of such knowledge. Individuals, often in the role of patient, also consume such knowledge in efforts to better understand themselves. Thus the circular logic of a self-sustaining commodity chain is established’ (2012: 44)

On this view, the very concept of autism, far from being a natural kind, is continually produced and reproduced due to both the perceived needs of autistic persons and their families, and the complex financial and economic interests surrounding the multi-billion dollar autism industry. Notably too, even the notion of an autistic lack of intersubjective attunement has also been analysed from a constructivist perspective. As Chown (2014: 1675) notes:

> ‘minds are attuned to the *dominant* sociality in a society […] This could mean that the ontological status of both the autistic and non-autistic neurotypes is partly dependent upon the nature of the society’.

The point here is that, even if we were to think of autism as having a relational criteria, it might have to be in relation to the social context rather than something more static, since who counts as neurotypical or not will also partly rely on the norms and structures of any given society, and who falls outside them, at any given time. For example, if the structures of a society become more overbearing for the senses, then a greater proportion of the population might experience the ‘intense world’, and develop autistically in light of this.

For Nadesan (2005), the conclusion of her book of autism is that ‘the condition called autism does not stand outside of the symbolic awaiting discovery. Rather, the symbolic inscribes and produces autism’ (ibid. 214). Similarly, in light of the combination of the heterogeneity problem, and how the concept of autism continually fluctuates in relation to perceived economic needs, gender norms, and political ideology, Verhoeff (2015: 21, my emphasis) similarly suggests that:

> ‘autism can *only* be understood in relation to ideas about what kind of behavior is unacceptable, deviant, and in need of correction or support [at any given time]. Autism cannot avoid being related to a cultural norm of a social, empathic and engaged individual, and any account of autism begins with a need to demarcate, locate and treat particular discontents and impairments that have appeared. Therefore, the idea of an essential core or a natural autism entity that is waiting to be identified is misguided, and the corresponding dominant neuroscientific approach to autism obscures an array of social, cultural and psychological issues important in understanding the phenomenon we call autism.’

In other words, since (as we also saw in the previous chapter) the *concept* of autism is inextricably intertwined with historical, economic, normative, and ideological forces – and thus always shifts to some extent – and also given its biological heterogeneity, then thinking of autism as a purely natural kind, according to Verhoeff, actively obscures our understanding of the socio-historical nature of autism. Indeed, as Hacking notes (1999: 121), even if autism *were* found to have a biological essence (which, judging by the evidence, seems highly unlikely), significant aspects of the category would nonetheless remain constructed. This includes how it is framed, what we take its breadth to be, and the extent to which we value or disvalue autism – all of which would happen in relation to wider social norms and practices. So *to some extent at the very least*, it is hard to resist the notion that autism seems to be a socially constructed category.

3.3.1. The Reality of Social Constructs

For Nadesan (2005), all this is not necessarily to say that autism does not arise at least in part from neurology and genetic causes in each case, or indeed that the category is meaningless: only that each case is associated with each other case in light of a normative grouping that has arisen in a certain social and ideological contexts. In her words: 'Autism is produced through the nosological clustering of symptoms – symptoms no doubt stemming from diverse etiologies – and through the clinical practices or remediation. It is 'produced' through historically unique institutional and representational practices' (2005, p. 215). In opposition to Nadesan, however, Goodey (2015: 144) suggests that she unjustifiably retains a 'tacit acceptance of the category's essential reality.' For him, even if there are some physical factors behind single cases, these are nonetheless irrelevant, since the category of autism is a mere social construction. Similarly, for Timimi et al (2010), the term merely functions as a catch all metaphor for people who fall outside the dominant norms of society, and is nothing more than a problematic distraction from individual 'problems in living.' For these commentators, then, the category of autism has been exposed as a myth – a *mere* social construct – and should now be abandoned.

Unless it finds a convincingly natural trait or clear-cut natural cluster of traits, the essentialist understanding of autism will find it hard to answer the constructivist critique. Even the notion of autism as a natural Mechanistic Property Cluster seems problematic when we consider how the category alters, expands, and contracts in relation to wider social and historical norms. Nonetheless, it does not logically follow that unearthing something as having a social ontology means that it is meaningless, or should, or even can, then be abandoned.[35] In fact, as Hacking notes, to say that

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[35] By partial analogy, consider the case of money as a paradigm example of something with a social ontology. The physical substance of money is completely inessential (money can even be virtual); and the only reason money functions as such, or changes in values, and so on, is that communities agree that it this should be the case. Despite this, money still effects and interacts with things causally, and is

something has a social ontology is not necessarily to say ‘that the products of the construction is not "really" a fact (now) -- only that the unthought world does not come in facts. The factisation of the world is a human activity’ (2002: 65). David Pilgrim, writing from a pathology paradigm perspective, makes a similar point in regards to psychiatric classifications more specifically:

> ‘[they] are not natural categories of disorder *but* they are variations in human experience and conduct, which we, or others, find problematic or evaluate negatively in the light of our acculturated expectations of socio-economic efficiency, pleasure and personal flourishing […] To discuss them *merely* as problems of social construction does not do justice to real events involving extreme human distress, various forms of socio-economic disruption and contestable forms of social control’ (2014: 75 first emphasis mine).

In this sense, there may still be room for understanding autism as referring to real variations, many of which do relate back to underlying biological factors (to varying extents) in each case.

Contrastingly, from a neurodiversity paradigm perspective, Wood et al (2018: 4) note how the dismissal of autism as a mere construction ignores, for example ‘how autism runs in families, the flourishing distinctive autistic culture and the importance of self-diagnosis to autistic persons’ sense of well-being.’ Although they do not give a methodical framework for understanding the nature of autism, this chimes with how feminist philosophers have stressed the relationship between imagined categories and real world structures and practices. Sally Haslanger, for example, stresses how, when it comes to constructed human categorisations, such as race and gender, it is crucial to not overlook ‘the reality of social structures and the political importance of

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subject to at least some law-like regularities (hence we can have economic theory, and so on). Moreover, it does not suddenly stop working functioning as money when we realise that it is a social construction. In this sense, then, money is no less *real* than it would be if it were natural; it is just that it has a social rather than natural ontology.

recognizing this reality' (2012: 30). Her point is that human categories with a social ontology always emerge in light of, and are intimately intertwined with, those real social structures and norms that led its identification becoming necessary (i.e. due to the injustice and distress that such structures are bound up with). The thought here is that, since human kinds with social ontologies are entwined with the structures that made them noticeable and categorisable to the communities that define them in the first place, then to deny the reality of the category it tantamount to overlooking the structures that oppress, marginalise, or otherwise affect those so-classified.

Finally, this might also be further supplemented with the feminist philosopher Iris Marion Young's distinction between human 'serials' and human 'groups' (Young 1994). For Young, a human group is defined in light of its members identifying with some shared essence (e.g. an addiction support group all being addicted), whereas human serials share external factors that mutually affect them (e.g. waiting for a late bus, despite having no internal trait in common). In line with this, to some extent it may be that what autistic people share is what they are disabled and excluded by: for example, certain economic and gender norms (Timimi et al 2010) as well as physical structures, such as those that lead to sensory overload among certain individuals who fall outside the currently dominant sensory-processing style. Regardless of whether the internal cognitive style of the autistic person is slightly different in each case – and crucially, regardless of any shared identification with each other – the notion of seriality may, then, allow us to frame the significance of the social in a way that takes it as vital to the concept of autism as the internal aspects, thus acknowledging the social as a real part of what makes autism a meaningful category.[36]

3.3.2. Autism as Interactive Kind/Moving Target

Given everything we have seen so far, it seems that autism has both strongly characteristic (if not singularly necessary) internal and relational properties, *and* only exists in relation to social reality as it stands at any given time. In contrast to

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[36] I take the notion of seriality to be important as it can also include those autistic individuals who, as far as can be inferred, may have very minimal capacity when it comes to identifying with the term 'autism'.

Goodey's notion that autism is a *mere* social construction, a more nuanced constructivist framework, which may help us bring these various aspects together, comes from Hacking. Hacking's account characterises autism as a 'moving target' or 'interactive kind' that is subject to 'looping effects.' The looping effect refers to the process where

> 'people classified in a certain way tend to conform to or grow into the ways that they are described; but they also evolve in their own ways, [sometimes by resisting aspects of the classification] so that the classifications and descriptions have to be constantly revised' (Hacking 1999: 21).

Thus, to characterise a categorisation as 'interactive' is to note how the interplay between culture, biology, and psycho-social processes can constitute human categorisations in such a way that cannot be reduced to any one of these domains singularly, *and* where they instead interact with each other to slowly but steadily shift the categorisation itself. For Hacking, the interactive kind is a special kind of kind that is (typically) reserved for human kinds, since humans are both self-conscious and linguistic, and have a shared social reality, and so will necessarily interact with any categorisation that is bestowed on them by adopting or challenging aspects of that category. (And in turn the category will change so as to include more or less people, who will continue the cycle of interactions, and so forth – hence, there is a looping effect.) Thus, although it relates to real parts of both individuals and the world, and is held in place by these, the category of autism changes over time in regards to its scope and the emphasis of its framing, precisely because it is a human category which humans can identify with or reject aspects of in an ongoing process of engagement.

This more nuanced perspective thus allows for the notion that natural aspects and constructed aspects are not mutually exclusive. Indeed, as Hacking notes (1999: 121), even if autism was eventually found to be a natural kind in some sense, due to the interactive context of human kinds, the categorisation would still be subject to looping effects, since autistic people would still interact with how society frames them. Conversely, even if autism is subject to ideological and social forces, this does not necessarily mean that we should thereby abandon the notion that it might also have some characteristic physical, psychological, or relational tendencies too. Just as constructions of race or gender as typically associated with various clusters of characteristic yet non-essential traits, so too can the construct of autism remain meaningful. Significantly, then, this less reductionistic approach leaves open the door to there being clusters of physical, functional, or relational properties of autism, being meaningful groupings, whilst still admitting that it has a social ontology that relates to wider social structures. Simultaneously, this framing also allows us to acknowledge how the interplay between these and wider social norms, power structures, and conceptual frameworks interact with the autistic population in order to make the concept of autism continually develop and shift. In short, it explains why autism seems to be a meaningful and important category despite both underlying heterogeneity and historical flux.

3.3.3. Are there any Key Traits of Autism?

Although the category of autism has shifted, and different traits have become associated with the category to greater or lesser extents, there remain some key internal differences accepted by both neurodiversity and pathology paradigm proponents. These might not be wholly necessary, essential, and natural traits, but this does not mean they do not have some level of stability at least. In light of this, my suggestion is that it seems better to *describe* some *strongly characteristic tendencies* of being autistic, including how they relate mechanistically and socially to each other, rather than to give some specific checklist of traits.

Whilst the kinds of genetic and neurological tendencies noted above *are* part of autism, for our purposes – in light of the reasons Frith pointed out earlier, as well as given the nuances of the constructivist approach – the most important factors are those beyond the biological. On the one hand, there are the perceptual and cognitive differences that the autistic population tends to exhibit, most notably a less ‘filtered’ and more ‘fragmented’ life-world. And important too is how this contributes to those relational differences stressed above, not to mention the autistic ‘flavour’ in behaviours that arises from these differences throughout the lifespan. Although there is no reason to settle on a single description of autism, Nick Walker's summary is as helpful here as any other:

> 'Autism is a genetically-based human neurological variant [that] has a pervasive influence on development, on multiple levels, throughout the lifespan. [Autistic] subjective experience [is typically] more intense and chaotic than that of non-autistic individuals: on both the sensorimotor and cognitive levels, the autistic mind tends to register more information, and the impact of each bit of information tends to be both stronger and less predictable' (Walker 2014)

All these are causally interrelated, roughly in the sense that the notion of a Mechanistic Property Cluster indicates, and are undeniably real, regardless of there being no single biological or psychological essence of autism, or indeed whether or not we can talk of autism as a natural kind.

But on the other hand, the external factors that are equally vital to consider. The notion of autism, and how broad we take it to be, will also relate to the norms and structures of the society at any given time. As norms and structures change, what is counted as pathological or not will expand or contract; and how we frame such differences will also relate to wider social, structural, and conceptual shifts. Very significantly, rather than just being a matter of shared imagination, this will also change who is actually disabled, how they are disabled, and to what extent. For example, if society changes in such a way where a higher and move invasive level of sensory input is the norm (e.g. by making lights brighter or classrooms and workplaces larger and more crowded), then more people – those with perceptual or general sensory processing that falls outside this new norm – will become disabled by these structures and will thus develop accordingly. In line with Chown's insight noted above, then, in any given time and place, someone will be autistic partly as they are born and develop with a cognitive style that clashes with the environment, in particular by stopping them from being inter-subjectively attuned to whoever happens to dominate that society in terms of neuro-cognitive makeup (and the structures that surround them). So which natural variations end up counting as autistic (i.e. who develops autistically, as it were) or not may change over time, rather than existing in a static relation to a fixed ‘neurotypical’ essence.

3.3.4. Concluding Remarks

Autistic people are, in an important sense, naturally as they are – at least no less naturally than any other human is as they are – but the notion that autism is a natural kind nonetheless seems untenable. This does not mean we cannot talk meaningfully of, say, an autistic ‘form of life’ or ‘cluster’ of traits, or ‘way of being’, or perhaps even ‘mechanistic property cluster’. It is only that in doing so we must take into account that it has a significant normative aspect and that the category is interactive, has a social ontology, and that it has been and still is open to looping effects. Notably too, though, as far as Hacking leaves it, the notion of autism as an interactive kind alone does not tell much about what defines autism. That is, it tells us how *not* to understand autism (i.e. not to reduce it to being merely natural or merely social), and it even points towards how we should approach trying to understand autism (i.e. as an interactive, historical phenomena); but this notion alone leaves us far short of understanding what makes autism different from other human categorisations. Thus, we still need to take into account the insights of the various naturalist attempts to frame autism, as well as the external factors associated with the possible notion of autism as construction or seriality, in order to fully grasp the complexity of the nature of autism. Taking all these various insights together gives us the fullest and most nuanced understanding of the nature of autism as a meaningful human kind.

In particular, the most stable characteristic includes sensory integrational and perceptual differences including the experience of an ‘unfiltered’ or ‘chaotic’ world; being outside the dominant neurotype of the society in terms of intersubjective attunement; and various cognitive tendencies such as those relating to memory, attention, and rational, original thinking. Key autistic styles of behaviour and relating are also significant, as well as whatever underlying biological tendencies are associated with all these various tendencies. Each of these may manifest slightly differently in each case, and may be framed differently in light of trends in scientific thinking as well as cultural and ideological factors.

As a final note, it is worth quoting Hacking's statement that: 'The point of unmasking [assumptions regarding naturalism] is to liberate the oppressed, to show how categories of knowledge are used in power relationships' (Hacking 1999: 58). That is, the outcome of critical investigations regarding biologised categories such as autism is not just a matter of clarifying understanding. Rather, the hope is that it may also be emancipatory, and enhance the agency, of the group at hand. By unmasking the reification of social facts as natural, we open the space to disrupt deeply ingrained power structures, as well as for new and possibly freedom-enhancing reconstructions of categorisations of human kinds. As Virginia Bovell aptly notes, then

> 'Even if autism is no more than a social construct, we should not underestimate the power of social constructs. It confers a status that can open doors for particular types of support and state funding that impact on people's well-being and safety, as well as labelling them in a way that can be either stigmatising and excluding, or illuminating and liberating' (2015: 87)

In this regard, it is vital that the notion of autism as an interactive kind also allows us to see the agency autistic people have in regards to defining, and shaping, their own classification. This is significant not least as it opens up the possibility of seeing autism as a political category, with autistic people themselves becoming legitimate players in the power relations that delineate the concept of autism.

PART 2: TOWARDS AUTISTIC THRIVING

‘During my frustrating, miserable, and helpless days, I’ve started imagining what it would be like if everyone was autistic. If autism was regarded simply as a personality type, things would be so much easier and happier for us than they are now’ – Naoki Higashida (quoted in Glover 2014: 229)

Chapter 4: Disorder and Diversity: Is Autism Really Harmful?

I have argued that autism can meaningfully be meaningfully described in light of a fuzzy cluster of characteristic traits; and yet, rather than being a natural kind with eternally fixed boundaries, it is an interactive kind with a social ontology, that alters in relation to wider social structures and norms. This means that the emphasis of the cluster is liable to slowly shift in various ways, in relation to shifting power-relations. In this sense the term is meaningful, and it certainly does capture and frame natural aspects of humanity, regardless of whether autism is socially constructed, and indeed lacking any fixed essence. This is significant for a number of reasons. Most importantly, though, unearthing the nature of autism as social leaves open the vital question as to whether autism is best seen as a disorder, making thriving impossible, on the one hand, or a natural human variant, with its own manner of thriving, on the other.

As has already been stated, the debate can be framed as one between two paradigms and their proponents (Walker 2013). According to Walker's summary, on the one hand, the pathology paradigm is largely grounded in two key notions. First, that 'There is one "right", "normal", or "healthy" way for human brains and human minds to be configured and to function (or one relatively narrow "normal" range into which the configuration and functioning of human brains and minds ought to fall).' And second, that 'If your neurological configuration and functioning (and, as a result, your ways of thinking and behaving) diverge substantially from the dominant standard of "normal", then there is Something Wrong With You.' By contrast, the neurodiversity paradigm can be summarised as being based on the notions that: 'Neurodiversity is a natural and valuable form of humanity', and in the denial that 'there is one "normal" or "healthy" type of brain or mind, or one, "right" style of neurocognitive functioning'. Finally, it also frames the thing that is wrong as being a matter of power-dynamics rather than individual pathology, in a way that is 'similar to the social dynamics that manifest in regard to other forms of human diversity (e.g., diversity of ethnicity, gender, culture).' This uses a social model to account for autistic disablement, thus de-medicalising and instead politicising autistic disablement and distress. Of course, this is only a very incomplete characterisation, and surely proponents of both paradigms would contest at least some aspects Walker attributes to either (or indeed his whole framework). Nonetheless, the rough idea that there is a tendency on the one hand, to presuppose a much more restricted human norm, and to take autistic disablement to stem centrally from problems with autistic individuals, and on the other hand a much less restricted norm, locating the pathology in society, seems right.

It is important to stress that my key aim here is not, then, to discuss whether one paradigm is correct and the other incorrect. In part, this is because my focus here is not the validity of each paradigm as such, but rather only their fruitfulness as applied specifically to autism. But this is also because a paradigm is not something in itself that can be simply falsified or verified. For, in contrast to theories, paradigms consist in a combination of complex nexuses of fundamental metaphysical assumptions, axioms, values, practices, and scientific achievements, shared by any given scientific community. Rather than a matter of being shown to be false, dominant paradigms tend to be abandoned for more pragmatic reasons. In particular, according to Kuhn's seminal historical analysis, *The Structures of Scientific Revolutions* (1970), paradigm shifts typically occur when the crisis that arises from multiple anomalous puzzles is combined with the drive to generate new frameworks that seem to better account for whatever collection of phenomena is at hand. Bearing this in mind, if the scientific practices, models, and assumptions associated with the pathology paradigm turn out to be too problematic when it comes to accounting for autism, and if the neurodiversity paradigm can be shown to provide a more fruitful manner of framing autism, and to help solve whatever puzzles arise – then this, and only this, should revolutionise the conceptual landscape against which autism is framed.

My intention here is more specific: to firstly look critically at the pathology paradigm framing of autism, and in doing so raise several important doubts as to its capacity to accurately capture the reality of this classification. In particular, I shall focus on the notion of 'dysfunction', and in turn on the relationship between autism and the various forms of suffering it is associated with, including anxiety, depression, social problems, and so forth, questioning to what extent the association is justified (I shall discuss personhood in the next chapter). I focus on the associated various *harms* autistic people seem prone to facing, since harm (or distress or suffering) is the key factor when it comes to both justifying something as a disorder, and for the notion that autism stifles thriving. For on the one hand, as Verhoeff notes, ‘there is a remarkably persistent desire to locate suffering, disruption and the requirement for care as a natural phenomenon, rather than implicated in the demands of a social world’ (Verhoeff 2012: 429). And on the other hand, as we shall explore, proponents of social models of disability as applied to autism trace the various harms widely associated with autism precisely back to the social world, thus disrupting the notion that it is best classified as a harmful dysfunction.

Bearing all this in mind, my key suggestion in this chapter will be that the medical paradigm’s notion that autism as inherently harmful, whilst by the nature of paradigms is hard to falsify completely, is both misleading and question-begging. To argue for this, I shall look at the key forms of harm associated with autism in relation to dominant philosophical models of mental disorder, and shall provide justification for reasonably doubting that autistic suffering is accurately captured by these frameworks in a non-question begging way. Building on this, I further argue that the neurodiversity paradigm does, at least on the face of it, seem to have more room for an account of autistic suffering and disability by drawing on social models of disability. Given that I both undermine the validity of the coherence of the pathology paradigm framing of autism, and give reason to think that the neurodiversity paradigm may provide a less problematic alternative, then we may reasonably doubt that autism should be associated with harm in a medical sense, and thus justifiably be classed as a disorder. Finally, I end the chapter by considering some worries regarding the neurodiversity conception of autism, and how to respond to them.

4.1. Autism and the Pathology Paradigm

4.1.1. Szasz, Anti-psychiatry, and the Concept of Mental Disorder

Autism is typically seen as a mental disorder. But what exactly is mental disorder? Put another way: how are we to distinguish between mere difference, on the one hand, and disorder, on the other? It is initially worth noting that the idea of mental disorder has been disputed on philosophical grounds by anti-psychiatrists since the 1960s. Most notably, the anti-psychiatrist Thomas Szasz argued (1960/1974) that mental disorder or illness (as it was more commonly called in the 1960s) does not exist, and that there are only ‘problems in living’ to be resolved. For Szasz, ‘problems in living’ stem from the combination of ‘man's inability to cope with his environment’ and ‘Man's awareness of himself and of the world about him’. Especially in modernity, the combination of these brings a ‘burden of understanding’ that – especially when coupled with everyday problems – causes mental distress (ibid.). Significantly, then, Szasz’ claim is not that people do not actually experience and suffer from the ailments we now think of as mental disorder. Rather, his point is that we are misguided in thinking of these as medical ‘disorders’ or ‘illnesses’ in the first place. In fact, on Szasz’ account, over time we have forgotten that terms like ‘mental illness’ began as metaphors for ordinary human suffering; and in forgetting this we have come to think of such problems as physical rather than mental or psychosocial in nature.

The more formal aspect of Szasz’s argument can be reformulated as follows. His first premise was that illness, by definition, is physical in nature. His second premise was that mental illness is not physical, but rather mental. Given these two premises, he concludes that there is no such thing as mental disorder in a literal sense (i.e. it is only a metaphor). In turn, beyond being conceptually confused, Szasz finds this ethically problematic because the concept now:

> ‘functions as a disguise; for instead of calling attention to conflicting human needs, aspirations, and values, the notion of mental illness provides an amoral and impersonal ‘thing’ (an ‘illness’) as an explanation for problems in living’ (Szasz 1960/1974, p. 116).

So, in making us think of ‘problems in living’ as stemming from illness, the concept of mental disorder leads us to avoid dealing with the actual causes of our malaises, which should be detected and solved in the social world. Thus, on Szasz’ account, the notion of mental disorder or illness is both conceptually and ethically problematic.

Notably, Szasz initially made this argument over fifty years ago. In turn, psychiatry hit back against Szasz and the anti-psychiatry movement by raising the standards of psychiatric research and adopting a biomedical model for understanding mental illnesses, essentially claiming that they were, in fact, physical in nature (Silverman 2011). This led to a new paradigm in psychiatry, and to the kind of framework the DSM and ICD still use today, whereby cognitive, neuroscientific, and genetic framing of classifications typically overtakes psychodynamic exploration. To some extent, on the face of it this answers the worries raised by the anti-psychiatrist movement in the 1960s. Various brain disorders such as dementia have, indeed, been shown to be physical in nature. Indeed, autism, as we have seen already, seems to have a strong neurological component and hereditary basis, even once we take its social ontology into account. Nonetheless, as I shall explore below, justifying the notion of mental disorder may be harder than it might initially seem.

4.1.2. The (Bio-)medical Model

Today, the characterisation of autism as a *disorder* comes from within what has come to be called ‘the medical model’ or the ‘biomedical model’ in instances where the key focus is on biological dysfunction. On this view, autism (and other mental disorders) exist due to ‘harmful dysfunction’ *within* the individual. The medical model is thus an essentialist model, since it takes each disorder to stem from psychological and in turn biological dysfunction, and the key harm(s) associated with each disorder to stem from this dysfunction. The most influential definitions of the medical model can be found in the DSM and the ICD. The DSM-5 (APA: 20) defines mental disorder as

> ‘a syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning.’

In line with the DSM-5, the ICD-10 states that the term ‘disorder’ implies

> ‘the existence of a clinically recognizable set of symptoms or behaviour associated in most cases with distress and with interference with personal functions [..s]ocial deviance or conflict alone, without personal dysfunction, should not be included in mental disorder as defined here’’ (ICD 10: 11).

Both manuals agree that to count as a disorder, a condition must stem from a dysfunction inside the individual. Moreover, both manuals add that the dysfunction must usually be ‘clinically significant’ or ‘associated’ with a notable amount of ‘distress’ in order to count as a disorder, essentially making such suffering, or perhaps harm or impaired functioning, a second condition for something counting as a disorder. So in short, as Derek Bolton nicely summarises, for the diagnostic manuals, ‘mental disorder is harmful disruption of normal psychological functioning’, typically presumed to have an at least partially biological underpinning (Bolton 2008: xxi).

4.1.3. The Problem of Validation

In contrast to Szasz – and although it also challenges the notion of mental disorder – the neurodiversity paradigm has room to accept the medical paradigm’s notion that autism stems, in some sense and to some extent, from biological differences inside, and natural to, the individual. What the neurodiversity paradigm contests is that these differences are dysfunctional and harmful. Jaarsma presents the central theoretical claim of the neurodiversity paradigm as being:

> ‘related to the idea that there are indeed neurological (or brain-wiring) differences among the human population. Being autistic is one of them. One aspect of the neurodiversity claim is that autism (or some other neurological condition) is a natural variation among humans. Being [neurodivergent] or neurotypical (“normal”) are just different ways of existing as humans.’ (2012: 1)

Similarly, Simkulet nicely summarises the difference as follows (2013: 206):

> ‘The American Psychiatric Association characterizes these conditions as disorders because human beings with these conditions develop and behave substantively differently than what is considered normal functioning. The neurodiversity movement challenges this label, contending that autism and similar conditions should be seen as a morally legitimate variation to normal functioning, rather than disorders.’

In other words, the crucial theoretical claim of neurodiversity in regards to autism is that autism is not a dysfunction abnormality but a natural variant that should be seen as within the realms of normality. For, if neurological diversity is itself the norm for humanity – which seems to be the case – then it is just as natural to function in a socially neurodivergent manner as to function in a neurotypical manner (Walker 2014).

Philosophically, the force of the neurodiversity claim as a challenge to the medical model rests on a general problem for the dominant model for psychiatric disorder. This regards how, even if there were neurological and genetic markers found for any given disorder, this will still not automatically show it to be a *real* disorder in the sense of being a *harmful* dysfunction. In fact, as philosopher Dominic Murphy (2017: 5) notes:

> ‘There is an important sense in which diagnoses cannot be validated [by finding a biological marker] at all, if by ‘validation’ we mean ‘shown to be a real disorder’. All validation can do is show that a pattern of behaviour *deemed* to be clinically significant depends on a physical process. Whether or not that pattern of behaviour is *really* pathological – rather than immoral or harmlessly odd – is another matter.’ (my italics)

So, when it comes to autism, even if we accept that it stems largely from natural causes – and even if we did find a bio-marker that all autistic persons shared – identifying this abnormality would still not be enough to justify counting it as a biological or psychological *dysfunction*. After all, mere statistical abnormality alone is not enough to count something as dysfunctional: someone who is exceptionally clever or physically strong may deviate from the statistically typical functioning of the species, and yet we do not count this as a disorder. As Bovell similarly notes:

> ‘I am not persuaded that even the arrival of biomarkers at some future point would prove that autism is disease rather than difference. Biological difference is not automatically the same thing as illness or deficiency (the struggles of successive equality rights movements demonstrated and ultimately vindicated this simple point). In addition, there is a very long “stretch” between what a gene or molecule or physiological process may be like and the ultimate expression and experience in a lived life’ (2015: 356-7)

What *is* important are the psychiatric notions of dysfunction and harm (or distress, or suffering). And so some other way of differentiating between difference and harmful dysfunction must be found if the notion of autism (or indeed any other disorder) is to be reasonably justified. For this we must turn away from the DSM, and towards the underlying philosophy of psychiatry that it implicitly relies on.

4.1.4. Boorse’s Natural Dysfunction Model

Within the philosophy of psychiatry, there is no universally agreed-upon way to differentiate normal functioning from harmful dysfunction. And the DSM-5 and ICD-10 do not have much to say on the matter. However, among psychiatric theorists, there are at least two key models in this regard. The first is the ‘natural dysfunction’ model, which comes from Christopher Boorse (1975, 1976). Boorse is relevant because he agrees with Szasz that ‘health ought to be analysed with reference to physiological medicine alone’ (1975: 49), and yet he disagrees that mental disorder is a myth.

More precisely, to count as a dysfunction, for Boorse, a biological difference has to both interfere with the performance of a naturalistic function of the species, and not be part of the normal nature of the species (i.e. it must not be ordinary for the species, in the way that, say, ageing is) (Boorse, 1976: 62.). Boorse thus forwards a goal-orientated conception of natural function. On his view, the goal of the heart, for example, is to pump blood. And in turn, a heart attack can thus be understood as a dysfunction as it stops the heart from fulfilling this purpose. More specifically, according to this model, to count as natural a function has to be statistically normal for the species; and to be dysfunctional the level of functionality for a mechanism has to fall *below* the statistical norm of the species. This model thus resurrects the significance of statistical normality, but disqualifies cases such as high intelligence, since these do not *interfere* with or fall below functioning in the way that (what Boorse takes to be) dysfunctions do. Given this, Boorse's theory holds that there are always objectively verifiable standards of 'normal species functioning' that can be verified in relation to bio-statistical norms and empirical observation.

In turn, Boorse further nuances his account by adding that, to count as an *illness* (rather than a mere dysfunction), it has to also be undesirable for the person with the condition (1975). On this view, someone could have, say, ears that were smaller than the statistical average, but without this being undesirable, then we should not count this as a case of illness. So on this account it may be that autism could be considered a dysfunction in virtue of being unnatural in comparison the normal functioning of the species, and in turn an illness due to being harmful and thus undesirable. *If* both these condition were fulfilled for autism (or some of its forms) should, theoretically, be counted as a mental disorder on Boorse's account.

4.1.5. Is Autism a Natural Dysfunction?

Can autism be deemed a natural dysfunction on this account? I will return to the question of harm and thus illness below. For Boorse, humans are a social species (1975: 64), with bio-statistical normal mental functions, and on the face of it, it might seem that autistic people have a natural interference when it comes to normal social functioning. Nonetheless, one problem that has been noted in Boorse's theory (Varga 2015: 151) is that, in Boorse's own words, he 'presupposes enough uniformity in the species to generate a statistically typical species design' (1977: 562). This does not leave room for species that have different strands, for example statistical minority dog breeds, or species that can be into several kinds of functionality, such as ants. And – very significantly – when it comes to autism, that autism is a dysfunctional in comparison to a neurotypical norm in this sense is precisely what neurodiversity proponents contest. On their account, saying an autistic person is dysfunctional due to not having the precise same functionality as a neurotypical person would be precisely like positing that a terrier is dysfunctional due to not having the same functionality as a border collie (Armstrong 2015). Given this, Boorse's attempt to define dysfunction in a purely naturalistic way may be insufficient to support the medical paradigm's notion of autism as a disorder. For it relies on precisely the (perhaps normatively laden) *presupposition* that proponents of the neurodiversity paradigm contest.[37] If the notion of autism as dysfunctional is to be reasonably justified, it must, then, rely on some other framework than Boorse's – one that does not need to beg the question as to whether the statistical species-standard is indeed a good way to deem who is pathological or not.

4.1.6. Wakefield's Evolutionary Harmful Dysfunction Model

The second key model of mental disorder frames it as a harmful 'evolutionary dysfunction'. This model comes from Jerome Wakefield (1992a, 1992b). In contrast to Boorse, Wakefield's attempt to define dysfunction relies more centrally on evolutionary theory in order to determine what is natural for a species. For Wakefield, if any given mechanism of a species evolved to serve a specific function, then any significant deviation from that function is considered a natural dysfunction. And when it comes to mental health, illness is, on this account, therefore a matter of deviation from the typical mental functions of the human species in light of their evolutionary purpose.

In turn, Wakefield further nuances his account by acknowledging that *value* is always a factor in disease, and also that we disvalue harm. For Wakefield, then, something has to be both a dysfunction *and* disvalued due to being harmful in the societal context in order to be counted as a disorder (Wakefield, 1992a: 384). Notably, then, this model may account for mental disorders in such a way that accounts for and justifies their apparent normative and social aspects. By embracing the normative and social aspect of disorder, Wakefield hopes to deflect those who claim that mental disorder is a mere category error or social construction:

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[37] For some related conceptual issues regarding Boorse's appeal to what he takes to be natural classifications, see Kingma's discussion of Boorse and homosexuality (2007).

> ‘disorder lies on the boundary between the given natural world and the constructed social world; a disorder exists when the failure of a person's internal mechanisms to perform their functions as designed by nature impinges harmfully on the person's well-being as defined by social values and meanings.’ (1992a 373)

For example, given his emphasis on societal context, Wakefield takes into account that some conditions may be a harmful dysfunction at one time but not at another:

> ‘inability to learn to read due to a dysfunction in the corpus callosum (assuming that this theory of some forms of dyslexia is correct) is harmful in literate societies, but not harmful in preliterate societies, where reading is not a skill that is taught or valued, and thus not a disorder in those societies’ (2007: 181).

In this sense, a nuanced proponent of the pathology paradigm might argue that autism is a disorder in our *current* social and technological state. As we have seen earlier, for example, it may be that, amongst other things, neo-liberal values and the services economy they are bound up with may be disabling for autistic persons, not to mention the levels of noise since the industrial revolution. So even if autism is not *necessarily* connected with any given kind of harm historically, the fact still remains that autistic persons tend towards suffering, and be considered problematic according to current societal values, structures, and constraints at least. If this model of disorder is acceptable, then it may be the case that characterising autism as a disorder is justifiable on the grounds that being autistic is both dysfunctional in evolutionary terms and harmful in the societal context.[38]

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[38] Glover notes two ways in which conditions could be seen as evolutionary dysfunctions. The first is the ‘Mismatch’ model, from which ‘some psychiatric disorders come from parts of our nature that adapted to an early human environment that is no longer part of the world today’. Alternatively, on the ‘over-reaction’ model, ‘some psychiatric disorders are exaggerated versions of responses that are still adaptive’ (Glover 2014: 212).

4.1.7. Is Autism an Evolutionary Dysfunction?

Nonetheless, as Bolton (2008) points out, many of proposed evolutionary "facts" are in fact hypotheses, which themselves are value laden. Part of the point here is that the sciences of evolutionary biology and evolutionary psychology are very young and in many ways controversial, with the lines between natural functions and social norms often remaining blurred. Indeed, many evolutionary claims are not falsifiable, so may not even count as scientific. For the foreseeable future, then, we will not know with any certainty what is evolutionarily natural or not; and even if we did have a complete evolutionary account, it still may include tacit societal judgements that do not in fact indicate any natural disease. Bearing this in mind, it seems that Wakefield's notion that a combination of cultural norms and evolutionary theory can be taken as a legitimate guide for deciding who should be counted as internally pathological or not is again precisely what neurodiversity proponents contest – so the application of this framework to autism, like Boorse's, also seems to require begging the question when faced with the challenge from neurodiversity. Put another way, it seems right that – to take Wakefield's example – dyslexic people will only be disabled in literate societies, but it does not follow from this that dyslexia itself is a harmful dysfunction rather than a minority mode of functioning disabled by society. Not, in any case, unless we already presuppose that his account is somehow better than the alternative.

Notably too, that autism is dysfunctional in an evolutionary sense is disputed even in the medical literature. Some theorists do see it as an evolutionary dysfunction (for a recent review, see Ploeger and Galis 2011). However, as Rachel Cooper points out in a discussion of evolutionary psychiatric theory:

> 'Evolutionary psychologists have been struck by the fact that many mental diseases appear to have a genetic basis and yet occur at prevalence rates that are too high to be solely the result of mutations—examples include manic depression, sociopathy, obsessive–compulsivity, anxiety, drug abuse and some personality disorders. This means that the genetic bases of these mental diseases must be promoted by natural selection, which implies that the genes are adaptive in some way or other' (2002: 270)

Hence, it is not clear that this can be the key factor in determining what is pathological or not anyway. Indeed, regarding autism specifically, many pathology paradigm proponents take it precisely to have an evolutionary advantage. Christopher Badcock (2009), for example, sees autism as fulfilling a positive evolutionary role. On his account, autistic thinking is 'hyper mechanistic' and serves the evolutionary purpose of dealing with the physical rather than social world. Alternatively, Masataka's more historically-nuanced perspective is that autism can go swing back and forth being an advantage to a disadvantage as social and technological structures shift (Masataka 2017a: 101).[39] With this in mind, it seems far from clear that autism can justifiably be thought of as a harmful dysfunction on Wakefield's evolutionary account. Even if autistic people are more disabled in large parts of society as it currently is, there are also seemingly other parts of society where autistic people tend to thrive more easily than neurotypicals. Moreover, it seems clear that society can change in order to become more accommodating and enabling for autistic people, and to be able to appreciate and utilities autistic strengths – there is no reason to think we have simply passed some point in history from which being autistic will henceforth necessarily be bad. Given this, the blanket notion that autism is simply now a mental disorder (i.e. given the nature of our society in relation to evolutionary functions) as such, seems to lack reasonable justification. If anything then, once nudged, Wakefield's model as applied to autism seems liable to collapse into the neurodiversity paradigm perspective.

4.1.8. The Significance of Harm

We have seen that the notion of autism as a dysfunction can be reasonably doubted on the two leading frameworks for understanding the notion of harmful dysfunction. But the question of whether it is *harmful* remains open. If being autistic *is* inherently harmful, or comes with a significantly increased disposition to distress, then it might

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[39] Relatedly, Cooper (2002) has also noted a general issue with such evolutionary accounts of dysfunction, which regards how they must choose a specific time-frame from which to judge what the correct evolutionary function is (e.g. whether the correct evolutionary function is judged from the period of origin, the present, the recent past, and so on). The issue here is partly that there is no non-arbitrary way to judge which time frame is correct and how long it should be taken to last, and also partly that which time frame we do chose will determine whether any given trait is seen as functional or dysfunctional.

seem better to count it as a disorder, regardless of whether we can verify any underlying dysfunction or not. Put another way, as framed by Jonathan Glover (2014), when it comes to whether autism is classed as a difference or disorder, the most important issue may be whether autism stops autistic persons from flourishing. Notably, autistic people clearly do currently encounter more harm than non-autistic people – it is undeniable *associated* with harm – so this is where the framing of autism as a disorder seems to get most of its force from. As has already been noted, for example, autistic people often experience mental health problems, and have reduced well-being and life-expectancy in comparison to neurotypicals.

But there is also a logical issue regarding the notion of 'association'. When being gay was (wrongly) classified as a mental disorder historically, one reason sometimes given to justify this was precisely that it was 'associated' with various harms such as anxiety and depression. But of course, it is now widely accepted that these harms do not stem from being gay as such, but rather from a homophobic society. In a society without heteronormativity, we have no reason to think that being gay would be associated with such harms at all. In line with this, according to the philosopher of disability Elizabeth Barnes (2016), the key question amounts to what disability (in this case being autistic) would be like in a world without ableism. If a disability would not be a 'bad-difference' (i.e. undesirable) in a non-ableist world, then it is not inherently pathological. For autism, pathology paradigm proponents typically see autism and harm as inherently linked. Standardly, as Bovell points out:

> 'With regard to autism, even if the word "suffering" is not always used, much of the discourse […] relates to the relationship between autism and suffering or autism and reduced well-being, relative to a neurotypical (NT) "norm".' (Bovell 2015: 265)

Although we cannot be wholly certain what any given disability would be like in a world without ableism, then, the default assumption is precisely that it would still be bad, seemingly due to harm stemming most centrally from autism (or its associated traits) in some meaningful sense. Nonetheless, as Barnes notes in regards to disability more generally:

> ‘The claim that it is simply obvious that disability is bad-difference is, I take it, an intuition. More to the point, it’s an intuition about something that is a subject of prejudice and stigma. But if we have good reason to believe that disability is the subject of prejudice and stigma, then it seems we also have good reason to think our intuitions about disability aren’t going to be particularly reliable, and aren’t going to be a good groundwork on which to construct a theory of disability […] Methodologically, relying on intuition—without the support of independent argument—in a case where we know there is active prejudice is suspect at best.’ (Barnes 2016: 72)

Given our biases, it should not be taken for granted that the widely assumed casual centrality between autism and its associated harms is justified. Bearing this in mind, and in further contrast to the medical model, it is also highly relevant that neurodiversity advocates turn to the ‘social model’ of disability in order to account for autistic disablement. Given that this alternative model purports to provide a more accurate, and less problematic, explanation for autistic suffering, we need to examine to what extent this seems feasible. If it does, then this gives further reason to doubt the medical model’s framing of autism as inherently harmful.

4.2. Autism and the Neurodiversity Paradigm

4.2.1. Autism and the Social Model of Disability

In contrast to the essentialism of the medical model, the social model relies on a constructivist understanding of disability: that is, disability is not a physical or mental thing that exists inside the disabled individual (although it does exist in relation to these), but is constructed by, and in relation to, human norms and environments. According to the social model in its most basic format, society disables individuals, rather than there being individuals who are inherently disabled (Oliver 1990). To make this claim, proponents of the social model typically distinguish between (biological/psychological) limitation,[40] and (social) disability, which refers to when society is organised in such a way that can restrict minority individuals or groups. For example, an amputee wheel-chair user is physically limited in a particular sense, but she is only disabled when surrounded by facilities that are designed solely for people who can walk (e.g. steps rather than ramps). However, there are many variants of the social model (Shakespeare 2006). Perhaps the most relevant here is the 'natural human variation' version of the social model proposed by Scotch and Schriner:

> 'The natural human variant model of disability defines disability as 'the extension of the variability in physical and mental attributes beyond the present – but not the potential – ability of social institutions to respond['…] In this conception […] the problems faced by people with disability might be seen as the consequence of the failure of social institutions (and their physical and cultural manifestations) that can be attributed to the institutions' having been constructed to deal with a narrower range of variation than is in fact present in any given population' (1997: 155)

On this model, there are natural variations among the human population, and disability groups can be seen in terms of minorities whom the dominant majority not just fails to accommodate but actively excludes. This precisely fits with the neurodiversity paradigm conception of autism, since the traits associated with autism

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[40] Initially the term 'impairment' was more often used. This term was used, I take it, since the social model was initially developed by physically disabled persons who took themselves to be impaired either in relation to their pre-disabled selves, or perhaps a species-standard norm. When it comes to autism, I use the alternative term 'limitation.' I do this in part because there is no pre-autistic self in comparison to which the autistic self is impaired, but also since the notion of autism being impaired already presupposes that it is so in comparison to some projected norm that is considered intact. By contrast, all humans have limitations, and it is perfectly coherent to talk of type specific or individual limitations in relation to any given group (from their siblings, to their classroom, to the species as a whole), without including normative assumptions regarding whether any given limitation is intact or not in a more normatively laden sense. Saying this, I do not deny that some limitations can also be classified as impairments, or that some limitations can be undesirable. It just that I want to avoid the normative presupposition that all minority human limitations, when measured in relation to a species-standard purely statistical norm, are necessarily bad or undesirable.

seemingly stem, in large part at least, from traits that naturally emerge among the human population.

According to proponents of the social model as applied to autism, the problems autistic people face can be accounted for both in light of both social structures and social attitudes (see, for example, Waltz 2008, 2013; Timimi et al 2010). Regarding structural problems, for example, whether autistic individuals are disabled by their heightened sensory sensitivity can be seen as an environmental or structural issue rather than as individual a medical issue. For our sensory environments (open plan offices, strip lights, etc.) are, for the most part, precisely made by and for neurotypicals rather than autistics, and often without any thought as to whether they may be accommodating spaces for not for those with the autistic sensory processing style. This might help account for the disablement of autistic individuals all the way from education to the workplace, not to mention in public social contexts more generally. Regarding social attitudes, at least three recent studies have found that neurotypicals tend to judge autistic individuals negatively within the first moments of meeting them (or even just based on seeing a picture of them) (collected in Sasson et al 2017). Timimi et al (2010) provide the example of how autistic individuals often find it hard to look others in the eyes whilst speaking to them. Whilst this may relate to limitations inherent to at least some autistic individuals, they note, whether this is actually considered bad or not will depend on cultural norms – it is not considered bas in all human cultures – and so the 'harm' may be better framed in terms of exclusionary attitudes and norms more than as stemming from the limitation in itself.

The combination of such systematic exclusions can in turn perpetuate the problems faced by whichever population is at hand. As Waltz has argued in a discussion of the various metaphors used to depict autism, for instance:

> 'Dehumanisation of people with autism, whether it comes through comparisons with robots, disease analogies, or discussions of genetic 'risk', has very real effects on care and treatment decisions. For example, although the use of overt behaviour modification techniques on humans became somewhat taboo following World War II, even theorists who

> attacked the work of B. F. Skinner seemed unconcerned about the continuing use of such methods on animals and 'subnormal' children, in particular children with autism […At the same time] Acceptance of dehumanising representations of autism may have had other, deadly consequences. 'Mercy killings' of people with autism by their caregivers are, sadly, more common than one would like to think […] Such crimes are almost never punished, because the victims are represented in ways that devalue them as human beings but make it easy to pity and sympathise with their carers' (Waltz 2008: 19).

Given such factors, proponents of neurodiversity argue that there is good reason to see autism as being disabled by society rather than as a medical disorder. That is, they claim that autism is not inherently harmful, but that autistic people are nonetheless systematically disabled – via the oppression, exclusion, and marginalisation that arise in light of the norms and structures of society. Indeed, in regards to autistic well-being specifically, Milton and Sim found that a key reason autistic people attributed to hindering their well-being was precisely barriers to belonging, rather than simply their being autistic; and Robertson has argued that issues regarding quality of life among the autistic population are better framed through a social model (Milton and Sims 2016; Robertson 2010). Similarly, Bovell, notes how disabled writers have stressed that 'a key contributor to a lowered quality of life for disabled people is the very fact that outsiders, including moral philosophers, are willing to make generalised statements about the poor quality of life of disabled people' and also how an undue 'emphasis on impairments disguises the extent to which it is not these, but rather wider social forces that contribute to a reduction in welfare.' (Bovell 2015: 321-2). Given this, it seems that autistic suffering, or reduced well-being, might be framed in this alternative manner.

4.2.2. Does the Medical Model Beg the Question?

As we have just seen, the medical model accounts for autistic suffering in light of an innate dysfunction, whilst the social model accounts for it in light of broader societal and ideological structures. The key question at this point might be taken to regard whether there is some inherent or at least dispositional tendency towards increased harm in autism that would remain *even if* all social barriers were removed (Barnes 2016). For, even if *some* autistic suffering can be accounted for by society, it may be that there is still something intrinsic or dispositional in autism that makes autistic people more prone to suffering to a clinically significant degree. In short, the question seems to come down to the predominant cause of autistic suffering – that is, whether it is best seen as stemming from the individual or society. Notably, neither the DSM-5 nor the ICD-10 provide an in depth framework for evaluating distress or suffering in autism, and nor do they discuss the explicit relationship between disorders and suffering beyond saying they are 'associated'. However, there are two key senses in which being autistic is typically taken to be inherently harmful. One, which I shall explore in the next chapter, is that it might take something inherent to personhood, or the possibility of acquiring personhood, that makes it inherently bad to be autistic, even if accommodations are made. The other sense would be that it comes with a heightened disposition to suffering in what we might call more "everyday" senses, for example in making depression or anxiety more likely. I will focus on these more everyday forms of suffering for the rest of this chapter, and assess whether they really can be justifiably taken as predominantly caused by the autism in any meaningful sense.[41]

One highly influential researcher who does explicitly discuss this relationship between identifying autism and autistic suffering is Simon Baron-Cohen. In his words:

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[41] Although there is a whole subsection of literature on the nature and role of causation in medicine and psychiatry, I will stick with the relatively open notion of 'predominant cause'. By predominant cause I simply mean that cause which, given all the relevant information, seems to be the more important in regards to understanding the genesis of the harm, and thus also how to stop the harm from reoccurring. There are two reasons for this. First: the range of harms associated with autism is so broad that, even if autism did cause all of them, it would almost certainly not do so in the same way. Hence, no single more specific theory of causation is likely to cover all these various cases. Second, in line with my more general methodological analogy with the court of justice and raising 'reasonable doubt', I am happy to assume that the reader, once presented with the relevant information, will be able to make a reasonable judgement as whether the notion of autism being the predominant cause of any given form of harm is really justified or not. (In in the court of law, the notion of a 'proximate' (in my terms, 'predominant') cause refers to any given event that the jury takes to be sufficiently related to an injury in such a way that they deem it, when all is said and done, to have caused it.)

> ‘[to] be referred for a diagnosis […] there has to be evidence that the person is “suffering” in some way (e.g. they are being bullied, or are becoming depressed, or have high levels of anxiety, or are not fulfilling their academic or occupational potential’ (2008: 29)

He also notes cases of the condition ‘causing [them] to suffer’ such as ‘suffering because of gastrointestinal pain’ (2008: 11). In short: only when autistic people experience things like depression, anxiety, bullying, unfilled potential, or gastrointestinal pain, should they be diagnosed with ASD as a medical condition. Without these kinds of suffering, even if they fulfil the key diagnostic criteria, exhibit the associated cognitive traits, and so forth, they are excluded them from being counted as actually “having” a mental disorder. Indeed, according to Baron-Cohen, to do otherwise would trivialise the concept of autism, precisely as it is, on his view, a medical condition (ibid.).[42]

On the face of it, autistic people do seem to encounter such problems more often than the non-autistic population. That is to say, these are precisely the kinds of problems most often associated autism, making them good examples of the kind of ‘clinically significant’ distress that the diagnostic manuals indicate. And if there is a significantly increased prevalence of, say, depression among the autistic population, then it might be thought that this may help explain, and perhaps justify, why autism is considered harmful. Nonetheless, as Murray points out, Baron-Cohen’s approach may also unduly conflate the condition with suffering in a problematic way:

> ‘the fact that for Baron-Cohen the presupposition of suffering is a structural part of the evaluative process of autism produces a working version of the condition that has an assumed negativity and a normalized value judgment built into its medical/diagnostic baseline’ (Murray, 2012: 21)

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[42] This is a very odd argument, especially given that Baron-Cohen admits in a later paper, in which he endorses the neurodiversity paradigm as applied to autism and ignores his own earlier apparent commitment to contrary, that autism and epilepsy are wholly distinct (Baron-Cohen 2017). I will not discuss the later paper as it has no new arguments, and instead only makes arguments that autistic neurodiversity proponents have already made, often without citing them.

Notably, in other words, Baron-Cohen does not *show* that there is a necessary, or meaningfully causal, or even dispositional, link between autism and increased suffering. Rather, he *begs the question* by presupposing that they are intimately related in some way or ways. (This is what the diagnostic manuals seem to do too, since they require harm to be considered present for the diagnosis to be made – Baron-Cohen only differs from the diagnostic manuals in being explicit as to what he takes to be characteristic examples of such harm.) The point that Murray is making here is that this is precisely the key presupposition needed in order to justify seeing autism as a disorder in the first place.

Whilst the various statistics purporting to show that autistic people do indeed suffer in these ways might be taken to support Baron-Cohen's presupposition, social factors may allow us to account for many of the specific forms of harm associated with autism without needing to a similar unjustified structural presupposition. Given that autistic people are marginalised in terms of social acceptance, education, and so forth, then we would precisely expect a correlating increase of mental health and physical health problems. As Robertson (2010) has argued in relation to the mental health of autistic persons, for example:

> 'There exists a widespread lack of adequate resources and training related to mental health disabilities and autistic people […] Many counselors and mental health service providers may not have sufficient training for working with autistic clients, and they may not have participated in any recent professional development in the autism field. Similarly, many providers of services to autistic people may not have adequate training in mental health disabilities.'

Indeed, it is also far from clear that the other problems Baron-Cohen points to as examples of autistic suffering can reasonably be taken as stemming from being autistic in any meaningful way either. Explaining exclusion from work or being bullied as being caused by being autistic is seems at high risk of victim blaming: individuals who are different for whatever reason are often bullied at school, but we would never usually say that the bullying was caused by their being different (notably too, only admitting that an autistic person is so if they are bullied seems little different than, say, only admitting that a person is paraplegic if they are mocked for it – which seems absurd). In some cases this may even be tantamount to suggesting a sexual harassment victim is suffering due to her provocative clothing – especially once we consider that neurotypicals have been found to have implicit social biases against autistic people that influence how they interact (Sasson et al 2017). Notably too, there is no reason many gastrointestinal issues cannot be framed via a social model in at least two ways. On the one hand, it might be framed as a mismatch between the suggested diet and the physiology of the individual involved, not an inherent medical issue. In other words – hypothetically at least – the problem might be one of trying to give autistic individuals a neurotypical diet, when what is needed is actually an autistic diet.[43] And on the other hand, there is also evidence that such physiological issues can stem from psychosocial factors such as anxiety or stress (see, e.g., Wilhelmsen 2000), which we have already seen can be sufficiently accounted for precisely on a social model.

In turn, even if there are some such issues that cannot be accounted for in this way – for example, epilepsy is clearly a harmful dysfunction – this also may not be enough to justify seeing autism as a disorder. For even if a human kind comes with an increased risk of chance with certain medical conditions, this is not enough to justify classifying it as a harmful dysfunction or disorder *in itself*. By analogy, women are more susceptible to developing breast cancer than men – but we do not thereby infer that being a woman is itself a medical issue. Indeed, if there were different neurotypes amongst humanity, we might precisely expect different ones to be more prone to different conditions, or need different diets, or so forth. In this regard, it should also be noted that autistic people seem to have related strengths as well. One recent study, for example, found that the genes associated with autism resulted in a radically

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[43] My point here is that, even if we found that, say, gluten was worse for the autistic population than the neurotypical population, this would not automatically show autism to be, or be intimately related to, gastrointestinal issues. This is only the case if we precisely presuppose a pathology paradigm conception of autism. It would be equally legitimate to frame it more as being more in line with, say, how some foods are better or worse for different dog breeds. It would be true that, if we gave the wrong food to a dog of any given breed, then that dog could get a medical issue relating to it; but there is no reason to then infer that the whole breed is pathological because of this.

reduced change of developing cancer (Darbro et al 2016). What we see here, then, is a mixed bag, which, in and of itself, can be desirable in some ways and undesirable in others.[44]

4.2.3. The Ideological Construction of Autistic Suffering

Given all of the above, it seems that the initial problem with the approach suggested by Baron-Cohen's medical framing, and the broader psychiatric model it is symbolic of, [45] is that it leads to autistic people being diagnosed on irrelevant grounds. Being bullied or having gastrointestinal problems, for instance, are not essential features of autism; rather, they are things that happen to some autistic people for various social reasons, leading to autistic individuals being excluded from being well-treated, or kept in harmful environments.

More fundamentally, it is worth considering a deeper issue here regarding how the logic of autism diagnosis may lead to a misleading naturalisation of social facts in regards to autistic suffering. In particular, consider here how, if we only diagnose people who show all the other characteristics of autism *and* suffer in the sorts of ways Baron-Cohen notes, then we would precisely expect that statistics would reflect this. For in turn, this diagnostic practice will of course this mean that any studies on autistic people – given that they will only be based on those actually given a

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[44] Finally, although this is not mentioned by Baron-Cohen, it might also be noted that autistic people seem to have a shorter life expectancy than neurotypicals. However on the one hand, as Rachel Cooper points out, 'The claim that diseases are conditions that reduce [for example] life expectancy […] must be rejected, however. Reduced life-expectancy is neither necessary nor sufficient for a person being being diseased. People with minor diseases, for example, warts or athletes foot, live as long as anybody else. On the other hand mercenaries and rock-climbers may be healthy but have short life-expectancies.' (2010: 12). Moreover, on the other, the leading causes of death among the autistic population are things such as suicide and epileptic seizures, neither of which, we have seen, can be put down to being autistic.

[45] Notably, I have found it very difficult to find many examples of psychiatrists making such explicit connection between autism identification and specific harms in such ways way. Rather, it seems to be more assumed than argued for or even openly discussed. In the absence of further information provided by the APA or other institutions, I will take Baron-Cohen as at least relatively exemplary. This further seems reasonable given his prominence within psychiatric autism research (aside from being an influential researcher and best-selling author, he is director of the Autism Research Centre at the University of Cambridge.)

diagnosis – will reflect this, thus leading to the initial misleading conceptual conflation between the most central traits of autism and these various problems becoming something seemingly evidence-based and thus natural. These are then reported and presented in such a way that makes it seem, to both other researchers and the wider public, like autism and such forms of suffering are, indeed, inextricably intertwined. For example, on official web pages from health organisations autism will routinely be represented through statistical risk factors, unemployment levels, and so forth. Given this construction of autistic suffering, whenever anyone has the traits of autism, an autism diagnosis, and identifies as autistic, but is not currently suffering (at least not obviously or in line with popular stereotypes), they often find that people tell them that cannot 'really' be autistic (see, e.g. Bonello 2018).

Given this, the presupposition regarding the structural link between autism and suffering seem not just unjustified, at least in the senses that Baron-Cohen presents, but also dangerously misleading, since it guides knowledge production regarding autism in such a way that reifies this association as if it was simply a natural fact about being autistic. Put more concretely, if we *only* grant the diagnosis to those who already are in fact, say, anxious or depressed, and then base studies on autistic anxiety and depression on only those with a clinical diagnosis, it will be almost tautological to then note that most people with a diagnosis of autism are in fact depressed or anxious. But for all we know, this is not because of anything inherent to the underlying traits associated with autism. Rather, this is simply a product of defining autism in such a way whereby such suffering in this sense is structurally, a part of it.

Relevantly, Sally Haslanger has noted a connection between generic statements regarding human categories and homogenous, oppressive ideology.[46] In most cases, generic statements are unproblematic. However, Haslanger's interest in generics

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[46] Generic statements are those which 'are not about specific instances of the category mentioned in the [subject], but rather about the category in general' (Leslie, quoted in Haslanger 2012: 448). A statement like "cows are black and white" may be taken as a true generic statement even if this is not true of all cows. It may even be the case that only a statistical minority of those in question may actually fit the claim and the statement still be true. For example, "badgers carry bovine tuberculosis" can be taken as a true generic statement even through less than a quarter of badgers do in fact carry the disease.

regards how such statements can uphold and reinforce oppressive practices based around knowledge-production. The worry here is that there are certain cases in which facts may be obtained

> ‘in virtue of broad system[s] of social relation in which the subjects are situated, and not grounded in intrinsic or dispositional features of the subjects themselves’. [In turn,] the background relations are obscured […] and as a result, the assertion is at least systematically misleading’ (Haslanger 2012: 446).

The cases she has in mind are generic statements such as “women are submissive” or “black people are more likely to commit crime”. According to Haslanger, whilst there may be evidence for these being correct in a very certain sense (e.g. some studies or statistics might indicate that these seem to be so in certain times and places), the ensuing notion that these are simply general *facts* nonetheless obscures the more important fundamental point that there is nothing intrinsic or even dispositional that makes women more prone to being dismissive or blacks more prone to crime. Simultaneously, they may also thereby obscure the further fact that there is good reason to think that these facts are only currently the case because of complex hegemonic and oppressive social structures. The more general worry here, then, is that:

> ‘ideologies can become more or less contested, more or less hegemonic. The more hegemonic, the less conscious and less articulate they are [… And in turn, when] ideologies become hegemonic, their effects blend in to, and in an important sense, become part of, the natural world, so we no longer see them as social.’ (Haslanger 2012: 448)

When it comes to autism, statements like “autism is harmful” – and the related conflations made in the DSM and by influential psychiatrists such as Baron-Cohen – may actually construct the condition in such a way that leads us to think of autistic suffering as something natural, unavoidable, and only combatable via medical intervention.[47] And, crucially, to obscure the actual genesis and nature of these problems will hinder us from being able to understand and solve them – meaning that the pathology paradigm leads to an ideological construction of autistic suffering in such a way that then reifies this suffering as a "natural" reality.

4.2.4. What About the Intersection of Autism and Other Disabilities?

I have argued that suffering in these various everyday senses – being bullied, depression and so forth – most commonly associated with autism are not integral to autism. Rather, there has been an ideological construction of autistic suffering as inherent to autistic being in such a way that obscures the social genesis and nature of these problems. This makes the neurodiversity paradigm conception of autism seem much more reasonable. Critics of the neurodiversity movement, however, tend to argue that in denying that autism is a disorder, the movement trivialises the suffering of those at the so-called "severe" end of the autistic spectrum (as well as the suffering of their families). Uta Frith, for example goes so far as to claim that 'to someone […] who knows of the suffering associated with autism, it seems perverse' to call autism a mere difference (2008: 38). Or as Grinker, one of the more nuanced proponents of this worry, explains, the worry here is that there is a

> 'risk of both simplifying and idealising autism [through] a tendency to represent autism through self-advocates, people who are often far more verbal, socially capable, and independent, and empowered than others: [on the other hand] autistic people who are non-verbal, self-injurious, have seizure and other co-morbid disorders, […] may require lifelong institutional care' (2015: 348).

Bearing this in mind, he suggests, we should be wary of concluding that all 'suffering can be accounted for in a relativist frame only as the product of society's norms, or

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[47] It is notable here that the above-quoted passages from Baron-Cohen come from his book *Autism: the Facts*. This books is published by the highly authoritative Oxford University Press, as part of 'The Facts Series', which is framed precisely as a series books written by leading experts in order to provide balanced 'facts' to both lay readers and professionals.

intolerance of diversity' (Grinker 2015: 248). To an extent this is in line with similarly nuanced feminist criticisms of the social model of disability which take the line that impairment is equally important to consider even once we take societal disablement into account (Shakespeare 2006). Disabled feminist scholar Liz Crow, for example, stresses how a wariness of acknowledging the role of impairment when it comes to harm among disability activists 'prevents us from dealing effectively with the difficult aspects of impairment.' (1996).

In light of this worry some have proposed that neurodiversity paradigm should be cut off at the point on the spectrum where autistic people become deemed "low-functioning" or "severe". Allowing so-called "high-functioning" autistics to be counted as a natural human difference and but maintaining that those considered "low-functioning" are disordered may, according to such critics, be a way to avoid slipping into a problematic relativism that overlooks differences in functioning (Jaarsma and Welin 2012). In response to the handful of celebrity "low-functioning" autistics who do explicitly endorse the neurodiversity paradigm, neurodiversity critic Amy Lutz (2013), writing in an article in *Slate,* argues that they 'offer a sanitized version of low-functioning autism', and are not representative of the group as a whole.

Lutz is right that we cannot generalise from a small number of autistic neurodiversity proponents to the whole manifold (or even from a small sample of those deemed "severe" to others given the same label). But – as I have argued in greater detail elsewhere (Chapman, forthcoming) – it is not clear that this cut off is justified. Although I do not take there to be a single decisive factor here, I take there to be at least three points to bear in mind here which, together, should raise reasonable doubt. First, as I have already discussed in Chapter 1, many of the issues that those given these various labels face are precisely *not* down to being autistic. For example, if an autistic person has reduced wellbeing – or indeed lifespan – due to, say, having epilepsy, then it may be true that they have a medical disorder that brings them clinically significant suffering, but that disorder is epilepsy, not autism.[48] Given this,

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[48] I cannot prove that epilepsy is wholly unrelated to autism – not enough research has been done on this – but I have also found no reason given anywhere to think that it is part of autism. Indeed, as with

when we look past the label the it may be that, even if someone given such a diagnosis did have internal limitations that could be considered inherently harmful, it is still far from clear it is the being autistic that is harmful, rather than some (perhaps combination of), say, gastrointestinal issues or neurological conditions that, for whatever reason, are currently conflated under the highly-misleading label of "severe" or "low-functioning" autism. In other words, even if there are issues that *some* autistic person's encounter that have that cannot be accounted for by the neurodiversity paradigm (e.g. epilepsy), and so remain uncontested as medical conditions, it is still the case that these are not part of, and are not caused by, their autism (and even if they do share a common root, this would not, as I noted in chapter 1, imply that autism itself is harmful, since both good and bad things can and often do share overlapping causal factors). Rather, they are different entities that sometimes happen to co-occur with being autistic, and which the current psychiatric classification leads us to systematically, if unjustifiably, conflate with autism.

The second response regards intersecting disabilities that are, like autism, part of individual. For beyond genuine medical pathologies such as epilepsy, there may be other disabilities that intersect with being autistic in such a way that makes them part of the selfhood of that individual, rather than being a separate medical issue. From a pathology paradigm perspective, it may then be argued that these are cases where the internal limitation is significant enough to class the intersection as a disorder, rather than the harm stemming from the way society is organised.[49] My response to this issue as it relates to autism is that most other disabilities associated with autism in this way can also be framed by a social model, which again raises reasonable doubt as to the notion that well-being must be inherently diminished (i.e. that it would still be so

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the case of Baron-Cohen above, when pressed, pathology paradigm proponents tend to admit that autism and epilepsy are distinct.

[49] This is a view taken by philosopher Jeff McMahan towards intersecting disabilities in general. In his view: 'A single disability may seem neutral [i.e. merely different] because it can be compensated for by other abilities that develop to fulfill its functions. Blindness, for example, may be compensated for by the enhancement of other senses, particularly hearing. But if disabilities were individually entirely neutral, they ought also to be neutral in combination; but they are not' (2005: 96). Nonetheless, he presupposes here that "compensation" is necessary for well-being, when in fact it, for the most part, is not. Rather, as Asch and Wasserman note, all humans have limitations in regards to various 'capacities that are instrumental for, or constitutive of, valuable human goods and activities, from intimate relationships to rewarding work'; but still, those 'with a standard complement of senses and motor functions rarely use all of these functions in achieving such goods, and humans lacking those skills can use only some. But those are usually sufficient' (2010: 208).

in a non-ableist society). Now, I cannot go into every possible disability here, since there are a potentially infinite number of possible intersections in this regard. But it is worth briefly discussing what is surely the most obvious example at least, namely intellectual disability or specific learning disabilities.[50] Whilst this is typically assumed to be a natural, medical issue, there is a wealth of literature arguing that intellectual disability is better framed on a social mode. As Keith and Keith argue in in their book *Intellectual Disability: Ethics, Dehumanization, and a New Moral Order* (2012: 49):

> ‘although most cultures probably value some shared cognitive abilities, intelligence can be whatever skills a culture may identify as adaptive to life in its own particular circumstances [….] intelligence is to a significant extent socially constructed.’

On their account, there is a problem of reification in regards to intellectual disability: in treating IQ as something real and natural – and then presuming incompetence, and restricting the education and prospects of those seen as lacking intelligence appropriately – then we actually make it into a part of those people so-labelled. In regards to intellectually disabled autistic individuals it may also yet be that we simply have not yet developed fully (or even remotely) adequate forms of environment, education, and technology for intellectually disabled autistic people to be able to effectively communicate or learn (Robertson 2010).[51] Aside from this, autistic intelligence may be systematically and significantly underestimated when measured by neurotypical norms, as I discussed in Chapter 2. That is, intelligence tests and notions of intelligence, as we saw, precisely discriminate against autistic ways of thinking in favour of a neurotypical norm. Finally, even if, as Hobson (2002) contends, the relational differences in autism can cause intellectual disability by interrupting cognitive grown during vital formative years, we can still frame this on a

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[50] I take this to be key partly as it the APA actually suggests including in the diagnosis whether there is an accompanying intellectual disability, but also because I have found this to be the disability conflated with autism more so than any other.

[51] One might reply here that the very need for such research seemingly implies underlying deficit. However, we need such research in regards to all humans, not just autistics. Currently, however, the majority of technological and educational innovations, and so forth, have been developed by and for neurotypicals, in relation to neurotypical dominance in terms of funding and resources (Robertson 2010). So it is no wonder that research relevant to autistic modes of processing are somewhat behind.

social model. For whether we put this down to autistic cognition as such on the one hand, or the violent sensory environments that hinder autistic intersubjective attunement on the other, is still open to debate. In short, then: there is at least initial good reason to think both that autistic individuals are presumed to have lower intellectual competence due to the dominance of neurotypical ideals of intelligence; that structures of technology and education are developed more for neurotypicals than autistics, thus reifying this initial belief; and even that exclusionary sensory environments can hinder aspects of cognitive growth during the autistic infant's formative years, which is an issue with society rather than autism as such. Given this – and although I surely do not aim to do this complex topic full justice here – it seems that there is at least initial reason to think that there is room here precisely for framing this intersection on a social as much as a medical model. Or, at least, there is room enough to reasonable doubt as to any automatic exclusion. Of course, in saying this I do not take myself to have proven, once and for all, that all such intersections are definitely not inherently harmful in some important sense (a theme I will return to shortly). At the very least, though, we should remain agnostic as to being able to reduce such cases to medical pathology.[52]

Finally, building on the previous two points, the third response is more pragmatic. In particular, I would add that, although I do not take there to be a single decisive reason for making blanket conclusions either way on this debate, as I have argued elsewhere, pragmatic considerations should be taken into account by proponents of either paradigm (see Chapman, forthcoming). The most obvious regard is which paradigm may be best suited to helping the individual to thrive. On the one hand, the pathology paradigm notion of "curing" or "treating" autism, purports to have room for eventually helping autistic individuals to thrive by making them more able to function in line with species-standard norms. However – more than just being not yet possible technologically – this has also been criticised on the grounds that it is conceptually incoherent, since the pervasiveness of autism means that "curing" it would mean totally destroying the mind it is associated with and replacing it with another, rather

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[52] On seeing other disabilities, such as dyslexia and ADHD – many of which also often intersect with being autistic – via the social model and the neurodiversity paradigm, see Armstrong 2010.

than simply changing it (Sinclair 1993).[53] Also widely-used behavioural "therapy" techniques for autism have precisely been associated with a much lower well-being. For example, one recent study regarding Applied Behaviour Analysis found that – far from increasing autistic wellbeing – 'respondents of all ages who were exposed to ABA were 86 percent more likely to meet the PTSD criteria than respondents who were not exposed to ABA' (Kupferstein 2018). By contrast, it is also worth noting how the neurodiversity paradigm notion of 'autism acceptance', which has long been promoted by neurodiversity as an alternative to trying to "treat" autism, has recently been found to help increase well-being in both autistic individuals (Cage et al 2017) and family members (Da Paz et al 2018). So – even though, again, I cannot definitively prove that every possible case of autistic suffering in such regards is definitely down to social factors – there is very good reason to be highly dubious of promoting the opposite conclusion. For the notion that those labelled "severe" on the medical model are naturally disposed to suffer more in light of being autistic, and are, therefore, better off being classed as disordered rather than different, seems to itself be harmful for both the autistic population and their families. Again, then, there seems good reason to be agnostic as to the inherent harm of autism at the very least – which suffices for raising reasonable doubt.

4.2.5. Does the Neurodiversity Paradigm Fetishize Autistic Difference?

I have just suggested that the pathology paradigm framing might actually be harmful for autistic people. But a second worry sometimes raised in regards to the neurodiversity movement is that the notion of autism as some alternative way of being may serve to other and fetishize autistic difference in a way that is likewise harmful for the autistic population. Kamran Nazeer, for example, who is autistic himself, is dismissive of neurodiversity claim, recalling one advocacy group as follows:

> 'the premise was that you could be extraordinary and distinctive purely on account of being autistic, that this was a creative and valuable way of

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[53] At the very least, as Bovell aptly notes, 'if it is hard enough agreeing precisely what autism is in conceptual terms, it is very hard to establish what it means in practical terms to prevent or cure autism' (Bovell 2015: 91).

> being, equal to being a poet or a woodsman […It was also claimed that] all autistic children were savants and could multiply six-digit numbers instantaneously.’

This fetishizing of autistic difference, according to Nazeer, is just as bad ‘as believing that all individuals were retarded’ (Nazeer 2006: 211). This is also what Grinker worries about when he talks of ‘idealising’ autism through representing it via only highly successful and articulate self-advocates, as quoted above. The problem is partly one of leading to unrealistic expectations, which may be psychologically harmful for autistic individuals who fall short. But there is also a political worry, since this way of justifying autistic difference may reinforce the notion that autistic individuals are only valuable if they can fulfil the demands of neurotypical norms and standards of evaluation. This not only avoids but also may undermine the project of finding something like innate value in autistic difference.

It must be acknowledged that there is a legitimate worry regarding fetishizing autistic difference. Autism has often been linked with savantism and genius in both popular and theoretical representations. And psychiatrists routinely carry out controversial retrospective diagnoses of Asperger’s syndrome on famous scientists, artists, and philosophers, resulting in oft-repeated lists of famous (purportedly) autistic prodigies (see, e.g., Fitzgerald 2004). One problem with this is that, whilst there may be an element of truth in such claims, at least in some cases, they may nonetheless lead to overlooking the fact that most autistic persons are – like everyone else – much more ordinary. More worryingly, it may in turn lead to autistic difference being valued only to the extent that genius or high-intelligence co-occurs in the same individual. If autistic people are only valued in relation to their purported potential for, say, genius – and perhaps the value of their input to society in light of this – then this will either lead to the vast majority of autistic people being left behind, or perhaps even further devalued in light of any perceived failure relating to this norm.[54]

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[54] This seems to be precisely what happened when Hans Asperger attempted to argue that autistic people should not be exterminated as autistic creativity and logical thinking could be helpful to the German Reich. For, in doing this, he left the space open for those not considered to have such potential to be exterminated (Donovan and Zucker 2016).

Nonetheless, it is also significant that there is no necessary connection between this and the notion of autism as a natural human variant. In other words, even if some neurodiversity advocates have fetishized autism in this way, there is nothing in the neurodiversity paradigm itself that supports this. Indeed, the source of autism fetishizing seems to have been from precisely within the pathology paradigm. Pathology paradigm proponents have consistently fetishized autism not just in relation to the notion of genius (e.g. Fitzgerald 2004), but also by continually representing autism as a troubling 'mystery' or 'enigma' (Frith 2003), and by infantilising autistic see, e.g., Kanner 1943). Properly conceived, from a neurodiversity paradigm perspective, the fetishizing of autistic difference in all such ways should be opposed, for autistic people should be valued, say, simply in light of their humanity rather than their instrumental use for society (even if it should rightly be *acknowledged* that autistic people can be very useful for society). In short, then, autism has been fetishized by proponents of both the pathology and neurodiversity paradigms; but this is more a hangover left from the pathology paradigm's othering of autistic being rather than something inherent to the neurodiversity paradigm conception of autism. It is true that neurodiversity proponents must overcome this, but it is not a problem with the neurodiversity conception of autism in and of itself.

4.2.6. Acknowledging "bad" Aspects of Autism: The Value Neutral Model of Disability

A pathology paradigm proponent might not be satisfied with my reply – perhaps, they might suggest, even if we admit that not every problem autistic people face is down to being autistic after all, the intersection of some forms of autism and some disabilities might seem to necessarily make their life significantly worse, given how many various significant limitations they seemingly exhibit. And it also might be the case that the mere notion of autism as difference makes expectations of autistic people too high, leading to overlooking or devaluing some of those with intersecting disabilities. Finally, they might also even suggest that there may be some inherently undesirable traits associated even with autism when not accompanied by any further intersecting disabilities. Nonetheless, in reply to these potential worries, a final variation of the social model of disability – broadly construed – that may be more fruitful here comes from Elizabeth Barnes. Barnes (2016) has recently suggested what she calls a 'value neutral' version of the social model of disability. And I would suggest that this model may help account for autistic well-being on the neurodiversity paradigm, whilst still fully acknowledging that some aspects of autistic life (for at least some autistic individuals) might be harder than they would typically be for neurotypical individuals.

The key nuance of Barnes' account regards how disability it itself, when there is no ableism – in terms of societal discrimination regarding minority limitations or modes of functioning – can both have inherent limitations that are bad (at least in many contexts), and yet be merely different *as such* (hence disability as such is 'value neutral' rather than 'bad'). This is because things can be *locally* bad in some aspect but nonetheless *globally* good or neutral. By partial analogy, being either a man or woman might – in a hypothetical politically equal world – be neither good or bad as such (i.e. globally), even though each may have specific (i.e. local) limitations such as not being able to produce milk or give birth (for men), or an increased risk of breast cancer (for women). And it is also perfectly coherent to meaningfully associate specific forms of suffering with local factors associated with each sex without pathologising that sex in relation to other sexes *as such* (e.g. agonising pain during childbirth, which is the norm, is not taken to make being a woman worse than being a man on the whole, and neither are the various pains associated with menstruation). Similarly, according to Barnes, disability can be seen as a 'mixed bag' of locally good or bad aspects; but, overall, we should not assume that it follows from this that being disabled makes a life worse as a whole, especially given that we can seemingly sufficiently account for any reduction in well-being in light of the pervasiveness of ableism. So disability can be seen as value neutral even in those cases where there are significantly bad local limitations – at least unless we have a good independent reason to think that any given disability will inherently diminish the possibility of well-being as such.

This brings us back to the question of thriving. For this is significant as it allows us to fully acknowledge that there may be some local 'bad' aspects in at least some autistic persons, or perhaps some manifestations of autism (more relevantly those with certain intersections of disabilities, but also those without any further disabilities), that might at least typically decrease well-being in certain ways and in certain contexts[55] – but to also see that it need not follow from this that autism should be associated with decreased well-being, or capacity to thrive, *as such*. For example, some autistic persons with intersecting disabilities might typically struggle to communicate in certain contexts, and this might very well be a relevant factor when considering the nature of any related harm (e.g. not being able to ask for and thus receive what one wants). And some autistic people with no further intersecting disabilities might struggle in some respects relevant to their being autistic, for example when it comes to executive function and planning. But it does not logically follow from this that their capacity for well-being, or indeed the value of their being alive, is diminished *as such*. Just as the well-being of any human sometimes be reduced in relation to their individual limitations or biologically-based dispositions, but nonetheless unproblematic overall, so too is there space to think of those autistic people with intersecting disabilities as having neither their capacity for well-being, or the value of their life, negated in any way whatsoever.[56]

4.2.7. Concluding Remarks

I have argued in this chapter that the link between autism and harm in the senses discussed here, and which is it typically associated with, is far from clearly justified – especially once we take into account the possibility of framing autistic suffering via social models of disability. In fact, as we have seen, we have good reason to believe the association has been ideologically constructed in such a way that is continually self-reinforcing, but ultimately misleading. For autism has continually been framed in such a way that pre-supposes a conceptual link between being autistic and clinically significant levels of suffering in relation to a cluster of (often unrelated) issues, and in

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[55] For Barnes, any given limitation 'may be good for you, it may be bad for you, it may be utterly indifferent for you – depending on what it is combined with' (2016: 98).

[56] A pathology paradigm proponent might persist here by suggesting that there is seems like good reason to think that various intersections of limitations associated with autism might seem at least *more likely* to reduce well-being as such. Whilst I cannot definitely prove the opposite of this, it is worth bearing in mind that in the empirical research regarding well-being among disables groups and individuals suggests that is only those disabilities associated with significant stigma that tend to reduce well-being over the long term (Barnes 2016). Given that stigma is precisely a problem associated with ableism rather than with individual limitations, then this gives enough room for reasonable doubt that those specific intersections of disabilities associated with autism would be more likely to have reduced well-being in the long run in a non-ableist society.

turn studies based on the population of those with a diagnosis reflects this assumed relation, thus reifying these associations as supposed aspects of the natural world. In line with my negativist methodology, this provides room for reasonable doubt regarding the notion that autism is inherently harmful in the various forms it is associated with discussed here.

Neither, however, is autism simply accounted for by Szasz's notion of 'problems in living'. Although this may be a factor in autistic suffering in some cases – after all, autistic individuals do often seem to face distress in light of receiving too much information – this is not obviously inherently more so than with the neurotypical or indeed any other kind of human. In fact, as I have argued, the key forms of harm autism is associated with by clinicians at least seem to have room for accounted for on social models of disability and in light of this the notion that they are naturally connected cannot be justified without begging the question in order to ignore the growing evidence in support of the social model account of autistic disablement and distress. Indeed, once we take Barnes' value neutral version of the social model into account, there is room for allowing some local harm, most notably in some cases of autism intersecting with other disabilities, and yet for retaining the space for conceiving of autism as a difference overall. Bearing this in mind, we can reach two conclusions. First, the majority of everyday harms associated with autism are, as far I can reasonably infer, better understood on a social model of disability rather than a medical model (since they can be seemingly accounted for on either model, but the medical model begs the question, whilst the social model does not). And second, even those that might remain in some cases need not necessarily stop those autistic individuals who exhibit them from thriving as such (at least, we have enough reason to remain doubtful that they would, and so agnosticism would be a better stance in cases of autism intersecting with various other disabilities). Given this, if there really is a sense in which being autistic can be shown to make the prospects of living a good life inherently diminished or perhaps impossible, it must be in a deeper sense than through the various associations we have discussed here. This would be in the sense of taking away something fundamental from the claim to moral selfhood or personhood, and perhaps thriving, *as such*. It is to this possibility that I shall now turn.

Chapter 5: Autistic Personhood

I have discussed the senses in which autism might be associated with harm in the everyday senses of suffering – leading to, say, a heightened disposition for experiencing depression or clinical levels of anxiety – and suggested that this association is unjustified and misleading. However, there may be a deeper sense in which being autistic can be considered harmful. This would be in cases where being autistic deprives the individual of selfhood or personhood. In short, in light of the various psychological limitations autistic people are taken to exhibit, prominent theorists and clinicians have proposed that being autistic can in some cases be synonymous with having severely diminished personhood (Hobson 2002) or with having an 'absent self' (Frith 2003). This might seem important as, even if an autistic individual were not suffering in any more everyday sense such as those discussed in the previous chapter, having a self – at least on the face of it – seems necessary for living a full, human life. Perhaps more worryingly, there is also a related question here of personhood. This is more of a normative, and perhaps legal, way of framing individuals as being part of the community of humanity, deserving of dignity and rights. Given this, as it relates to the notion of autism as a harmful dysfunction, it seems, as Simkulet notes, that:

> To be deprived of full personhood is a substantial moral harm - arguably one of the worst possible harms that can befall a human being. If, in some cases, autism prevents full personhood, then autism in those cases causes a substantial moral harm to the individual. (2013: 208-9)

Being unable to develop a self, and be counted as a person, would mean being unable to thrive as a human. And this would be harmful regardless of whether any given individual is say, depressed or not at any given time. Even if we disassociate autism from the more everyday senses of suffering it is typically linked with, then, autism might still be seen as a harmful dysfunction in this more fundamental sense.

We have already examined the nature of autism, but the notion of personhood is equally controversial. What exactly is it? And how do we know who, precisely, should count as a person or not? As to defining personhood, most theoretical conceptions of personhood provide necessary and sufficient conditions. Sometimes it is presented as having essential traits, and sometimes it is framed more as a family resemblance concept, whereby a certain number of traits from a specific cluster are sufficient, even if none of them are singularly necessary. These typically consist in traits such as self-consciousness, rationality, autonomy, and so forth. Nonetheless, there is considerable disagreement as to what the necessary and sufficient traits are. Concepts of personhood and selfhood differ in relation to culture, and even within any given culture there is much room for disagreement (Keith and Keith 2013). Given such factors, there has also been some resistance to this way of defining personhood as such. In a paper on the ethics of abortion, Don Marquis (1989), for example, argues that there are no non-arbitrary psychological traits for personhood that do not unjustly exclude certain humans from being considered persons. Similarly, as Eva Kittay argues in relation to cognitive disability and the question of personhood: 'I reject the idea that you [should] base moral standing on a list of cognitive capacities, or psychological capacities, or any kind of capacities. Because what it is to be human is not a bundle of capacities.' (2010: 408). On her view, since we are relational beings who are so much more than 'bundles of capacities', lacking any given capacity should not suffice for being excluded from personhood.

Nonetheless, regardless of whether we accept these criticisms or not, it is also the case that the various traits associated with personhood seem, on the face of it, important for our thriving to some notable extent at least. As Simkulet summarises,

> 'although there is substantive moral disagreement on the matter, it is uncontroversially true that there are a certain set of psychological characteristics associated with personhood that are at least prima facie instrumentally valuable; to name a few - self-awareness, rationality, and the ability to form and abandon beliefs. A human being lacking any of these traits would have a hard time navigating and flourishing in her world.' (2013: 207-8)

Thus, even if we reject the quest for personhood, we would still be left with the same issues albeit framed in relation to flourishing instead. Indeed, for our own purpose, it should be noted here that many of the purported deficits associated with autism are precisely those which are both considered key to personhood, and associated with human thriving. Such lists, as has been mentioned, often include things like autonomy, moral agency, self-consciousness, capacity to communicate, empathy, and having a self-narrative. Even if we denied that these were necessary for personhood, the question would still arise as to whether being excluded from any of these hindered thriving. Given that many of these are the precise traits that autistic individuals are widely taken to lack, then worries regarding the possibility of thriving remain even if we ignore or reject the question of personhood. So the question of whether autistic personhood is inherently stifled, or indeed a contradiction in terms, remains pressing.

As to answering this question, if we accept any of the various medical deficit accounts of autism, then it will precisely seem that autistic people have either diminished or in some cases wholly lacking personhood – or at the very least a diminished capacity to thrive.[57] Nonetheless, from a neurodiversity paradigm perspective, autistic personhood is not inherently diminished. Rather, it is more a matter of autistic personhood being distorted by ideology and diminished by social exclusion. The issue, as Milton puts it, regards how

> ‘Autistic people [are systematically] depicted as embodying ‘deficits’ in their social being, incapable of full socialisation and personhood.’ (2016: 1405)

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[57] This has significant practical implications. For the fact that autistic people are not considered persons, or at least to have diminished personhood, is intimately linked with the notion that autism is a disorder – and thus the further idea that autistic people should be “treated” or “cured” so as to fit more in line with neurotypical norms. For morally, as Simkulet puts it ‘in cases where autism delays or denies personhood, it is standing in the way of a good life and should be removed if possible’ (2013: 213). Indeed, Ivor Lovaas, who developed the most widely used pathology paradigm therapy for autism, precisely thought of his patients that ‘They have hair, a nose and a mouth—but they are not people in the psychological sense’ (Lovaas, quoted in Donovan and Zucker 2016: 154). In this sense, then, even if an autistic person was subjectively happy, it might be argued that not having all the various capacities associated with full personhood or more objective standards of thriving might mean that autism is correctly seen as a disorder, in turn meaning that attempting to treat or cure autistic being is legitimised, perhaps even a moral duty for Barnbaum (2008), for instance, there is precisely a moral duty to prevent the births of autistic children. For a very thorough and convincing reply to her, see Bovell (2015).

This reflects a more general occurrence among oppressed groups that, as feminist philosophers Veltman and Piper elaborate, can actually hinder the self-conceptions of those within these groups:

> 'Oppression can distort or damage the self-conception of an oppressed person, alienating her from her authentic self and further molding her into subordinate positions' (Veltman and Piper 2014: 3).

In turn, this social fact can be cast as a natural fact, thus reifying it simply as a fact – thus distorting the social origins of this exclusion. Given this way of framing the issue, the aim is to defend the legitimacy of autistic personhood, so that in turn autistic people are not unduly deprived of recognition and rights in light of this mischaracterisation, and through the naturalisation of social facts (as we saw in the previous chapter in relation to other forms of harm).

In this vein, there are at least three possible responses to accounts that exclude autistic people from self-hood in light of lists of proposed necessary conditions of personhood. First, as I have already mentioned and rejected, one approach might be to reject the quest for personhood, when defined in light of certain capacities or traits, as such. Nonetheless, aside from the reply given above – namely, that we would still be left with the question of thriving in relation to the same capacities – it is also notable that pointing this out has not so far saved autistic people from the judgement that personhood is lacking. Accounts of personhood are still regularly proposed or presumed, and autistic people are still regularly excluded from these accounts either implicitly or explicitly, and this practice shows no signs of abating. Given this – and especially given that the related quest to "cure" or simply erase autism is very much alive[58] – it seems worth exploring alternative possibilities.

The second possible response would to be to argue that autistic people do not, in fact, lack any given capacity that we are widely taken to lack. On this view, the pathology paradigm and other ableist structures have hitherto blocked us from being able to see,

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[58] As Virginia Bovell has recently noted, for example, that there is a lack of autonomy – widely considered a necessary component of personhood – in autistic persons 'seems to be the tacit position of those in the medical and scientific community who justify research on the grounds that it may lead to measures for prevention' of autism prenatally (Bovell 2015: 181).

for example, that autistic moral agency is in fact a valid form of moral agency (i.e. rather than simply impaired moral agency). This response might mean accepting that such characteristics are indeed necessary for personhood, but rejecting the claim that autistic people lack these characteristics. As I have already shown, for example, the notion that autistic individuals are incapable of empathy is a myth, meaning that it is unproblematic for the neurodiversity paradigm proponent to accept that empathy is necessary for full personhood. Finally, the third route to defending autistic personhood would be to reject the idea that all such characteristics are, indeed, necessary conditions of personhood after all. It may be, for example, that even if autistic people do lack autonomy to some extent, we might reject that autonomy is indeed necessary for personhood, or perhaps thriving personhood, in the first place. On this view, it may be, for instance, that conceptions of personhood are built for and by neurotypicals, and are thus exclusionary of neurodivergent forms of selfhood. This would provide a way to accept the notion of personhood, but to challenge its dominant representations.

My view is there is some truth in both the second and third responses. In regards to some suggested characteristics that autistic people are thought to lack, I will, therefore, argue that there is no decisive reason to think that autism is inherently at odds with their attainment. And in regards to other such characteristics, I will argue that they are perhaps not as necessary as is sometimes assumed. In doing this, as elsewhere, I shall for the most past focus on autism bracketed off from other disabilities. Building on this, however, I shall lastly turn back again to the issue of what pathology paradigm proponents frame as “severe” autism, since this category includes those who are most fully excluded on the dominant accounts. In this regard, I will admit that these capacities might, in some cases, be currently diminished, to a significant extent. However, I will argue that, given the possibility of accounting for this on the social mode, there is still no decisive reason to associate autism with diminished personhood as such. My aim in doing this is not to prove, once and for all, that the social model certainly can account for all cases. Rather, it is to dislodge the notion that the exclusion is so obviously based on natural facts. Given the limited space here, and the limited knowledge available to us at this time, I argue that we have no decisive reason to conclude that personhood is inherently diminished rather than different.

Of course, I cannot go through every possible proposed key feature of personhood here. Rather, I shall focus on the four features that seem to be most relevant to the exclusion of the autistic population from personhood (and, at least implicitly, thriving). These are 1) consciousness and self-consciousness (which I discuss together as they are taken to be intertwined); 2) self-narrative, including its link with language and temporal awareness; 3) autonomy, in the sense of self-government; and 4) moral agency, in the sense of being able to act morally and thus be part of the moral community of humanity. Given, as we shall see, that these are the four key themes that, either explicitly or implicitly, are used to exclude autistic individuals from being considered to be able to develop selfhood or be persons, I shall focus on each of these in turn. Saying that, it should also be noted here that these four areas also often overlap, and could have been carved up or framed slightly differently. (For example, moral agency seems to rely on autonomy, and in turn both may be restricted in some cases where self-narrative and the conceptual frameworks given to us via learning a shared language are undermined. All of these also seem to rely on consciousness, and perhaps self-consciousness to an extent, too. Indeed, as Parnaz et al summarise: ‘the development of self-awareness from a proto-self to the 'fullblown' personal-narrative adult self is a complex process, intimately linked to sensori-motor achievements and development of intersubjective ties’ (Parnaz et al 2002)). Nevertheless, it was necessary to frame them in one way or another, and this division into four categories, each building on the previous to some extent, seemed the clearest way to do so. Bearing this in mind, I shall firstly turn to the issue of autistic consciousness and self-consciousness.

5.1. Autism and the Self

5.1.1. Consciousness and Self-Consciousness

Consciousness is widely considered to be perhaps the most fundamental necessary conditions of both selfhood and personhood. As Warren points out in a thought experiment, if we encountered an alien lifeform that did not seem to be conscious there is little chance that we would even briefly consider the possibility that it was a person (Warren 1973). Notably too, it has been argued that, without the capacity for consciousness, humans – such as those in terminal vegetative states – are not obviously persons, deserving of the same rights, any more. In turn, however, given that consciousness is shared by many beings not considered persons, self-consciousness might also be taken to be vital for personhood. As Jonathan Glover argues in his book *I: the Philosophy and Psychology of Personal Identity*: ‘a prime feature of personhood is self-consciousness. A person is someone who can have thoughts, whose natural expression uses the word “I”’ (1988: 61). The thought here is that being conscious alone does not make a being a person, since consciousness can come in different forms and to different degrees. Human consciousness, and that of other higher primates, seems to be richer and more complex than the consciousness of, say, snakes, or in turn, flies – partly as we have a kind of reflective self-awareness that most other animals do not seem to have (ibid.). On the face of it, then, full personhood may require having the right kind of consciousness, including self-consciousness, and perhaps to the right extent.

From a pathology paradigm perspective, it has been proposed that autistic people may be significantly diminished in regards to both consciousness and self-consciousness. On the one hand, it has often been noted by clinicians that autistic people seem to overlook both crucial aspects of their surrounding and the subjectivity of other persons (see e.g. Kanner 1943). And autistic people regularly report missing out on certain aspect of the world, most notably the social world. In line with this – and based on her acceptance of the empathy deficit account of autism – Barnbaum suggests that, although autistic people clearly *are* conscious *as such*, being autistic might nonetheless be associated with a lack ‘consciousness in a robust sense’ (2008: 77). This is because she links such consciousness with certain forms of understanding, most notably, of that the people we encounter are, in fact, people (rather than, say, objects). On her view, this, given the theory-of-mind deficit account of autism she subscribes to, means that autistic people lack a highly significant domain of consciousness, even though a more basic level of consciousness is intact. Put another way, the thought here seems to be that humans are social animals, whose consciousness is attuned to the social world; and so anyone excluded from this to any notable extent is taken to lack human consciousness in this ‘robust sense.’

In turn, regarding self-consciousness, Frith and Happé write in an influential paper that

> ‘individuals with autism may know as little about their own minds as about the minds of other people. This is not to say that these individuals lack mental states, but that in an important sense they are unable to reflect on their mental states. Simply put, they lack the cognitive machinery to represent their thoughts and feelings as thoughts and feelings. Likewise, although they are able to observe the behaviour and emotional expressions of other people, they are still unable to make sense of their behaviour by attribution of mental states.’ (Frith and Happé 1999: 7–8)

In line with this, as Lind notes in a more recent literature review, studies indicate a ‘diminished primary awareness of psychological (or interpersonal) aspects of self’ (2010: 434). In this regard, Lind points towards studies that indicate that there may be diminished self-awareness of emotions, as well as anecdotal accounts of autistic people having difficulty using the pronoun ‘I’, which she takes to indicate diminished psychological self-awareness (2010: 436).[59] Again, the two are taken to be linked: not having full consciousness regarding others means not receiving feedback from them regarding the self. That is, neurotypicals receive constant spontaneous feedback from the subtle, often unconsciously introjected, social signals of others. By contrast, autistic people may miss out on this to varying extents, and this may affect autistic self-understanding.

If correct, this may make autistic personhood seem diminished at the most fundamental levels; both in relation to consciousness regarding others, and in turn regarding the self (also see Hobson 2007, who discusses this from a developmental perspective). And in turn it may seem that the autistic capacity to thrive is diminished

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[59] In turn, this is related to ethical concerns regarding the possibility of self-knowledge. In her analysis of autistic self-consciousness, Lind relates her findings to a lack of self-knowledge: ‘[u]ltimately, the way we acquire self-knowledge is via knowledge of others; knowledge of others’ propositional attitudes “take the role of the other towards itself”’ (2010: 92). Notably, if self-knowledge is lacking, then this may hinder the capacity to live well and thrive, since knowing ourselves seems necessary for knowing what is good for us, or what the right course of action for us will be at any given time. I will return to the significance of self-knowledge below.

due to a more limited capacity for self-knowledge. Nonetheless, we need not necessarily accept these conclusions. The notion of autistic people lacking this ‘robust’ consciousness as such seems unconvincing, for several reasons. First, as we have already seen, the notion that autistic people simply lack empathy (or theory-of-mind), or indeed that neurotypicals simply have it, is untenable due to the double empathy problem and inter-autistic attunement. Of course, it may be true that *some* autistic people lack some valuable aspects of consciousness due to various contingent medical issues, but there is no reason to think that there is an inherent link between this and being autistic. Just as some neurotypicals can lack consciousness to varying extents due to, in the worst kind of case, being in terminal vegetative after an accident, so too can autistics encounter such problems. But these kinds of cases are not, in itself, something to do with autism: rather, there will be a complex range of factors idiosyncratic to each case. Prima facie, then, given that the theory-of-mind deficit account of autism is untenable, Barnbaum’s blanket exclusion of autistic people from consciousness in this sense is based on a faulty premise (i.e. her acceptance of the empathy deficit account of autism), and thus at risk of caricaturing autism. So there is no reason to think that autistic people necessarily lack consciousness in this ‘robust sense’ (and if some happen to, we should not assume that it is because of their being autistic).

Now, it may be replied here that even if this blanket condemnation is denied, it still seems to be that case that autistic people seem to have a heightened tendency to be excluded in this regard at least. At this point, however, it is also worth noting how neurotypical consciousness seems to miss out on a lot of what is experienced by autistic people, and that this is systematically overlooked or distorted in neurotypical representations of autism. In this regard, autistic self-advocate Amanda Baggs writes how her consciousness is in many ways richer than neurotypical consciousness, since she is responding to far more stimuli and in a more direct way than her neurotypical peers. In the following extract, Baggs offers her thoughts regarding a neurotypical who dismisses her form of consciousness as lacking richness:

> ‘I wonder if he is capable of looking around and seeing shapes and colors instead of objects and of mapping the patterns of those shapes and colors. I wonder if he understands my kind of beauty or only that which comes

> from a different sort of perception: more filtered—perhaps in some ways more efficient—but irretrievably blocking out many things before they hit consciousness.’ (Quoted in Savarese 2013: 196).

From the outside, she also notes, her relationship to the world systematically misinterpreted:

> ‘Ironically, the way that I move when responding to everything around me is described as ‘being in a world of my own’ whereas if I interact with a much more limited set of responses and only react to a much more limited part of my surroundings, people claim I am ‘opening up to true interaction with the world’’ (Quoted in Doan and Venton 2013: 55)

According to Erin Manning, Baggs describes a characteristically autistic ‘synesthetic and cross-modal experience’ indicating ‘a field of relation rather than a static, interactive self’ (quoted in Saverese 2013: 195). Although this makes it look, from the outside, as if autistic consciousness and its relation to the self is more limited, as Ralph Savarese elaborates, what emerges from such descriptions is there are different ‘kinds of richness’ (2013: 197), each as valuable and legitimate as the other. In this regard it is also worth remembering, as was noted earlier, that autistic children have been found to exhibit both a more refined appreciation for complex music and strong eyesight. Given that autistic perception and comprehension in these regards is a core part of autistic consciousness, anyone wanting to maintain that autistic consciousness is less robust as such would have to explain why it seems to exhibit these apparent positives as well as purported negatives.[60]

On the other hand, there are also reasons to think that autistic self-consciousness may be different rather than deficient. First, in this regard, it is worth noting that autistic

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[60] Notably too, even from a pathology paradigm perspective, it may be that autistic consciousness is naturally directed towards different aspects of the world than neurotypical consciousness. From an evolutionary perspective, Christopher Badcock (2009) suggests that autistic people tend to be orientated towards ‘things thinking’ more than ‘people thinking’, in contrast to neurotypicals who are the other way around. On this account, humans tend to be either more directed towards working with other people, or more directed towards ‘mechanistic’ pursuits such a creating tools or working with technology. Each fulfils different needs of the human community (this might be very partially analogous to the way different kinds of ants and bees fulfil different functions for their colony or hive).

difficulties in using the pronoun "I" are generally related to calling other people "I" and themselves "you" rather than not using pronouns as such. But, as many autistic individuals have explained, this seems more related to the literal thinking and learning styles associated with autism than with a lack of self-consciousness. In short, when caregivers call themselves "I" and the autistic individual "you", the autistic learning style can, when not accommodated properly, be more likely to take to be specific designators rather than indexicals. Hence, they will refer to themselves as "you" and to others as "I". But, all this does is switch the meaning of the terms around: there is no absence of the underlying referent. If anything, then, this could be taken as evidence of self-consciousness rather than of its absence.

Second, in contrast to typical accounts of self-consciousness, that risk excluding autistic people by basing it in intersubjective self-other-relations and ensuing meta-representational self-understanding, philosopher Victoria McGeer argues that 'knowing what I believe' requires only two conditions to be fulfilled. The first is 'having background knowledge about what believing in general requires—a robust inclination to judge something to be the case.' And the second is 'the capacity to make and express judgments that report particular features of the world' (2004: 247). As she notes in regards to self-awareness of sensory states, for example:

> 'I may be queried about my sensory experiences, but just as in the case of belief, my only way of checking on what I am really experiencing in a certain situation is not to scan my sensory states internally; it is rather to focus my attention on how, in this moment, things smell, look, taste, perhaps at the same time suppressing the urge to enrich my judgments with contextualizing information gleaned from other sources.' (2004: 247)

On this view, all anyone needs to do to have the mental capacity to answer questions as to what they think must report how the world manifests to them – and this can be done even without neurotypical modes of meta-representation whereby the individual relies more heavily on intersubjective feedback loops, and then look into their own mind in order to see what is there, as it were. According to McGeer, then, even if autistic self-consciousness can sometimes be different to neurotypical self-consciousness much in the ways described above, it still seems compatible with this more inclusive, less neuro-centric account of self-consciousness.

Is McGeer's position convincing? For the pathology paradigm proponent, even if we can account for autistic self-consciousness on McGeer's account, they still might take this to be a more primitive, somehow less desirable, mode of self-consciousness when compared to a neurotypical norm. That, at least, is what I take Barnbaum's position to be. But I am far from convinced that this is so. Significantly, when we consider whether some form of self-consciousness is more or less desirable than any other, the central reason for one form of self-consciousness being more or less desirable than others will, ultimately, come down to what extent it allows thriving. In this regard, perhaps the real issue is more one of self-knowledge, since knowing oneself seem vital for being able to live a good life in various regards (e.g. for making good decisions, not succumbing to harmful levels of self-deception, and so forth). Bearing this in mind, it is worth considering how, in a separate discussion of autistic self-understanding, Frith makes an important distinction between what she calls 'self-awareness' and 'self-knowledge' (2003). Self-awareness, for her, refers to understanding of the self through the subtle and continual intersubjective feedback of the reactions of others. This includes, for instance, subtle emotional messages people constantly spontaneously receive from each other in day to day life, and is much like the route to self-understanding pathology paradigm proponents such as Barnbaum take autistic people to be excluded from. By contrast, self-knowledge, for Frith, refers to understanding of the self that arises through reflection, introspection, and explicit study of the self. Unlike self-awareness, this does not necessarily rely on continuous spontaneous feedback-loops from others (although it may take into account how others react in a more reflective or retrospective sense). On Frith's account, autistic people are more prone to achieving self-knowledge, whilst neurotypicals are more prone to relying on self-awareness. This is evidenced, for Frith, most notably through autistic autobiographies, which typically very clearly show how hard autistic people work to understand themselves in this more reflective way in order to thrive. As one autistic teenager characteristically reflects, for instance: 'I truly believe that the key to inner peace is to be aware of yourself, both your strengths and your weaknesses' (Jackson 2002: 91). This also chimes with Ilona Roth's analysis of self-awareness expressed in autistic poetry, which, she notes, is ‘mostly concerned [with] the self or relationships between the self and others’ – a finding she takes to be precisely indicative of a concern and drive to understand the self in this more analytical, reflective sense (2008: 155). Indeed, it is also notable here that Badcock (2009: 105-6) – although he writes from a pathology paradigm perspective and thus frames this as a deficit – argues that autistic individuals are less prone to self-deception than neurotypicals, since he links the ‘mentalistic’ thought of neurotypicals with the capacity for deceiving oneself. Given these various factors – and although more decisive research needs to be carried out in this regard – the notion autistic capacity for self-consciousness (and, importantly, self-knowledge) is simply inherently diminished in some significant way seems very open to doubt.

5.1.2. Narrativity

A related characteristic that may be seen as lacking in autistic selfhood is the capacity for narrative. Many psychologists and philosophers suggest that having a self-narrative is either necessary for selfhood, or may even constitute selfhood as such. As neurologist Oliver Sacks writes, for instance, ‘each of us constructs and lives a “narrative” […] this narrative is us, our identities’ (quoted in Strawson 2004: 435). Narrative in this sense is not something that we achieve reflectively (for the most part), but rather something that is spontaneous and continually updating all the time – both relating the present back to the past, and projecting us into the future. Even for those who do not equate it with selfhood as such, it is widely seen as crucial for self-understanding (and self-knowledge) as well as for understanding others, decision making, and moral agency. So on the face of it narrativity seems, at least to many commentators, essential for both full personhood, and for thriving as a human.

Whilst it is clear that most autistic people are not excluded from being to self-narrate *as such*, autistic narrativity may seem at least somewhat compromised from a pathology paradigm perspective. This is more obviously so in relation to autistic problems in language-acquisition, since we need language in order to form narratives. Some autistic individuals never manage to successfully communicate or be understood, leading to doubt as to their narrative capacity, even if there are good reasons for supposing that their actions are meant to be communicative. More than this, however, narrativity is related to how we relate to the past and project ourselves into the future; and autistic people may self-relate in a different temporal sense to neurotypicals. In relation to the past, for example, autistic people have sometimes been noted for having an apparent limited capacity for episodic memory when compared with neurotypicals, meaning that 'by not "filling in the gaps", memories are partial, non-sequenced, and are not placed into a continuous narrative of selfhood with any ease' (Milton 2014: 59-60). Projections of the self into the future may also seeming be limited by what pathology paradigm proponents call executive dysfunction, since this involves limitations relating to, say, predicting and planning. Rather than being part of a smooth unfolding story, autistic experience of the self and world in the present is also often described as 'fragmented,' as can be seen in accounts in autistic autobiographies (e.g. Gerland 1996; Williams 1992). Given such factors, Mark Osteen notes in his essay *Narrating Autism* that (2013: 268-272):

> 'Autism […] seems uniquely resistant to narrative, and tensions between narrative order and disruption – whether figured as relentless repetition or as outbreaks of chaos […] Threatened by the chaos this perceptual style generates, autistic people must work harder to construct a theory of reality than do neurotypical persons'

In line with this, rather than exhibiting a more linear narrative, for example, many autistic autobiographies are written in a more disjointed manner, sometimes even in aphorisms rather than more typical writing forms. This chimes with Lind's literature review, which leads her to stress problems with 'temporally extended psychological self-awareness' (2010 435) among the autistic population.

It does seem that many autistic people have a heightened resistance towards a spontaneous, ever-updating, and all-encompassing life narrative. Narrative, in other words, seems less natural, and more disjointed, among the autistic population. And there are some autistic individuals for whom narrative seems (on the face of it) almost wholly absent. This may help explain why autistic people are seen as having an 'absent self' (Frith 2003), as well as limited capacity to understand the self and world in a coherent manner. Nonetheless, this need not be seen as equating to diminished personhood. On the one hand, Milton has suggested that various methods can help with autistic narrative construction, for example using photography and visual media to help ‘produce a coherent or at least ongoing story’ (2014: 62). Whilst I take no issue with this, on the other hand, however, we may question how necessary narrativity is. In a discussion of autistic personhood, Jonathan Glover draws on Galen Strawson’s distinction between ‘Episodics’ and ‘Narratives’ in order to defend the legitimacy of autistic personhood. For Strawson, these are different ‘styles of temporal being.’ That is, they are both self-aware, reflective, and so on, but self-relate in different temporal modes. On his account, the latter is more driven by a continually updating narrative self, always projecting that self back into the past and forward towards the future. The former, by contrast, is more fragmented, and tends to exist more within the moment, much more in line with autistic being.

Very significantly, on Strawson’s analysis, neither is superior to the other. In this regard, Strawson argues that, although most people are Narratives – which has meant that personhood and the good life have become associated with narrativity by default – it is neither impossible nor ethically problematic to have an Episodic sense of self. Strawson give various concrete examples of people who do not need an overarching, continually updating narrative that envelop their whole temporal existence, adding to this that ‘truly happy-go lucky, see-what-comes-along lives are among the best there are, vivid, blessed, profound’ (2004: 449). One of these is Virginia Woolf, who describes her life as consisting in ‘moments of being’ more centrally than an overarching narrative. Despite this, as Glover adds,

> ‘it would still be absurd to say her life did not add up to anything. Quite apart from all the books she wrote, all the “moments of being” speak for themselves. A life that adds up to something does not have to be a life you make add up to something. Self-creative narrative is only one important thing among many that give life a meaning’ (2014: 244)

It is interesting that Woolf regularly appears on online lists of dead people who fitted the criteria for Asperger’s syndrome. Nevertheless, regardless of whether this is believable or not – and although we surely cannot fully equate the notion of autism with being Episodic – the point here is that, if autistic people are less prone to narrativity, this need not mean that autistic selfhood or capacity to flourish is thereby diminished. For those who have a more fragmented way of constructing self-narrative, doing this is no worse, in and of itself, than having a more automatically updating narrative. Even those who have hitherto been unable to learn shared languages at all, have the possibility of living a good episodic life, on Strawson's account. As Osteen notes, when autistic people learn to treat 'chaos and stasis not as hazards to be avoided but as opportunities to be exploited' they tend to thrive, regardless the fragmented nature of autistic experience (2013: 280).[61] Indeed, autistic freedom from narrativity, to its varying extents, may precisely be related to the 'rich' aspects of autistic consciousness, or – as shall become clearer below – to autistic autonomy. So it brings the possibility of good as well as bad, and should not be seen as diminishing personhood as such.

5.3. Autistic Agency

5.3.1. Autism and the Capacity for Autonomy

Even if autistic people do have intact consciousness and self-conceptions, a very different capacity autistic people might seem to lack is that of autonomy. Autonomy means self-government, in the sense of being able to make and carry out decisions oneself. Whilst I surely cannot cover the vast literature on autonomy here, there are at least two key accounts of autonomy that take it to relate to our internal capacities. On the first, coming from Kant (1785/1998), our capacity for autonomy is related to our capacity to reason. On this framework, it is the essence of human freedom and a fundamental part of our agency and personhood, since it underpins moral agency and the ability to make and carry out rational choices. On the second, coming from Harry Frankfurt (1971), having the capacity for and achieving autonomy is associated with being able to live in line with deep desires rather than surface desires (a drug addict may have a surface desire to take drugs, but a deeper desire to be free of them – and they will not be autonomous until they live in line with this deeper desire). Both Kant and Frankfurt take autonomy to be a key part of what sets persons apart from animals. And whilst I do not mean to suggest here that either account is correct, it seems right

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[61] I take it he does not mean that they give up routine altogether, but rather learn to change their attitude towards more chaotic aspects of the world in order to develop a more affirmative stance towards the world.

on the face of it that, regardless of which account we subscribe to, the capacities stressed by each seem very significant for thriving at least.

Nonetheless, when it comes to autism, as one recent commentator notes, ‘autism is seen as a condition that restricts opportunities for future autonomy and limits the range of choices and lifestyles available’ (Bovell 2015: 181). More concretely, as one clinician, Digby Tantam, suggests:

> ‘Many people with ASD find decision-making difficult. One reason sometimes given by people with ASD is […] that they are inhibited by fear of making the wrong decision and regretting it afterwards. Another, and more fundamental reason given sometimes is that no emotion attaches to the decision, and so if there are no rational grounds for preferring one choice over another, a decision seems impossible […] This may also contribute to the inability of people with an ASD to say “who they are”: to have a consciousness of their own agency, as an autonomous person driven by particular and invariant values’ (Tantam 2012: 371)

From a pathology paradigm perspective, these issues are widely (often implicitly) taken to relate back to autistic cognition. What pathology paradigm proponents frame as executive dysfunction – which is associated with ‘a poverty in the initiation of new actions’ and ‘poor daily life management of people with autism’ (Frith and Hill 2004: 11) – as well as other purported cognitive deficits, are seen to restrict being able to navigate day to day life. Purported problems in self-understanding are also relevant here, since someone with limited self-consciousness may not recognise their own deeper desires. Simkulet describes autism as ‘liberty-sapping’ (2013: 2011) because finding it harder to communicate with others will put one at a disadvantage. Given limitations in regards to being able to plan and predict, once commentator suggests that there seems to be ‘profound difficulties with […] self control […] that make the claim to autonomy more difficult to sustain’ (DeVidi 2013: 189).

On the face of it, the case against autistic autonomy seems strong. Even for systematic thinkers, without understanding all the relevant facts, rationality can go astray; and limited self-restraint hinders being able to live in line with core values.

Nonetheless, there are two replies to the notion that autistic autonomy is inherently diminished. The first regards how the autistic perceptual-cognitive style might bring a different kind of autonomy rather than a merely deficient one. On this view, it has its own strengths and weaknesses when compared with neurotypical autonomy, and as such is not inherently worse on the whole. Consider the following account from Alex Mont, an autistic man, who takes being autistic to make him more autonomous in certain situations when compared to neurotypicals:

> ‘the need to fit in with a group severely constrains how one can react to social situations. For example, when I was in middle school, I was bullied incessantly, with people hitting me or bumping into me in the hallways. Most people would have had a very hard time with this problem, since they would not want to go to a teacher for fear of being perceived as weak. However, since I did not care how other students perceived me, I was able to work with teachers to formulate effective strategies […] I was essentially insulated from the most serious problems precisely because I had no need to fit in.’ (Mont 2005: 193)

Here, what might be counted as a social-cognition deficit via the pathology paradigm can be seen to improve Alex’s autonomy rather than diminish it, since he felt less social pressure to fit in and was thus able to act more efficiently in his own interests and in line with his own goals. Here it is also notable that autistic individuals are often noted for being highly ‘authentic’ (Bogdashina 2013), in the sense of living in line with their deeper values rather than compromising for the sake of social etiquette. This is notable since, at least on Frankfurtian conceptions of autonomy, being able to live in such a way is precisely associated with heightened rather than diminished autonomy. It may then be that autistic being makes some aspects of autonomy, on this framework, easier to achieve, even whilst it might come with limitations in other regards.[62]

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[62] Indeed, this may also be the case with regards to those autistic individuals with enough intersecting disabilities to make it seem like they lack autonomy entirely. Whilst I do not deny that they may need substantial assistance with regards to attaining some aspects of autonomy, there is reason to think that their authenticity may be heightened in certain ways. In this regard, Tantam (2009) draws on existential philosopher Martin Heidegger’s notion of ‘falleness’, which Tantam associates with how

There may also be a reply in regards to Kantian conceptions of autonomy. Simkulet also notes that autistic cognitive strengths can expand liberty in some ways:

> ‘Autism can also be liberty-expanding in some ways - for example, autistic persons often have better long-term memory than their neurotypical peers and can utilize this to their advantage’ (2013: 211)[63]

Acting rationally requires remembering things about the world, so there is precisely reason to think this would actually increase autonomy on a Kantian framework. More striking relevant cognitive differences regard how autistic people have been found to be freer from various cognitive delusions and implicit biases (Kirchner et al 2012). If this is so, being freer from cognitive bias might precisely be associated with increased capacity for autonomy in certain regards, since freedom to act rationally within the world seems to rely, often and in part at least, on being able to act based on a realistic understanding of the nature of the world. In sum, then, autistic autonomy does not in itself seem to be simply diminished, but rather uneven when compared to neurotypical autonomy. Neurotypicals may, say, typically be better at planning and organising their actions, but autistics may typically be less swayed by social norms to act inauthentically. In short, as Hans Asperger summarised based on his early observations, autistics tend more to ‘follow only their own wishes, interests, and spontaneous impulses, without considering restriction or prescriptions imposed from outside’ (1944: 81). Whilst following impulses might usually be associated with a lack of autonomy, the fact that these impulses are less influenced by external pressure

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‘many neurotypicals may experience themselves at different times as individuals, for whom the personal [i.e. social] world predominates, as members of a social group, for who the social world is dominant [… When in this state of fallenness] it is as if we have fallen from being self-aware into a kind of unreflecting absorption with the people around us’ (14). Notably, for Heidegger, and although his notion of authenticity is different and arguably more nuanced than Frankfurt’s, fallenness is associated precisely with inauthentic existence. At the very least, in this regard, there seems room to consider even those autistic individuals with significant intersecting disabilities to be protected from certain inauthentic modes of existence that impede important aspects of autonomy.

[63] Indeed, in this regard it should be noted that even the purportedly poor episodic memory among autistic people need not necessarily be taken to impede autonomy. Having a more limited capacity in any given regard does not necessarily equate to it being disabling (being short is desirable in some situations). In this regard, Nietzsche argued that forgetting can be good for us, and necessary for living well. The thought here is that, if we remember everything, we may be less happy or less able to move on (1998:35). Although this will not necessarily increase autonomy, there is room to see how it might do in certain situations at least.

may mean that they tend to be more in line with deeper desires, and thus less conflicted.

The second reply regards the social nature of autonomy. Very significantly, even if autistic autonomy is often seemingly diminished in some ways (and more so in certain individuals), we need not conclude that autism should simply be equated with diminished autonomy as such. Feminist scholars have stressed that autonomy is not something we simply have the capacity for on not; rather, to at least some extent, it is something we achieve as we develop most fully in supportive environments. As Marilyn Frye puts it, then, a lack of autonomy, rather than being something inherently absent in any given individual or group, can often be the result of

> 'a system of interrelated barriers and forces which reduce, immobilize and mold people who belong to a certain group, and effect their subordination to another group' (Frye 1983: 33)

In this regard, when it comes to autistic people, autistic being is always within the context of structural ableism. As Ho has argued, regardless of whether the effects of structural ableism are directly coercive or not, it can nonetheless affect 'the agent's development of her capacity to engage in a reflective process in which decisions are formed' (Ho 2014: 342). This is because:

> 'When people devalued by the mainstream society are also deprived of the opportunities to develop the necessary level of self-trust to gain and use their reflective skills effectively, they may not be able to exercise autonomy even when they are invited to make an uncoerced choice regarding their care goals. Such devaluation may hinder people's ability to critically explore their positive commitment to their particular beliefs and value systems' (Ho 2014: 342-3)

Notably, the phenomenological description Tantam gives of autistic inability to make decisions is precisely compatible with this alternative framing of the issue as derived from unjust social structures rather than inherent cognitive deficits. For feeling fear in regards to the possibility of getting things wrong, or disassociating from one's actions, are precisely characteristic tendencies that can and often do arise in light of this kind of oppression. In this regard, then, we cannot be anywhere near certain that any apparently diminished autonomy among some autistic persons is down to anything inherent, rather than existing in the space between the individual and society. Similarly, we should not assume that any other capacities are inherently blocked in autism, even if they seem significantly diminished under current social conditions.

5.3.2. Autism and the Capacity for Moral Agency

Finally, some commentators have also questioned the intactness of autistic moral agency. This is also seen being a core trait of personhood, and is sometimes seen as necessary for us to be part of the 'moral community' of humanity. Simkulet summarises the issue here as follows:

> 'To be a moral agent is to be the sort of thing that can be truly morally responsible for one's actions. To be truly morally responsible for one's actions requires that one is the nonarbitrary source of one's actions; such that it makes sense to trace the goodness or badness of one's actions back to the agent herself and no farther. Beings that lack this are not in an enviable position, and to deprive one of such freedom is amongst the greatest harms that can be done […] if atypical neurological processes prevent an autistic individual from developing as a moral agent, it is one of the greatest moral harms that can befall them because they can never be truly morally praiseworthy for their good deeds.' (2013: 207-9)

Indeed, in his opinion, arguably, a life without moral agency is not a 'life worth living' (2013: 213). Although not everyone would agree with this, it at least fairly widely agreed that moral agency is a fundamental aspect of our personhood. Hence, as has been noted in earlier chapters, Barnbaum suggest that autistic individuals fall outside the 'moral community of humanity' (2008) in light of not being full moral agents.

But why is this? For, on the face of it, autistic people do seem to do moral things, and refrain from immoral things – at least to the same extent as everyone else. In this regard, purported issues in empathic understanding are key. De Vignemont and Frith, for example, argue that autistic people have ‘preserved moral behaviours’ but nonetheless lack a ‘moral sense.’ This is because they:

> ‘display extreme egocentrism […] Their social world is self-focused. They may forget for instance that people have their own life, outside their interaction with them. They […] seem to be less sensitive to other people’s suffering [There is nonetheless an] ambivalence of morality’ (de Vignemont and Uta Frith 2007: 278).

In other words, for these commentators, although autistic people do not lack moral agency completely, neither is it fully ‘intact’ when compared to neurotypical moral agency. The difference, for de Vignemont and Frith, is that, due to issues empathising with others, ‘people with ASD are able to detect someone’s distress, but are more interested in normative rules than in emotions’ (2007: 276). In other words, these commentators take autistic moral agency to be lacking as it often seems to be more rule-based than empathy-based. On the face of it, this chimes, for example, with how Temple Grandin describes her own agency: ‘There is a process of using my intellect and logical decision making for every social decision. Emotion doesn’t guide my decision; it is pure computing.’ (Grandin 2006: 103). It also reflects descriptions given by autistic children, who have been noted to associate guilt more primarily with rule-breaking than with the effects of rule-breaking on others (Yirmia et al. 2001). Similarly to de Vignemont and Frith, in her discussion of autistic moral agency, Barnbaum suggests that empathy deficits in autism may mean that autistic people ‘lack the capacity to perform the morally right action in certain situations’ (Barnbaum 2008: 83).

Nonetheless, not all accounts of moral agency are based on empathy and emotions. Kantian theories of agency take moral agency to be based in reason rather than emotion. For Kant, moral agency is grounded in the capacity for reason. He relates this to his notion of autonomy, which he defines as ‘the property of the will by which it is a law to itself (independently of any property of the objects of volition)’ (G 4:440). On Kant’s view, a moral agent’s will is autonomous in as far as it is rationally self-legislating and can have self-constraint. Indeed, on this view, our capacities for reason and self-constraint are what set us apart from other animals, allowing us to be moral agents as such. So, in Kant’s own words, it is ‘kindness from duty’ rather than ‘love out of inclination’ that is core when it comes to moral agency (cited in Kennet 2002: 352-353). According to Jean Kenneth, rather than seeing autism as a matter of impaired moral agency, it both fits with and supports a Kantian account of moral agency, whereby ‘reverence for reason is the core moral motive’ (2002: 355). In her view, given that autistic individuals do seem to be moral, and also given that at least some frameworks of moral agency can fit with this, then it seems reasonable to accept both as genuine – that is, each case supports the other.

In line with this, autistic moral agency has also been defended by Baron-Cohen. Although he does forward an empathy-deficit account of autism, Baron-Cohen (2011) distinguishes between the ‘cognitive’ aspect of empathy and the ‘affective’ aspect. On his account, autistic people struggle with cognising empathy but do have intact (or even superior) affective empathy. What this means is that, although autistic people may sometimes fail to understand certain social situations, and so be unable to infer what the morally right action is, they do have intact emotional responses to the suffering of others, and the appropriate emotional reaction when the understanding is there.[64] On top of this, however, Baron-Cohen further adds that many autistic people can become ‘super-moral’ due to exhibiting a highly systematic way of thinking coupled with a sense of justice that is not as easily swayed by social concerns. In other words, the (purported) cognitive empathy deficit may in some respects allow *increased* moral agency, since sometimes being attuned to groups needs and norms can pressure us into refraining from following more fundamental moral duties. For instance, Baron-Cohen (2011) provides examples of high-profile autistic whistle-blowers, who were able to uncover injustice in cases where peer-pressure had stopped their neurotypical co-workers from doing so. Finally, McGeer (2008) also defends autistic moral agency in light of similar considerations, although without depending on Kantian notions of agency. On her view, whilst neurotypical moral agency is more based on fulfilling the emotional needs of individuals, autistic moral agency is more in line with the Ancient Greek ideal of a ‘cosmic order,’ which chimes with Baron-

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[64] This is in line with Mara Bollard (2013), who argues that autistic people have more than a ‘reverence for duty’ precisely since the combination of strong affective empathy and even partial cognitive empathy can be enough to move autistic people to moral action regardless of a concern for rules and order.

Cohen's notion that autistic people can be more concerned more with wider justice issues and moral duties over social norms and related individual emotional needs. She takes this concern for order to be more strongly developed among the autistic population due to the continual experience of sensory and social confusion; but she nonetheless stresses that there is no reason to take this to be worse or less legitimate, in and of itself, than neurotypical forms of moral agency.

The responses from Baron-Cohen and McGeer may not convince the likes of Frith and Barnbaum, who still see this as merely mimicking genuine (i.e. neurotypical) moral behaviour. Nonetheless, it is important to recall here that their notion of an autistic empathy deficit is, as we have seen in our earlier discussion of the double-empathy problem and inter-autistic attunement, unjustified. Given this, the idea that autistic people are simply lacking in contrast to neurotypicals is equally as problematic when it comes to the attempt to exclude autistic from moral agency. In fact, neurotypicals find it just as hard to work out autistic needs, and thus cannot always respond appropriately, just as much as when the other way around. Indeed, as Milton stresses,

> 'One could say that many autistic people have indeed gained a greater level of insight into (non-autistic) society, and more than *vice versa*, perhaps due to the need to survive and potentially thrive in a (non-autistic) culture' (Milton 2012 886; original emphasis)

After all, it is not the autistic populations who systematically pathologizes neurotypicals, and in turn systematically subject them to invasive behavioural modification treatments that contribute to post-traumatic stress disorder. This, as we have seen, is what the neurotypical population (at least as a whole) systematically does to the autistic population, regardless of the evidence of the harm this causes. So the idea that one or the other simply lacks moral agency due to any purported empathy deficit is unconvincing.

In noting this, my aim here is not to say exactly what the difference between autistic and neurotypical moral agency consists in – only to disrupt the notion that autistic moral agency is impaired in relation to a presupposed neurotypical norm. In line with this, the notion of ‘impaired’ or ‘intact’ moral agency among the autistic population has been criticised by McGeer. As she notes, it seems, whilst

> ‘individuals with autism have a variety of moral sensibility. Would I call this sense of morality “intact” or “preserved”? […] my preference is not to use terms like these simply because, to my ear anyway, they imply something like normal functioning, and, as far as we can judge from the anecdotal evidence, autistic moral sensibility (where it exists at all) is quite unlike the moral sensibility found in typically developing individuals.’ (McGeer 2008: 292)

Whatever the precise nature of the difference is, it seems to me that there is no decisive reason to suppose that this form of moral agency is diminished rather than merely different. For this exclusion is both, by and large, based on an empathy-deficit account of autism that does not hold up to critical scrutiny, and in turn it overlooks the various contexts in which autistic moral agency can seem to allow, if anything, increased moral agency.

5.5. The Moral Status of Autistic People with Intersecting Disabilities

It seems that claims regarding how autistic personhood should be associated with inherent lack in various key regards are unjustified. Nonetheless, it again may be replied here that I focus on those cases of autism dubbed “moderate” and “mild” on the psychiatric framework. By contrast, there are at least some autistic people who may seem to be more clearly excluded, to varying extents, from those characteristics just covered. There are at least some cases of autistic people who need 24 hour care and who have so far been unsuccessful in communicating their needs, thus making the claim to different autonomy hard to justify. And there may be a small percentage of autistic people who may indeed (at least seem to be) unable to understand other people qua people in the way Barnbaum suggests, and thus seem to lack moral agency. Are these individuals lacking personhood in some important sense?

I have already discussed this matter in my previous chapter in a more general way, and much of the same reasoning would apply here. Building on this, in regards to the characteristics associated with personhood specifically, I want to add that we cannot tell for sure to what extent the limitations are inherent to any such case, or whether they are alternatively caused by complex social structures that hinder, say, the autonomy or narrative capacity of those in question. In saying this, I do not make the strong claim that we can reduce all such problems to being social in nature (I surely cannot prove this for every given case); I only claim that we equally cannot justifiably reduce them all to being natural. Autism education and other kinds of research are still in their infancy, and as relevant educational technologies and methods are in early development it is hard to assess how much autistic people might be aided in such regards in future years. And throughout this thesis we have seen good reason to think that the social world is structured in a way that is profoundly violent to the development of autistic being. Given that we have sufficient reason to account for the social disablement of autistic individuals from the characteristics associated with personhood, then we must reasonably doubt that any given exclusion is merely natural.

Finally, in regards to excluding the minority of autistic persons who may indeed lack moral agency from the moral community of humanity (and who will likely stay this way, given current social and technological conditions), I am similarly sceptical. Notably, we routinely treat infants as part of the moral community of humanity, despite them not exhibiting moral agency. So why should autistic individuals be any different? Now, I suspect Barnbaum might respond that neurotypical infants have the potential to develop moral agency, and that this is why they automatically qualify for moral status despite not currently exhibiting it. Against this, however, I see no reason to think that the moral status of such an infant would automatically be nullified if that potential were absent. As a thought experiment, imagine that in the year 2050 the world governments and scientific organisations suddenly announced one evening that there was overwhelming scientific evidence that the earth would collide with another planet in six months, and that there was nothing that could be done to save human existence. In this case, then the potential of all living infants to develop moral agency would be absent, since being alive is necessary for the development of moral agency. Would we then suddenly take all living infant to be disqualified from moral status, no different to ants or weeds? I cannot definitely prove that we would not take this to follow, but, at the very least, my strong hunch is that we would take their status to be unaffected. The morning after the announcement, poverty-stricken parents in Thailand would not suddenly stop feeding their infant even if this meant starving themselves, and if anyone walked past a baby abandoned in a London high street they would still drop their shopping bags and come to its aid without a second thought. And they would do this even if they fully believed that the infants in question would never develop full moral agency. This, I take it, suffices to raise reasonable doubt that an absence of potential for moral agency (under current social conditions) is enough to justify excluding any living human from moral status.

5.5.6. Concluding Remarks

Saying that any individual, let alone a whole group, should be considered non-persons, or inherently incapable of thriving, has colossally significant effects. On the one hand, it can lead to their dehumanisation by others, who no longer grant them recognition and rights. On the other hand, it can be internalised by those so-labelled, leading individuals to underestimate their own potential and value. Finally, it can block more emancipatory narratives from forming, leading to a lack of possible goodness even where it is not causing any positive badness. Even if the original exclusion is based on mistaken information or reasoning, the idea can become reified once attitudes, concepts, and social structures come to be based on the notion that any given group is rightfully excluded – since those so grouped will then develop within this context. Given all this, taking any group of individual to be excluded should not be done lightly, or indeed unless there can be no reasonable doubt that the exclusion is fully justified.

Overall, I have given good reason to think that any purported exclusion of autistic individuals from personhood (and, implicitly, the possibility of thriving) is far too hasty. I do not aim to show that every autistic individual does fill all the above-mentioned criteria: partly as this would not be possible (since there are an infinite number of possible intersections between autism and other disabilities), and partly as this would be tantamount to accepting the very framework whose applicability to autism I wish to raise doubt about. What I have tried to show is both that autistic individuals are different rather than deficient, and furthermore than any purported lack of capacity seems to able to be accounted for by a social model of disability. This raises reasonable doubt that any autistic individual should be excluded.

A final clarification should be made. This regards how, in saying all this, I do not claim that the development of a healthy self is not currently often damaged for autistic individuals. In fact this may often be the case. It is just that this, I take it, can seemingly be accounted for, at least in the vast majority of cases, in light of exclusion and marginalisation in relation to a perceived need to conform to neurotypicals norms, rather than due to anything inherent to autism. To hammer this point home, it is worth ending this chapter with a quote from autistic self-advocate Donna Williams:

> ‘I had virtually no socially-shared nor consciously, intentionally expressed, personhood beyond this performance of a non-autistic “normality” with which I had neither comprehension, connection, nor identification. This disconnected constructed façade was accepted by the world around me when my true and connected self was not. Each spoonful of acceptance was a shovel full of dirt on the coffin in which my real self was being buried alive’ (Williams 1996b: 243)

Now, we should not take everything here wholly at face value. For instance, the notion of a ‘real self’ is quite vague and might be problematic for a number of reasons. Nonetheless, we have no reason to deny either the distinction between the neurotypical ideal of selfhood, and the more personal ideal self she identified with, nor further the notion that the later was ‘buried’ by the overwhelming societal pressure to act more in line with the former. Unfortunately, this kind of response is all too common under current social conditions – even given the autistic heightened tendency to disregard such social pressures. But, since we have seen that there is no decisive reason to think of autistic selfhood as deficient rather than simply different, and given that we have seen throughout this thesis how neurotypical attitudes and structures do hinder and pressure autistic individuals in so many ways, there seems room to account for the disablement of autistic selfhood precisely in the way that Williams describes. If this is the case, then to actually realise widespread autistic thriving (rather than just to acknowledge its possibility), then it seems that a shift in social conditions will be necessary.

Chapter 6: Concluding Remarks: Against the Impossibility of Autistic Thriving

I began this thesis by noting how autism is widely seen as being incompatible with thriving personhood. For, in short, it is widely associated with both various other mental and physical health problems, and also because it is seen to undermine more fundamental aspects of human selfhood and personhood as such. This, we saw, is also intimately intertwined with the notion that autism is best framed as a mental disorder, to be responded to most primarily as a medical matter. Despite how widespread these notions are, I then raised the alternative possibility that we might have initial motivation to question these widely held and deeply intertwined beliefs, given the rise of the neurodiversity movement and the claims of autistic self-advocates as to their capacity to live good lives. My intent was both to critically analyse the widely-held presuppositions and justifications for the notion that thriving autistic personhood is inherently stifled, and explore this alternative – and in doing so to raise reasonable doubt as to the exclusion of autistic individuals from both thriving and personhood. Throughout this thesis, I have tried to construct as clear and nuanced an understanding of autism as is possible, and then, at each key point, to raise such doubt. Bearing this negativist method in mind, to wrap up, I shall firstly go over the argument I have constructed, and revisit the notion of reasonable doubt, analogous to a court of justice. I shall conclude with the suggestion that, when all the factors we have considered are taken together, that we have no decisive reason to think that thriving autistic personhood is impossible or even severely deficient in any inherent sense. Finally, the key implications of this for both theory and practice will be discussed.

6.1. Overview

To recap, we began by looking at the nature of autism, since understanding autism is necessary for assessing ethical questions about it. Perhaps the first thing to note here is that, in some sense or another, autism seems real. That is, it is a concept that, once learned by any individual, can be applied widely in the social world, to anyone who what Hans Asperger referred to as an autistic ‘flavour’. But, as we have seen, although it has always referred in one sense or another to individuals with idiosyncratic concerns, and who seem out of sync with others, the concept of autism has shifted in many ways. Moreover, despite being framed by institutional psychiatry as a ‘neurodevelopmental disorder’ that is largely hereditary, research findings as to the biology of autism have been conflicted. This raised the question as to which conception, if any, is the real autism (or indeed, if there even is such a thing), as well as the further question of what kind of categorisation autism is – whether it is a natural category or a social one.

As we saw, autism partly stems from genes and neurology in each case, but there is no clear biological essence to autism as such. There are also characteristic psychological tendencies among the autistic population, but no single essential factor that can be taken as a defining psychological trait. Notably too, there are also key relational traits, but rather than being fixed, these are only so in further relation to the norms and structures of society. And all of these can be framed as either positive, neutral, or negative traits, depending on various presuppositions, comparisons, and so forth, that are made. What we have seen, then, as to the nature of autism, is that it is a social construction, subject to looping effects as those categorised interact with the categorisation.

Of course, there is an extent to which it groups together naturally occurring traits that are widely distributed among the human population, as well as real relational factors existing between autistics and other people. Still, and although a variety of domains are relevant for understanding autism, it cannot be reduced to any specific domain such as the neurological or genetic. Whilst it does make sense to talk of ‘natural human variation’ in relation to autism, then, it is thus also crucial to bear in mind that the concept has been and still is liable to shift and change in relation to power, ideology, and looping effects. So regardless of it relating to natural human variations, it cannot be reduced to any single essential factor, or taken as a natural kind in and of itself. In this sense autism remains a meaningful concept – indeed, arguably, a currently vital concept – albeit one which is more complex and demanding of a nuance than has traditionally been thought.

Beyond just helping us understand its nature, the notion that autism is a social construction helped open up the possibly of doubting the various ways we have valued or disvalued autism. In particular, as we saw in chapters 4 and 5, there are both everyday senses in which autism is associated with harm (e.g. relating to anxiety and depression, as well as social and physiological problems), and also perceived deeper issues related to the notion of personhood and perceived capacity to thrive as such (e.g. in regards to purportedly diminished autonomy or moral agency). What I have suggested in each turn is that these various associations and exclusions lack decisive justification, since they beg the question, rely on misleading understandings of the nature of autism, or rely on overly restricted conceptions of personhood. That is, whilst I do not take myself to have definitely proven, once and for all, that, say, all autistic individuals can develop full personhood and thrive – given enabling environments – what I have shown is that opposite conclusion rests on shaky premises.

Simultaneously, I have also explored the neurodiversity paradigm conception of autism in order to see whether it can give an alternative explanation for how autism at least seems harmful. Given what we have seen – at least on the face of it – not only does the social model seemingly have room to account for the various harms rightly associated with autism, but it also does so in a way that does not require the various problematic assumptions and associations unearthed by my analysis of the medical account. Given the combination of exposing faulty reasoning in regards to the standard association between autism and such harms, and the possibility of an alternative explanation via a social model of disability, reasonable doubt has been raised as to the validity of the notion that autistic individuals are inherently excluded from thriving personhood. For we have seen not just that the standard way in which autism is associated with such harms lacks decisive force, but also that there may be other, less conceptually and ethically problematic ways of accounting for the occurrence of such harms among the autistic population. I must conclude that thriving autistic personhood seems possible: or, to be more precise, at least that we should not assume otherwise unless given independent, non-circular or question-begging, decisive reasons to think so.

6.2. Reasonable Doubt: A Pragmatic Conclusion?

I have reached this conclusion, but perhaps the pathology paradigm proponent – the reader I am most centrally writing for – would resist it. At this point it is worth explicitly turning to my method. Methodologically, I have used the notion of ‘reasonable doubt’, borrowed from the court of law, where defendants should not be convicted if reasonable doubt can be raised as to their guilt. Part of the reason I chose this method is because I consider categorising someone as incapable of personhood and thriving is a severe sentence in itself: as we have seen, doing this to any given human group can be and often is a damning verdict that leads to its own reification, as norms and structures increasingly change to fit it. In short, condemning some group or individual as such can become a self-fulfilling prophecy, even if it was not necessary in the first place. So if we are to do this, we should be sure that our reasoning is infallible, and subject it to the most rigorous sceptical analysis. After all, recent history is littered with cases where science was widely taken to have proven that some human kind or another was naturally and inherently inferior to the dominant kind (e.g. blacks in comparison to whites, women in comparison to men, and so forth), only for it to have later become accepted that the studies taken to show this were in fact reifications of social facts brought about by structural power imbalances and biased attitudes – fused through with ideology purporting to be positivistic fact. As we have seen, there is good reason to at least very strongly suspect something similar has been going on with autism.

In relation to these concerns, the related difference/disorder debate is also crucial to consider. As a thought experiment, imagine for a moment that, in the future, the notion that autism is medical pathology was decisively found to be wrong. If this was the case, then the current medicalisation may not just needlessly distort out understanding of autism, but also actively stifle the possibility of autistic thriving. The point here, as Kingma (2013: 363, my emphasis) summarises:

> ‘Whether one is believed to have a mental disorder or not has consequences: it can give access to special and/or medical treatment as well as other social, economic, and emotional benefits, but it can also result in significant harms or risks of harm such as stigma, social

> exclusion, and infringement of rights. *Less often mentioned, but perhaps more importantly, whether a person is thought to have a mental disorder affects how she and others view, interpret, respond to—and thereby partially form—who she is and what she does*'

All reasons are important, but here we are particularly concerned with the last point (as well as the one instantly prior to it). When society frames any given human kind as inherently pathogenic and medicalised them, this forms how those individuals so-framed will be able to develop *as selves*. Whilst in justified cases this can be helpful (e.g. by reducing stigma, and helping self-understanding), the event of wrongly framing an entire human category as inherently pathological, and constructing medical knowledge and practices based on this, can interact with those so-labelled in such a way that systematically stifles the existential possibilities, self-relations, and relationships with others, of all within the group. To give an historical analogy of medicalisation, framing being homosexual – as it was then called – as a mental disorder did not just mean that homosexuals were stigmatised and subjected to cruel attempts to treat them, it also meant the attitudes, concepts, and vocabularies surrounding this framing was often internalised by this category, thus reifying the (misguided) characterisation by making those so-categorised people actually feel, develop, and seem disordered (e.g. by making them more likely to actually become depressed or anxious). In short, responding to a human minority by medicalising is, in cases where the medicalisation is not necessary, not just often ineffective: it also tends to be positively harmful for those so-labelled. In such cases, it is well-established that such bestowals of pathology can become self-fulfilling prophecies – and in this thesis we have seen many reasons to think that this is precisely what happens with, at the very least aspects of, autism.[65] In both raising doubt as to the

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[65] To be clear, in pointing this out, I do not take the problem to be institutional psychiatry or those who work within the industries surrounding autism. Unlike anti-psychiatrists such as Thomas Szasz, who takes psychiatry to be a top-down power pushing its norms onto society, I take it that psychiatry is closer to a catalyst for more general social norms. Just as being homosexual was only medicalised because society was already homophobic, so too has autism ended up being represented as it is by institutional psychiatry because society already excluded and then pathologised autistic being. Of course, saying that, I do not deny that of the countless complex factors and agents involved, various leading psychiatrists and psychiatric institutions are among the more powerful. So in this regard, although I certainly do not seek to blame psychiatry and the various industries surrounding it, I also do

validity of framing autism in this way, and showing that this way of framing autism can be positively harmful – I take it we should be highly wary of the dominant concept of autism as a medical disorder that inherently stifles the possibility of developing full selfhood and living a good life unless we have no other viable alternative.

With this in mind, is also worth noting here that pathology paradigm proponents, just as much as neurodiversity paradigm proponents, tend to agree that we should not class any given human category in such a negative way without justification, since doing so may lead to stifling their thriving. Note, for example, how pathology paradigm psychiatrists often withhold an otherwise seemingly "correct" psychiatric diagnosis if they think it will be bad for the patient, for example due to associated stigma, or it they think it may have psycho-social disabling effects that will outweigh the positives. (This is often the case with highly stigmatised labels such as Borderline Personality Disorder). To an extent then, such bestowals of labels are given to individuals only after a cost-benefit analysis in relation to how helpful they might be in relation to the pursuit of thriving. Can we not then similarly question how we frame such labels regarding whole human kinds?

Given what we have seen, I take the case presented throughout this thesis to also be similarly assessable – beyond through assessing the soundness of my conceptual arguments – through this kind of cost-benefit analysis. For I have raised doubt as to autism being inherently harmful (since it relies on fallacies and unjustified assumptions), *and* given reason to think that framing it as such is both harmful in itself (due to its psychosocial disabling effects, dehumanisation, legitimisation of traumatic interventions, and so forth) – not to mention leading to overlooking what seems to be the social sources of, at the very least, a great deal of autistic suffering (for example by blaming autistic people being bullied on their autism rather than on those doing the bullying, or indeed the ableist society in which this takes place). Even

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not want to absolve the responsibility of those who benefit from the autism industry or who are in positions of power within it.

if the pathology paradigm proponent is wary of the neurodiversity movement for one reason or another, or finds the notion of autistic thriving hard to fully believe without further positive evidence, I take it that this should be enough to at least suspend belief as to the notion that the notion that autism should be equated with being inherently unable to thrive, or inherently diminished selfhood and personhood. For to not do so risks profound harm to those the label of autism is given to. And needless harm, I take it, is something proponents of neither paradigm want.

In summary, we have no decisive reason to think that thriving autistic personhood is either impossible or inherently stifled. Although there might seem to be initial reasons for excluding autistic individuals in this way, reasonable doubt has been raised against these reasons. What is more, there is good reason to think that this dominant framing is not just unjustified, but also positively harmful for the autistic population. In light of this, it seems to me that that whoever wants to maintain that autistic thriving personhood is inherently stifled must either show that my arguments are unsound, or give some other, independent non-circular reason for supporting their conclusion.

6.3. Implications

Let us say that we have no decisive reason to think that being autistic and thriving personhood are, in and of themselves, inherently at odds (i.e. beyond how autistic thriving personhood is stifled by an ableist society). If convincing, there are many possible implications, since these notions underlie everything from the notion that autism is best framed as a mental disorder, to the whole functioning of the (multi-billion dollar) global autism industry. These implications are both in terms of theory and practice, all the way from ethical theory to education policy. Here I will just give just a few of the most central. In doing this, I do not mean to establish any decisive arguments, only to indicate possible lines of research and possible arguments that I take it might arise in light of this thesis.

Firstly, as to theoretical implications, it is initially worth turning back to the Aristotelian notion that what we are like will delineate what is good for us. As we saw in chapter 1, debates regarding autism seem to either tend towards (given what we have seen) highly restricted notions of species-standard functioning and flourishing on the one hand, and purely subjectivist, and perhaps problematically relativistic, notions of individual happiness on the other. And both of these were problematic: the former leads to the pathologisation of disabled minorities, whilst the latter can lead to overlooking more objective goods that seem necessary for thriving. In contrast to either, and in light of what we have seen, it seems to me that a more reasonable response is that we should not reject species standard-norms altogether (after all, humans simply are very different from, say, eagles); but nonetheless that we should explore less restrictive and exclusive notions of normality, taking into account how diverse and loaded with the potential for growth and adaption our species seems to be.

Second, a related thought regards dominant notions of selfhood and personhood. Given what we have seen, the notion that autistic (or other neurodivergent) modes of being are legitimate differences may also further aid our understanding of more general notions of personhood, at the very least by showing us where currently dominant conception go wrong. If various other modes of personhood were found to be not just possible for humans, but also equally legitimate and valuable, then it seems we must rethink a lot of the various commitments and themes of the more standard accounts. Of course, this is not something I can go into in any detail. My point is only that there does seem at least initial reason to think that our notions of personhood – and what is necessary for even its possibility – are based in exclusionary neurotypical norms and prejudices to some extent at least.

Third, building on these initial thoughts, when it comes to human kinds with their own idiosyncratic neurocognitive styles, it seems that we might, one the face of it, be able to fruitfully talk of more open and dynamic sub-categories of flourishing human personhood. Regarding autism, Nick Walker has proposed, since

> ‘the minds, interests, experiences, abilities, and needs of autistic people are different from those of non-autistic people, “thriving” also looks different in autistic people than it does in non-autistic people’ (Walker 2015: 6).

Of course, any notion of autistic thriving may retain *some* level of arbitrariness – since autistic flourishing will both be delineated by the individual to some extent, and by more general human needs – but that is not necessarily a problem in itself. After all, even though all humans have a lot in common, and whilst it is also true that each autistic person is unique, autistic people as a whole *do* seem to have significantly unique, shared ways of thinking, perceiving, relating, and valuing, when compared to other human ways of being. And, because of these differences, the kinds of ethical issues they face and joys they encounter will often, albeit not necessarily always, have their own distinctly autistic flavour as well.

Finally, the fourth line of research regards a limitation of the negativist approach I have worked with here, and regards both what autistic thriving looks like and how to achieve it. For, in this thesis I have most centrally sought to help further open the space for conceptualising autistic thriving as possible, and in turn as a legitimate goal to aim towards. But it remains unclear exactly what autistic thriving consists in, or how to get there. Of course, on the one hand, it seems that autistic people need the same things as everyone else: recognition, acceptance, a welcoming environment, and so forth. But at the same time, the kinds of issues autistic people characteristically face might differ from those neurotypicals face, due to the different cognitive style. And so the route of self-cultivation that it takes to thrive might be slightly different from more neurotypical routes too. From my own experience, for example, I have found ethical approaches that focus most centrally on dealing with what they take to be an inherently chaotic and in many ways overwhelming world to be most helpful (such approaches range from Nietzsche's ethics to Buddhist ethics), since these are the kinds of issues I, as an autistic person, have found most pressing. On the face of it, there seems initial reason to think such ethics could similarly help other autistic people. Research projects regarding how to thrive as an autistic person seem like a practical and fruitful direction to explore. For this could, alongside the more political projects of the neurodiversity movement that aid autistic thriving in relation to social structures and norms, help autistic people learn to thrive more at the level of the individual.[66]

On the other hand, there are also practical implications for policy and good practice. Currently, as we have seen, autism is widely represented as a terrible tragedy, something that we should fear and fight, in order to save both the person behind the autism, and the families of those afflicted. Given this, the typical response from psychiatry, charities, governments, and so forth, is to try to “intervene”, “treat”, or provide “therapy” – all despite the protests from the many autistic people who have lived through such practices, and, as I have noted in an earlier chapter, even seemingly developed post-traumatic stress symptoms in light of some of the more popular interventions. Although these are concrete responses, they all seem precisely based on the presupposition that autism really is, in and of itself, a terrible harm – one that inherently both reduces wellbeing and hinders the development of a self. In this sense these practices are driven by a genuine concern for the thriving of autistic people, it is just that they do so, in large part, based on particular conceptions of both autism and thriving personhood notions that, together, mutually reinforce the assumption that autistic thriving personhood is impossible. By contrast, if we do not assume that thriving autistic personhood is impossible, or inherently diminished to a significant extent, then all this seems not just unnecessary, but in many respects positively harmful.

The alternative would be to promote inclusion and acceptance, in terms of changing attitudes, understanding, social structures, the physical use of public space, education, and so forth, in such a way that helps cultivate thriving among the autistic population and their families. Autistic neurodiversity paradigm proponents have long argued that promoting ‘acceptance’ is preferable promoting ‘awareness’ – a move that follows from framing autism as a minority rather than a disease. Of course, this does not mean looking away from the various problems autistic people face, or denying that many autistic people do in fact need medical treatment for conditions such as

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[66] There has been a welcome turn to exploring promoting wellbeing and quality of life among the autistic population in recent years. However often this is framed in terms of, say, therapy rather than simply ethics. My own thought it that it would be better to talk about thriving in a wholly post-medicalised framing of autism, as I have strived towards in this book. Hence I mention Nietzsche’s ethics or Buddhist *ethics* rather than, say, well-being counselling, as possible areas to explore.

epilepsy. (In each case of intersecting disabilities where there might be actual co-occurring medical pathology, there nuanced debates must be had in each case as to exactly where the autistic person ends and the pathology begins). What it would mean would be diverting funding and resources away from pathology paradigm pursuits (e.g. trying to cure or treat autism), and towards those endorsed by the neurodiversity paradigm (e.g. promoting acceptance, removing disabling barriers, and aiming at autistic thriving).

This would mean putting pressure on the purported validity and justness of those interventions designed in relation to the perceived need to treat rather than accept autism. Just as what were once seen as treatments for being gay are now rightly condemned, so too might it one day widely be thought that many of our contemporary responses to autism are more barbaric than helpful. To be clear, this should not be taken to mean that all those practices now framed as, say, "therapy" or "special" education should be given up on. It is more that there should be an emphasis on those that help autistic people thrive in their own way rather than making them function more like neurotypicals. Some re-framing to fit with the neurodiversity paradigm would also be necessary. For example, speech and language "therapy" for autistic people might be reframed in terms of education, once not viewed from a medical perspective. After all, when neurotypicals are taught to communicate, this is seen as education rather than therapy – and it is just education, not "special" education.

Finally, within the context of the individual and family, my hope is that searching for what it means to thrive autistically, and accepting and valuing autistic modes of personhood, might be further explored. Of course, I am not the first to suggest this, for this has long been a (usually implicit) goal of neurodiversity movement proponents, not to mention other autistic people who might not even be aware of the neurodiversity movement. But given that this thesis is much more comprehensive, sustained, and systematic in its argument than any existing text I am aware of, I hope to have further legitimised this as an ethical orientation. To be clear: the crucial point here is that this orientation should be focused less towards highly restricted species-standard notions of what the good life is, and more towards exploring specifically autistic ways of living good lives. The goal of autism research and practice henceforth, in short, should not be the treatment of autism, but, rather, the cultivation of autistic thriving.

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