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AUTISM, ITS RELATIONSHIP TO SCIENCE AND TO PEOPLE WITH THE CONDITION



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(Adapted from an Essay, by Larry Arnold)

This short paper was originally an essay for the Birmingham University School of Education, Web based certificate in higher education, however it has since had an airing on the internet. It is an important paper because it approaches the notion that the diagnosis arose at the time it did because of the historic processes that preceded it, being published online more than a year before Nadesan made similar claims in "Constructing

Autism” The Author feels it is important to acknowledge the fact that although autistic commentators have been on the cutting edge of theory they have been largely sidelined from the academic press because of the imbalance between the cultural capital of non autistic academics and the mainstream of science and the humanities who have greater access to academic publishing.

Autism, its relationship to science and to people with the condition

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1. What is a diagnosis, a historical perspective?

To begin with I will take a historical perspective in order to understand where terms like Autism, diagnosis, and syndrome have come from.

We have to suppose if we are to take the study of autism seriously that there is an entity or phenomenon that can be so described and that it has sufficient coherence and exclusivity to define the group of people we are concerned with.

Uta Frith (1992) in *Autism understanding the enigma* attempts to discover a historical continuity to what we now understand as autism, by looking at records and legend (e.g. The changeling) and with regard for the historical context of the report extrapolating from her current understanding.

Diagnosis on the other hand proceeds from an understanding that there is a sufficient commonality of opinion that can be expressed in an authoritative way by those who are charged by society to make such decisions, namely at this present time, the medical fraternity. It is nonetheless a specifically Western European perspective that arose within the universities of Europe in an academic/scientific culture of peer referenced papers.

Psychiatry as discipline largely arose during the later 19th century, proceeding from the impetus of earlier scientists such as Carl Linnaeus (Blunt, 2002) who defined modern notions of phylogeny which bespoke the desire to label and categorise everything. Psychiatrists like Kraepelin (1881 – 1893) and Eugen Bleuler (1911) began to dispute the nature of madness removing it from the realms of philosophers such as Hume (1739) and Kant (Gregor trans, 1997) into the medical sphere.

From an alternative perspective it is a sociological phenomenon which cannot be separated from the culture we live in (for example appropriateness of behaviour could be seen differently according to who was defining the behaviour).

2. The history of Autism as a medical term

It was Bleuler (op cit) expanding on notions of schizophrenia or “dementia praecox” who first coined the term “autism” in 1911 to describe a particular kind of self absorption he had observed. Thirty two years later Leo Kanner (Donellan 1985) adapted the word to describe the behaviour of a group of children he had observed introducing the world to the idea of early infantile autism. A couple of years later fellow Austrian Hans Asperger (Frith, 1992) also used the term to describe something he called autistic psychopathy. However the fact that Kanner was working in the USA and Asperger in Nazi Germany meant that Kanner's paper became widely known effectively establishing a paradigm for the disorder he named, whereas Bleuler's original usage and Asperger's innovation were largely forgotten.

The study of autism remained bedevilled by the popular psychoanalytic approach especially by association with Bruno Bettelheim (1967) who drew parallels between the apparent isolation of autistic cases and the effects of trauma he had observed in concentration camp victims. It was not until the seventies that it began to lose this focus as Bettelheim became increasingly discredited and autism was recognised as a developmental disorder rather than a form of childhood schizophrenia (Pollak, 1998) The psychoanalytical approach had been challenged from as early as 1964 by Bernard Rimland (1964) who suggested that the origins of the condition were in fact neurological.

3. Current understandings of Autism

Lorna Wing (1993) examining the phenomenon described its characterisation as a Triad of Impairments. Social, (lack of interaction) Communication, (impaired use of gesture, semantic understanding etc) and imagination (resistance to change indulgence in repetitive and stereotypical behaviour. This description became the basis of the American Psychiatric Associations categorisation in DSM III R and subsequently DSM IV (APA 1994) a document not without its faults and struggling politically to find equation with the World Health Organisations ICD 10 (WHO 1992) a Linnaen (op cit) Behemoth if ever there was one. There has been much subsequent investigation and research and newer theories have emerged, notably Simon Baron Cohen's (1997) Mindblind hypothesis which posits that autistic individuals are significantly impaired in forming the hypothesis that other mind exist compared with neurotypical and even learning disabled children and that autism is therefore an empathic disorder. This is justified by reference to the development of eye contact and joint attention in the developmental process. He has shown through the ‘Sally Anne Test’ that autistic children are later in grasping the point of view of someone other than themselves when answering questions about how Sally in the test would react to a marble that is moved from one place to another when she is out of the room.

Other researchers notably Francesca Happé (1999) and Uta Frith (op cit) have postulated that autistic people have weak central coherence that is to say from another perspective an enhanced ability to see details against an impaired ability to see Gestalts. This is shown in various tests where the meaning of individual elements in a design or pattern are confused by the overall resemblance of the design to single entity. This can also be viewed as a cognitive strength where that ability is valuable. (Baron Cohen, 2000)

More recently too is the extreme maleness theory which posits that autism is an over manifestation of largely male traits such as systematisation (indeed Linnaeus must have suffered from this ‘disorder’) (Baron Cohen, 2002) This has been subject to much criticism in the Autistic community as it proceeds from the notion that

autism is seen more often in boys than girls. The same was thought of dyslexia too. Until research by Finucci & Childs, (1981), and Shaywitz, (Shaywitz, S., Shaywitz, B., et al. , 1990) showed that the apparent bias was an artefact of referral generated by cultural expectations of how the sexes behave that led to under diagnosis in girls

4. My personal understanding of Autism

As a person with autism myself I see the Triad as valuable but flawed, Wing nowadays speaks of a multi-dimensional model (Wing 1981) and in reality the Triad is essentially an 'Occamist' simplification, the autistic syndrome involves more than this in my observation, and the impairment of imagination has been the subject of much debate as more is becoming known about people like myself. Mind blindness too is often criticised from the autistic perspective (Tisoncik, undated) however I think that so long as it is not misunderstood to suggest that we are totally devoid of and incapable of empathy there is some truth in it. Brain Scanning and other Research has born out that we look at people differently and tend to use the same part of the brain to process people as NT's use for objects (Schultz, Romanski, & Tsatsanis 2000) Weak central coherence is something I strongly relate to and anecdotally is borne out from my discussions with other autists. More recently there has been speculation that Autism has biological determinants such as weak immunity, over exposure to toxins, inability to digest certain food types (Shattock, 1995). which are subject to much partisan debate.

From my perspective the main theories do not necessarily contradict each other, rather it is like looking at an irregular polyhedron from different facets, each tells you something but the gestalt requires the perception of it in all dimensions at once.

I see Wing's spectrum as leading to a literalist fallacy proceeding from a misunderstanding of what she meant, Autism is not a two dimensional thing with a high and a low functioning end it is like the palette of colours that can be assembled from the primaries. To me it is like a landscape where one can move within a specific territory. It has mountain tops and deep valleys and if one were to set ones altimeter at average elevation to fly across it one could not do so without crashing into a mountain or missing out the valleys. It has overlapping territories and dual citizenships which are fought over. I live where it borders with dyslexia and others live close to the territory of Tourette's for instance, I am sure that genetics and brain research will map this out where autism is just the coalition of certain characteristics together none of which in itself is unique to autism but shared with other conditions like dyspraxia, and ADHD inter alia.

Conclusion

What I have come to understand is that autism is no one single invariate thing but a collection of traits each manifesting themselves to varying degree in particular individuals, it therefore follows that the approach to each individual has to vary according to and be appropriate to their given needs having regard to the situation they find themselves in and whatever goals are considered to be appropriate.

I have observed that although there is much in the description of autism that applies to me, I have grown up in an environment where the cause of these things, even their label was not known, and therefore have had to adapt perforce in ways that would not necessarily be thought of as appropriate today. Like many adults I see autism as much as a maladaptation of society to my specific cognitive style as myself being ill adapted to that society. For example in discussions in response to professional practitioners I have a different idea about the importance or even necessity for eye contact.

Those of us who experience the condition as adults and have given it some thought have developed decided ideas about our self determination as a cultural minority and are questioning some of the outside perspectives. Indeed some researchers are finding our insight, particularly with regard to sensory experience revelatory. Many of these new ideas are being exchanged on the Internet, as referred to in a fairly recent article in the New York Times (Blume, 1997) where we are actively building a community of interest with people like Martijn Dekker (Dekker, 1999) and Jim Sinclair (1993) putting the autistic viewpoint. This too is where I stand, for I can do no other.

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