Autistic texts and textual accounts of autism: the interdependence of 20th- and 21st-century science and literature through the rhetorical phenomenon of autism

John Joseph Marinan IV

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ABSTRACT

AUTISTIC TEXTS AND TEXTUAL ACCOUNTS OF AUTISM: THE INTERDEPENDENCE OF 20th- AND 21st-CENTURY SCIENCE AND LITERATURE THROUGH THE RHETORICAL PHENOMENON OF AUTISM

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In this dissertation, I illustrated how throughout the 20th and 21st centuries the science community has officially identified and objectified autism: first, by connecting it with psychoanalysis through schizophrenia; second, by creating other categories such as infantile autism and Asperger syndrome that focused on psychological and medical factors; third, by pointing to Theory of Mind applications that emphasized brain chemistry; and finally, by tracing recent theories of morphology relating to mirror neurons and rapid early brain growth. Despite attempts to define autism as a diagnostic term imbued with empirical qualities, the process of writing about it also created autism as a rhetorical phenomenon. As the rhetoric of science became more aware of its reliance on empiricism and as autism morphed into various spectrum characteristics with unknown causes, writing about autism has moved from the self-admitted objective to the subjective. The latter process was helped along by rhetoricians of science who questioned the empirical nature of psychology and even medical writing about the disorder. As the 20th century progressed, autism diagnoses proliferated, becoming ubiquitous throughout the United States. Autistics started appearing in movies and novels, coincident with autism’s increased subject position.
I argue that scientists and American writers both examined autism from a frame separate from traditional scientific analysis, thus forwarding more than the object of some disorder. In fact, many autistics saw themselves as special subjects with special skills and abilities, a fact buttressed by scientific research on savants with autism. Autistics began to write autobiographies and take a firmer position on the scientific diagnosis than before. As a result, definitions of autism changed from psychoanalytic deficiency to include a potential area for creative dialogue, from the primacy of medical and scientific inquiry to the subject of books, movies, television shows, and the like. This switch has created a movement in the direction of autism as subject corresponding with investigations in the human sciences taking a self-admitted rhetorical turn. Since literature and the humanities have always been rhetorical to a large degree, the recent blending of the language of literature and science texts acknowledges their rhetorical nature. Consequently, I argue for the growing interdependence between texts about autism (science texts) and autistic texts (literature dealing with autistic characters). In addition, I examine whether, as science has adopted a different rhetoric to explain autism, literature accounts for these same rhetorical changes in representing it.
AUTISTIC TEXTS AND TEXTUAL ACCOUNTS OF AUTISM: THE INTERDEPENDENCE OF 20th- AND 21st-CENTURY SCIENCE AND LITERATURE THROUGH THE RHETORICAL PHENOMENON OF AUTISM

BY

JOHN JOSEPH MARINAN IV
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CHAPTER 1

THE BEGINNING OF AUTISM AS A CONCEPT

Part 1: Autism: Modern and Historical Descriptions, Explanations for Its Rise

Autism is a potentially severe neurological condition affecting social functioning, communication skills, reasoning, and behavior (Fundukian 166). It is a spectrum disorder; the symptoms and characteristics of autism can present themselves in a variety of combinations, ranging from extremely mild to quite severe. It is a neurological disorder affecting a person’s ability to communicate and form relationships. Individuals with autism have deficits in social interaction, communication, and understanding (Fundukian 166). Autism was first described by Leo Kanner in 1943. The children of Kanner’s famous study had some unique abilities and did not seem to be emotionally disturbed or mentally retarded. He invented the category “early infantile autism” (sometimes called Kanner’s syndrome) to describe these children (Fundukian 167). Hans Asperger made the same discoveries in the same year, describing children with a unique behavioral profile. He used the term “autism” to describe them.

Autistic people have deficits in three key areas: social interaction, communication, and reasoning (Fundukian 168). Social interaction is the ability to interact, both verbally and nonverbally, with other humans. For autistics, social cues such as facial expressions and tone of voice are problematic, and they seem isolated. Autistics use language in unusual ways, by echoing the comments of others (echolalia) and/or by using phrases inappropriately (Fundukian 168). People with autism often use pronouns such as I, me, and you incorrectly. In addition to
problems developing speech, individuals with autism have problems understanding the purpose of speech and lack motivation for reciprocal communication (168).

The etiology of autism is unknown. Originally, autism was supposedly linked to defective parenting, but this idea has been discredited as scientific information about neurological differences and biological causes for autism has emerged. David Geschwind has noted that there is growing evidence of genetic causes of ASDs (416). It is thought that autism occurs due to a combination of genetic and environmental causes. This combination is often referred to as multifactorial inheritance. There are probably a number of different genes as well as unknown environmental factors involved in the development of autism (Fundukian 169).

According to the National Institute of Mental Health (NIMH) 2013 data, autism spectrum disorders affect an estimated 3.7 of every 1,000 children ages 3–10. In 2007, the Centers for Disease Control (CDC) found that the rate of autism from 2000-2010 was higher than the rates obtained from studies conducted in the United States during the 1980s and early 1990s. The CDC estimates that 2–6 per 1,000 (from 1 in 500 to 1 in 150) children have an autism spectrum disorder. The risk is 3–4 times higher in males than females. Compared to the prevalence of other childhood conditions, this rate is lower than the rate of mental retardation (9.7 per 1,000 children) but higher than the rates for cerebral palsy (2.8 per 1,000 children), hearing loss (1.1 per 1,000 children), and vision impairment (0.9 per 1,000 children) (Fundukian 170).

In the area of communication skills, behaviors autistic individuals may display include language delay or absence, impaired speech, meaningless repetition of words or phrases, using gestures rather than words to communicate, concrete or literal understanding of words or phrases, or an inability to initiate or hold conversations (Fundukian 170). In the area of social interaction, behaviors autistic individuals may display include unresponsiveness to people, lack
of attachment to parents or caregivers, little or no interest in human contact, failure to establish
eye contact, little interest in making friends, and unresponsiveness to social cues such as smiles
or frowns (Fundukian 170). In the area of play, behaviors autistic individuals may display
include little imaginative play, play characterized by repetition (e.g., endless spinning of car
wheels), no desire for group play, or no pretend games (Fundukian 170). Autistic individuals
may display behaviors that include repetitive motions such as hand flapping and head banging;
rigid or flaccid muscle tone when held; temper tantrums or screaming fits; resistance to change;
hyperactivity; fixation or obsessive interest in an activity, idea, or person; overreaction to
sensory stimulus such as noise, lights, and texture; and inappropriate laughing or giggling
(Fundukian 170).

There has been recent research into the medical and genetic aspects of autism. One
striking feature of many young children with autism is an enlargement of head size (Blatt 3).
Autopsies of individuals with autism indicated that the brains of people affected by the disorder
weighed more than normal brains. Brain overgrowth occurs before age two, followed by a period
of slowed or average growth, resulting in a normal or slightly larger brain volume in older
children with autism.

The unusual overgrowth pattern could be due to an enlargement of the brain white
matter—the nerve fibers that connect one brain area to another. One region of the brain in which
disproportionate enlargement of white matter has been observed is the temporal lobe (Blatt 4).
The temporal lobe specializes in the processing of auditory stimuli and houses the Wernicke
area, a region of motor neurons involved in speech comprehension (Blatt 4).

Other studies of the neuropathology of brain structures in autistic individuals have
investigated the hippocampus, an area that is important for learning and memory; the amygdala,
an area important for fear and emotion; the cerebellum, a motor and cognitive brain region; and the anterior cingulate cortex, a part of the cerebral cortex that is important for social and emotional behavior (Blatt 5). These brain structures in children affected by autism often exhibit increased cell density with reduced cell size. In addition, the cerebellum typically has a reduction in Purkinje cells that receive and integrate information from sensory and motor neurons (Blatt 5).

A large amount of research has focused on the neurotransmitter systems in autism, and many studies have reported involvement of the serotonin (5-HT) and the inhibitory gamma-amino butyric acid (GABA) systems (Blatt 6). Early findings of elevated serotonin in the peripheral blood (hyperserotonemia) in many autistic individuals have led scientists to investigate whether similar abnormalities are found in the brain (Blatt 6). However, the mechanisms by which the serotonin neurotransmitter system may contribute to symptoms of autism remain unclear. Some insight has been gained from investigation of an apparently rare mutation in humans involving a gene known as CELF6 (Blatt 6). Loss of function of this gene in mice has been linked to sharp declines in serotonin levels and autism-like behaviors, including deficits in communication and learning (Blatt 6).

Much evidence has emerged demonstrating that levels of GABA and GABA receptors are altered in many parts of the autistic human brain (Blatt 6). Key GABA-synthesizing enzymes known as GAD67 and GAD65 (glutamic acid decarboxylase 67 and 65, respectively) have been shown to be altered in specific cerebellar neurons in autism brains (Blatt 6). Studies also have shown that between one-quarter and one-third of adolescents with autism have some type of seizure abnormality; this is suspected to be related to abnormalities in the GABA system (Blatt 6).
Other studies of brain structure have revealed that, relative to healthy individuals, some people with autism have fewer neuronal connections extending from the frontal lobe to other brain regions (Blatt 6). Deficits in neuronal communication and in the strength of neuronal connections between the frontal lobe and other areas of the brain were detected with functional magnetic resonance imaging (fMRI) (Blatt 6). Structural and functional abnormalities in the frontal lobe of autistic persons have been linked to variations in a gene known as contactin-associated protein-like 2 (CNTNAP2), which normally is expressed in the frontal lobe during development and facilitates neuronal connectivity (Blatt 6). Because the frontal lobe is associated with higher cognitive functions, such as reasoning and processing of emotions, CNTNAP2 variants resulting in a lack of neuronal connectivity may explain some of the behavioral symptoms evident in young children with autism (Blatt 6). Medical advancements have moved autism from the observational category of diagnosis into potential neurological and genetic causations.

Current standard practice for diagnosis of autism is derived from the patient’s medical history, from observations of his or her behavior, and from screening. It is performed through screening for developmental delays and disabilities during regular medical check-ups and through screening for the absence of behaviors such as eye contact, pointing, and pretend play. The latter typically is performed with a parent-completed questionnaire involving simple “yes” and “no” responses. A specific number of “no” responses to critical questions marks the threshold for identifying children at risk for ASDs. Children who are determined to be at risk for autism or other ASDs undergo thorough medical evaluation, which includes examination of hearing and vision, testing for genetic defects, and neurological and psychological evaluation.
Once a preliminary diagnosis of autism has been made, a treatment program can be developed (Blatt 5-6).

At this writing, there is no cure for autism. Thus, intervention for autism is directed mainly toward modifying problematic behavioral symptoms. Effective interventions range from general special education to individually tailored methods that apply the person’s strengths and interests to the process of skill building. Early intervention, including promoting language, developing social skills, and regulating behavior, allow for significant improvement in many children (Blatt 6).

Pharmacological treatments are used generally as a last resort for controlling autism symptoms, and they often are directed toward secondary symptoms, such as behavioral problems, anxiety, depression, aggression, and seizures. Selective serotonin reuptake inhibitors (SSRIs), such as fluoxetine (Prozac) and sertraline (Zoloft), have proved successful in helping some individuals overcome secondary symptoms (Blatt 6).

Recent research from genetics scholars has also shed light on the origins and nature of autism. In addition, the ways in which these scholars talk about autism influence the rhetorical nature of science literature. Brett Abrahams and Daniel Geschwind analyze the trends of genetic connection in ASDs. They state:

The identification of rare mutations has implicated numerous genes of diverse function in the aetiology of ASD’s…These de novo mutations, together with those inherited in the context of a rare syndrome, each represent no more than 1-2% of cases individually, but account for at least 10-20% of the ASDs. (352)

Abrahams and Geschwind use statistical information as well a new discoveries in their writing. The authors also comment on geneticists’ attempts to link common variants in the gene array in order to identify commonalities with respect to autism. They ask a series of questions to define
their studies. One question is whether or not ASDs of different etiologies share common molecular mechanisms or pathways, and if they do, whether the relationship among the underlying genes is understood (352). They expand the notion of single-cause explanations of autism in their commentary:

These concepts reinforce the idea that current clinical notions of boundaries between neuropsychiatric disorders need not be representative of the underlying genetic or biological etiologies… (353)

Their goal is to integrate existing and emerging genetic candidates into our understanding of human brain function (353). They also try to expand the other theories surrounding ASDs by integrating literature on executive function, mirror neurons, and biological-based brain size theories. For Abrahamson and Geschwind, the discovery of 20 bona fide risk genes and identification of virtually every ASD-related gene illustrate commitment from the medical community and their role for advocacy of more research in these areas (353). Geschwind himself writes on the priorities for future research in ASD:

1. Delineate areas of molecular convergence between diverse mutational mechanisms underlying ASD susceptibility using unbiased, systems biology methods.

2. Perform whole genome sequencing in large numbers of patients with a variety of neurodevelopmental and psychiatric disorders to clearly define genetic overlap and differences in susceptibility.

3. Define appropriate endophenotypes through family case-control designs, so as to have a sound basis for understanding cross disorder genotype-phenotype relationships.

4. Translate the knowledge of mutational basis of ASD into mechanistic understanding at the cellular and circuit levels.
5. Characterize subtypes of ASD based on molecular or genetic signatures and relate them to trajectory and treatment response.

6. Identify environmental modifiers and genes by environmental interactions.

7. Define potential epigenetic contributions to ASD. (416)

If examined from a rhetorical perspective, Geschwind seeks to find areas of “convergence” where there is genetic agreement in kind for these key mutations. His use of unbiased, systems biology terminology bespeaks his commitment to empirical science. Geschwind’s other goal is to define. He wants to categorize the endophenotypes so he can see similarities in disorders similar to, but not exactly, ASDs. This is akin to picking out cogent arguments from disparate sources. His main goals are to define, identify and delineate, which are like argument from definition, identification through connection, and evaluation, all rhetorical concepts. Current work has a rhetorical basis.

Despite the origin of the actual term “autism” in 1908, the disability has a unique history predating the actual creation of the term, including Uta Frith’s analysis of the depositions of 29 witnesses in the legal case of Hugh Blair, son of a Scottish landowner, who in 1747 at the age of 39 appeared in an Edinburgh court for a decision on his mental capacity to contract into marriage. Frith convincingly argues for a diagnosis of autism despite the lack of a developmental history (Wolff 202).

Dr. John Haslam has been credited with anticipating Leo Kanner by 140 years and Eugen Bleuler by 100 years. He described a boy of nearly 7 who had had infantile convulsions, was slow to walk and talk, was restless and inattentive, curious, deceptive, and had a poor grasp of distance. The boy spoke of himself in the third person and pulled his mother’s arm to gain her attention and was solitary (watching other boys at play, but never joining in) as well as being
There was also a long history of the accounts of “wolf children,” children who had grown up among animals, who walked on all fours, and who were mute. They were considered idiots. Many psychologists believed these children suffered from what was called “isolation dementia,” a condition similar to autism. A specific, famous example was a boy called Victor, who was “found naked and covered with scars in the woods in 1798, aged about 11 or 12” (202). Here is Wolff’s commentary from Dr. Itard, the boy’s physician:

At first, Victor’s gaze was shifting and expressionless; he was insensitive to loud or pleasing noise and indifferent to smells, but sniffed at every object; he made only guttural sounds; did not imitate; attended only to objects he wanted; could not climb a chair to reach what he wanted; and he rocked to and fro. (Wolff 202)

Itard was instrumental in the treatment of symptoms that resembled, if not actually were, autism in his subjects, years before the actual use of the term autism occurred. Wolff says that “there can be no doubt that Victor was autistic” (202). Some (mute children without deafness or mental retardation, with poor peer relationships, specific difficulties with pronouns and a fugitive gaze) might now be diagnosed as within the autistic spectrum but without all the features (202).

Prior to 1911, the actual date of the coining of the term “autism,” Sigmund Freud and his school researched schizophrenia and connected these behaviors with what they saw as an interpersonal disorder. One of the aspects of the disorder was labeled dementia praecox, or autism, which was an isolating feature of behavior on the part of the child. Communication deficits as well as multiple personalities were recorded. In sum, there were numerous medical examples, albeit anecdotal, of what modern scientists would later call autism.

The significance of autism rests with its cultural notoriety as well as its increased need
for medical research funds and public attention. Not only is it well-known publicly, but there has been a massive proliferation of autism diagnoses. What has been debated is whether or not autism has actually increased from a biomedical standpoint or if some other force is at work in the diagnosis that is contributing to the increasing numbers at present. Eyal contributes to the discussion from a sociological perspective. His theory is that

autism remained a rare disorder until the deinstitutionalization of mental retardation created a new institutional matrix within which a new set of actors—the parents of children with autism in alliance with psychologists and therapists—were able to forge an alternative network of expertise. (863)

Of course, there are two schools of thought on the rise of and thus the increase in social significance of autism. The first is what Eyal calls the “naturalist” explanation of autism, or the belief that autism is caused by environmental factors, vaccines, television watching. The other view, the “social constructionist” view, explains the increase in autism by factors such as a change in diagnostic criteria, better parent awareness of the disability, lobbying efforts, and the inclusion of autism in the IDEA educational laws. Eyal rejects both explanations as unsatisfactory because new autism criteria existed before the spike in autistic numbers (1987) and the incredible heterogeneity of the spectrum disorder from extremely high-functioning individuals with Asperger syndrome individuals to severely mentally retarded ones. Eyal also discusses the “medicalization,” the plan on the part of psychologists and service providers to create an industry for autism cures, treatments, and the like. This idea is extremely important because medicalization led to a new kind of science literature that captured readers’ imaginations rhetorically.

Eyal argues that as autism was assigned its place in the medical institution, it problematized the distinction between mental retardation (defined as an intellectual functioning
level as measured by standard tests for intelligence quotient that is well below average with
significant limitations in daily living skills and adaptive functioning) and mental illness (any of
various psychiatric conditions, usually characterized by impairment of an individual's normal
cognitive, emotional, or behavioral functioning and caused by physiological or psychosocial
factors). As such, it created a vacuum between the two types of classes that previously were
institutionalized and monitored. Patients being institutionalized created pressure to release them
into the custody of the home environment or have their parents face the prospect of potentially
lobotomizing their children for “mild” disabilities. Parents became advocates for their
children’s safety and pushed for legislation that deinstitutionalized them. Thus, Eyal makes
clear the interdependence of the political and rhetorical challenges and the large host of
institutional agents involved in the process of diagnosis, which has continued until the present.

Eyal’s approach is interesting because it advances the notion of interconnectedness as
opposed to the naturalist and social constructivist positions of diagnosis. He calls it the
“substantivist” approach, one I will look closely at as I rhetorically analyze the historical texts
surrounding key moments in autism as a rhetorical term. Eyal states:

Put differently, if—as the substantivist approach emphasizes—any rule-like performance
is only explicable by reference to a “background of practices” that are its “condition of
possibility,” then a full explication of expertise must explore indeed this background of
practices and the social, material, spatial, organizational, and conceptual arrangements
that serve as its conditions of possibility. (872)

Put another way, Eyal states:

A complementary line of investigation begins with the expert performance or statement
itself…and asks not who is authorized to do or say it but what conditions are necessary
for this event, and not another, to have taken place. (872)

Thus, a network of arrangements made possible the autism proliferation, which indicates that a
multiplicity of forces, their rhetorical struggles and such, should be examined carefully. These
forces include doctors, parents, patients, political groups, lobbying groups, and the like. This approach departs from both naturalist and social constructivist explanations, offering a “third way” for analysis of autism as a rhetorical phenomenon. What Eyal ultimately discovers in approaching autism in this way is that

medical expertise, as distinct from medical doctors, is strengthened by letting patients take part in decisions about the direction of research and the aims of medical intervention, that is, by allowing the demand for medical expertise to be coproduced. In both cases, power consists not in restriction and exclusion, but in extension and linking. (876)

If power is coproduced, then rhetoric as an extension of power is coproduced as well. Eyal sees the process of diagnosis and treatment as part of the coproduced phenomenon. Examining key texts involving autism must take into account the forces of other co-producers in that time period, the key agents of rhetorical production.

Autism is significant not just for the proliferation of diagnoses but also for the impact it has on families. Rozanna Lilley discusses the incredible sense of loss and anxiety produced in a mother by an autism diagnosis for her child. She states:

Mothers frequently feel a marked sense of urgency in this quest to improve, and maybe even cure their child. Children identified as having autism receive substantially greater resources than children diagnosed with other neuropsychiatric and developmental disorders. In order to secure those resources, parents must obtain a formal diagnosis of autism for their child. (207)

Of additional concern is the marked delay in social functioning, intellectual capacity, and adult life transition. Given the nature of the diagnosis, that it is often subjective and based on numerous factors, parents have what Lilley calls “palpable unease” (212). Added to this fact is the difficulty in managing autism pharmacologically. This factor adds to concerns about autistic children. This in turn leads to questioning, a rhetorical component involved with autism. The questioning stems
from an awareness of “difference” or “lack.” Lilley states:

The diagnostically necessary focus on impairments is felt, by mothers, to diminish the sum total of their children, as if the depth of their character and the shared reality of their daily lives were merely a matter of adding up everything wrong with them. (217)

What is ultimately produced is called “counter-narratives” of autism. These are excuses or dodges or angry reactions to the process of diagnosis as well as treatment of autistic children. Given the societal need for categorization, parents react strongly on a personal level to charges that their children are “less than,” “lacking,” or “behaviorally challenged.” Challenges to current science are part and parcel of the rhetorical nature of push-back coming from parents over categorizations of autism.

Part 2: Current Research and Discussion of Autism as a Rhetorical Phenomenon and as a Rhetoric

Coping with autism is a rhetorical phenomenon as well as a scientific diagnosis. Science always had its own rhetoric, and this was certainly the case in the early 20th century when the term “autism” became part of the initial Freudian rhetoric of psychoanalysis. Prior to that time period, scientific rhetoric was imbued with the ideas of empiricism, the idea that facts and theories could stand alone in pursuit of universal “truths.” As the 20th century progressed, rhetorical strategies mirrored changes in scientific discovery and conversation.

Recently, work on the rhetoric of autism has been more commonplace. One example is Ann Broderick’s model that examines the autism movement and its rhetorical strategies from 1987 to 2010. Broderick writes about the incisive excavation of the ways in which disability constitutes and operates as a complex system of cultural representation—of discursive practices, ideologies, and always, of power (2). She also acknowledges that
rhetoric is of course an inherent part of systems of representation through language and other signifiers (including visual symbols as well as text, circulating through multiple and ever-expanding forms of print and electronic media. (2)

Broderick believes that autism cannot exist outside of rhetoric. She states:

Rhetoric is, and always has been, integral to what autism means, what it is, and therefore (critically), what could or should be desirable, appropriate, or dominant ways of living within, understanding, interacting with, or responding to autism's shifting ontology at any given historical moment. (2)

A key source for Broderick is Cynthia Lewiecki-Wilson and James Wilson’s contention that the work of "reassigning meaning" (as cited in Linton 200) to disability must "begin with analyzing the ways the disabled have been and are inscribed in language and culture" (4), and she proceeds to examine specific rhetorical moments in cultural history that indicate changes in the rhetorical landscape surrounding autism. This “rhetorical moments” strategy links up nicely with ideographic analysis, which will be a primary methodology of this dissertation and will be defined in the next sections.

Broderick defines three watershed moments in the last 25 years that have shifted the rhetorical landscape of autism. The first of these moments is the publication of Lovaas's 1987 treatment effect study reporting on an operant behavioral autism intervention program. The second is Maurice's 1993 publication of the autobiographical account of her own implementation of Lovaas's intervention program with her own children and their subsequent "recovery from autism." The third of these pivotal moments in the recent discursive history of and applied behavioral analysis (ABA) is the February 2005 founding of the organization Autism Speaks (3).

Lovaas’s contribution to the recent rhetorical component of autism was his 1987 study called the Young Autism Project. In it, he utilized the term autism “recovery,” providing hope to parents of autistic children that there was a “solution” to the disability. Broderick notes that the
The word “recovery” is a very strange term for a scientific study and, as such, should be seen for its dubious rhetorical power instead of its actual scientific legitimacy. Broderick comments on the epistemological as well as the positivist nature of the study, with results that seem argued as opposed to determined “scientifically.” She states, “It is the rhetorical framing of the outcome data in terms of recovery from autism, rather than the data themselves, that proved to be so culturally provocative and enduring” (4).

For Broderick, Lovaas’s work encouraged parents to seek “normalcy” for their children. Of course, this meant that children with autism were abnormal and needed to be fixed, which Lovaas’s study promised in 47% of all treatment cases. According to Broderick,

```
Lovaas's rhetorical construct of "recovery [to normalcy]" has proven to be so powerful and so culturally resonant for nearly 25 years now precisely because it taps into parents' hopes for their children while simultaneously tapping into parents' fears, grounded though they may be in ableist cultural values. (5)
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In other words, Lovaas utilized persuasive techniques by appealing to his audience’s fears. The fear factor for parents outweighed their consideration of the logical claims of the scientific article.

A second rhetorical moment in the recent history of autism was the publication of an autobiography by Maurice of the recovery from autism of her two children. This “witnessing” procedure resulted in a New York Times best-seller in the early 1990s and a further confirmation of the work of Ivor Lovaas, called applied behavioral analysis. Broderick states:

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Maurice's text both popularizes Lovaas's rhetorical construction of recovery from autism, as well as reiterates claims that explicitly link this rhetorical construct with ABA (i.e., "behavior modification") as an intervention methodology. (5)
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What is crucial for my present study is Broderick’s claim that rhetoric functions most powerfully when it is ideological. Therefore, ideographic analysis seems appropriate not just when analyzing
Broderick’s article on the rhetorical moments of autism in recent history but going back and tracing ideological formations from a rhetorical analytical standpoint as well. Broderick comments that

language and rhetoric play a performative function, "calling this naturalized meaning of disability into circulation," and in so doing, "actually restrict[ing] thinking about disability in any other way." (2)

This explicit linking of the rhetorical construct of recovery (to normalcy) with a particular intervention methodology (ABA) functions ideologically to obscure other ways of understanding autism and autistic identity while foregrounding and naturalizing the notion of "intervention" as the only commonsense response to this rhetorical and ontological performance of autism (6).

From the perspective of disability studies specialists, ideological representations of autism impact how people perceive these representations in others, including artists, musicians, playwrights, movie directors, and politicians. Thus, ideology and autism are inextricably linked in this sense, with rhetorical contributions as the so-called “markers” that help scholars determine the types of rhetorical elements of persuasion are involved. These markers (e.g., metaphors, tropes, and alternative cultural representations), called ideographs, relate rhetorical information about the language, the history, and the context of discourse.

Broderick examines Maurice’s idea of utilizing best practices, research, and quantitative data to make her decision about whether or not to use ABA. She claims that Maurice’s continuous expression of best practices became a kind of mantra that rhetorically created the legitimacy of Lovaas’s ABA program. This occurred through fiat because the data generated by Lovaas’s study, which referred to autism as “curable,” violated the scientific norms of empiricist science. Thus, Maurice’s personal testimony became a rhetorical exercise that verified the
success of the previous program. Of course, parents of autistic children, already worried about the fate of their children and saddled with societal categorizations about the future of their happiness, were a willing audience. They were already inclined to believe that Lovaas’s treatments would “cure” their children. Thus, the use of the word “recovery” and Maurice’s testimony were called powerful rhetorical “God” words (to borrow from Burke) that created both the belief and created a rhetorical audience willing to receive the message of hope.

Once Maurice’s testimony was received by the public, it became in effect real science. This is an intriguing aspect of the rhetoricization of science. Numerous experts, scientists, and doctors signed onto ABA as the key treatment for autistic children. Using the surface vocabulary of validity, scientifically, proven, documented, empirical and the like, these texts appealed to the empirically oriented rhetoric and discourse strategies of both the scientific community as well as parent advocacy groups. The words triggered emotional and logical responses that appealed to their audience. The only concern is that they were not in fact “completely empirical” because they were based on a false premise of curable autism, which science had not and still has not accounted for. The success of the ABA treatment was based entirely in the persuasiveness of communicating its strategy and not the behavioral strategy itself.

Of course, the irony of the situation is that the very treatment that was considered empirical was ideological and the attacks against objectors were based in language calling the objections ideological. It is now common to see autism support groups use specific instances of facts regarding the proliferation of autism without scientific explanation, leading supporters to an understanding of the exponential growth of autism without the clear understanding that its growth is in part due to science and the ability to properly diagnose. This example is one of ideological use of facts to support a specific ideology. Important to this dissertation is the nature
of ideological context in the discussion of rhetorical moments and the use of God and devil terms in the pursuit of ideological warfare against opponents.

The final moment of the recent autism issue is the creation of Autism Speaks, a powerful corporate lobby responsible for creating autism laws in all 50 states. Autism Speaks has been responsible for the primary rhetorical contribution to the autism epidemic. It has rejected the autistic recovery metaphor, but it has instantiated

the rhetorical constitution of autism as enemy through its metaphoric representation of autism as disease, epidemic, and abductor; and the skillful, systematic, pervasive, and global deployment of these and other rhetorical devices through its corporate-style, neoliberal, market approach to cultural and political rhetoric, deploying its rhetorical tactics and strategies more as a powerful corporate lobbying machine than as a traditional disability advocacy organization. (Broderick 17)

Autism is rhetorical in this situation due to its repackaging by a large corporate lobbying group. The organization bases autism on specific cultural norms in order to rhetorically influence local and national politics. Unfortunately, there is a degree of objectification of autism, using the powerful metaphors of deficit. Recent advocacy groups are trying to unmake this powerful metaphor, which is how many people now understand autism.

Paul Heliker and Melanie Yergeau also comments on autism as rhetoric. She picks up where Broderick’s critique of the rhetorical moments of autism leaves off. She is a self-described Aspergian autistic as well as a disability scholar. According to Heliker and Yergeau, since there is considerable debate about the causes of autism, autism is subject to different scientific views. Heliker and Yergeau move the discussion from the nature of autism to its political dynamic through the use of rhetoric. Heliker and Yergeau looks at autism as rhetorical advocacy, or a polar opposite to the Autism Speaks corporate advocacy/definer role. Heliker and Yergeau write:

Here, then, is the first way that autism is rhetorical: we are being swamped by a massive increase in fundamentally uncertain yet persuasive discourse. Let us recall Aristotle’s
ancient distinction between the necessary and the contingent: the proper domain of rhetoric, he wrote, is not the realm of the necessarily true, certain, or stable, but rather the realm of the contingent, possible, and probable. (486)

Given the fact that there is no clear-cut cause of autism, Heliker and Yergeau argue that it is all rhetorical wrangling to come up with a socially acceptable definition. Their advocacy position is clear when she talks about needing “to shine a bright and insistent light on how brazenly rhetorical any utterance, especially any highly visible utterance, about autism really is—and, equally important, on how rhetorical any silence about neurotypicality really is” (486). Their position signals a movement, especially among autistics in higher education, to reconfigure the notion of autism and create a counter-narrative.

Heliker and Yergeau quote Burke’s definition of rhetoric as inducing human agents to develop or create social actions. She also defines autism as impaired social interaction. Thus there is a clear link between autism and rhetoric from a definitional standpoint. They link Jim Corder’s “being in the world through language” (487), utilizing invention, arrangement, and style with an autistic sense of being in the world through a different type of language, also utilizing invention, arrangement, and the other canons of rhetoric, such as memory, delivery and style. Corder mentions that utterances sometimes get stuck in transit, especially between autistic and non-autistic people.

Heliker and Yergeau also utilize Krista Radcliffe’s idea of “rhetorical listening,” the goal of which is “to consider just how open our stances really are in relation to autistics and their rhetorics, their ways of being in the world through language” (490). A key point to the advocacy position of autistic rhetoric is what Yergeau says with respect to neurotypicality. They argue that neurotypicals make judgments based upon issues like empathy and this issue presumes that autistics cannot possess empathy because of their disability. She remarks:
In a flagrantly arrogant construction, such scholars (Theory of Mind scholars specifically) suggest that autistics cannot write or read in a rhetorically effective manner because they are empathetically challenged and because they lack empathy for neurotypical readers; yet, neurotypicals can read and write about autism and autistics because their empathy is so fully realized: they understand autistics better than autistics understand themselves.

Heliker and Yergeau believe that Theory of Mind scholars categorize autistics as unable to understand rhetorical constructions because they lack “empathy.” The rationale for their belief is based on scientific research that indicates that autistics lack interpersonal skills. Heliker and Yergeau employ rhetorical listening to complicate the normalized ideas of empathy and Theory of Mind ideas. Part of my goal is to argue that autism is a difference rather than a deficit, whereas their attempts are rhetorical ones created to debunk the standard autistic metaphors in existence in society today.

The idea that autism may be seen as also a type of rhetoric is relatively new. It is clear from the recent research that rhetorical analyses are being done on the autism movement as well as on advocacy in favor of debunking prior notions of autism (Broderick). All of these communications are in themselves rhetorical because they seek to persuade us of the necessity of examining the disability from different perspectives. Some seriously take the role of the audience into account when they approach the subject while others reinforce prior audience expectations. The use of the research for the dissertation is to establish that autism and rhetoric are linked, either in a definitional sense or through historical, sociological, or anthropological analysis of interconnected power structures, including texts that serve as rhetorical objects. Both approaches will feature the “third way,” or substantivist perspective, problematizing the naturalist and social constructivist positions behind the existence of autism.
Part 3: Methodology Informing the Study: Rhetorical Analysis of Texts-Research on Textual Analysis

My specific methodology is a combination of two particular types of criticism: ideological rhetorical criticism and critical rhetoric. I will take a two-fold approach with these types of criticism:

1.) Critical rhetoric will act as the frame for the project, allowing me to comment on larger cultural issues.

2.) Ideological criticism will provide the vehicle for which the various texts will be examined, exploring ideological components and allowing me to draw critical conclusions from my explorations.

A number of recent scholars have used critical rhetoric with great effect. For example, Thomas Nakayama and Robert Krizek examine race in their essay, “Whiteness: A Strategic Rhetoric,” which investigates how groups construct identity, control power, and find meaning in everyday life (qtd. in Foss 633). The authors maintain that the language, behavior, and perceptions of white people are taken as the “norm” against which “others” are measured (qtd. in Foss 633). They argue that “whiteness” has no meaning in itself and is best understood as a rhetorical construction (qtd. in Foss 633).

Autism fits in nicely with this critical rhetoric approach because “neurotypicality” can be substituted for whiteness. It becomes the norm against which autism is compared. Arguably, neurotypicality could also be seen as a rhetorical construction, and so could autism.
Dana Cloud’s 1996 essay, “Hegemony or Concordance? The Rhetoric of Tokenism in Oprah Winfrey’s Rags-to-Riches Biography,” combines rhetorical analysis of race, class, gender, narrative, and genre (qtd. in Foss 633). Cloud examines how Oprah Winfrey’s biographies have been appropriated by the popular culture and, as such, represent a rhetoric of tokenism (qtd. in Foss 633). This analysis could be used with respect to Temple Grandin’s autistic autobiographies (Grandin). Popular culture has become aware of autism through many of her writings.

Ideological criticism is another focal point of the methodology. Michael Calvin McGee’s 1980 article, “The Ideograph: A Link between Rhetoric and Ideology,” theorizes that condensed forms of ideology, known as “ideographs,” operate in public communication as instruments of “political consciousness” (qtd. in Foss 497). Examples of ideographs are concepts such as “liberty,” “equality,” “property,” and “religion” (qtd. in Foss 497). McGee argues that ideographs are the “building blocks” of ideology; they are specific to cultures and evolve gradually (qtd. in Foss 497). I will use McGee’s article to expose the idea of “normalcy,” “mental defective,” and “mental illness.” In addition, since the discourse around autism is political in nature, I can identify ideographs, trace their development over time, and analyze ways in which they clash with one another (Foss 497).

John Louis Lucaites and Celeste Michelle Condit illustrate how McGee’s concept can be applied to the rhetorical criticism of language in their 1990 essay, “Reconstructing Equality: Culturetypal and Counter-Cultural Rhetorics in the Martyred Black Vision” (qtd. In Foss 497). They argue that Martin Luther King Jr. and Malcolm X have very different notions of the idea of “equality” (Foss 497). While King’s was culturetypal, Malcolm X’s was “counter-cultural” (qtd. in Foss 497). I will employ the arguments of Lucaites and Condit’s article when dealing with some of the debates surrounding autism throughout the 20\textsuperscript{th} century. Some explorations of
autism were certainly culturetypal while others went counter to these ideas, most notably the ideas of Theory of Mind versus autistic advocacy.

I utilize critical rhetorical analysis as the frame for the project. Critical rhetoric identifies multiple competing realities rather than absolute truths or “metanarratives” (Foss 633). It addresses the construction of identity and how power is assigned and exercised in society (Foss 633). Since autism is an ideological construction as well as situated within a scientific community, it is clear that it represents a scientific reality, a social reality, and a political reality. The intersection of these realities throughout a historical time period points to interesting trends that can be analyzed, informing the public’s understanding of autism today.

I take from this discussion the idea that multiple discourses attend the role of autism as both a phenomenon and a historical event, interwoven with multiple dialogues among key players, such as Bleuler, Kanner, Asperger, Baron-Cohen, and the like—all scientists with differing agendas and responding to historical forces in various ways, with the sum of their interactions creating the modern conception of autism.

Critical rhetoric, according to Raymie McKerrow (91-111), has had an increasingly powerful influence on rhetorical criticism. It is also called cultural studies. Carl Burgchardt comments that critical rhetoric explores competing realities rather than truths or “metanarratives” (633). It addresses the construction of identity and how power is assigned in society (633). As a corrective expansion of McKerrow’s critical rhetoric, Barbara Biesecker argues that critical rhetoric risks falling into the dialectic binary between hegemonic and oppressed. Instead she argues that Foucault’s conception of power as the ability to do things within existing discourses leads to an understanding of power as non-monolithic and dispersed (Texas Theory 1). Given the fact that autism is in large part an identity as well as a term or diagnosis, critical rhetoric is
valuable in drawing some conclusions about how various narratives are woven to construct that
identity. Critical rhetoric does not remain in one school of thought; it balances varying
perspectives, philosophies, and ideological commitments (Foss 633).

Critical theorists analyze critical fragments or “artifacts.” The artifacts I am mainly
concerned with are the key historical texts dealing with autism as well as commentary from
scientific journals responding to and interacting with those books. In addition, fictional texts
such as “Bartleby the Scrivener,” “Winesburg, Ohio,” and Extremely Loud and Incredibly Close,
coupled with the various criticism of each, are analyzed as well. The dialogues taking place
between those venues indicate both constructions of identity, the rhetoric of science, and how
power is assigned as well as how positionality becomes pre-eminent in the dialogic interactions.

Ideological criticism reflects the rhetorical analysis of the political, social, and ultimately
rhetorical nature of speech and text. According to Carl Burgchardt, many critics seek to explore
the relationship between language, power, physical conditions, and the fundamental attitudes,
values, and beliefs of a culture (Foss 497).

Sonja Foss expands on the notion of ideological criticism. She states that it is useful when
rhetorical critics are interested in rhetoric primarily for what it suggests about beliefs and values
(209). An ideology comprises a group’s interpretations of a particular aspect of the world – in
this case, autism. The group focus is kaleidoscopic; it comprises neurotypical individuals as well
as autistic people and other groups. Ideology is made up of the language, concepts, categories,
imagery of thought, and the systems of representation (209). With ideology, it is assumed that
there are alternative judgments and, as such, the alternative judgments can be argued rhetorically.
One must determine which metaphors, or rhetorical ideologies, are dominant and get to the
reasons for why this is so. Foss states that “primary is the idea that multiple ideologies—multiple
patterns of belief—exist in any culture and have the potential to be manifest in rhetorical artifacts” (210). The dominance of one ideology over another, hegemony, is the privileging of a perspective that operates as a kind of social control, symbolic coercion, over other groups. This is particularly true of “otherness,” disabilities, gender issues, race issues and the like. The process of hegemony invites society to view the world, in this case the autistic world, in specific ways. The only way the hegemonic ideology can remain intact is through rhetorical strategies and practices, which I trace in the major texts and commentaries of key autism researchers. The ideological narratives from which to choose are structuralism, semiotics, Marxism, post-structuralism, cultural studies, feminism, and articulation theory. These ideas are compared with specific empirical studies as written by science scholars in their texts.

My goal in this approach is to discover and then make visible the ideology embedded in the artifact. The artifact could comprise texts, discussions, political movements, and the like. The intermingling of interdisciplinary sources through a successful rhetorical analysis would entail a number of audiences and a number of artifacts.

My process has been to select rhetorical artifacts. In this case, I looked at the historical connection of the word “autism” by looking at initial psychological texts from Eugen Bleuler, Leo Kanner, Bruno Bettelheim, and some of the modern theorists of autism. I then traced the rhetorical techniques behind the construction of autism to see if a thread exists that underlies the earlier notion of autism. My hypothesis was that as the rhetoric of science accounted for this new diagnosis, it utilized empiricism through discourse and that this discourse moved and changed as the overall movement of the rhetoric of science changed and accounted for alternative theories until the language collapsed because of differing audience pressures outside the scope of scientists and subject-specific scholars. I examine the presented elements of the artifact and
identify specific issues linked to the presented elements, formulating an ideology and identifying the functions served by the ideology (Foss 214). First, in examining presented elements, I identify observable features of the artifact, such as major arguments, types of evidence, images, particular terms, and metaphors, to ascertain clues to its ideology. Second, I articulate ideas, references, themes, allusions, or concepts suggested by the presented elements (216). Third, I formulate the ideology and group the elements into categories and organize them into a coherent framework that constitutes the ideology implicit in the artifact. The key was to “figure out what major ideational clusters, themes, or ideas characterize all or most of the suggested elements” (217). Foss provides some useful suggestions as to the questions articulating an ideology. These questions are:

1. What is the preferred reading of the artifact?
2. What does the artifact ask the audience to believe, understand, feel, or think about?
3. What claim do the arguments being made in the artifact support?
4. What particular characteristics, roles, actions, or ways of seeing does the artifact commend?
5. What values or general conceptions of what is and is not good are suggested?
6. What does not the artifact want the audience to think about?
7. What ways of seeing does it ask the audience to avoid?
8. What alternative interpretations of the world are possible to the one offered by the ideology in the artifact?
9. What does the artifact suggest is unacceptable, negative, undesirable, marginal, or insignificant? (218)
Another approach, after the series of questions, is to clarify the ideological components in specific categories, such as membership, activities, goals, core beliefs, defining events, sacred texts, ultimate authority, values/norms, position and group relations, and resources (218-219). All of the previous elements are typical components of an ideology, and I trace these ideas as well in my rhetorical analysis.

The upshot of the rhetorical analysis is to discover how the ideology constructed from the process functions for an audience who encounters it as well as the consequences it has for the world (Foss 220). Important questions in this vein are:

1. Does it encourage the audience to accept a particular position on a social issue?
2. Does it present a view of a condition that is naïve, misguided, or inappropriate for some reason?
3. How does the ideology encourage audience members to construct themselves?
4. Does the ideology present something as natural and normal in the artifact so audiences do not question a particular perspective?
5. Does it represent a marginalized perspective that it invites the audience to consider?

There are a number of significant theorists who informed the study. Bakhtin is a very important theorist with respect to dialogue and is central to the dissertation. Dialogism, as opposed to monologism (one voice in a text), recognizes the multiplicity of perspectives and voices. It is also referred to as double-voiced or multi-voiced. It is a principle that can become the main referent of a particular aesthetic field. Each character in a textual work has its own final word, but it relates to and interacts with those of other characters. Discourse does not logically unfold (as in analytical philosophy), but rather it interacts. This makes dialogical works a lot
more objective and realistic than their monological counterparts, since they do not subordinate reality to the ideology of the author (Robinson 6).

A dialogical work constantly engages with and is informed by other works and voices and seeks to alter or inform it. It draws on the history of past use and meaning associated with each word, phrase or genre. Everything is said in response to other statements and in anticipation of future statements. This style of language use is, according to Bakhtin, typical of everyday language-use. Its use in novels accurately represents the reality of language use (Robinson 3-6).

Autism may be seen as a dialogical concept. It started with the creation of the term and represented multiple meanings immediately upon its inception. In addition, autism was ensconced in a dialogue between authors and critics, which has not ceased to this day. Once autism was labeled a term of diagnosis, it participated in and participates in its own history.

Since autism exists in a discipline and this dissertation is a rhetorical one, it is necessary to analyze the writing of science literature throughout the 20th and 21st centuries. Charles Bazerman and Alan Gross are two of the foremost scholars in the rhetoric of science, and both have traced the types of rhetorical writings of the period. Bazerman historically traces key moments in the advent of the science article. Since I am examining autism as a concept in the genre of the science article and book, his findings on how science literature of the period was written can be compared to autism’s genesis and progression. His focus on scientific debates and dialogues on the shaping and reshaping of key concepts in science, as well as his work on empiricism, contribute greatly to a better understanding of whether autism and its concurrent discussions were deviations from or are consistent with the rhetoric of science at various points.

Alan Gross is considered the foremost rhetorician of science in America. He is interested in defining the use of rhetoric in scientific writing. His principal concern is to see how scientists
use rhetoric in their commentaries, although they often deny their use of rhetoric. Here is his take on the rhetoric of science:

The claim that rhetoric is an intellectual tool useful in explicating the sciences rests on an alternate epistemological vision: an insistence that science is just one way of knowing. This claim in turn rests on a fundamental federalism about the domains of knowledge. In accordance with this federalism, rhetoric produces a knowledge different from that of science, different though not inferior: knowledge of science insofar as science is persuasive communication. Rhetoric “stars” the texts, tables, and visuals of science, that is, it makes their hermeneutic unraveling central. (9-10)

Rhetoric cannot be divorced from science, according to Gross. Furthermore, rhetoric is an additional way of knowing besides science. Science and its writings do not tell the whole story about a condition like autism because the process of communication adds a specific symbolic value to the overall dynamic of discourse. Gross’s comment about rhetoric “starring the text” means that the hermeneutic “unraveling,” the attempt of science to keep itself within a specific empirical boundary, fails at the moment of its own description. Rhetoric exists in the ways in which science tries to convince itself of its own primacy as well as communicate with other disciplines about its own use. I look at the rhetoric of science as the attempts of scientists, their texts, and their commentaries at persuasive communication. In addition, I argue that science is by its very nature a persuasive exercise and one that relies on symbolic communication to function.

A crucial part of my dissertation is the movement from the rhetoric of empirical scientific inquiry to more consciously intersubjective discourse throughout the course of the 20th and 21st centuries, as evidenced by the multiplicity of forces involved in the autism discussion, such as scientists, advocates, politicians, actors, and autistics. Initially, discussion about autism was among scientists themselves, as the term was created and the diagnosis instantiated itself in the disciplinary discussions of the early 20th century. Bleuler created the
term from his psychoanalytic work, and the term “autism” was considered an aspect of schizophrenia. Scientists either attacked or accepted the term as it became part of the lexicon of science.

As years passed, doctors like Leo Kanner developed a different notion of autism. While they wrote scientific texts, they began to write for a more general audience as well. The rhetorical strategies they developed as a result of this switch changed from discipline-specific to more universal themes. As such, autism started to become part of the public consciousness, but it was imbued with some preconceived notions of the causes of autism, such as the “refrigerator mom” syndrome and parental/environmental notions behind the disability. These ideas became engrained in the public consciousness, making autistic persons objects of either pity or concern. However, the audience changed; scientists were writing for larger audiences and their rhetorical techniques had to change to account for this new audience. Autism was objectified by empiricism but was rapidly unfolding rhetorically.

Developments and communication in brain science moved autism out from the rhetoric of empiricism to the rhetoric of shared consciousness and advocacy, a move to a more intersubjective stance. Advocates like Bernard Rimland, a scientist and a parent of an autistic child, popularized autism as a brain disorder and also advocated for better behavioral treatment methods to alleviate symptoms. His books enabled parents to interact with their children as well as with health professionals, which led to a greater emphasis on autism as a subjective phenomenon as opposed to an objectified one. Treatments changed due to the triangulation of cooperative interactions between child, parent, and health professional. Autistic people started to have their own voice.

Later in the 20th century, new brain researchers proposed a Theory of Mind idea of
autism, which stated that autistic people could not empathize like neurotypicals could. This was an attempt by science to differentiate brain activity scientifically. This theory met with a great deal of critical acceptance but also a great deal of resistance from autistic people and advocates alike. They were concerned about the objectification and categorization of autistics with deficit metaphors. Clearly, these objections indicated that progress had been made in terms of autism as a subjective and not a wholly objective phenomenon.

Intersubjectivity is an extension and a revision of Theory of Mind. Gallagher defines an interaction as two or more autonomous agents engaged in co-regulated coupling behavior (Gallagher 441). For Gallagher, interaction and direct perception constitute what he terms "primary," or basic, intersubjectivity (441). Studies of dialogue and dialogism have revealed how language is deeply intersubjective. When we speak, we always address our interlocutors, taking their perspective and orienting to what we think they think (or more usually do not think). This tradition of research has argued that the structure of individual signs or symbols, the basis of language, is intersubjective and that the psychological process of self-reflection entails intersubjectivity. Recent research on mirror neurons provides evidence for the deeply intersubjective basis of human psychology, and arguably much of the literature on empathy and theory of mind relates directly to intersubjectivity (Rizzolatti and Arbib 188-194).

Autistic autobiographies move Theory of Mind accounts to a more fundamental concept of intersubjectivity. Writers like Temple Grandin express their feelings and emotions in text and certainly do a great deal of self-reflection, which poses problems for traditional Theory of Mind accounts that suggest that autistics cannot empathize with others. Intersubjectivity is the basis of
symbolic interaction, something that all humans share despite scientific diagnoses to the contrary.

Putting intersubjectivity into the realm of the textual is a relevant exercise. Literature has always utilized quirky characters to drive the plot and entertainment value of novels. Authors wrote about these “strange” characters prior to 1911, the coining of the term autism. How have autistic characters been represented in fiction, since so much recent attention has been paid to autism? I examine different American fictional texts from the 19th, 20th, and 21st centuries, focusing on Bartleby, Wing Biddlebaum, and Oskar Schell, from “Bartleby the Scrivener,” “Winesburg, Ohio,” and Extremely Loud and Incredibly Close, respectively. A trans-historical view of these characters and the corresponding criticism associated with them helps not only to identify their autistic traits but also looks at how autism has been integral in character-creation as a fictional device as well as how fiction can be important in the reconstruction of autistic identity, advocacy, and the nature of intersubjectivity.

Part 4: Trajectory of Study and Research Questions

The trajectory of the study will examine how autism came into the lexicon; how it developed as a term and as a rhetorical phenomenon, along with the rhetoric of science; how it became a subject rather than an object of study; and then how literary works represent it. The questions I sought to answer in the project are:

1. How did autism become “objectified” by the rhetoric of science in the first half of the 20th century?
2. How did the polarities of scientific research and rhetoric mid-century express themselves?
3. How did the "medicalization" of autism lead to a new kind of science literature?

4. Have modern theories of autism transitioned autism from rhetorically “objective” to rhetorically intersubjective positions, and if so, how so?

5. How can we observe the intersubjective rhetoric of autism in modern American fictional texts?
CHAPTER 2
THE OBJECTIFIED RHETORICIZATION OF AUTISM IN THE FIRST HALF OF THE 20TH CENTURY

Introduction

It is the purpose of this chapter to examine some key aspects of autism as a rhetorical phenomenon, predating its creation as a term, while contextualizing how science was written about at this time. A small section on the history of science rhetoric from various scientists illustrates how science rhetoric had changed by 1911 when Bleuler wrote his text. Bleuler, a disciple of Sigmund Freud, was the first individual to actually identify what is now called autism in the early 20th century. Crucial to a discussion of the disciplinarity of science at large is Bakhtin’s idea of heteroglossia and dialogism, Bazerman’s social constructivist stance on science, and Alan Gross’s work. Bleuler’s Dementia Praecox as well as the texts of scientists who participated in the dialogues surrounding the creation of the terms “schizophrenia” and “autism” are analyzed using Foss’s methodological template, which provide some clues as to the nature of political and ideological dialogue as well as the corresponding movement in the rhetoric of science in the first half of the 20th century surrounding autism. A final component of the rhetorical analysis examines the DSM-I (1952), the first official diagnostic manual of its kind used for the diagnosis of autism and other mental disorders. This artifact and its medical terminology shed some light on the progression of defining autism as a medical term as well as
representing “official” science’s take on mental phenomena as expressed rhetorically until the middle of the century.

**Part 1: The History of Empiricism and the Rhetoric of Science Until 1911**

My intention in this chapter is to do a number of things: to discuss briefly the rhetoric of science as it stood at the time of Bleuler’s invention of the term autism, to link some influential theoretical constructs to rhetoric and science and to autism and to trace influences which impact the discussion toward both discourse and the ideological nature of science rhetoric, which in turn had an effect on how autism started out in the discipline of psychology in the early 20th century. At the heart of the discussion is the nature of empiricism and how the rhetoric of science attempted to discipline and objectify autism in the course of “doing science.”

R. Allen Harris discusses the difference in the nature of science work and rhetorical work. He states:

> What scientists do is interpret the empirical domain. What rhetors do is influence one another. What scientists do as rhetors is influence one another about interpretations of the empirical domain. In two easygoing definitions: science is the study of natural phenomena; rhetoric is the study of suasion. Both definitions will surely find opponents, but both are sufficiently general and sufficiently representative that we can proceed with a minimum of controversy: rhetoric of science is the study of suasion in the interpretation of nature. (Harris 284)

He shows that there is an intersection between the idea of dialogue and the actual work of science. Rhetoric of science, for Harris, is the ability to persuade scientific audiences about scientific phenomena. What is productive is a study of various scientists and philosophers throughout history who augmented the idea of the rhetoric/science discussion/divide. Harris states that rhetoric is concerned with contingent, circumstantial, probable truth, the type of truth that has always seemed a very distant second in the epistemic sweepstakes. But certain
truth has lost a good deal of its luster, its claim to upper case status, in the twentieth century--largely due to the immense success of sciences like quantum mechanics and molecular biology, for whom certainty is at the other end of an asymptote. Consequently, most philosophy of science in the latter half of this century has been concerned with the decay of certainty, with how scientists traffic in meanings and theories, and even data, that are "only" true contingently, circumstantially, probably.

As Harris states, rhetoric was inferior to "science" until the 2\textsuperscript{nd} half of the 20\textsuperscript{th} century, when new philosophies challenged empiricism as the preeminent aspect of science. Prior to the ideas of deconstruction and contingency, numerous scholars thought that the facts of science were sufficient to win arguments. However, rhetoric was always under the surface of such so-called "agreements" between scientists. This context began to change throughout the 20\textsuperscript{th} century, but first we should historicize rhetoric as of 1911 Europe when Eugen Bleuler invented the term "autism."

Empiricism arose as a branch of epistemology (the study of human knowledge), prioritizing the role of evidence in science. Fundamentally, it is the idea that all hypotheses following a scientific method must be continually checked by means of experiment. Empiricism implies constant revision and "falsification," or the possibility that the scientific theory will be disproven by "advancements" in either method or outcome.

Scientists have communicated in empirical ways since the modern era. Francis Bacon, a known empiricist, was the primary influence on their thinking. Scholars discuss Bacon’s positivist/empiricist links. Bacon’s form of empiricism is called positivism, a philosophy of science based on the view that information derived from logical and mathematical treatments and reports of sensory experience is the exclusive source of all authoritative knowledge and that there is valid knowledge (truth) only in scientific knowledge. To accept the idea of positivism is to de fact to reject the role of rhetoric in science discourse. For a time, while rhetoric was suffering
through a period of malaise in the 16th and 17th centuries, philosophers adapted Plato’s conception of truth to which science was called natural philosophy. James Zappen remarks,

   Historians of science upheld Bacon’s positivistic view of science. Burtt notes the pervasive influence of Bacon’s positivistic science—his "conception of science as an exalted co-operative enterprise, his empirical stress on the necessity and cogency of sensible experiments, his distrust of hypothesis and general analysis of inductive procedure"—in the mid-seventeenth century. (Harris 125-26)

In other words, scientists in the present time period, as well as those of the 16th and 17th centuries, view science as “things as they are.” Of course, how can things as they are be explained? And in so doing, how will the explanation change the essence of the thing itself? These are questions that the rhetoric of science takes up as it deals with the objectifying qualities of empiricism and positivism.

   Zapenn argues that institutionalized science owes its goals of "the delivery of power" through "the domination of nature" and its conception of a ruling class of "scientists, technicians, technologists, industrial managers, bureaucrats, and the like" to Bacon (Zappen 24-25, 15-17, 148-49). The connection between Bacon and Bleuler is that Bacon’s methodological imperatives significantly influenced science and had ideological implications for autism research and rhetoric. We see the manipulation of method and the categorization of diagnostic classes determining autism and schizophrenia, which all have ideological implications.

   Bacon’s contribution is methodological and rational; it represents joining the empirical faculty (sense) to the rational faculty (reason) by ordering the experimental and natural histories in tables and arrangements so the inductive method can interpret them (Zappen 80). Induction is the process in philosophy or science which moves from specific instances to general statements, theories, or laws. This of course opposes deduction, where the process is in reverse. In cases of autism, 20th-century scientists observed specific characteristics and called these aspects autistic
aspects of schizophrenia. Thus, induction was being used in early 20th-century scientific practices.

Yet what appears relevant in this research is the objectification of autism as a concept. Despite the belief in positivism, science and its rhetoric created scientific communities in which truth was not the only outcome that counted. What also counted was the context of the scientific endeavor and the terminology surrounding it. However, great efforts were made to “scientize” psychology (especially Freudian) to create the impression of validity. Therefore, an examination of the language shows a two-fold effect: positivist and empirical language as well as extreme rhetorical efforts to employ positivist and empirical language. This happened significantly in the first half of the 20th century with respect to mental illness, including autism.

This brings us to Freud, the father of psychoanalysis and the precursor to Bleuler, the inventor of the diagnosis of schizophrenia and also the term “autism,” the object of this study. Freud came to the scene in Europe in the late 1800s. One of his texts, *Beyond the Pleasure Principle*, indicated his desire to go beyond the scientific determinative language of the time. He responds to claims that his death instinct is as non-provable as it is non-scientific:

> This is merely due to our being obliged to operate with the scientific terms, that is to say, with the figurative language, peculiar to psychology . . . We could not otherwise describe the processes in question at all, and indeed we could not have become aware of them. (269)

Some would argue that Freud’s response is fully legitimate, but in agreeing with Freud’s response they also acknowledge his theory’s limitations. As a matter of fact, in many instances this is why Freudian psychology has diminished in significance and been replaced by biomedical explanations of brain disorders. However, Freud’s response
indicates that he believes it is legitimate to use rhetorical analysis in the absence of scientific induction. Freud uses figurative language, which in the late 19th century flew in the face of the newly established medical science establishment with its highly positivistic and empirical language norms. Yet remember that Bacon, the founder and purveyor of empiricism, used numerous rhetorical flourishes in his work, as did Newton and Darwin. The issue is the admittedly rhetorical nature of science work on the one hand, and on the other the philosophical axiom of empiricism denying the rhetoricity of science.

Sigmund Freud in many respects was a game changer for science and rhetoric. His work stood at the boundaries of both, as he was a medical doctor yet his work centered on both observational and mythological/figurative criteria. In addition, he is significant to this research because his rhetoric, and science, directly influenced Bleuler, who codified both autism and schizophrenia. Robin Ferrell notes that although Freud is often credited with positivistic scientific advances in psychology, Freud expressed concerns over the terminology:

the deficiencies in our description would probably vanish if we were already in a position to replace the psychological terms by physiological or chemical ones. It is true that they, too, are only part of a figurative language; but it is one with which we have long been familiar and which is perhaps a simpler one as well. (271)

Freud rues his lack of credibility, or scientific ethos, because he does not have terminology that will impress other medical professionals. In part, he was setting out to create the field or discipline of psychoanalysis and needed support from other doctors to do so. Freud’s issue is also that of the context of his scientific work. Ferrell writes that

The further obstacle to psychoanalytic observation in terms of the empirical is not only the text but the context of its observing. The analytic setting is much more like fieldwork than the laboratory. (271).

When compared to purely empirical science work, such as chemistry or biology, the naturalistic
study of the human being is not the same as one conducted employing controls of the laboratory. The study of science in a rhetorical sense resembles anthropology rather than socially accepted hard science, and therefore credibility is a factor because of the foreignness of its methods. Freud believes that other sciences are as figurative as his own. Freud matches the various mental issues—hysteria, obsessive-compulsive disorder—with genre, each with its own rules. What is important here is the idea of the concept and its meaning or representation.

Ferrell comments that

this connection between the idea and its expression also raises the problem of empiricism. It is not that analysis is ‘mere interpretation’, just as philosophy cannot be “truth itself” — only the naive realist imagines that, through empirical means, things are “represented as they really are.” (273)

Since empiricism is the crux of the issue with respect to the objectification of autism in the early part of the 20th century, Freud’s influence on Bleuler is crucial.

There is a direct link between Freud and Bleuler. Bleuler is well known for his introduction of the term “schizophrenia,” formerly known as dementia praecox, and for his studies with schizophrenic patients. He concluded that the disease is not one of dementia, a condition involving organic deterioration of the brain, but one that consists of a disharmonious state of mind in which contradictory tendencies exist together. His work was significant in its suggestion that psychological disturbances could be at the root of psychosis and for his unprecedented belief that such patients are not incurable. A follower of Freud and associate of Carl Jung, Bleuler was a long time member of Freud's Vienna Psychoanalytic Society. Bleuler was an early proponent of Freud’s theories, and he attempted to show how the various mechanisms Freud had found in neurotic patients could also be recognized in psychotic patients. Bleuler challenged the prevailing belief that psychosis was the result of organic brain damage,
insisting instead that it could have psychological causes. I look at Bleuler’s text, *Dementia Praecox*, as the principal artifact with respect to autism in the early 20th century, to gain an understanding of the ideological implications of the tension between empiricism and the rhetorical nature of science at the time.

**Part 2: Theories of the Object and Subject in Science**

The critical analysis of autism as a rhetorical artifact includes details of scholarship and autism’s place as an object of study, as well as autism’s positioning in a long-lasting dialogue between disciplinary experts. Autism is a part of the scientific landscape of the early 20th century. Sigmund Freud was one of the foremost interpreters of language in psychology, and his professional work was tied to the dialogue between doctor and patient. Freud’s achievement, according to Foucault, was that he

> went back to madness at the level of its language, reconstituted one of the essential elements of an experience reduced to silence by positivism; he did not make a major addition to the list of treatments for madness; he restored, in medical thought, the possibility of a dialogue with unreason. (Foucault 198)

For Foucault, madness first reveals itself when someone speaks. For scientists before Freud, implicated with positivistic ideologies, language was not an expression of madness but rather a symptom or characteristic of an organic disorder. In positivistic terms, dialogue could not attack what was either true or false. Freud showed that the concept of the dialogue is important in any ideological and critical analysis because it rests on the idea that no truth is fixed.

I looked for numerous modes of discourse while analyzing the texts at issue, always realizing that the text is a single artifact and that the text is inherently interdisciplinary as well as not definitive or totally valid. Part of my task was to examine as much as has been said about
autism in the various texts, such as textbooks, articles, and book reviews, and general commentary about autism, keeping in mind that there is no fixed answer but always some indications of a direction.

Doing an ideological analysis, tracing some of the moments of dispersion (departures from the status quo science discourse), can offer us critical commentary on how the field was being influenced and who was doing the influencing. I argue that early in the 20th century attempts were made to objectify the rhetoric of science, and as such, autism followed along that discursive formation, only to move in a different direction later in the second half of the 20th century and to the present time. Thus, the weight of positivism always surrounded dialogues between scientists about the cause and nature of autism, just as it did other medical topics. Foucault would argue that the madness expressed as language was a counterpart to the modern scientists’ attempt to categorize everything in empirical terms, without the benefit of dialogue, and thus rhetoric.

Foucault differentiated the notion of the object and the subject. In the case of autism, the illness was objectified by empirical science when in fact it was really a rhetorical subject. Foucault has some distinct ideas about the origin of an object and the formation of a subject. He writes:

The positions of the subject are also defined by the situation that it is possible for the human being to occupy in relation to the various domains or groups of objects: according to a certain grid of explicit and implicit interrogations, he is the questioning subject and, according to a certain program of information, he is the listening subject; according to a table of characteristic features, he is the seeing subject; he is situated at an optimal perceptual distance whose boundaries delimit the wheat from the chaff of relevant information; he uses instrumental intermediaries that modify the scale of the information, shift the subject in relation to the average or immediate perceptual level, ensure his movement from a superficial to a deep level, make him circulate in the interior space of the body—from manifest symptoms to the organs, from the organs to the tissues, and finally from the tissues to the cells. (Foucault 58)
For example, if we use Bleuler as the subject of the inquiry, which I do in the next section, we would examine his field of objects: medical degrees, nosology, work with patients, correspondence with other scholars, and his actual *Dementia Praecox* text, and, subjecting him to a rhetorical analysis, determine his motivations, concerns, language use, rhetorical strategies, etc., that take us from a superficial (simply empiricist) to a deep (accepting the idea that science is rhetorical and dialogic) level. We can therefore position ourselves more effectively in the dialogues whereby his ideological and critical formations reveal themselves more clearly and can determine if his rhetorical skills were effective in the range of objects in which he was involved.

Mikhail Bakhtin converges with Foucault in some fundamental respects, especially with respect to dialogism. Dialogism is

> the characteristic epistemological mode of a world dominated by heteroglossia. Everything means, is understood, as a part of a greater whole—there is constant interaction between meanings, all of which have the potential of conditioning others. Which will affect the other, how it will do so and in what degree is what is actually settled at the moment of utterance…there can be no actual monologue…unitariness is relative to the overpowering force of heteroglossia, and thus dialogism. (426)

As far as goes, heteroglossia would represent all of the communication, empirical and rhetorical, that science offers. Dialogism is the implicit nature of all discourse, according to Bakhtin. As a result, autism research is both heteroglossic and dialogic in nature, and not empiricist.

Classifying a term like “autism” means that, although there is an accepted meaning for it at, say, the time of initial utterance, there are also multiple attempts at definitions of autism that differ and require persuasion. As a result, scholars had to negotiate the multiple meanings that autism took on at the moment of utterance and as time went by. The direction and force of these
negotiations can imply specific ideological formations and provide fodder for critical commentary on science rhetoric, autism, medicine, and madness.

Charles Bazerman believes that science is unique and has its own social scenarios for communication, discussion, and cooperation. All of these scenarios imply that rhetoric is intrinsic to the work of scientists in their unique genre of activities. Although he agrees that the methods of communicating about science topics are rhetorical, he believes that science and its goal are empiricist. He states, “The social realization of the empirical program soon pushed all participants to far more complex social behaviors. Yet this recognition of social complexity of human behaviors does not deny that the project is empiricist” (149-150). Bazerman tempers the words of Foucault and Bakhtin somewhat by saying that the doing of science is still based on evidentiary standards and that the rhetoric of science does not make truth.

Bazerman looks at what seems like the conflict between empiricism and rhetoric and is disappointed at the either/or choice of correspondence (1 idea-1 definition) or relativism (anything goes). He broaches the work of Lev Vygotsky and constructivism, which he says has a strong enough model of language activity developed to encompass all these elements, and to enable us to see how in making statements we bring together many elements—cultural, social, psychological, and material—to accomplish our activities and create cognition, a cognition that can be empirically conditioned. (295-296)

Bazerman believes in empiricism but also believes language has a social format. He states:

Any attempt to understand language that does not pay sufficient attention to how language works as a social tool in the material world invites extremes of materialist and antimaterialist reductionism that sees potatoes as more real than books or books more real than potatoes. (301)

Bazerman is convinced that the important takeaway from the Vygotskian model is that language is a tool that helps scientists carry on cooperative activities (302). According to Bazerman, scientific research and research communication require practical social understanding of
cooperative endeavor, aggressive assertion, and agonistic competition (303). For the purposes of my research, I will assume the position of Bazerman’s research on how science is done.

Alan Gross attempts to forward Bazerman’s idea that rhetoric shapes, but does not create, knowledge (7). He underscores some concerns of those who would criticize rhetoric’s “intervention” into the empirical domain of science. The first objection is that rhetoric is mostly speech-oriented and therefore does not apply to written texts. Gross counters this objection by saying that Ciceronian rhetoric covers the work of Descartes and Isaac Newton (21). Consequently, Gross shows that both Descartes and Newton used their knowledge of Ciceronian rhetoric in order to persuade scientific audiences. A second objection is that even written texts only deal with the writing and not the laboratory work of scientists and, therefore, do not address many of the practices that do not rely on rhetorical analysis. Gross acknowledges that science work, as well as rhetorical work, is limited; it contains divisions of labor. However, Gross examines some specific aspects of rhetoric that he believes apply to scientific texts, and I borrow from him to better perform the rhetorical and ideological analyses. These are listed in order of significance:

1. **Stasis theory:** represents a "stand" or a "mode of proceeding" in a given argument. It consists of a four-part invention process that investigates facts (conjecture), definition, quality (right or wrong) and policy (plan of action) in a given argument. Scientists must make up their minds about what needs to be explained, what constitutes an explanation, and how such an explanation constrains what counts as evidence (22).

2. **Common topics:** The classical ideas of invention, comparison, cause, and definition are relevant to science arguments as well (24).

3. **The special topics:** forensic, deliberative and epideictic texts. Forensic rhetoric, as
coined in Aristotle's *On Rhetoric*, encompasses any discussion of past action including legal discourse—the primary setting for the emergence of rhetoric as a discipline and theory. Deliberative rhetoric (sometimes, called political rhetoric, deliberative discourse, or legislative oratory) is a rhetorical genre used to convince an audience to complete or not complete an action. The epideictic oratory, also called ceremonial oratory or praise-and-blame rhetoric, is one of the three branches, or "species" (eidē), of rhetoric to be used to praise or blame during ceremonies. Science texts according to Gross participate in all of these genres (25).

4. Logic: The structure of argument-scientific deduction is superior to rhetorical deduction because it has clear premises and is syllogistic as opposed to enthymematic (26). Gross also argues that induction commits the fallacy of affirming the consequent, and deduction requires a uniform application of laws of thought that cannot happen in all possible worlds (26).

5. Ethos: Scientists are clearly not convinced by pure logos alone; the role of authority weighs heavily (26). Gross states, “All scientific papers, moreover, are embedded in a network of authority relationships…without authoritative scaffolding, the innovative core of these papers…would be devoid of significance” (27).

6. Pathos: Emotional appeals are certainly present in the social interactions of scientists (28). I examine some of these emotional dialogues in peer reviews and reviews of original scientific works themselves (28).

7. The order of arguments: Arrangement of arguments, especially in journal articles, is very specific (29). Bazerman analyzes The American Psychological Association (the group of psychologists) and looks at the behaviorist tendencies of APA just from
arrangement. I examine the DSM-I-V throughout the dissertation to examine an
“official” artifact and what the textual nuances and changes in autism mean for
established science as well as its changing ideology.

8. Style: Gross argues the tropes that scientists believe should be banned from natural
descriptions are actually present, such as analogy, irony and hyperbole as well as
metaphor (30).

I analyze these components in the texts and dialogues surrounding them. Although the
analysis is primarily rhetorical, I would be remiss not to look at how these texts conform to
specific classical rhetorical standards. How they are used and if they are used as ideological
arguments allow for critical commentary based on their inclusion and exclusion from the
original artifact.

Part 3: Analyzing Object Status: Ideological Analysis of Eugen Bleuler’s *Dementia
Praecox* and Its Surrounding Commentaries

To analyze ideology, one must examine artifacts or objects of discourse regarding
specific texts, journals, etc. One of the foremost “artifacts” defining the term “autism” at its
inception was Bleuler’s scientific text, *Dementia Praecox*. Written in 1908, it discussed a new
term, “schizophrenia,” as a replacement for dementia praecox. Zinkin writes:

> Among Bleuler’s numerous original works which have vitalized this field, are the
psychology of dementia praecox (schizophrenia), including the phenomena of
ambivalence, and of autistic thinking, the delineation of the “schizoid” and “syntonic”
personality types… (Zinkin Foreword to *Dementia Praecox*)

Some later commentators called the text “the classic work of twentieth century psychiatry”
(Zilboorg v). Bleuler writes that the whole idea of dementia praecox originated with Kraepelin
(1). Kraepelin originated and grouped separate symptoms that Bleuler borrowed in the
arrangement of his ideas in the *Dementia Praecox* text. In addition, Freud’s analysis of dream interpretation also lent some impetus to Bleuler’s commentary on autism because Bleuler discussed wish fulfillment as a factor in autism explanations. Bleuler actually states in his 1911 book, “I call dementia praecox ‘schizophrenia’ because (as I hope to demonstrate) the ‘splitting’ of the different psychic functions is one of its most important characteristics” (4). In the following section, “The Definition of the Disease,” he continues:

In every case, we are confronted with a more or less clear-cut splitting of the psychic functions. If the disease is marked, the personality loses its unity; at different times different psychic complexes seem to represent the personality … one set of complexes dominates the personality for a time, while other groups of ideas or drives are “split off” and seem either partly or completely impotent. (9)

In *Dementia Praecox*, Bleuler’s task is to examine the psychological phenomenon of schizophrenia, which he states is

a group of psychoses whose course is at times chronic, at times marked by intermittent attacks, and which can stop or retrograde at any stage, but does not permit a full restitution ad integrum. The disease is characterized by a specific type of alteration of thinking, feeling, and relation to the external world which appears nowhere else in this particular fashion. (9)

There is a problem of association in which the mind captures only bits and fragments of concepts, which result in incorrect, bizarre associations that are unpredictable.

Bleuler organized the fundamental symptoms of schizophrenia as disturbances of association and affectivity, the predilection for fantasy as against reality, and the inclination to divorce oneself from reality, for which he coined the term “autism.” Bleuler called autism a compound function because he believed there was a relationship in schizophrenia to the patient’s inner and outer worlds. Ultimately, the inner life assumes pathological predominance (63). Bleuler was influenced heavily by Jung. He states that
independently of the conscious personality, wishes and fears regulate ideas to their liking and combine them in a compact complex, whose expressions emerge as “hallucinations”; these appear to be so consequential and deliberate that they simulate a third person … But it is merely a piece of the split-off personality; it represents aspirations of this personality which would otherwise be suppressed. (63)

There is significant evidence that both men agreed widely on the notion of dementia praecox and that the splitting-off function was predominant. The only area where Jung and Bleuler tend to disagree is in the organic versus psychological nature of the disease. Bleuler remains fairly close to the idea of an organic cause while Jung believes an environmental cause is possible.

It is the purpose of the rhetorical analysis in this chapter to examine the ideological implications of Bleuler’s commentary about autism. By examining observable features, including major arguments, types of evidence, images, terms, and metaphors, I gather clues as to the ideology of the artifact. In addition, I comment on the suggested elements to articulate ideas, references, themes, allusions or concepts. Finally, I figure out what ideational clusters, themes, or ideas characterize most of the suggested elements. In this way, I determine the ideological content of the artifact. I do this not only for Bleuler’s seminal text, but also for much of the dialogue surrounding the term “autism” and the commentaries about his text from other scholars. In this way, I can determine through analysis of dialogue the persuasive and rhetorical nature of autism at various time periods of study.

The first reference to autism in Bleuler’s text describes it as a “disturbance of consciousness” (62). Consciousness is set up as a dichotomy between the “mental property which differentiates the ‘feeling’ creature from the automaton” (62). Autism represents symbolic disruption of consciousness, a term Freud used frequently in the second half of the 19th century. He was concerned with the subconscious, the thing underlying our desires and wishes. As a result, Bleuler’s definition takes on partial meaning and guidance from Freudian
terminology. Here is an example of the Freudian imprint on Bleuler’s thinking:

The most severe schizophrenics, who have no more contact with the outside world, live in a world of their own. They have encased themselves with their desires and wishes (which they consider fulfilled) or occupy themselves with the trials and tribulations of their persecutory ideas; they have cut themselves off as much as possible from any contact with the external world. This detachment from reality, together with the relative and absolute predominance of the inner life, we term autism. (63)

In the above quotation, the words “desire” and “wish” appear, and these words are Freudian terms. In addition, Freud was the first to discuss the persecution complex, reality detachment, and the inner life. It is clear that Bleuler borrowed much of his terminology from Freud.

Freud spent a lot of time discussing his philosophy of wish fulfillment in *Interpretation of Dreams*. Here is the essence of the idea in his own words:

The dream is not comparable to the irregular sounds of a musical instrument, which, instead of being touched by the hand of the musician, is struck by some outside force; the dream is not senseless, not absurd, does not presuppose that a part of our store of ideas is dormant while another part begins to awaken. It is a psychic phenomenon of full value, and indeed the fulfilment of a wish; it takes its place in the concatenation of the waking psychic actions which are intelligible to us, and it has been built up by a highly complicated intellectual activity. (104)

Compare these words to Bleuler’s previous ones. Bleuler uses “wish” and “dreams” in metaphors, calling the autistic “cut off” from the outside world and residing only on the inside. The metaphor is the binary of inside and outside. In Freud’s language, he refers to being “struck by an outside force” as well as having a psychic phenomenon as “fulfilment of a wish.” The metaphor is the same as well as the basic terminology. Instead of utilizing wishes and dreams in a euphemistic way, Freud utilizes them as an encasement, something locking the autistic person away from the rest of the real world. This is the principal metaphor of Freud, that of encasement, and that metaphor has stuck with autistic people to the present day. In this description, the autistic person is like a carpenter or brick mason, walling himself into silence.
and separation from reality through his own thinking. Although Bleuler’s text is a scientific one, it is clear that much of the language in this description of autism, based as it was on Freudian categories, was duly metaphorical and figurative, which is interesting because empirical texts were supposed to not use figurative or rhetorical language. What is also interesting is that this definition of autism, subsumed under the heading of a different mental disorder (schizophrenia), still has resonance to this day. Many neurotypical individuals see autistic persons as walled off from reality or living in their “own worlds.”

Bleuler discusses the illogical nature of schizophrenia. He writes that “patients are still able to move about in the external world but neither evidence nor logic has any influence on their hopes or delusions. Everything which is in contradiction to their complexes simply does not exist for their thinking or feeling” (64). The dichotomy of the inner versus outer world is reinforced in this statement, indicating that what is real is on the outside and what is unreal is on the inside. Given the fact that Freud believed in the interpretation of dreams and that dreams (or things that came from the inside) were keys to the unconscious id and ego battling with the superego or controlling mechanism of the psyche, Bleuler departs slightly from Freud. Bleuler was interested more in observational and clinical tendencies of schizophrenic patients while Freud analyzed their vocabulary and dialogue. However, it is important to note that Bleuler did not totally reject the drives; rather he argued that in the schizophrenic individual, there was confusion between inner thoughts and feelings and manifest reality.

Bleuler uses metaphorical descriptions in his field notes describing schizophrenic patients. For example, he says that “an intelligent lady who for many years was mistaken for a neurasthenic had built a wall around herself so closely confining that she often felt as if she actually were in a chimney” (64). The use of simile is evident here by the use of “as if.” He uses
comparisons to better explain the concept as well as using real examples from field interactions. His is a practical and not a completely abstract discussion of autistic characteristics of schizophrenia.

Bleuler indicates some empirical tendencies in his textual analysis of autism. He states that “the reality of the autistic world may also seem more valid than that of reality itself; the patients then hold their fantasy world for the real, reality for an illusion. They no longer believe in the evidence of their own senses” (66). Bleuler distinguishes two different kinds of reality based on the autistic mindset. The first is the actual reality of the world, and the second is the reality of the autistic person, which usually differs significantly from neuro-normal individuals. In addition, he uses the term “validity,” which is a scientific empirical term, to make the case that there is a scientific approach to his analysis. The most important sentence is the last one: They no longer believe in the evidence of their own senses. Bleuler uses the word “evidence,” which is an empirical term. The idea of the senses dictating reality is a Lockeian and Humeian construct, fundamentally situated in the rhetoric of science at this time. What is interesting is the variability of Bleuler’s rhetoric; he sometimes speaks from an empirical position but betrays that position by utilizing metaphorical language.

Bleuler uses imagery as well. He comments on the symptoms of autism as the reduced influence of experience. He states that “a burnt schizophrenic does not always fear the fire” (80). This image relates the idea of autistic thinking to painful experiences, which schizophrenics permit themselves over and over because of their inability to see reality for what it is. Given the fact that they cling to fantasy, they bump up against reality, and the feeling is like being burned. However, although the schizophrenic is badly burned, he/she either does not feel the pain or does not learn from the experience. Bleuler imagines that autism allows a
certain kind of freedom. His idea is that if autistics are walled off from the outside world, they
are free to express themselves on the inside. This inner expression is a kind of freedom. Bleuler
comments that

schizophrenics take less heed of reality, in a good or bad sense. The autism makes their
thoughts and actions more independent. They are much more prone to carry out an idea
than other people who are restrained by weighing the good and the bad arguments, by
the spirit of the crowd, by greater suggestibility in respect of the thinking of the
majority, and above all, by greater adaptability to their milieu as it actually is. (345)

This is a fascinating line with respect to the cause of schizophrenia. There are quite a few
rhetorical references in the passage itself. For one, Bleuler argues that autism provides a sort of
courage because, unlike normal people, schizophrenics do not weigh good and bad arguments
when taking an action. The idea of the scale, weighing good and bad arguments, is like a
reference to legality and judges, weighing evidence in a law case. The very action of weighing
evidence is much like what the audience does after a rhetorical presentation. Thus, the autistic is
compared to a normal petitioner of an argument with a judge. However, since Bleuler
acknowledges there is no possibility of the autistic schizophrenic to make the case by weighing
pros and cons, the schizophrenic stands literally outside of himself, outside of the law, and
outside of rhetoric, existing in a strange reality.

Bleuler examines autism but does not go so far as to say that it is a primary symptom of
schizophrenia. He calls autism a secondary phenomenon, which coupled with deterioration and
delusions, impaired synthesis of total personality, disordered strivings and efforts of the patient,
and altered relations to reality (autism) all comprise schizophrenia. The blend of these
symptoms gives a good indication of a schizophrenic individual.

Bleuler positions autism not just as a secondary symptom but also arranges his analysis
along the lines of a theory of symptoms. He believes that autism is a direct consequence of the
schizophrenic splitting of the psyche. Again, the word “psyche” comes from the Greeks and down to Jung and Freud. Bleuler discusses the nature of disassociation, or the “loosening of logical processes leading to the exclusion of all associations conflicting with emotionally charged complexes” (373). In one sense, Bleuler talks about the brick mason metaphor, or the walling-off of the self so prevalent in modern notions of autism, while on the other hand he mentions the decoupling or loosening of the patient’s grip on reality or connection with real lived experience.

Bleuler does not indicate in his text that autistic thinking is unique to schizophrenics; indeed, he believes that even normal people have autistic tendencies. He states, “There is normal autistic thinking which need not consider reality and which proceeds in the direction of the affects” (374). Freudian interpretation is layered into the discussion. He utilizes the example of a baby who plays with a piece of wood and might think it is a child, which he says is normal. However, for hysterics or schizophrenics, the idea of wish fulfillment is taken to such an extreme they actually believe the projection of their fantasy as real. Bleuler comments on the poetical nature of wish fulfillment in this fascinating example:

A large part of poetry, our tales and myths, have their source in this kind of thinking. If anyone attempts to actualize such unfulfilled wishes in real life, he experiences disappointments which may bring him to the brink of disease…Furthermore, we find evidences of inadequate or absent distinction between fantasy and reality in dreams, in states of absent-mindedness, in children who tell lies without knowingly lying, and in the “savage.” (374)

Bleuler spends a significant part of his analysis of the symptoms of schizophrenia discussing autism and connecting it with wish fulfillment, which comes directly from Freud’s analysis of dreams. Bleuler connects the figurative nature of wish fulfillment with the purpose of poetry and literature. Fiction, he believes, has as its role the blurring of fantasy and reality.
Schizophrenics try to transform fictional worlds into real ones. Autistic tendencies mean that these fictional worlds may suffice to stimulate and sustain the schizophrenic so that he limits his/her contact with actual reality.

This passage links the creation of fiction and the creation of consciousness. The link between autism as symptom and fiction as creative concept is established. In addition, Bleuler, while maintaining the outward appearance of empirical analysis in his text, borrows from the heavily figurative work of Freud when examining dream interpretation. As a result, although Bleuler is laying down what becomes the initial empirical diagnosis of autism, he does it with a metaphorical analysis. Autism is imbued with rhetorical content from the very start.

More evidence pertains to this idea. Bleuler mentions that “wishes and fears constitute the contents of autistic thinking” (67). He argues that “autism is demonstrable in the patients’ inability to cope with reality, in their inappropriate reactions to outside influences (irritability), and in their lack of resistance to every and any idea and urge” (67). Thus, autism is a container with wishes and fears in it. This is highly metaphorical. At this point, Bleuler links the concept of autism with a walling-off, but also an affective response to outside stimuli and extreme sensitivity to external phenomena. This is also the first reference to autistics as being impulsive in the satisfaction of their whims and fancies. All of these definitions of fundamental symptoms create a residue that we will see remains for later definitions of autism. There is a significant carry-over from the metaphorical connections to the empirical definitions.

From a diagnostic perspective, Bleuler mentions some fundamental distinctions between schizophrenia and autism. While he believes autism is a symptom of schizophrenia, a part of the overall diagnosis, he believes schizophrenia is a combination of a number of attributes, including ambivalence, affectivity, and the like. Autism is significant; it is the schizophrenic’s
response to outward stimuli. However, schizophrenia implies more than just a “walling-off” from reality; it is also the actual response to external stimuli that leads to outward responses that seem bizarre and inappropriate because of a fundamental disassociation from reality. The autism is just the disconnectedness from reality itself and not any actions in response to this state. This blocking procedure is called an affective anomaly, which implies that emotional, interpersonal behavior is blocked and that a lack of interpersonal behavior is an anomaly in the grand scale of normal behavior. When Bleuler discusses these affective anomalies, he remarks that

the patients block off not only the painful affects but also the concomitant events. Therefore, they live in a kind of dream world which becomes reality for them. If a patient does not believe the news of the death of a loved one, he will naturally remain indifferent…But where patients have encapsuled themselves completely in their autism, the outer world has reality value for them only insofar as it disturbs them in their thoughts. In that case, is an affect does attach itself to external events, it can only be that of “rejection.” In some instances autism has the greatest share in the molding of the affective disturbances, while in mild cases it is much less prominent. (369)

In this passage, Bleuler is distinguishing between schizophrenia as a mental phenomenon and autism, which is the driver of the severity of the phenomenon. The greater the urge of the schizophrenic to display autistic tendencies, the greater the disconnection from reality and the larger the affective disturbance. The metaphorical component here is autism as aggravator, a negative connotation that will persist into later autism studies.

Bleuler uses Freud’s primary metaphors but does not fully accept Freud’s analysis of autism/schizophrenia. In his notes, Bleuler writes that

autism nearly coincides with the Freudian phenomenon of auto-erotism. Since, however, for this author the concepts of libido and erotism are so much broader than for any other schools of thought, his term cannot very well be used here without giving rise to many misunderstandings…In short, schizophrenic patients show daily that they have not lost their sense of reality, but that this capacity is inhibited and falsified in certain connections. (63)
Bleuler struggles with using Freud as his background source because he realizes that sexuality is only a part of wish fulfillment. In order for him to maintain an empirical stance in his analysis, he tries to keep the Freudian model, but he rejects the issues of “self-love” and sexuality because, in his empirical observations, not all of the schizophrenic patients had love or sex issues with respect to their affective disturbances. As much as Bleuler wants to link the wish-fulfillment theme with Freud, he realizes that he will become too “figural,” which sets him against the critics who attack Freud with their empiricist barbs. Here is an example of Freud’s figural language on dream interpretation:

All previous attempts to solve the problems of the dream have been based directly upon the manifest dream content as it is retained in the memory, and have undertaken to obtain an interpretation of the dream from this content.... We alone are in possession of new data; for us a new psychic material intervenes between the dream content and the results of our investigations: and this is the latent emphasis... We develop a solution of the dream from the latter, and not from the manifest dream content. We are also confronted for the first time with a problem which has before existed, that of examining and tracing the relations between the latent dream thoughts and the manifest dream content, and the processes through which the former have grown into the latter. (285)

In the above passage, the metaphor is the actual dream itself, for it stands for something other than the content of the dream. Freud calls this data. However, the data are not to be taken literally; they are interpretive in nature. Also, he finds in the process of doing the clinical research on schizophrenia that the theoretical grounding of autism, while helpful, is not entirely represented in reality.

With autism is created a new term in the context of an old illness. Bleuler’s task rhetorically is to create a new scientific construct, taking into account Kraepelin’s nosology and applying his observational (qua empirical) phenomena to its overall structure as well as creating a platform to explain this new construct to a scientific audience. What Bleuler has at his
disposal is Freudian language, which he partly accepts and partly abandons. The new discursive formation he creates serves as a new objectification of autism, situated textually with the residue of Freudian terminology because that is what he had at his disposal. Since the Freudian terminology was laden with metaphor, his rhetorical explanations, albeit a severe attempt at empirical demonstration and classification, were necessarily persuasive and bound up with figurative language.

Bleuler is also having a dialogue not only with other scientists but with Freud and Kraepelin as well. Numerous examples illustrate that he is talking to a specific audience. As mentioned previously, he invokes Freud, which underlines the heteroglossic nature of the interaction. His note on Freud’s theory of autoerotism is both a nod to and a rejection of Freud. In addition, he responds to the French psychologist Pierre Janet (1899), who attempted to define autism negatively as “the loss of a sense of reality” (63). Bleuler retorts that autism is in actuality not a loss of reality but more of a selective displacement of reality, thus responding to Janet’s critique. Bleuler also responds to French scholars. He states:

The French have described and stressed one aspect of it under such terms as autophilia, egocentricity, ego-hypertrophy, or augmentation du sens de la personnalite; whereas the negative side was designated as perte du sens de la realite, or perte de la function du reel. (373)

He comments that the schizophrenic patient does not differentiate between reality and fantasy: “To suppose that these patients believe in their reality would be to endow their states of consciousness with an energy or force which they do not possess” (374). Bleuler disagrees vehemently with this position because he states that the French scholars do not get to the essence of the phenomenon of autism.

The dialogic nature of Bleuler’s text is apparent in the context of his scholarship on
schizophrenia. The initial title, *Dementia Praecox*, is borrowed from previous definitions of the disorder by Kraepelin and other doctors. Bleuler’s attitude and rhetorical stance encompass being part of a scholarly tradition in the neurosciences, and his text is a contribution to a greater body of knowledge. Bleuler writes, “The whole idea of dementia praecox originates with Kraepelin. Almost exclusively to his work do we also owe the grouping and description of the separate symptoms” (1). In addition, there is the addition of Freud: “An important aspect of the attempt to advance and enlarge the concepts of psychopathology is nothing less than the application of Freud’s ideas to dementia praecox” (1). The dialogic nature of the rhetorical utterances is based in the traditional scholarship and the preceding work of those two authors in particular, although Bleuler does try to distance himself from both. These dispersions, mainly creating an additional nosology as well as departing from Freudian auto-erotism, illustrate a new direction for psychotherapy under Bleuler.

Bleuler mixes both empirical knowledge and rhetorical prowess in his text. He arranges his text by symptomatology, subgroups, the course of the disease, schizophrenia in conjunction with other psychoses, the concept of the disease, diagnosis, prognosis, frequency and distribution of the disease, causes, theory, and therapy. His argument in particular, which departed from previous renditions of the disease, pointed out the particular expressions of affect and emphasized the specific loosening of the associations as being characteristic of the disorder, as well as the phenomenon of autistic thinking (5). He makes a case for his text:

We feel that the dementia praecox problem involves much more deeply the entire complex of the systematics of all the psychoses than the problem of general paresis ever did in its day. (4)

Bleuler makes a case for expanding the nature of the illness and thus the justification for his text. Bleuler socially constructs knowledge in his textual domain and borrows from other
sources (Kraepelin and Freud) to build on their work. In addition, he disagrees with other scientists (such as Janet and Pelletier), whom he believes fail to understand autism and schizophrenia. This disagreement indicates both the cooperative function and the agonistic competition between psychological views at around the turn of the 20\textsuperscript{th} century.

One of the key rhetorical moments in Bleuler’s text concerns his description of the theory of symptoms. This is an odd name for a chapter dealing with the empirical phenomena of schizophrenia:

In the attempt to explain this disease, we admittedly have to resort to hypotheses as we do in the theory of other psychoses…Furthermore, in the event that all of our hypotheses should eventually prove correct, we would still be acquainted with only a very small part of all the mechanisms which are probably involved in the symptomatology of the disease. (348)

Bleuler uses a complex analogy to explain the theory to his readers. He says,

A lesion of the abducens muscle is a disease; the paralysis of the lateral eye movements is the direct and necessary consequence of the disease (primary or direct symptom)…The primary symptoms are the necessary partial phenomena of a disease; the secondary symptoms may be absent, at least potentially, or they may change without the disease process having to change at the same time. (348-349)

Bleuler links schizophrenia to tracing an eye disease; he uses a comparison because he does not really know the exact psychopathology of the disease. As a result, he must resort to comparisons as opposed to actual empirical facts, but he does dress up his language about autism in empirical language, thus attempting to objectify it and codify it as a specific aspect of a larger disease phenomenon.

Bleuler exerts ethos on the text through his experience and his empirical observations. He has worked under Freud, which is a claim to fame and believability, and he also worked as director of the Burgholzi hospital for the insane in Switzerland. His observations of thousands of mentally ill patients and his method of making notes on their movements, speech, and actions
create a significant amount of empirical material for his text. In addition, his numerous citations of the relevant literature on the subject of dementia praecox from other scientists clearly show his ability to make a case about the new features of the disease.

A specific example shows the point about rhetorical flourishes. Bleuler continues his discussion about the affective nature of schizophrenia. When he is striving to turn the unseen into an explanation, he utilizes examples, images, and pictures. He states:

Furthermore, it must be noted that no schizophrenic can entertain the delusion that a certain Miss N. wants to marry him if he knows nothing about a Miss N., and if still other events had not determined this special direction of his wishes and fears. No one would hallucinate that Jesuits were persecuting him if he had never heard anything of the significance of the Jesuits...There can be no symptoms without content...Delusions provide only the predisposition, on the basis of which psychic processes develop the symptoms. (349)

A critical reading of *Dementia Praecox* must examine the artifact (the text) as well as critical commentary surrounding the term itself. This includes interpretations, goals, and patterns of belief. Often a struggle for various views and belief systems is apparent. I have already mentioned a number of observable features of the text, such as the major arguments, types of evidence, images, terms, and metaphors. To recapitulate, the rhetorical arrangement of Bleuler’s text begins with the symptoms of the disease, followed by subgroups, onset and termination of the disease, other psychoses, concepts, diagnosis, prognosis, frequency, causes, and a significant section on theory.

Bleuler acquaints us with what we observe first. This is the empirical training he has received; it is what he sees when making his rounds at the hospital. He links these symptoms to other qualities or styles of schizophrenia—paranoid, catatonic, hebephrenia, and schizophrenia simplex. The symptoms take on different aspects but are still subsumed under schizophrenia proper. Then he discusses the chronology of the disease—the beginning, middle, and end--
which takes into account a worsening of the symptoms he has already discussed or a remission of symptoms. He includes some of the concepts and other psychoses to position them in the realm of psychology proper. This way he builds schizophrenia right into the scientific teleology of the disease process itself. Diagnosis and prognosis are important to justify the treatment of the disease, what has worked and what has not worked. Bleuler becomes more speculative as the book ends with frequency, causes, and theory of symptoms. Interestingly, Bleuler does his observations and makes his claims, but at the end, he still must acknowledge that most of the work in observation is based in theory and not necessarily on brain function. Since he acknowledges this, Bleuler is resigned to the fact that his knowledge is observational only and does not stem from experimentation. In other words, his work is not falsifiable because it is deductive, a term Popper used for non-experimental science work, which basically means work that could not be proven true or false in a laboratory. This is why Bleuler spends so much time persuading his audience to believe that what he has seen and diagnosed is in fact real.

Some of the major arguments Bleuler makes are that dementia praecox should be renamed and that schizophrenia has certain characteristics that are always present. Bleuler changes the name of dementia praecox to schizophrenia based on what he observes as the splitting of the self, with one portion somewhat aware of reality while the autistic self dangles in fantasy. This concept of disassociation is a new term Bleuler attaches to schizophrenia, which is also used as an explanatory vehicle.

The type of argument Bleuler likes to use is based in empirical observation. He frequently says that, based on what he has seen, this or that phenomena are present. He uses the ethos of his position as well as his years of observing schizophrenic patients to establish his presence in the argument.
Bleuler’s text spends a great deal of time on theory. He cannot go so far as to say that the diagnosis of schizophrenia is categorically true. His ideological leanings are certainly empiricist because the structure of his argumentation is based on data and physical processes. However, when explaining symptoms, he invokes Freud, who at the time was the preeminent model for psychotherapy and psychodynamics. Bleuler does not dare refute Freud’s basic wish fulfillment idea, but he does have the courage to reject Freud’s idea of auto-erotism as being too broad and not consistent in all cases with autistics. Bleuler worked under Freud and had as his assistant Jung, two of the most famous psychologists of all time. His attempt to reclassify dementia praecox was groundbreaking and solidified his fame for years to come.

The preferred reading of the text would be as a scientific text rather than figurative one. There are enough examples of figurative language in the text to indicate the closeness to Freud as well as the freedom psychologists had with their use of language at the turn of the 20th century. We will see this in some of the critical commentary as well. The text asks us to believe that the prior definition of dementia praecox does not take into account other factors that Bleuler has noticed, such as the disassociational tendencies of the schizophrenic as well as key characteristics of autistic thinking so prevalent in these individuals. The crux of the argument is that there are aspects of the schizophrenic that are bizarre because of a disassociation with reality at times. The claim that the text supports is that there is a new disease that had existed for a long time but had been categorized as something called paresis, which was a catch-all for hysteria and paranoia. Bleuler clearly articulates that these categories are too broad and that schizophrenia more closely mirrors the real observational tendencies he sees in his hospital work. The text argues for a particular way of seeing, which is to observe all of the actions of the schizophrenic and copy down all tendencies. It is only in this way—observing speech patterns,
contents of conversations, and reflections—that schizophrenia can truly be diagnosed.

Problematic with this view, however, was the absence of laboratory confirmation of the symptoms at the time. Bleuler’s observations demand trust because he was not in the laboratory examining brain tissue. As a result, he made what is called a best guess or theory that comprises the disease model of schizophrenia. Bleuler really wants to steer the reader away from existing models of disease since he is asking us to reject the prior notions of dementia praecox (Bleuler, 20). Interestingly, Kraepelin, whom Bleuler wants us to reject in terms of the diagnosis of dementia praecox, becomes significant later on because his nosology is so doctor-friendly that the DSM manual is constructed from his categories.

There is a schizophrenic interpretation of science in Bleuler’s account, both literally and figuratively. While on one hand Bleuler wants to make a strong impression in terms of his observational prowess, on the other hand he is stretching for analogies to describe mental symptoms in the most figurative of ways. He straddles the boundaries between both figurative and literal/empirical language like no other important researcher after him. This reveals the nature of science rhetoric at the time. It says that scientific texts did not need to be completely empirical to be effective and liked.

Given the fact that psychotherapy was a relatively new science as well, these types of texts had more leeway to make rhetorical arguments. One of the more interesting facets of the text is the advocacy position for which it argues. According to Bleuler, autistic schizophrenics were decent people with a serious disease that deserved respect and encouragement. Bleuler rarely called those suffering from the disease feeble-minded, which implies that his observations had some degree of pathos. Some of this pathos is missing from later accounts of autism. Bleuler’s text truly asks his audience to understand and relate to the idea of
schizophrenia through his use of examples of real people and their psychological dilemmas. By doing this, he moves the text away from the purely sanitary and scientific to the realm of political advocacy, or certainly recognition, which is a key component of his rhetorical agenda.

Critical Commentary on Bleuler’s Text

Bleuler’s *Dementia Praecox* did not stand alone. It participated in scientific dialogue and was the launching point for many critiques on schizophrenia and for autism. Bleuler’s text was novel for its time. It segregated autism from schizophrenia and created a subcategory that did not previously exist. Because of this segregation, Bleuler’s text sparked so much debate that it would pay to examine what Foucault, in *The Archaeology of Knowledge*, calls points of dispersion (38) from the artifact and to examine the social milieu, as well as the dialogues, surrounding its reception. Examining these other commentaries will give us a more well-rounded view of autism and the rhetoric of science all the way until the middle half of the 20th century, which, coupled with an additional examination of the DSM-I, will allow me to provide an answer to the first research question.

There was some discussion of dementia praecox in the United States prior to Bleuler’s seminal work. Gatewood mentioned it as a complex that comprised hebephrenia, paranoia, and hysteria. His stated purpose:

Working on this theory I have made a study of the disturbances of attention, association, perception, memory, judgment, volition, motor efficiency and emotional states and have compared the working of these processes in patients at the Columbus State Hospital with the same processes in persons supposed to be normal. (2)

Gatewood attacks the problem of dementia praecox from a perspective similar to Bleuler’s; he makes observations of patients to better understand this confusing disease. His approach was empirical. This was his method:
For the purpose of obtaining more exact data concerning the course of the disease and its effect on the various mental processes -- data which would themselves show the deterioration process far more effectively than those of observation and conversation. I arranged a set of experiments which were used in this work. (Gatewood 2)

Here we see a researcher concerned with more than just observation and description. He wants to conduct actual scientific experiments to ascertain the causes of the dementia. One specific test Gatewood ran was the addition test for attention and memory. It determined whether or not the dementia praecox individual was able to perform mathematical functions as well as a neurotypical individual. The second test was a cognition test, which tested the ability of the dementia praecox sufferer to determine letters and words. The third test was a discrimination test to ascertain if the dementia praecox sufferer was able to distinguish between playing cards. Other tests included determining lengths of lines, drawing lines to certain specifications, auditory and visual memory for lines, words and figures, and the like. Probably the most significant test was called the association test. Gatewood writes:

This is the association experiment as used by Jung and others. A test word being spoken, the subject speaks the first word or thought coming into the field of consciousness after he perceives the word spoken. (8)

Gatewood was influenced in his experimental psychology by Freudian figures such as Jung. The subject must take many tests in order to satisfy the concept of validity.

Gatewood discusses the case histories of the experimental subjects following his set of experiments. He states:

Before proceeding with the experimental results obtained, it may be well to give a brief history of each case, describing the most striking psychoses presented by the different individuals and noting the course and termination of the disease in each case. (9)
Unlike Bleuler, Gatewood discusses specific case histories, not just anecdotal information as Bleuler does. Gatewood is not creating a new theory but examining the effects of dementia praecox, a different purpose altogether than Bleuler’s.

Gatewood’s cases are qualitative in nature, but he later turns to the tests to determine if there is mental deterioration. Here is an example of one of the cases:

When brought to the hospital he was very violent and had to be confined to a strongroom for several weeks. Memory and judgment were poor and he was completely disoriented. He now remembers nothing of the onset of the disease, his trip to the hospital or the weeks of his confinement, and, as careful records of such cases were not kept at that time, we cannot obtain a complete history of the case. It has been learned however that after some weeks he began to be less violent and better oriented and to slowly recover his memory and judgment. About this time some delusions began to develop. (19)

Much of Gatewood’s judgment is based on recollection of staff members. It should be noted that Gatewood is involved with a hospital for the insane. All of the subjects had been committed because of their inability to live on their own or because they had legal issues or family problems.

Gatewood compared his experimental group with “normal” individuals, mostly based on the subject of college sophomores. He uses a series of charts and graphs comparing their results with those of the dementia praecox sufferers. At the conclusion of the study, he asks some important questions:

What then are the mental marks of dementia praecox as shown by these experiments? We have seen the lengthening in time and the errors in carrying in the addition test, the missing of the A's in the second experiment, the misplacing of the cards in sorting, the inaccuracies of space perception, the disturbances of memory and association and the decrease in motor efficiency. On what do they depend? (67)

Gatewood believes there are mental deficiencies that are cognitive as well as behavioral. This is a key assumption or conclusion (68-69). He believes that the behavioral disorder has also impacted mental function, causing something akin to retardation. Gatewood calls it loss of
thought control, implying that something disturbs the mind so that practical daily functions cannot occur. He states:

> Many of the emotional disturbances described in the case histories of these patients grow out of and in part cause this disturbance of the attention. Interest and attention are one, and in the loss of thought control, the disturbed attention, as shown in the experiments, we have an idea of the patient's loss of interest in his surroundings and his consequent failure to adjust himself to them. (70)

Gatewood implies there is something inside the person that disrupts the routines of normal thinking and that this attention to whatever that may be causes the loss of mental function. He concludes by saying that

> we may say that of all the disturbances of which we find evidence in these experiments the most fundamental is the loss of thought control, since this control is the very fiber of the mind. The impairment and loss of this control of thought is the most important part of the progressive mental deterioration so characteristic of dementia praecox. (70)

Gatewood conducted a series of experiments comparing mental institution patients with normal citizens. Not surprisingly, he found that the normal citizens perform better at thinking tests. He attempts to chart loss of mind control from various tests like those of association and memory, so he is deeply invested in trying to quantify differences in the mental abilities of the patients as compared to the control group. However, his conclusion is interesting because he states that “thought control” is the answer. This is not a term in the literature; it is a hypothesis.

What Gatewood means is that neuro-normal individuals have control of their thoughts. They have some inner mechanism that enables them to see reality in clear ways. However, according to Gatewood, schizophrenic individuals lose this control somehow. The fiber of the mind is something essential to the human; without it, schizophrenics make connections that often do not exist. They see things that are not there. Control for the
schizophrenic is elusive, and Gatewood indicates this lack of control implied by schizophrenia.

There were numerous responses to Bleuler’s text. One review comes from van Teslaar in 1912. He reviewed *Dementia Praecox* by saying that “Bleuler's conception of dementia praecox is very broad. It includes a great number of the disturbances hitherto classified loosely among the psychoses” (374). Van Teslaar argues that there is often a latent state of schizophrenia, which as Bleuler argues, can then be mistaken for another mental disorder. He compliments Bleuler for using Kraepelin’s nosology and applauds his research skills. In addition, van Teslaar is obviously inclined to believe that clinical observations are extremely important because he cites Bleuler’s research as being painstaking and useful. Van Teslaar describes the core of Bleuler’s argument about disassociation as well. He comments:

> The subject's grasp of reality becomes markedly impaired on account of his loss of the faculty of synthetization; dreamy states become predominant, leading to so-called dementia. The subject's intellectual condition depends upon the nature of the complexes; he is insane only with reference to certain constellations or complexes. The primary modifications in the subject's affectivity and ideational processes form the background for and determine the course of the well-known secondary symptoms. (375)

He uses highly technical, specialized vocabulary: synthetization, affectivity and ideational. These are specific disciplinary words. Van Teslaar is writing for a scientific audience of psychiatrists. He agrees in principle that the dementia praecox sufferer loses touch with reality in specific instances, as opposed to the idea of deterioration mentioned by Gatewood in the earlier research. Losing touch for van Teslaar is intermittent; Gatewood’s definition implies an entire break with reality, indicated by loss of control.

What is most significant about the review, however, is van Teslaar’s critique of the tenth chapter, the one on the theory of dementia praecox symptoms. This is Bleuler’s most rhetorical
chapter because he is speculating about the causes of the disease, for which he says he has only hypotheses. Van Teslaar represents empirical tradition when he states:

The author's extreme caution is noticeable throughout. He does not appear anxious to assume an air of finality even about conclusions but little susceptible of doubt. Briefly stated the etiology of schizophrenia is formulated by Bleuler somewhat as follows: The symptoms of this condition represent positively, in part, and possibly, as a whole, nothing more than a more or less unsuccessful attempt to escape from an unbearable situation. The primary symptoms alone represent, properly speaking, or stand for the schizophrenic condition. The secondary symptoms are psychic functions under altered conditions, and represent an attempt at readjustment with the conditions created by the primary disturbances. The attempt may be more or less successful in a certain sense, at times it is wholly so. (376)

Van Teslaar’s rhetoric is very clear here: he is uncomfortable with scientific conclusions being drawn from theories. The words “extreme caution” and “he does not appear to be anxious to assume an air of finality” illustrate the reviewer’s insistence upon facts, even though Bleuler’s explanations seem plausible and “little susceptible to doubt.” The conflict between van Teslaar and Bleuler is between factual conclusions versus the inductive reasoning based on empirical observations. Van Teslaar doubts the validity of empirical observations, a standard technique for Bleuler.

Van Teslaar also makes a strong case with respect to Freudian psychoanalytic theory. He supports the view that psychiatry and psychology should be done in this manner. He states:

A thorough understanding of the psychogenetic foundations of this disorder can be gained only through the application of the psychoanalytical method of research. In spite of all care taken to avoid leading questions it was found that in most patients all pathogenic complexes were sexual. (376)

At this time, all established psychoanalytic research was founded upon the principles created by Freud. Van Teslaar is another in a line of scholars who echo the research of Freud and Bleuler, but he has his concerns as well:

One consulting this work should not fail to appreciate that psychoanalysts are by no means inclined to ascribe to the sexual complex a greater role than its importance
warrants; nor do they arbitrarily reduce everything to terms of sexual symbolism, as some suspicious critics would like to think. (376-377)

Van Teslaar takes the empirical stance that the figurative nature of sexual imagery and drives, such as libido, have very little basis in scientific methodology, although he concedes that clinically there seems to be some truth. It is obvious that van Teslaar is speaking from the position of questioning “real” versus “pseudo” science, although what is in vogue at the time is Freudian psychology. Van Teslaar sets up the dichotomy between sexual and biological explanation.

The obvious reading of van Teslaar’s review is as a celebratory commentary on Bleuler’s text. Van Teslaar applauds Bleuler’s book as creating a clearer picture of schizophrenia. His review asks the scientific audience to share his suspicion of theories behind the symptomatology of dementia praecox, which he then calls schizophrenia because he accepts Bleuler’s idea of the splitting of the personality idea. Van Teslaar wants the reader to see science and experimentation from his perspective, which is that of the laboratory scientist. He spends a great deal of time dealing with observational and clinical findings, and he credits Bleuler for his observational work. However, van Teslaar is somewhat suspicious of Bleuler’s case about the escape from reality causing the mental disturbances. He credits Bleuler with calling it a hypothesis as opposed to fact. Van Teslaar believes the scientist should constantly test claims and not just make them. The review tries to avoid the idea of sex and elides the notion that much psychoanalytic theory at this time was based on mythos. It asks the audience to avoid seeing schizophrenics in the old ways and to reserve judgment on the latency of the symptoms. It also asks that primary and secondary symptomatology be accepted as well as the new term “schizophrenia.” Van Teslaar struggles with accepting Freudian psychology while insisting on
being a “true scientist.” What van Teslaar finds unacceptable is basing an entire diagnosis on a theory of symptoms; for him, this violates empirical and scientific method.

August Hoch wrote another review of Bleuler’s text in 1912. He is a clinical psychiatrist at a mental institution, Ward’s Island, in New York City. His perspective is similar to that of Bleuler’s work at the Burgholzi. He can relate to the clinical work Bleuler does. Hoch limits his review to the psychological aspects of the study, as he comments:

"The purpose of the present writer is to give here a brief review, not of the clinical-nosological part of the work, but of the psychological portion entirely. It is, however, necessary to state that Bleuler comprises in his book a great many cases at which others would not include in the group or groups of dementia praecox, so that his analysis refers in reality a great deal to the symptomatology of the functional psychoses." (169)

The clinical-nosological portion refers to how Bleuler set up his chapters and the classification of the disease. Hoen is interested purely in the pragmatic functions of the disease and is seeking knowledge for his own practice in reading the volume. Hoen does something else in his review that other reviewers do not; he explains the primary symptoms of the disease, and of course, one of these is autism. Hoen remarks that a key manifestation of schizophrenia is “a general tendency to shut out the world of reality called ‘autism’” (169). This is the first time in any of the literature I reviewed that someone mentioned autism besides Bleuler.

Hoch is less congratulatory in his review than van Teslaar. He is not especially favorable of the disassociation disorder theory. He comments that “this primary disease process he attempts to support by some other phenomena, notably physical ones, an attempt which is not especially convincing” (169). Hoch generally accepts the key disassociative features of the disease, however. He agrees with the idea of the splitting of the personality as well as of the primary and secondary symptoms of the disease. Hoch is Freudian at the root as well. He states that

the psychology of dementia praecox cannot be understood unless we accept the importance of unconscious trains of thought which follow in many ways the same laws as conscious thinking, and which manifest themselves through Freudian mechanisms. (170)

He makes it clear that he believes in “unconscious mechanisms,” which could be taken for subconscious mechanisms of the Freudian variety. Hoch also makes autism the hinge-point for the affective disorder. Hoch illustrates that there are outward signs that indicate inner turmoil:

We have attempted to account for this largely by the shut-in tendencies, which probably must be referred to more fundamental defects in make-up and which manifest themselves more or less early in tendencies to live in a world apart where the correcting influence of reality is more or less excluded. Bleuler attributes all this, the shut-in tendencies included, to his primary association disorder, which, as we have said, in turn, gives the affects greater sway. (170-171)

Hoch sees autism as part of the primary association disorder. He also discusses fundamental defects in makeup, which is an ambivalent phrase. Does this mean some sort of social defect or a brain defect? We do not know from the description. There could be a moral/ethical component to this statement as well, which would link the concept of mental illness with character issues.

Hoch leaves hope for a type of recovery, which would be consistent with his position as a clinician. This is different from Gatewood, who argued that deterioration is based in an organic brain disorder. Hoen’s view is more consistent with Bleuler’s view that schizophrenia is not a totally damning disease, which van Teslaar also tends to believe.

Hoch also uses some figurative description when describing autism. He uses the word “fancies” to describe the ideational belief systems created by the schizophrenic when acting in an autistic manner. He replicates Bleuler’s word “blocking” to describe the protectiveness a schizophrenic experiences when confronting “mental wounds,” yet another image. Again, the
rhetorical language is highly prevalent in Hoen and other scientists when describing psychic processes.

Hoch writes for other psychiatrists working with mental patients. The review asks the audience to believe in Freudian psychology as well as the key tenets of schizophrenia such as disassociation and autism, which are mentioned for the first time in any review. The review asks readers to believe that schizophrenia is different from its original Kraepelinian description. Hoen argues against some of Bleuler’s disassociative features; he disagrees with some of Bleuler’s theories on the physical connections to the mental illness. The review is Freudian; it does not really challenge the prevailing methodology in place in mental institutions. The artifact is very empirical in its language and rarely uses figurative language, although there is still a dichotomy between the Freudian figurative rhetoric and early 20th-century science rhetoric. The text of the review is far more technical in its discourse than previous renditions, but it focuses on the purely psychological and ignores the nosological. By doing so, Hoen tips his hand about what is rhetorically important to him. Hoen prioritizes the clinical over the purely theoretical. At the time, Bleuler’s theory of loose association of symptoms applied to a disease entity won out over the more categorical Kraepelin. Since that time, Kraepelin’s biogenic account has held sway in modern science.

The review does not ask the audience to have a special opinion regarding mental illness, although it does not look at mental illness as a character defect, as some previous reviews imply. Hoen’s review is not naïve; however, the idea that Freudian psychoanalytic theory is the only one under consideration seems misguided. The review asks audience members to construct themselves in such a way that they read and study Bleuler’s text, which Hoen calls canonical. Freud’s theories are considered normal and natural and not to be questioned. Hoen’s review
-represents a status quo perspective specifically interested in the more effective treatment of schizophrenics.

In the literature post-Bleuler, numerous articles have mentioned dementia praecox and began mentioning the term “autism” as separate from schizophrenia. Given the fact that these journal articles grew in significance into the middle half of the 20th century, it is necessary to analyze their content and analyze these texts to determine the objectivity of the diagnosis that started with Bleuler.

Wells’s article, “Autistic Mechanisms,” utilized Kent-Rosanoff’s association reactions in psychotic individuals. What we see here is a scientific article that utilizes the term “autism” and does not specifically relate it only to schizophrenia. Association reactions are like those discussed in Gatewood many years before; words are stated and the individual comments on what comes to his/her mind. The language Wells uses is still based in Freudian language. The categories in the chart of the association reactions show the percentage of egocentric responses, supraordinate responses, contrast responses, miscellaneous responses, and speech habit responses. Wells gives case descriptions of all of his subjects. Here is an example:

Man, thirty-nine. Inferior personality. As a child "reticent, cold, hard to understand." Manic depressive, improvement from fifth attack (excitement). Disorder chiefly formal, without conscious trends. (377)

The manic depressive state has nothing to do with schizophrenia. However, there are cases of dementia praecox as well: “Man, thirty-two. Competent personality. Dementia praecox. Evidence of considerable autistic thinking, not especially systematized in its conscious expression” (377). The point is that Wells is looking at many different cases of mental illness.

Wells actually invokes Bleuler’s research. He states:
There are in every person's mind a number of trends which, when they govern the conduct of vital reactions, result in mental disease. These traits are included in Bleuler's concept of autism or autistic thinking. Where autistic trends meet those of logical or realistic thinking, a conflict is often set up. These conflicts are what is essentially understood in the conception of mental conflict. To the extent that the person is aware of these conflicts they are conscious. Of some there may be no awareness, and they belong to the unconscious. (379)

In this passage from Wells, the metaphor is conflict. There is a battle between normal and abnormal thinking, non-autistic and autistic trends. In Bleuler there was the possibility of some autistic thinking that he referred to as normal, but not in Wells. There is a physical dichotomy between conscious or unconscious thinking, the outside and the inside. Some of this description is borrowed from Freud.

Wells describes autism in detail. He differentiates the actual personality as the one born of consciousness from autistic manifestations or disease coming to the surface. He calls these “breakthroughs,” which result in catatonic or manic excitements (380). The breakthrough is figuratively described as a physical movement up to the body from somewhere deep within.

Wells distinguishes the body from the mind, creating another dichotomy. He states that:

In the intellectual sphere, autistic thinking proper reaches the normal consciousness through dreams, wit, and various beliefs which rather benefit than harm to the personality. It is further represented in the normal consciousness through sundry mental attitudes, prejudices, intuitions. Deeper emotions, though with conscious rationalizations, have instinctive and autistic determinants. Pathologically, it is a source of delusions and of scattered ideation. (380)

Wells, although a scientist, is referring to brain activity through literary terms such as wit and dreams. These terms come straight from Freudian psychoanalytic work through Bleuler. There had still been no research on organic brain pathology at that stage, so prevailing attitudes about autism remained. More abstract terms such as “intuitions,” “attitudes” and “prejudices” assist Wells in describing how autistic thinking functions in mental illness.
Wells then introduces another aspect in his description of autistic thinking—stimulus and response. This analysis is based in early behavioristic research on animals and represents the thinking that dominates the middle half of the 20th century. Wells writes that

the associative stimulus and response is an arc of the “third” level, normally involving consciousness. The relation between stimulus and response is one known to the subject. (381)

Wells illustrates the interaction between the conscious and unconscious mind as response to external stimuli, thus creating a scenario whereby the subject responds to something internal, creating delusions and other manifestations. Here is a clear-cut example of the objectification of autism and the individual as something akin to a machine, at least as Wells explains it.

Wells wants the reader to accept the physical and mental connections to autism. He extends autistic thinking into the normal realm and also links it to paranoia, hysteria, and other mental illnesses, but not schizophrenia. The text asks the audience to believe in the mind/body duality and to accept the idea that there is a reaction time for associations of terminology. Wells privileges the association test as a scientific measure over other measures. He narrows the focus to one variable, unlike Gatewood who looked at dementia praecox from a number of different variables. Wells still uses the term “dementia praecox” as opposed to “schizophrenia,” although he quotes Bleuler extensively. This implies that he may not believe in the disassociation component of Bleuler’s theory. The claim Wells wants us to believe is that the autistic person has a mental conflict that results in ideational and delusional thinking. Wells wants us to see the body as a machine, through a behaviorist lens, by utilizing stimulus/response language, but he is still chained to Freudian rhetoric. Wells conceives of reaction time to associations as the defining answer to dementia. Wells does not ask us to question the existing Freudian psychoanalytic basis of dreams and wit. It straddles the empirical and figurative by using
scientific and literary language. The artifact suggests that a non-quantitative representation of autistic tendencies falls short of explaining the phenomenon and that autistic tendencies do not only occur in schizophrenia.

Wells encourages the audience to accept mental illness as a reality, although his article leaves out any commentary on empathy for the sufferer. Wells utilizes and extends analysis on autism. Wells asks readers to construct themselves in such a way that they have an inside and an outside, just as Bleuler and Freud did. Wells believes that autism exists and is part of the normal process of the unconscious. The quantitative perspective represents a newly burgeoning field of study, ultimately leading to a transition away from Freudian psychoanalytics.

Another text utilizing the term “autism” is Rosanoff’s “A Theory of Personality Based Mainly on Psychiatric Experience” (1920). His earlier text was the basis for Wells’s work on quantifying autistic reactions to association tests. Rosanoff’s stated goal is to make possible the formulation of a theory which could endeavor to explain observed facts, raise specific questions, and stimulate and direct further investigation. To do this is the object of this communication. (281)

Rosanoff breaks abnormal personality into four categories: antisocial, cyclothymic, autistic, and epileptic personalities. Antisocial tendencies deal with criminal behavior and hysterical manifestations. Cyclothymic personality is based on Kraepelin’s nosology of manic, depressive, irascible, and emotional. Manic personalities are distractable and lose focus. The autistic personality is a unique category, although Rosanoff believes it has its manifestations in many disorders. His definition of autism is as follows:

Perhaps the most fundamental trait of autistic personality in general is narrowing or reduction of external interests and contacts and preoccupation with inward ruminations. Probably every schizophrenic manifestation is related to this fundamental trait. (284)
Rosanoff uses a couple of descriptions of autism, but interestingly, he omits Bleuler’s seminal text on the subject. He moves right to Kraepelin and Hoch for his definitions and descriptions. This is significant because, of the two definitions of autism, Kraepelin’s was ultimately accepted and instituted in the DSM-I. Rosanoff quotes Kraepelin as follows:

> It was mentioned with very special frequency, particularly in the male sex, that children were mostly concerned who always exhibited a quiet, shy, retiring disposition, made no friendships, lived only for themselves. Then a smaller group of children, mostly boys, is noticeable, who from childhood up were lazy and restless, disliked work, were inclined to nasty tricks, did not persevere anywhere, and then became vagrants or criminals. (285)

Rosanoff deviates from Bleuler by mentioning children. Bleuler tried to argue that schizophrenia and autism were prevalent in both children and adults, and thus his recommended name change from dementia praecox (premature) to schizophrenia (emphasizing association issues).

Moreover, Rosanoff utilizes Kraepelin’s descriptions of males, the descriptions of which later manifest themselves into correct diagnoses of Asperger Syndrome and Autism Spectrum Disorder. Bleuler does not distinguish between genders. Rosanoff also includes Kraepelin’s moralizing about autism, mentioning the idea of shiftlessness and laziness. Some of these character defect tendencies followed descriptions of the disorder into the later parts of the 20th century.

A modern definition is that autism is a neurodevelopmental disorder characterized by impaired social interaction, verbal and non-verbal communication, and by restricted and repetitive behavior. This definition dovetails with the Hoch and Kraepelin’s view of the maladaptive social interaction function.

Rosanoff paints an interesting picture of what we would call inspiration of an almost artistic variety. He likens it almost to a religious experience, yet this is autistic thinking. It would
seem that, based on Rosanoff’s explanations, there is a clear reason why autistics remain locked in their deepest thoughts and dreams. Rosanoff tries to describe one of these fancies in the autistic personality. He utilizes incredibly poetic language in order to do this. He states:

“During these five seconds, I live a whole human existence, and for that I would give my whole life and not think I was paying too dearly." Somewhat similarly, Flaubert states: "I have sometimes felt in the space of a minute a million thoughts, images, and combinations of all kinds throwing themselves into my brain at once, as it were the lighted squibs of fireworks" (11).

Rosanoff is utilizing literary references to describe an autistic phenomenon to a non-autistic audience. His explanation makes the autistic a person with too many thoughts to control.

Rosanoff compares the traits of a normal personality with that of the previously mentioned abnormal personality. His important statement is that a few of these traits can be analyzed qualitatively while the majority can be looked at quantitatively. The quantitative distinction is important because it signals a change in focus away from the figurative to the descriptive. Autism begins to be examined more from a medicalized, descriptive position, replete with behaviorist rhetoric. Rosanoff undertakes a hereditary analysis of personality disorders. This analysis is more akin to those performed by neuroscientists in the 1960s when they conducted autism tests on twins. He states:

Each of the abnormal types of personality that have been clinically distinguished is probably determined by special factors in heredity, and there is considerable evidence to show that in their blending they bear to one another relationships analogous to those of coat colors in mice and some other such cases known to biology. (286)

Rosanoff raises the possibility of recessive and dominant gene combinations, which is the current basis for much work on autism. Here is Rosanoff on the topic of quantitative methods:

What is commonly spoken of as general intelligence does not seem to vary qualitatively in relation to temperamental make-up, but a rather significant quantitative correlation seems to exist. (286)

Rosanoff tries to make the case that individuals with mental illness also have cognitive
intellectual defects, which we know now is not the case, especially in individuals with Asperger syndrome. Rosanoff quotes admissions statistics in a paper for New York hospitals: “The proportion found to be of intellectually inferior make-up were, for the manic-depressive cases 6.6 percent, for dementia praecox 17.4 percent, and for epilepsy 28.1 percent” (33). The determination of intellectual inferiority was based on a Stanford-Binet test or I.Q. test, which measures intellectual age.

This bears scrutiny. This is the first clear reference I observed in the literature that made specific reference to intelligence and institutionalization. What is not accounted for is that a number of the subjects who were studied were children, not attending school but simply in mental institutions. This scientific work would not bear scrutiny in later scientific work. It seemed as if most were character assessments based in subjective phenomena disguised as fact.

Rosanoff, like many scientists of his time, linked medical malfunctions to hereditary flaws. This naming of autism as a hereditary fault was akin to racial eugenics popular at the time. Rosanoff also believed that schizophrenia/autism was related to sexual promiscuity, another social character defect. Using Freud as a reference, Rosanoff argues:

The almost general auto-erotism of schizophrenia and the indiscriminating promiscuity, including incestuous practices, of feeble-mindedness are hardly to be considered as primary sexual anomalies, but rather as secondary to the fundamental personality defects and as their logical consequences. (292)

He now connects feeble-mindedness with incest. There is no scientific evidence for this statement, just anecdotal evidence. At one point, Rosanoff states that certain good looks are connected to a particular abnormal psychological temperament. These statements come from the same place as the phrenological movement, the study of brain size to determine criminality, or the Social Darwinian movement, a 19th-century group that linked criminality or deviance to
flawed evolutionary tendencies. These conclusions made it possible to justify perpetual institutionalization of mental hospital residents, which was clearly a self-serving venture for Rosanoff. He was the warden and head doctor at a large New York City mental institution.

Rosanoff undertook quantitative analysis personality components. He looked at genetic data, personal histories, pharmacological data, organic pathology, and senile involution. His data comprise some charts, but the most telling data are the association tests, all of which confirm mental illness as having a positive correlation with poor associations.

The preferred reading of the artifact is as a theory of general personality, comparing normal mental functions with what Rosanoff calls abnormal personality types, one of which is autistic thinking. He wants us to believe that mental defectives also have other character defects, like sexual issues, homosexuality, criminality, and the like. Rosanoff asks us to believe that there are quantitative measures to determine personality through association tests and I.Q. tests. In this way, the theory is very much like late 19th-century Social Darwinian theory. Rosanoff has a vested interest in confining mental patients, and his rhetoric of quantitative analysis justifies his theorizing. His scientific methodology is part Freudian but almost eugenicist in origin. Rosanoff’s article makes us see those with hysteria, manic depression, and those with schizophrenia as different and potentially threatening. Most of the patients should be locked up for others’ safety.

What is good for Rosanoff is mental normalcy; mental illness is a sign of genetic defect with perhaps an environmental component. He justifies his conclusions by using a quantitative analysis of associations, but really, his text is comprised of qualitative judgments. The artifact does not want us to think about other possibilities for intelligence quotient results, such as lack of schooling. It wants us to avoid seeing the actual mental institution resident and how they live
their lives under the watchful eye of a doctor like Rosanoff. Alternative interpretations would question the conclusions reached by Rosanoff about criminality, sexual preference and intellect. Rosanoff’s text suggests that the mental defective him/herself is marginalized and should be marginalized.

Rosanoff encourages the audience to accept mental institutions as repositories for the mentally ill. It provides a view that is naïve because it is questionable that intelligence and mental illness, without any clear brain pathology connection, are related in any way. The text assumes that genetic proclivities are the reason for mental illness, but there is little discussion about environmental factors having a role. Indeed, there are no case histories of institution inmates discussed, perhaps because Rosanoff labels his work a theory of personality. Here is an example of objectification of both autistic individuals as well as the type of rhetoric used in describing mentally “deficient” personalities for the purposes of institutionalization.

Morris Viteles’s book review (1932) of Davies’s Social Control of the Mentally Deficient illustrates the trend to institutionalize the mentally ill, especially autistic individuals. Viteles’s critiques Davies’s work on feeble-mindedness. The matter at hand is the Army intelligence tests, which are a modified version of the Stanford-Binet I.Q. tests. Viteles identifies three acceptable criteria: 1) marked deficiency of intelligence, 2) lack of normal development, and 3) social and economic incompetence. Davies writes a mini-history of feeble-mindedness, looking back over the past to the eugenicist movement as well as studies of “Hill folk” for a possible genetic answer for feeble-mindedness. It apparently relieves Viteles when Davies comes up with evidence for the incidence of feeblemindedness among children of normal parents, etc., as evidence that the hereditary transmission of feeblemindedness is neither so simple, nor so predictable, nor so alarming numerically, as was formerly believed. (379)
Viteles was closely examining Davies’s research on the genetic proclivity for institutionalized “feeble-minded” individuals to bear children who were also feeble-minded, thus leading to predictive capacity for institutionalization.

Viteles comments on sterilization as one of Davies’s potential options for eliminating mental illness. This argument is again based on the eugenics movement, which sought to purify society through removing mental illness. He states:

A review of the laws and practice of sterilization in this country leads to the conclusion that as a general procedure it has its limitations, and that, at any rate, it is certainly not a solution of the problem for the present generation. (379)

To think that in 1930 a serious discussion of sterilization was taken up in a major American medical journal is amazing. Viteles comments that Davies believes sterilization “has its limitations,” which are not described in detail. This review looks at autism and mental illness as diseases needing to be stamped out, limited, removed, or quarantined. Viteles strongly advocates for this position when he remarks:

It is pointed out, however, that segregation is not enough; that if we cannot intellectualize we can at least socialize, as is demonstrated by the work of the above schools, of the Waverley School, of the Vineland Training School, and of others. That rehabilitation may be accomplished through training and socialization is shown by studies of cases discharged or paroled from such institutions. Studies at Letchworth Village and at other institutions show that rehabilitation can be achieved by large numbers under the proper conditions. (380)

Viteles allows in this section for release from institutionalization, albeit by “parole.” He paraphrases Davies that socialization is a skill to be worked on with autistics as well as other mentally ill people, and he cites specific studies to illustrate this fact. Viteles makes a political argument about the removal of mental defectives from the public school system. He states:

The progress made in socialization by institutions for the mentally defective constitutes, in the opinion of the author, a challenge to the public schools in the care and training of
the mentally subnormal. The work which is being done in New York City's trade extension. (380)

He is saying that schools should focus on normal-intelligence children so that limited resources can be saved and that institutions for the mentally defective would have better resources and expertise in dealing with these children. In the end, Viteles summarizes Davies’s four suggestions for social control:

1. Specialized education and industrial training from an early age, through the agency of the public schools.
2. Special training in institutions and colonies with the end in view of returning the cases to the community.
3. Organized community supervision.
4. Permanent segregation of the feebleminded in whom it is not possible to develop adequate social qualifications. (381)

Viteles is incredibly positive about the volume, which takes analysis of mental illness into the political realm.

The obvious reading of the artifact is that mental illness leads to social problems that need to be solved through assistance from the state government in some way. Viteles asks the audience to believe that mentally ill people are defective; lacking in social, economic, and intellectual skill sets; and represent a drain on the public coffers. The only way the issue of mental illness can be dealt with is segregation and observation. Viteles makes a persuasive case for this treatment through the language choices and style of his presentation. The claim of mental defectiveness supposedly comes from Army intelligence tests. The research at this time was that association tests yielded irrefutable evidence of brain malfunction and performance issues. The article and review analyze the mentally defective as possibly coming from a long line of mental defectives, although evidence did not suggest this to be the case. Eugenicism is present, with the emphasis on sterilization. What is clearly good is normalcy and what is not
good is deviation from that norm. Implied is the empirical value of bell curves for intellect. The review does not want the audience to think about different ways of understanding mental illness or the concept of institutionalization. It assumes that segregating a different part of the population is what must be done for their good and the good of “normal” people. Also problematic is the notion of normal, which is not questioned. Mental illness is objectified because it is based on one score, that of the Army intelligence tests. Mental illness limits the idea of subjectivity of experience, values, background, race, gender and environment in the pursuit of empirically driven score lines. There are many alternative interpretations to the review of Davies. Questioning the idea of segregation is one. What are the benefits of placing mental defectives together? What about learning differences in those that are different? These are advocacy positions for autistics and others that do not appear at this time but begin to emerge later on in the 20th century. The artifact suggests that group integration between mentally ill individuals and neurotypical individuals is undesirable. It marginalizes an entire group and uses as its justification the need for observation and continued research.

Viteles encourages his audience to support further quarantining mentally defective individuals or releasing them only with significant supervision. He wants us to support state supervision of institutions. I believe it is a naïve understanding of mental illness, but it is not uncommon for its time (1920-1930). Viteles asks readers to construct themselves as different from the subjects under discussion. What is not questioned is the assumption that autism and hysteria are all one in terms of interventions. They all need to be studied and subjects (objects) with diagnoses have no hope of improvement, which is why Viteles argued for socialization as opposed to intellectualization. Viteles does not invite debate about the efficacy of releasing mentally “defective” people into society for their benefit and the benefit of society at large.
Part 4: The Creation of DSM-I: The Ultimate Objective Artifact

Part of Bleuler’s purpose for designating schizophrenia and autism in the way that he did was to account for Kraepelin’s nosology, or classification of diseases. Prior to Kraepelin, there were general terms for things such as hysteria. Kraepelin advanced this process greatly. Grob discusses the process of classification, especially in the case of mental illness, as a social process with many factors. He states:

Although nosological debates dealing with mental disorders were (and are) phrased in scientific and medical language, they were shaped by a variety of factors: the social origins and ideological, political, and moral commitments of psychiatrists; their desire for status and legitimacy; the characteristics of their patients; the nature and location of their practices; and the broader social and intellectual currents prevalent at a given time. (421)

Understanding the creation of the DSM-I will shed light on what could be called the ultimate artifact of the first half of the 20th century with respect to mental illness and the official representation of autism by science at that time. Numerous versions of the DSM will also illustrate how official science has changed its view on autism as well.

Nineteenth-century scientists were not really good at developing classification systems. They were more interested in what Grob calls the symbiotic relationship among nature, society, and the individual (422). Doctors at the time were able to identify mental illness but not really classify it. Early doctors utilized Esquirol’s classifications and divided insanity into two broad groups. The first, idiocy and imbecility, included individuals with congenital defects. The second encompassed those in whom lesions had impaired the functioning of the mind and included mania (either intellectual or affective) and dementia.

Toward the end of the 19th century, classification was used for statistical purposes—like...
the census. Grob argues that 19th-century American psychiatrists were deeply committed to the collection and analysis of such data. In their eyes, statistical inquiry could shed light on recovery rates, uncover the laws governing health and disease, serve the ends of policy advocacy, and enhance the legitimacy of both their specialty and their hospitals (420). By the late 1800s, a commission dealing with psychiatric statistics recommended a broad system that involved only seven categories of insanity (simple, epileptic, paralytic, senile dementia, organic dementia, idiocy, and cretinism).

The primary issue with mental illness categories was lack of knowledge. Most doctors had no idea how to classify all of the symptoms they observed. Earle responded in somewhat negative terms. "In the present state of our knowledge," he wrote, "no classification of insanity can be erected upon a pathological basis, for the simple reason that, with but slight exceptions, the pathology of the disease is unknown" (qtd. in Grob 421). However, patients were asking for causes and conditions, and therefore physicians were compelled to find designation categories.

Emil Kraepelin, the primary influence behind Bleuler, was the foremost categorizer of the late 19th century. Kraepelin in particular singled out groups of signs as evidencing specific disease entities such as dementia praecox and, later, manic-depressive psychosis. Studying thousands of patients at his clinic in Heidelberg, Kraepelin identified the disease in terms of its eventual outcome. Dealing with a large mass of data, he sorted out everything that individuals had in common, omitting what he regarded as purely personal data (Grob 422).

In the early 20th century, statistical researchers were fascinated with racial identity and ethnic identity due to massive immigration in the later part of the 19th century. As such, eugenics policies were instituted in many states, and psychological research started to look at specific personality types and mental defects as caused by racial and ethnic components. Thus,
it is clear that psychological research was implicated in political ideologies based in part on the shifting demographics of America.

Segregation of the mentally ill was a direct result of some of these political concerns. Thomas Salmon, a researcher, would move concern for mental hygiene ahead of the rights of the insane. Grob states:

In the past, he observed in 1917, the isolation of patients in mental hospitals had also isolated psychiatrists. A new kind of psychiatry, on the other hand, would reach beyond hospital confines and play a crucial part "in the great movements for social betterment." He [Salmon] urged his colleagues to undertake research, to help shape public policy, to lay the foundations of mental hygiene, to supervise the care of the retarded, to promote eugenical practices, to control alcoholism, to manage abnormal children, to define the treatment of criminals, and to play crucial roles in the prevention of crime, prostitution, and dependency. (425)

In other words, psychiatry, combined with the Progressive political movement and fears of alien invasion, assisted policy initiatives regarding mentally ill individuals. We saw some of these examples in the writings of Rosanoff and Viteles on the subject of autism, mental illness, and segregation and institutionalization of people with these illnesses.

By the early 1920s the mental disease categories had expanded to 22: traumatic psychoses, senile psychoses, psychoses with cerebral arteriosclerosis, general paralysis, psychoses with cerebral syphilis, psychoses with Huntington's chorea, psychoses with brain tumor, psychoses with other brain or nervous diseases, alcoholic psychoses, psychoses due to drugs and other exogenous toxins, psychoses with pellagra, psychoses with other somatic diseases, manic-depressive psychoses, involution melancholia, dementia praecox (subsequently schizophrenia), paranoia or paranoid conditions, epileptic psychoses, psychoneuroses and neuroses, psychoses with constitutional psychopathic inferiority, and psychoses with mental deficiency (Grob 426). These diagnoses were created by the National Committee for Mental
Hygiene, which issued the first standardized psychiatric nosology, the Statistical Manual for the Use of Institutions for the Insane (1918), clearly a precursor of the DSM.

The methodology of the manual was attacked. Adolf Meyer, one of the foremost psychiatrists of his era, remarked that the early statistical manual was "too narrow in that it excludes all disorders of the nervous system, which do not produce . . . psychoses." Second, it was "illogical" because the categories were based in part on etiology, in part on pathology, and in part on purely clinical data. Third, it was "inconsistent" (Grob 426).

However, the manual became the official nosology between WWI and WWII. According to Grob, the ironic part of the manual was that it was not really useful in helping diagnose patients. It was more of a data collection device. He states that “psychiatric therapies between the two World Wars, as a matter of fact, were for the most part eclectic and nonspecific; diagnosis was of only marginal significance” (427).

World War II changed the map of psychiatric medicine and nosology. Battle fatigue and other symptoms revealed how serious the environment was to mental health. In addition, mental issues were prevalent among “normal” populations and therefore garnered more interest. Doctors entered WW II and had wartime experiences in successfully treating neurotic symptoms in non-institutional settings (and allegedly preventing the onset of more serious psychotic symptoms). They also reinforced the growing importance of a psychodynamic and psycho-analytic model that ultimately became the basis for the postwar transformation of the specialty. More than anything else, the war helped to unify the belief that environmental stress contributed to mental maladjustment and that purposeful human interventions could alter psychological outcomes (Grob 428).
WW II induced many doctors to begin specializing in psychiatric medicine as well. As opposed to the narrow focus on the severely mentally ill, the concentration widened to the overall mental health of the American population at large, creating a “market niche” for psychiatrists and huge growth in the field. The dynamic of medicine had changed from reactive to proactive medicine and from treatment psychiatry to preventive psychiatry under the assumption that treating early onset of, say, autistic behavior might preclude the onset of schizophrenia.

The Group for the Advancement of Psychology (GAP) formed in 1946 to move psychiatry out of the hospitals and into the community. Its function was to act as a pressure group within the American Psychiatric Association (APA) to change the group’s focus to preventive mental health outcomes. Given the need for psychiatrists to use a nosology for everyday mental health concerns, there had to be a manual that would assist health professionals in diagnosing individuals for preventive treatment. Minor personality disturbances, many of which were important only because they occurred within a military context, were placed in the "psychopathic personality" category. The "psychoneurotic" label was given to men who had developed symptoms because of the stress of combat. There was virtually no recognition of psychosomatic disorders. By the end of the war the Army and Navy had adopted their own classifications, which subsequently became the basis for revisions of the International Statistical Classification (DSM-I, pp. v-viii).

The DSM-I reflected the intellectual, cultural, and social forces that had transformed psychiatry during and after World War II. It divided mental disorders into two major groupings. The first represented cases in which the disturbed mental function resulted from or was precipitated by a primary impairment of brain function. Such brain syndromes were associated
with a variety of somatic conditions like infection, drugs, poison, or alcoholic intoxication; trauma; circulatory or metabolic disturbances; intracranial neoplasms; multiple sclerosis; and Huntington's chorea or other diseases of hereditary origin. The second category encompassed disorders resulting from a more general inability of the individual to adjust, in which brain function disturbance was secondary to the psychiatric illness. The DSM-I (9-43) divided this group into psychotic and psychoneurotic disorders. The former included manic-depressive and paranoid reactions as well as schizophrenia. The latter, in turn, was composed of anxiety, dissociative, conversion, phobic, obsessive-compulsive, and depressive disorders as well as a variety of personality disorders that included emotional instability, compulsiveness, antisocial behavior, sexual deviation, alcoholism, drug addiction, stress, and various reactions associated with different age categories (Grob 430).

Research attests that the diagnoses fit with the new philosophy of psychoanalytic and psychodynamic theory in the specialty of psychiatry. The majority of psychiatrists were medical school graduates and fewer worked in mental institutions; as a result, they were empirically oriented psychiatrists. After 1945, by way of contrast, American psychiatry to an unprecedented degree was shaped by psychoanalytic theory, which emphasized the psychological mechanisms that mediated between instinctual biological drives and the pressures of the external environment. Change was already evident by the end of the war. In 1946, the American Board of Psychiatry and Neurology gave its stamp of approval to psychodynamic principles; this anticipated the emergence of a more psychoanalytically oriented psychiatry (Grob 429).

According to Grob, the publication of the DSM-I in 1952 was a visible symbol of the transformation of American psychiatry. Unlike the Statistical Manual, the DSM -I elevated the significance of diagnosis (430). George Raines is quoted as saying that "accurate diagnosis is the
keystone of appropriate treatment and competent prognosis" (qtd. in Grob 68). He was critical of the claim that individual differences precluded the use of standardized categories. "Sound diagnosis," he added, "is possible only with a nomenclature in keeping with current concepts of psychiatric illness" (qtd. in Grob 68). The DSM-I, moreover, was "sufficiently flexible and inclusive to permit the introduction of new and original ideas" (qtd. in Grob 68).

The actual DSM-I, as a textual artifact, is very telling with respect to autism. Because the idea of autism had recently begun circulating, it was not given its own diagnostic criteria in this first edition of the DSM. Instead, children demonstrating autistic-like symptoms were classified as “childhood schizophrenic” (American Psychiatric Association, 1952). Here is a section of the DSM-I utilizing the term “autism:"

Here will be classified those schizophrenic reactions occurring before puberty. The clinical picture may differ from schizophrenic reactions occurring in other age periods because of the immaturity and plasticity of the patient at the time of onset of the reaction. Psychotic reactions in children, manifesting primarily autism, will be classified here. (APA DSM-I 28)

Here is the DSM-I definition of schizoid personality:

Inherent traits in such personalities are (1) avoidance of close relations with others, (2) inability to express directly hostility or even ordinary aggressive feelings, and (3) autistic thinking. These qualities result early in coldness, aloofness, emotional detachment, fearfulness, avoidance of competition, and day dreams revolving around the need for omnipotence. As children, they are usually quiet, shy, obedient, sensitive and rearing. At puberty, they frequently become more withdrawn, then manifesting the aggregate of personality traits known as introversion, namely, quietness, seclusiveness, "shut-in-ness," and unsociability, often with eccentricity. (APA DSM-I 32)

The description looks a lot more like Kraepelin’s nosology than Bleuler’s disassociation pattern. It is clear from this definition that Kraepelin’s ideas were accepted by status quo scientists, although Bleuler’s component of autistic thinking is a part of the definition. Since the DSM-I was a nosological text, Kraepelin’s nosological data were an easier fit for the publication. Notice also the details of autism with respect to schizophrenia; these almost go back to pre-Bleuler
dementia praecox with the child manifesting symptoms. Kanner discusses this idea in his text and I will discuss this aspect in Chapter 3.

The accepted reading of the DSM-I is based on Kraepelin’s 19th-century nosology. The American Psychiatric Association started to transition to psychoanalytic and psychodynamic perspectives and away from early qualitative analyses. The artifact asks readers to believe that autism is related to schizophrenia, as Bleuler had indicated some 40 years earlier. However, there is no evidence in the DSM-I definition that schizophrenia had anything to do with adults, as Bleuler had argued. In addition, the text placed autistic thinking in the schizophrenic category only and not as an aspect of normal thinking, as many previous scholars had argued. The text claims that childhood schizophrenia can be treated due to its “elasticity,” further implying that mental illness was either preventable or reducible. The text is for the purpose not of data collection, as the 1918 Statistical Manual was, but actually for the diagnosis and treatment of mental illness by health professionals. The specific categorization of mental disease is looked upon as an improvement over previous holistic approaches to psychiatric medicine. These “advancements” correspond to the changing of the profession of psychiatry post-WW II. Another way to express this fact is that it was no longer good enough to guess at diagnosis; the manual would take care of all relevant symptoms so doctors could accurately treat mental illness. Factors were empirically based on massive amounts of observation, and therefore, conditions like autistic thinking were empirically based. In this way, autism was objectively codified in a volume for perusal. The text does not always represent all scholarship; the DSM-I is based on rhetorical persuasion from committee members in the APA. Powerful interest groups created subcommittees that voted on the acceptable definitions from prior scholarship. Sometimes information was omitted, as was the case with Bleuler’s disassociative work for schizophrenia,
which made it into later versions of the DSM. The DSM-I asks its audience to examine the text as definitive; it does not want alternative definitions because it wants uniformity of treatment. It is the official stance on mental illness. No real alternatives are offered to the text. The artifact suggests that research in conflict with the text is not valuable for successful identification and diagnosis of mental illness.

The DSM-I encourages the audience to accept its findings based on APA standards. Bazerman argues that it has a behaviorist approach. This approach seems outdated now because of recent postmodern scholarship critical of modernist teleology. The DSM-I asks the audience to construct themselves as consumers of empirically accurate, factual definitions, not questioning the categories. It looks at mental illness as abnormal personality that should be fixed in some way. It does not invite debate or allow for marginalized viewpoints.

Conclusion

After looking at Bleuler’s text, as well as the dialogues surrounding his work, and additional texts about autism culminating in the DSM-I of 1952, we can turn to the question that guided this chapter: How did autism become “objectified” in the first half of the 20th century?

Bleuler categorized autism as a primary symptom of schizophrenia, also known as dementia praecox. Dementia Praecox was created to describe a phenomenon that Bleuler had noticed in his clinical practice. In historical context, Bleuler, a follower of Freud, was rhetorically ensconced between the poles of empirical analysis and figurative language. Bleuler did not write his text Dementia Praecox in a vacuum. He was influenced by the dialogues of Kraepelin and Freud in the creation of his book, and in turn, his ideas were debated and discussed by other famous scholars. Their commentaries, when analyzed, as well as his, showed
a strong influence of Freudian psychoanalytic tendencies as well as the desire to codify mental illness. However, when factual gaps existed, attempts at rhetorical language, especially the use of metaphors and analogies, were employed. While some of the reviews of Bleuler’s text were laudatory, many were agonistic, a trend Gross and Bazerman both talk about in their theoretical work on the rhetoric of science. Specific commentaries, especially those later on in the first half of the 20th century, took autism out of the context of schizophrenia and tried to apply it to all sorts of mental illnesses, often returning it to the nosology of Kraepelin. Some conceptualized autism in a rhetoric of science dealing with the personality. Autism became codified as a part of “abnormal” psychology and, as such, was used to define individuals as mental defectives. These rhetorical artifacts carried with them the residue of the eugenics movement, Social Darwinism, and sterilization as well as the beginnings of the genetics discussion so important to later brain research on autism. As the first half of the 20th century progressed, autism became codified in the DSM-I. The DSM-I was in many ways a victory for behaviorist science, as it attempted to define all symptoms of mental disease for use as a diagnostic and treatment manual. In this sense, it borrowed its nosological foundations from the 19th-century scientist Kraepelin; Autism, while created by Bleuler, was instantiated in Kraepelinian nosology through the DSM-I. Autism, while symptomatized by Bleuler, became a permanent textual item, captured for all time through official science rhetoric in the DSM-I.
CHAPTER 3

THE POLARITIES OF SCIENTIFIC RESEARCH ON AUTISM MID-CENTURY AS EXPRESSED IN THE RHETORIC OF LEO KANNER AND BRUNO BETTELHEIM

Introduction

It is my purpose in this chapter to describe the polarities of the scientific research on autism in the writings of Leo Kanner and Bruno Bettelheim. The change in the rhetoric of autism, which began with Kanner’s discussion of autistic/schizophrenic children, took on greater emphasis throughout the World War II years, as more psychiatrists specialized in neuroscience and neuropathology, leaving Freudian language behind for pathological diagnoses. In some ways, there was pushback from psychoanalysts represented by individuals like Bruno Bettelheim, a strong proponent of psychoanalytic techniques in the treatment of autism. In this period, psychiatrists changed the status of autism as a mental disorder although initially they considered it as a symptom of schizophrenia. The persuasive techniques in major texts used by both sides in this period are analyzed as well as in reviews and commentaries due to changes in the rhetoric of autism and in the rhetoric of science in general.

Part 1: Kanner, Childhood Psychosis, and Rhetorical Non-Commitment

Kanner departed significantly from Bleuler’s schizophrenia definitions but not completely from the psychosocial views of his predecessors. Kanner did not directly challenge much of the previous knowledge; however, he did add significant clinical observation to the
syndrome he would come to call infantile autism. Within a year of his 1943 discovery, infantile autism was codified, and numerous other case studies confirmed this unique syndrome, which he realized was separate from schizophrenia and whose diagnosis was thus a significant departure from the work of Bleuler and others. What is intriguing about Kanner is his use of metaphorical language, psychogenic theories, and his biologic approach; thus he is the greatest representative of a fence-straddler with respect to autism. His rhetoric became highly imagistic and unfortunately left a lasting impression on his legacy; however, his accuracy and empirical description are without a doubt “scientific,” impressing all later researchers who rightfully call infantile autism Kanner’s syndrome.

Kanner’s principal contribution to the autism discourse, “Autistic Disturbances of Affective Contact,” has been described by Dr. Michael Rutter as “one of the few scientific papers that have stood the test of time as well as Kanner’s first description of the syndrome that came to bear his name” (Rutter 50). In the review, Rutter comments that Kanner was the first person to recognize that this constellation of behaviors constituted a condition that was different from the general run of problems grouped under “mental retardation” or “schizophrenia” (Rutter 51). Rutter praises Kanner’s clinical acumen but also, and perhaps more importantly, states that “his observations were not only amply confirmed by subsequent investigations but, also, further research demonstrated that he had been correct in his identification of the key features that held the syndrome together” (Rutter 51). Given the fact that the cardinal traits of autistic children varied from muteness in one child to precocity and echolalia in another, this is a remarkable feat. Rutter quotes Kanner’s conclusion:

We must, then, assume that these children have come into the world with innate ability to form the usual, biologically provided affective contact with people, just as other children come into the world with innate physical or intellectual handicaps. If this assumption is
correct, a further study of our children may help to furnish concrete criteria regarding the still diffuse notions about constitutional components of emotional reactivity. (qtd. in Rutter 52)

Rutter purposely chooses the biological component to show his own scholarly heritage, that of a biological and genetic approach to autism. He differentiates the “constitutional components of emotional reactivity” from the psychoanalytic ones. Kanner’s article was the first to promote the idea that there were biological and innate reasons for lack of affective contact with others, what he called autism.

The article itself, comprising approximately 50 pages of clinical description of 11 cases of young children, was a combination of narrative and scientific writing. It was arranged as case histories of the 11 children, followed by a discussion of the similarities of the cases and a final series of comments about the direction of future research. In this chapter I examine a particular case, Case 3, for its rhetorical content because Case 3 most closely encapsulates the rhetorical strategies of Kanner’s unique perspective on autism.

Kanner begins his case study of Richard M., who was referred to Johns Hopkins Hospital on February 5, 1941, at 3 years and 3 months, based on a concern that the boy was deaf. Kanner comments on his intern’s notes:

The child seems quite intelligent, playing with toys in his bed and being adequately curious about instruments used in the examination. He seems quite self-sufficient in his play. It is difficult to tell definitely whether he hears, but it seems that he does. He will obey commands such as “Sit up” or “Lie down,” even when he does not see the speaker. He does not pay attention to conversation going on around him, and although he does make noises, he says no recognizable words. (220)

Kanner’s selection of the intern’s comments illustrates that he does not want to create the impression that his is the only clinical observation. The appearance of neutrality is important; ethos is established through this rhetorical technique. The passage speaks to the child’s self-
sufficiency, play, and makes some educated guesses as to his hearing ability as well as his mutism. These are all qualities of Kanner’s formal description of autism.

Kanner is obsessively interested in the parents of the boy, especially the mother. The reason for this concern is his ultimate theory that environmental factors are at the root of autistic children. You can see in the quotation below that Kanner focuses on the obsessive nature of the mother’s interactions. He states:

His mother brought with her copious notes that indicated obsessive preoccupation with details and a tendency to read all sorts of peculiar interpretations into the child’s performance. She watched (and recorded) every gesture and every “look,” trying to find their specific significance and finally deciding on a particular, sometimes very farfetched explanation. (221)

This analysis of the mother’s tendencies is very odd until we realize that Kanner has a theory, which is based in the oddness of parental figures as a potential cause of autism. Kanner tries to lead us to this conclusion of autism’s etiology by including the oddness and obsessive nature of the parents. Kanner’s point here is to indicate to readers that obsessiveness is a cause for autistic thinking. His inclusion of the quotation attempts to persuade readers that the mother is somehow impacting the child with her behaviors. Although the description is wrapped in a clinical observation, Kanner’s words appear both rhetorical and persuasive.

Kanner describes the father as equally distant. The father is a professional person who is enveloped in his work and minimizes the care of the child. Kanner goes into a long explanation of the mother’s college education, the grandfather’s professional background, and the child’s brother. Kanner is trying to add information that will help him make the case for a familial link to autism, connecting professional background and intelligence with autistic proclivities. Again, the purpose of the connection to a distant father is to create a metaphor whereby the readers
understand autism as caused by familial distance. Kanner gives a strict medical description of Richard as well. He writes:

Pregnancy and birth were normal. He sat up at 8 months and walked at 1 year. His mother began to “train” him at the age of 3 weeks, giving him a suppository every morning “so his bowels could move by the clock.” The mother, in comparing her two children, recalled that while her younger child showed an active anticipatory reaction to being picked up, Richard had not shown any physiognomic or postural sign of preparedness and had failed to adjust his body to being held by her or the nurse. (21)

All of the information is collected from Richard’s mother, who obviously gave a detailed account of his walking and bowel movements. A key aspect of Kanner’s description of autism was the final part of the quotation, where Richard does not react to any physical contact. Kanner calls this one of the three key aspects of infantile autism.

The order of many of Kanner’s cases is: study of parent commentary, actual observation of the child, and follow-up with the child at a later date for change in dementia status. Kanner speculates throughout the collection of notes and materials from the mother. He quotes her as saying, “He gave the impression of silent wisdom” (21) because he could not or did not speak. This is an analogy taken from the mother, which Kanner includes as a rhetorical figure. It is important to note that Kanner uses analogy and arrangement in his description to impact the reader’s belief that autism is based on a metaphor of lack. Kanner’s actual observations of the boy reconcile with the mother’s notes and include some components of the overall diagnosis. He states:

He had himself led willingly to the psychiatrist’s office and engaged at once in active play with the toys, paying no attention to the persons in the room. Occasionally, he looked up at the walls, smiled and uttered short staccato forceful sounds—“Ee! Ee! Ee!” He complied with a spoken and gestural command of his mother to take off his slippers. When the command was changed to another, this time without gestures, he repeated the original request and again took off his slippers. (221-222)
Here we see Kanner’s clinical observations of the child. A key comment is the boy paid no attention to anyone else in the room. This is another of the three key cornerstones of Kanner’s ultimate diagnosis in his discussion section. It is obvious that Richard is not deaf for he responds to his mother’s spoken command. The key conclusion from this case was the complete lack of interest in or awareness of social surroundings, no contact with people, and the treatment of people like objects. As a result, Kanner’s description indicates to the reader that the boy is odd, or alien to the norm of childhood behavior. Kanner underscores this metaphor with clinical observations to make it seem like there is an empirical, clinical approach, when in fact his descriptions are highly figurative.

A very different case, Case 8, dealt with a boy named Alfred L. He was brought to Kanner at 3½ years of age. The case notes from the parents indicate a very different aspect of infantile autism:

He has gradually shown a marked tendency toward developing one special interest which will completely dominate his day’s activities. He talks of little else while the interest exists, he frets when he is not able to indulge in it (by seeing it, coming in contact with it, drawing pictures of it), and it is difficult to get his attention because of his preoccupation…There has also been the problem of an over attachment to the world of objects and failure to develop the usual amount of social awareness. (30)

The emphasis on a special interest is particularly notable because this comes up frequently in the diagnosis of Asperger Syndrome, which in 1943 had not been formally identified. In a later chapter I examine the debate about whether Asperger syndrome should be included as part of autism or kept separate from it. In addition, the core concern of the child’s preoccupation with objects over people is reiterated from earlier case studies. Again, these are notes from parent contacts, albeit secondhand information, but Kanner makes sure he actually sees the children in a clinical setting to draw his own conclusions.
Kanner spends a great deal of time discussing the parent, though his subject is the child. At the time, many scientists believed that children inherited autistic traits from their parents (250). He comments:

Alfred was an only child. His father, 30 years old at the time of his birth, “does not get along well with people, is suspicious, easily hurt, easily aroused to anger, has to be dragged out to visit friends, spends his time reading, gardening, fishing.” He is a chemist and a law school graduate. (231)

And the mother:

The mother left her husband two months after Alfred’s birth. The child has lived with his mother and maternal grandparents. “In the home is a nursery school and kindergarten (run by the mother), which creates some confusion for the child.” (231)

The words included in Kanner’s interview are those of the mother only. She reports on the behavior of the child as well as describing the characteristics of both herself and the father of the child. Kanner reports that the father is intelligent but temperamental, while the mother is highly active and structured (235). In addition, there is marital conflict between the mother and father, which may have something to do with Alfred’s problems. Moreover, Kanner seems to indicate that Alfred takes after his father in some ways as well. In his description of the parents, Kanner seems anti-empirical because of his use of words like “confusion” and “suspicion.”

Kanner’s actual observation of Alfred is similar to Case 3. Alfred is an alien mind in a doctor’s office. Kanner’s metaphor of alien is present here. The difference is that the alien mind is not symbolic of mental retardation; rather, in this case, the alien mind is actually genius-level intelligence. Despite all of these details, Kanner connects autism to difference in a metaphorical manner. He states:

Alfred, upon entering the office, paid no attention to the examiner. He immediately spotted a train in the toy cabinet, took it out, and connected and disconnected the cars in a slow, monotonous manner. He kept saying many times, “More train—more train—more train.” He repeatedly “counted” the car windows: “One, two windows—one, two windows—one, two windows—four window, eight window, eight windows.” He could
not in any way be distracted from the trains. A Binet test was attempted in a room in which there were no trains. It was possible with much difficulty to pierce from time to time through his preoccupations. He finally complied in most instances in a manner that clearly indicated that he wanted to get through with the particular intrusion; this was repeated with each individual item of the task. In the end he achieved an IQ of 140. (231)

Again, we see Kanner’s description of an inattentive child, but with the added twist of the special interest reminiscent of Asperger Syndrome. The obsessive counting is a part of the three-fold diagnosis. Unlike many of the other cases, however, Alfred’s IQ was extremely high. Kanner uses the idea of “piercing through” the preoccupation of the boy to get him on task. This image is reminiscent of the previous image of the wall metaphor discussed by scholars in Chapter 2.

Kanner also terms “echolalia” the repeated phrases of the windows. He forms a uniquely different picture of autism in this rendition than in the previous one; however, there are a few similarities as well, like the disconnection from people.

Kanner synthesizes the cases into what he calls the autistic “syndrome,” which in effect reverses what empirical science had done in the time of Bleuler. In Bleuler’s time, there was a grand theory into which specific facts fit; in this action, Kanner looks at a range of symptoms and generalizes to a syndrome he calls infantile autism. This induction is empirically based, although there are patches of Kanner’s own notions of the parental component in the clinical observation. Although the children are interviewed, the parents are surreptitiously interviewed (apart from the children’s knowledge) and discussed as well.

The synthesis is also a case that Kanner is making – the first of its kind. He is trying to persuade other scientists that the constellation of symptoms is a syndrome with specific essential common characteristics. This is quite controversial because the characteristics reside in male or female individuals who on the surface range in intelligence from a 140 IQ to a 60 IQ.
Kanner recapitulates his key information in the discussion section. One of his key conclusions is that “the outstanding, ‘pathognomic,’ fundamental disorder is the children’s inability to relate themselves in the ordinary way to people and situations from the beginning of life” (41). Kanner, in the parent commentaries, isolates phrases like “self-sufficient,” “like in a shell” “happiest when left alone,” “acting as if people weren’t there,” “perfectly oblivious to everything about him,” “giving the impression of silent wisdom,” “failing to develop the usual amount of social awareness,” and “acting almost as if hypnotized” (241). The key aspect is the extreme autistic aloneness that, whenever possible, disregards, ignores, or shuts out anything that comes to the child from the outside (241). He sees similarities in all of the responses across different genders as well as age groups and intellectual categories. This is a fascinating phenomenon because an empirical scientist is privileging words over figures to draw conclusions.

Kanner discusses speech, which is one of the three components of the spectrum labeled as infantile autism. He expands the notion of speech from just word utterance to the social meaning of language. He concludes that of the eight individuals who spoke, none used language that conveyed meaning to others. This conclusion, which includes echolalia and naming, indicated that the autistic children spoke almost a completely different language from the neurotypical person. He states:

Thus, from the start, language, which the children did not use for the purpose of communication—was deflected in a considerable measure to a self-sufficient, semantically and conversationally valueless or grossly distorted memory exercise. (242) This idea is significant from a rhetorical perspective because Kanner is generalizing about the nature of discourse for autistic children, saying that autistic children really remain outside of society because their speech is conversationally useless socially. Therefore, they cannot
communicate even when they are communicating. This idea precedes more modern accounts of authentic communication, which Kanner rejects. If conversation is useless for the autistic child, then he/she cannot persuade anyone, and therefore he/she is outside the rhetorical realm. What is not accounted for is that this very utterance by Kanner is a rhetorical one, which has a long-lasting impact on the value of autistic children in general. In other words, Kanner is trying to convince readers that autistic children are a certain way, and by doing this, he is attempting to persuade his audience about the fundamental nature of autistic identity. If neurotypicals conclude that autistic children are outside of language, and indirectly outside of society because language is the glue that keeps society together, then this opinion has a devastating effect on neuro-atypicals.

Kanner draws a distinction between the literal and figurative nature of language. He argues that normal children can understand the figurative, while autistic children cannot. Kanner analyzes literalness, which brings up another rhetorical phenomenon. Kanner states:

John F. corrected his father’s statement about pictures on the wall; the pictures were “near the wall.” Donald T., requested to put something down, promptly put it on the floor. Apparently the meaning of a word becomes inflexible and cannot be used with any but the originally acquired connotation. (243)

In addition, Kanner mentioned the “set, not-to-be-changed phrase for every specific occasion” (243). What is impactful about this clinical observation is his conclusion that there is no metaphorical meaning for an autistic child. If the word is taken literally, and the world is filled with metaphors, and most people uncover their respective worlds through metaphor, then autistics lack understanding about a large part of the world around them. The rigidity of words indicates that autistic children can only ascribe one meaning to one word; then they cannot
ascribe multiple meanings to the word and lose flexibility. As a result, their wisdom decreases because they are limited in ascribing meaning to key words.

This inflexibility extends to monotonous repetitions of words as well. Kanner mentions as his third key diagnostic characteristic the repetition of verbal utterances, echolalia, and the child’s behavior being governed by an anxiously obsessive desire for maintenance of sameness that nobody but the child himself may disrupt on rare occasions (244). Here are some echoes of Freudian language with the words “desire,” “anxiety,” and “obsession.” Kanner implies that there may be an external factor for these utterances, which will be discussed in detail a bit later. This desire for sameness limits spontaneous activity, which means a lack of rhetorical invention as well (245-246). This limitation results in what Kanner calls “the inability to experience wholes without full attention to the constituent parts” (246). From a rhetorical and argumentative perspective, this suggests that the child is so caught up in the details that he cannot understand context of any sort. He cannot “see the big picture.”

Later, Baron-Cohen makes this same argument with respect to autism, utilizing his Theory of Mind hypothesis. If one cannot see the big picture, then one cannot use induction, which is making a big picture from the smaller parts of an argument. It would also imply a blindness with respect to the big argument and the breaking down of the bigger argument into smaller arguments. Kanner is claiming in effect that autistic children cannot argue either inductively or deductively. In this sense, they are a-rhetorical creatures in a rhetorical universe. Here again is another example of what I have termed objectification of the autistic person, but through a medical report and summary.

Kanner’s rhetoric does not fail to extend to his case studies’ families and their intelligence. Kanner defines intelligence in a vague way. He says it is a cognitive potentiality;
the potential for what, however, is unclear. For autistic children, intelligence is variable; there is a spectrum of intelligence quotients throughout autistic behavior. Kanner insists that even though most of these children were at one time or another looked at as feeble-minded, they are all unquestionably endowed with good cognitive potentialities. They all have strikingly intelligent physiognomies... The astounding vocabulary of the speaking children, the excellent memory for events of several years before, the phenomenal rote memory for events of several years before, the phenomenal rote memory for poems and names, and the precise recollection of complex patterns and sequences, bespeak good intelligence in the sense in which this word is commonly used. (247)

He is trapped by the idea that intelligence quotient (IQ), or general intelligence, is a measure of cognitive potential, but he doubts that these individuals are useful even though they have “good intelligence in the sense in which this word is commonly used” (247). They have a certain cultural intelligence because of their knowledge of poems and such, but how can they have value if they rely on memory as opposed to invention?

Kanner also revisits the parents. He comments on their intelligence and also their obsessiveness. What he fails to consider is that his sample is biased because all of the parents who sought him out would most likely be intelligent and well-read individuals. He violates experimental controls by concluding that these parents, who all represent socioeconomic and educational groups, are somehow representative of the norm with respect to typical parents of autistic children.

Much has been written about Kanner in retrospect. Mesibov, Adams and Schopler list some of Kanner’s greatest misconceptions, mainly the role of the intelligent parent, the autistic child’s high capacity for language attainment, and the prevalence of first-born or only children having the syndrome (640), yet, in an extraordinary address at the National Autism Society Meeting in 1969, Kanner stated, “Herewith I especially acquit you people as parents. I have been misquoted many times. From the very first publication to the last, I spoke of this condition in no
uncertain terms as innate” (642). This prevarication is amazing given previous statements about parental influence and intelligence.

The ideological components of Kanner’s article, “Autistic Disturbances of Affective Contact” (1943) are somewhat contradictory, resulting from Kanner’s equivocation between evidence of autism on one hand and prevailing psychodynamic theories of the time on the other hand. The standardized reading of the article is as a groundbreaking study of a new type of syndrome called infantile autism, which has three major components: social isolation, language impairments, and insistence on sameness. It is an extension of Bleuler’s work on autism because Kanner does not completely rid himself of the schizophrenia diagnosis; however, Kanner does trace some significant differences between examples of clinical schizophrenia and this current observational feature of infantile autism. The article is meant to be read as a scientific study, yet it has some figurative language and provides a long narrative of 11 case studies with commentary from Kanner on the nature of parenting and intelligence and parental obsessiveness. These comments appear to be more holdovers from Freudian types of narrative descriptions from earlier times. Kanner is straddling the new science and the old psychoanalytic preparation of materials. In some ways, this is astute because his audience is comprised of very committed followers of psychoanalytic theories, which dominated psychiatry at the time.

Kanner asks the audience to believe that some of the symptoms, such as the autistic aloneness, are potentially innate but also for us to believe that because of certain kinds of parents—intelligent, cold, and obsessive—children can become autistic through environmental stimuli. Kanner asks us to cast a suspicious eye toward mothers in particular, who in some instances did not have the sufficient parenting skills to nurture a successful child.
The article’s principal claim is that this syndrome exists despite the fact that there is a wide variance among autistic children. For example, in one of the cases a child had a 140 IQ while in another case the boy was mute, deaf, and unresponsive to interpersonal interactions. Given his clinical observations, Kanner was able to see through the differences to the other similarities of the syndrome. Another claim is that qualitative observation can be scientific. This idea deviates from some of the scientific tabulations of earlier decades that relied heavily on quantitative analysis.

Kanner argues that we should engage with children so they do not build a wall that we need to “pierce.” If parents are engaged with their children, they will have a better chance for successful communication with others. Kanner wants us to see the autistic child as separated, completely and totally, from affective contact. These children cannot engage using language, and as such, they stand outside human society and interaction. They are lost souls who only later develop coping skills (although their rhetorical powers of invention are non-existent) while they rely heavily on the rhetorical canon of memory to mimic real, authentic communication.

In his analysis, Kanner recommends against family strife because many of his parents either divorced or separated in the process of the study. His study cautions that highly intelligent, obsessive people like fathers who are absorbed in their work and mothers who neglect their children should not breed. This tradition of parental blaming continues with Bettelheim and others.

Kanner does not want us to notice that their education allowed the parents to find a doctor of Kanner’s stature in the first place. In addition, he also does not want us to think that many of the families went through breakups because of the stress of their autistic children. In a way, Kanner blames the victims instead of considering that they are the recipients of family strain. He
also wants us to equivocate between innate and external causes of autism. Kanner’s article tends to make us think that his sample of parents represents a normal cross-section. He commits a fallacy of hasty generalization in doing so. Finally, Kanner does not want us to see autistic children as real communicators. This may be the most deeply troubling aspect of the text. In the name of scientific observation, it regards autistic children as so extremely alone that they lack the ability to interact with those around them.

There are many arguments against his arguments in the article. For one, it can be argued prima facie that the sample of parents is a very narrow one and should be discounted. As a matter of fact, recent scholarship argues that autism cuts across all genders, nationalities, and socioeconomic classes. In addition, it can be argued that the parents in his study, as opposed to being distant, must have truly cared for their children, which is why they took them with notes to Dr. Kanner in the first place. Another alternative interpretation is that, given the significant differences between the children, there must have been an innate component.

Kanner’s text encourages its audience to accept clinical observation as a relevant and scientifically valid methodology. Kanner encourages the belief in “refrigerator moms,” whom he categorizes in a later follow-up to his original study. It can be argued that Kanner encourages a view that is not supported by contemporary empirical evidence. In fact, it seems Kanner imposes his own views, based in part on psychoanalytic theories, on anality and the orality and the parent, and so he is misguided in his reliance on the old Freudian theories when discussing this new medical phenomenon.

Kanner’s rhetoric encourages readers to construct themselves as clinicians who share Kanner’s views of the similarity of symptoms of infantile autism. He lets readers look into his everyday life as a clinician, citing the behaviors of parents and autistic children in the doctor’s
office. In other words, readers get a bird’s-eye view of what it is like to work with autistic children. Therefore, readers have to see Kanner’s reality as a first-person clinician. His rhetoric uses qualitative data from parental records and discussions, as well as in-person observations, to draw its conclusions. Readers are not asked to question any of the “scientific” findings; as a result, Kanner interjects some ideas that pose as science but are really just personal observations of parents and grandparents and IQ scores that ultimately have nothing to do with the overall diagnosis. He invites the audience to accept the new designation of autism as partially innate and partially external.

There were a number of critical responses to the article, as well as to his seminal textbook, *Child Psychiatry* (1934), which went through many editions. An overview of these works will shed some light on the status of the arguments about autism as a term and a concept as well as detailing the ideology of science at the time. One scholar who wrote about Kanner’s work is John Gray Peatman. In his review of *Child Psychiatry* (1935), he states that

> Dr. Kanner's orientation--toward the problems of child psychiatry is that of Adolf Meyer's "objective psychobiology"- a progressive eclecticism developed in the healthy atmosphere engendered by the logic of scientific method. (432)

Peatman’s comment is that although Kanner uses a biological approach utilizing empirical results, he also does not abandon Freudian backgrounds. Kanner is more a part of the early half of clinical perspective etiology than the purely biological, modern perspective. Peatman states that it

> investigates the rank and file of patients in the pediatric clinics for the formulation of psychiatric problems, the mastery of which should be made accessible to the pediatrician to serve him as the psychopathological principles of dealing with children. (433)
Peatman argues that Kanner’s text is more in line with the “total approach” to etiology rather than just looking at symptoms. It is a more qualitative approach, as was evidenced in his article utilizing biological and genetic ideas as well as Freudian ideas.

The text is also meant for juvenile court systems, social workers, counselors, and others, which indicates the very wide scope of Freudian psychology at the time. Freudian experts offered their opinions on anthropology, history, literature, and psychology. In Bettelheim’s work it is clear that the field allowed for analysis and discourse on areas that were seemingly completely out of the realm of traditional psychiatric medicine and movement away from purely nosological, Kraepelinian understandings of diagnosis. Peatman states from the text itself:

Instead of subscribing to any fixed set of diagnostic vocabulary, we come to view “diagnosis” as a reformulation of the complaint, as offered by the various informants, on the basis of available data obtained through adequate history taking and thorough examination. (433)

This is an extremely important idea, for it underscores the ideology of Kanner’s text. It argues against the idea that symptoms can be isolated and also takes into account the patient’s thoughts, feelings, and ideas.

A review of the first edition of Kanner’s work comes from Louttit (1936), who argues that Child Psychiatry will be the preeminent book in its field but offers three criticisms. The first is Kanner’s statement that the text is unbiased. Louttit argues that this cannot be so. Louttit states, “We would agree that the treatment is broad, objective, and practical, but it is certainly not unbiased. The fundamental systematic position is that of Adolf Meyer, and that position is never lost sight of” (170).

Louttit’s second criticism is that Kanner claims too much. Claims are at the root of rhetoric; they are claims based on eventual proof. Louttit could mean that some of the claims in
the textbook are non-falsifiable or contingent proofs. Some of Kanner’s Freudian leanings on
issues of sexuality, the drives, and highly figurative phenomena are certainly in that category.

A third criticism by Louttit is the “questionable allocation of behavioral disorders” (171).
He provides an extensive example:

Why should enuresis be in the second group as a part-dysfunction associated with the
urinary system, especially as the author himself points out that enuresis is one of several
manifestations of a general habit disorder? Or why is nail-biting included in the third
group which express themselves as whole-dysfunctions of the individual? (171)

This is a largely rhetorical objection because the critic is talking about Kanner’s decision to
place certain diagnoses into particular categories. Given the fact that the layout of the book
follows a certain pattern and that the critic thinks that some of the diagnoses should be placed in
different areas, he is implying that there is an argument to be made with respect to how the text
and the methodology should capture the facts. This objection undermines the notion that
scientific rhetoric is purely empirical, lacking disagreement. There is plenty of disagreement in
this review.

A review of the second edition of Kanner’s *Child Psychiatry* comes from Fred
McKinney (1950). He comments on the total scope of the textbook when he states:

If the writer is also a busy clinician the task is almost insurmountable. In many of these
areas the existing bibliography is very extensive and drastic condensation and selection is
necessary. Dr. Kanner exhibits a broad approach to most of the problems treated, quoting
studies and viewpoints of neurologist, sociologist, anthropologist, and psychologist. (188)

There is a sweeping scope of the commentary—sociology, anthropology, etc. This
reflects the Freudian “total approach” methodology, which was the predominant ideology of
psychiatry at the time. McKinney is critical of certain sections of the text. He is uncomfortable
with new additions to what he perceives is the acceptable psychiatric practice of the time. He
comments:
The part entitled "Basic Orientation," which touches on psychological theory, is in marked contrast with the rich clinical chapters in the latter parts of the book. It is loosely organized and does not present a systematically consistent approach to human behavior. (188)

McKinney wants a more coherent style of analysis from Kanner. It is unclear whether this means that McKinney is a psychosocial advocate or a biological advocate. He continues to call Kanner “eclectic” because he offers different perspectives based on his clinical observations. McKinney also objects to the theory chapter because he feels the book should be completely practical and clinical. McKinney’s challenge is typical of theorists of the time, who mostly had psychoanalytical training.

A review by Peter Bios remarks on the 30-year anniversary (1984) of Kanner’s works on autism, specifically praising the rhetorical style of Kanner’s descriptions. Bios argues that the book

should be read by all child psychiatrists not only for its astute observations but also for its qualities of lucidity, organization, directness and its remarkable simplicity of statement. Truly a model to emulate! (Bios 184-185)

Bios is not talking specifically about Kanner’s science, which had changed as the times had changed, especially with respect to his backtracking admission/retraction about parents as a cause of autism. Rather, Bios speaks as a teacher challenging his students to emulate the rhetorical style of Kanner’s science. Bios is obviously concerned about the overly scientific jargon of current science and wants a return to scientific rhetoric of elegance and simplicity as well as readability.

The final and perhaps most important review is a panel discussion of Kanner’s paper on affective contact twelve years after its initial publication in 1943. It deals specifically with the topic of infantile autism. T.E. Dancey does not agree with Kanner’s idea of isolation and
insistence on sameness as the primary etiology. He compares autism with a medically
degenerative illness. He states:

> Some children blinded at birth as a result of retrolental fibroplasia present a clinical
picture which is very difficult to differentiate from childhood autism, so much so that I
have wondered about the possibility that they were coincidentally suffering from these
two disorders. (qtd. in Eisenberg and Kanner 67)

Dancey attacks the notion that, since autism is mostly innate, treatment programs will be of no
real value for these children. He argues that since science has not provided enough evidence for a
 genetic and biological basis for autism, psychology must offer the answers. From a rhetorical
perspective, this is comparable to saying that positive proof must exist for a change in thinking.
What is not mentioned is how the “proof” of the existence of the truth of Freudian psychology
became well-established.

Kanner’s retort to the discussant’s comments is a fascinating display of rhetorical
prowess. He first reports the history of his interaction with children prior to the 1943
publication of his text after he discovered a boy with autistic aloneness and ritualistic sameness.
He strengthens his ethos by reporting that his initial studies of the 11 children have since
extended to over 120 subjects (Eisenberg and Kanner 86). Kanner’s empirical analysis is
readily apparent as he discusses the special language issues related to his autism diagnosis. He
states:

> Even when language was at an early age, it did not at first serve the purpose of direct
communication. It consisted chiefly of naming, echolalia, and something that is best
described as delayed echolalia. The child repeats certain phrases heard previously,
without any tonal modification or appropriate grammatical variation. (86)

This qualitative comment is backed up by actual proof when he relates a conversation by one of
his subjects who illustrates these various tendencies. The topoi of reflecting on evidence of the
past to establish the future is one that Kanner uses often in his rebuttal.
Another technique Kanner uses in his argumentative scheme is the slight concession followed by the direct rebuttal. He argues that there have been concerns about his distinction of mental retardation and autism. He argues:

There are instances where the distinction is difficult. A relatively simple test has served me well in this respect. It consists of the observation of the child’s response to a pin prick. The non-autistic child responds to the person who pricks him… The autistic child responds exclusively to the pin and the hand that holds it. When the pin is removed, the child shows no anger or forgiveness; the offender is not connected with the offending object. (87)

This analogy is in fact a real test Kanner performed on children. The analogy relates the non-autistic with the autistic child. He is comparing the experiences of the autistic and non-autistic child to prove a difference in affect. This clinical observation ultimately rebuts the contention by Dancey that autism is a form of retardation, but the experiment, like the rhetorical argument structure, has manipulable features. Given that the features look the same on the surface but produce different results, the enthymematic conclusion is that the person must be different.

Kanner also uses the rhetorical question. He brings up the difficulty of concluding to an etiology as opposed to a diagnosis and symptomatology. He says, “Is it possible that these children have come into the world with an innate minus in the ability to form affective contact with people?” (Eisenberg and Kanner 87). This idea of the “innate minus,” or deficit, forever continues in the description of autistic children, mostly due to Kanner’s use of the rhetorical question here. It is a powerful tool as a point of emphasis.

The reviews (Louttit, Peatman, and McKinney) focus on favorable recommendations for Kanner’s textbook with some reservations. While some strive to applaud Kanner’s mostly clinical text, many critics feel somewhat uncomfortable with the theoretical, ancient Freudian
approach. Some of the critics are interested in genetic features whereas others criticize Kanner for not spending more time on psychoanalytic readings. Many accept the idea of cold parents and external forces as causes for the autism of children. The texts ask readers to accept status quo scientific psychiatry. Much of the rhetoric of the reviews, while speaking about experimental results, still discusses sexuality, drives, and ego formation.

All texts critical of Kanner say that psychiatry should allow for different views besides the purely empirical one in order to reach into various disciplines such as anthropology, history, and literary analysis. Many of the psychiatrists see themselves as speaking for psychoanalysis as a solution of the world’s problems and so reaching completely out of their discipline. Many also mention the work of Jean Piaget, who believed that the process of thinking and the intellectual development could be regarded as an extension of the biological process of the evolutionary adaptation of the species, which has also two on-going processes: assimilation and accommodation. Assimilation is when a child responds to a new event in a way that is consistent with an existing schema (Ormrod). Accommodation is when a child either modifies an existing schema or forms an entirely new schema to deal with a new object or event (Ormrod). These critics applied some of the new material of Piaget to child learning.

The texts capture Kanner’s idea of the qualitative and quantitative—that clinical observations and field notes are equally, if not more important, than experiments. Given the newness of the field of child psychiatry, this makes sense, although certain research was done with brain lesions and the like. Kanner’s writing was commended for its narrative style as opposed to the strict scientific style.

None of the texts is ready to abandon psychological explanations. In addition, Kraepelin’s nosology, with its strict emphasis on symptoms, was devalued in favor of Meyer’s
total approach to the syndrome. This is when the act of naming autism as disease and changing it to a syndrome became prevalent because of the differences across subjects and the consistency among symptoms. There was enough evidence to determine that autism was related across symptoms and therefore had an essence, which had been identified by numerous researchers. As a result, autism finally became a specialized object of study in its own right.

The reviews reinforce the notion that Kanner’s child psychiatry text is really a parental guide. Implied in the rhetoric of Kanner is that we can educate parents to be more successful if we do not allow them to neglect their children. Also, there was a concern for intelligent parents. Were they truly capable of providing a positive home life for their children or was the attention they paid to material success too large a price for their families?

Kanner was motivated by the particular methodology that Adolf Meyer set down as the correct way to psychoanalyze children, which is to attempt to ascertain the cause, or what is behind the symptom, as well as a focus on the clinical observations. In the absence of invisible genetic factors, Kanner is only able to see outside forces, and his rhetoric reflects this. He refers to mothers as refrigerators, which means that the children are packed away in those refrigerators until they can get out. Kanner would never live down this metaphor.

Finally, there is little in the way of alternate perspectives to Kanner’s views. He simply does not entertain them. I suppose at the time, given the lack of empirical, quantitative evidence, the biological view of autism was in the minority. It seemed as though most physicians suspected there were some innate causes for autism but had no clear-cut evidence. The discourse of science in this period (1934-1950) had changed from Bleuler’s idea of autism as a secondary symptom to autism as its own diagnostic category. With that came a certain scientific prestige for autism and a corresponding increase in the number of scientific
publications on the subject. At the head of this prestige movement was Leo Kanner, who made his career on the topic. He began to medicalize autism by creating an entirely different area of diagnosis that sparked research, practice and discussion for thousands of doctors, social workers, teachers, and other people for years to come. Autism was becoming a fixed part of the medical establishment as a separate psychiatric entity.

Part 2: Bruno Bettelheim and the Literal and Figurative Last Stand of Psychoanalysis

Although most modern scientists discredit Bruno Bettelheim because of his insistence on psychoanalytic theories and “recoveries” from autism, from the 1940s to the 1960s he was one of the most significant scholars in this area. Bettelheim (1903–1990), a self-credentialed, almost entirely self-taught psychoanalyst, was the author of 17 books and numerous articles and essays. He was a social theorist, a public intellectual, and a man whose personal flaws left what should have been a proud legacy in near tatters (Meyer 275). Bettelheim was a survivor of the concentration camps and wrote on the topic, which launched him into his most important position as director of the Sonia Shankman Orthogenic School at the University of Chicago. The school became a residential treatment facility for children who exhibited symptoms of psychosis, autism, and severe anti-social behavior (279). Admission criteria included that a child had to be of at least average intelligence and had either failed or not responded to treatment elsewhere (279). Bettelheim taught his highly dedicated staff that one could treat disturbed children using nothing more than a therapeutic relationship informed by the insights of psychoanalysis (279). Even the most aberrant behaviors were to be understood as attempts by the child to deal with anxiety, and staff was trained that a cure came from understanding symptoms, not eradicating them (280).
Bettelheim maintained the most important task of therapy was to restore the patient’s self-esteem by exposing him to persons who deeply believed in his worth (Meyer 285). If a child was suicidal or aggressive, Bettelheim maintained, such tendencies subsided as soon as the child got close to a person who had the conviction that the child was basically a good person in despair (285).

Bettelheim’s *The Empty Fortress And The Birth of the Self* (1967) exhibits a rhetorical style fascinating for its breadth and figuration. I examine Bettelheim’s critics and their respective reviews of his primary text to see the dialogues that culminated in the battle between genetic and psychological perspectives on autism. In addition, I trace the figurative rhetoric, the use of tropes and figures that allowed Bettelheim to be such a significant contributor to the autism debates of this time period. Lastly, I advance the idea that autism was becoming “medicalized” – that what started with Leo Kanner was furthered by Bettelheim, who created some space for psychoanalysis to treat autism and, therefore, created for autism its own categories.

Bettelheim’s insistence is on Freudian psychoanalysis, which was at its height at this time. Bettelheim’s language of ego, superego, and id hearkens back to earlier times, although Kanner’s discovery of infantile autism as a syndrome was already pretty well established by this time.

Bettelheim used the Orthogenic School as a launching pad for the discussion of education, anthropology, history, literary analysis, and psychology in his writings. This approach had long been abandoned in favor of subject-area “experts” in particular disciplines. Bettelheim was in many ways one of the last transdisciplinary figures in part because Freudian psychoanalysis had permeated all echelons of American society and higher education.

Bettelheim began with his philosophy of treating delinquent, “acting-out” children, some
of whom were clearly autistic. He states:

> The conflicts originated rather in the inability to postpone discharge of tension, and in the ensuing retaliation by significant figures of their human environment. Their controlling institutions were so undeveloped that they could neither restrict the socially unacceptable tendencies pressing for release, nor postpone the gratification of those needs which were legitimate. (Bettelheim 649)

The release Bettelheim is talking about is sexual release because he argues that the children were experiencing the oedipal conflict. Therefore, he used the metaphor of the Oedipus conflict to stand for the institution. Bettelheim’s resolution of the conflict was to allow the child scope for his/her emotions to avoid this oedipal conflict. Bettelheim’s counselors were asked to cater to the whims of the children in order for them to safely construct their egos and develop their superegos; then they would be able to control their behaviors. He states. “During this first period, somatic symptoms appeared only with the favored person, and in the forms generally used by infants, requiring the sort of care enjoyed in infancy” (650). Bettelheim distinguishes the delinquent child from the normal one because the normal one has normal superego formation, whereas the delinquent does not. Bettelheim remarks:

> Thus to these delinquent children the expenditure of psychic energy which is involved in internalizing controls and developing a superego seemed unacceptable. Nor could they give up the instinctual gratification they derived from their delinquent activities. For a considerable time they would try to live and act on a compromise basis. They controlled themselves in the presence of the preferred person in order to retain his affection and the tangible gratification which life at the institution could offer. But when out of range of this person, they returned to their acting-out behavior. (Bettelheim 652)

An analysis of this passage reveals many things. For one, it illustrates that all energy, good or bad, comes from the psyche. This ignores the physical phenomenon of the body and brain. Secondly, it shows that the gratification of desires was initially sexual and then translated into the interactions with institutions. Third, it shows that primary persons like counselors and
teachers can break down barriers of rebellion for children, but only temporarily. Then children
will compromise, but their “natural” delinquent tendencies will take over until internal
development can happen. All of this shows that Bettelheim believed that delinquency really
occurs through an interaction with outside forces and that constructing external realities could
redevelop the superego of the child. He also believed that this was the case with autistic
children. Somehow, if the doctor or clinic can arrange a proper environment, then autism will
diminish. Some of these ideas are developed prior to his work on *The Empty Fortress*.

Another fascinating aspect of this article is physical illness as emblematic of mental
illness. In other words, Bettelheim believed that children could make themselves ill to provide
a sense of gratification for their needs—to get attention. This was also a technique to avoid
responsibility:

> Superego formation could be avoided during the period of sickness because the
> indulgence to which the sick person is entitled does not force him to comply with the
> more stringent requirements of society, while the storage of tension prevented the
> displeasure and guilt which accompany acting-out, thus making internalized control of
> behavior seemingly less necessary. (Bettelheim 653)

Implicit in this narrative is the belief that the child—even the autistic child--will manipulate a
situation to find sympathy and thus remain a child without the responsibility of adulthood.
Bettelheim’s argument for a capitulation to the child’s whims is probably why some
individuals think psychoanalytic actions fly in the face of parenting, authority, interactions,
etc.; they go against common sense. It is troubling to think that an autistic child, perhaps with
no language abilities, is somehow manipulating a situation in a concerted and a sophisticated
effort. This seems to run counter to empirical evidence that had already been brought forward
by Kanner and other genetic-proclivity scientists.

Just as inconsistent with the science of the time was Bettelheim’s contention that once
the superego formation was completed, IQs often rose. He states that

at the same time, their newly acquired ability to sublimate, and the severe pressure of the superego for sublimation, revealed itself in astonishing academic progress (two to three years in one year's time) and increases in IQ's of 15 points or more. (Bettelheim 654)

It is unclear how and why Bettelheim made this claim as other scientists had no evidence of this increase. One consistent objection to Bettelheim was his use of evidence. He would make a claim in a narrative fashion without much scientific methodology. For example, his case notes tell the story of a boy in a clinic office with distant parents and therefore the boy was autistic because of the parents. His storytelling only illustrated part of the diagnosis; there was no scientific explanation as to how autism was caused by parental lack of affection. Perhaps because of his psychoanalytic training and his qualitative case study format, he did not feel he needed to provide evidence; however, at this time in the second half of the 20th century, it was becoming apparent that the rhetoric of science was dispensing with qualitative explanations if a quantitative claim was being made (Wolf, Risley, and Mees). Much of the movement away from qualitative understandings came in the work of the operant conditioning movement, whose main argument was that autism could be “trained” out of children (Wolf, Risley, Johnston, et al.).

Another claim that Bettelheim would revisit was the criticism of the parental skill set. Most children ended up in Bettelheim’s care because parents could not take care of them. Indeed, some of the extreme schizophrenia and autism exhibited by the children was such that it would have made many parents concerned. Bettelheim always looked to change the environment for the child because he thought they were the “innocent” party and the parent the “guilty” one. We saw this with Kanner as well—the parent-blaming scenario, the “refrigerator mom” metaphor that froze the child out and created autism in the child. Bettelheim tells a story
of a child who reverted to bad behavior and even a skin disease because he saw his mother:

This led to a severe conflict between these partly internalized demands and his as yet unintegrated hostility. The latter, in addition, was strongly revived by a chance street encounter with his mother who had always been punitive and rejecting. On the next day he appeared with a severe case of verruca plana juvenilis. The staff became much more permissive because of the child's upsetting experience with his mother and because of the unpleasantness of the cure. Under treatment, combined with greater renewed indulgence, the warts disappeared within two weeks. (Bettelheim 656)

Bettelheim uses Latin to improve his ethos. Of course, the cure was greater freedom and latitude for the child to avoid any conflict. Bettelheim attributed the skin disease to the parent as if the parent were a toxic plant. Given the age of the children, it is surprising that Bettelheim would argue that there should be no conflict between a teenager and an adult. The significant aspect is parent blaming and the metaphorical toxicity of the parent for the child in her care. Only Bettelheim, in this metaphor, could “cure” the disease the parents either were or caused.

The preferred reading of Bettelheim’s article was Freudian. Without Freud the article could neither be understood nor accepted. The article is very clear in what it says: that society puts restrictions on individuals and some of them cannot live up to these restrictions. In order for there to be “normalcy,” some children need separation from normal society and they need to be indulged so their superegos can develop without other parental “conflicts.” The claim is that parents cause much of what is wrong because they cause conflict and acting-out behaviors. The article asks professionals and parents to see the world very differently from the norm. Instead of enforcing rules and codes, they must allow children to act out in their own way until they “get it.” What is good is freedom and what is bad is control. Yet a competing irony is that Bettelheim is operating the controls of his clinic to create the illusion of freedom for the children. The article does not mention the thousands of children who were raised with strict parents but turned out just fine. In addition, it also assumes that children have natural control
mechanisms and that, even if children are retarded or extremely autistic, they will use normal intellectual processes to resolve their issues, etc. The author wants readers not to ask for demonstrable evidence and specific clinical case studies. Instead the article marginalizes empirical science as well as traditional parenting skills.

The upshot of the rhetorical analysis of the article is to reveal the early rhetorical moves that Bettelheim would make with respect to autism. He thought autistic and delinquent children were traumatized by adults, whether knowingly or unknowingly. He ignored empirical evidence linking autism to genetic factors. The rhetoric of the article asked audience members to construct themselves as reflective and supportive psychoanalytic practitioners. It is assumed that psychoanalytic factors are correct, but it does not feel the need to prove this fact. As a result, psychoanalytic theory is presented as normal and natural because it was in a position of hegemony at the time of the writing in 1948. There is one direction to the article; it does not present a marginalized position or a counter utilizing hereditary factors for autism, delinquency, etc.

Bettelheim claims that mental illness is a reaction to trauma. Bettelheim’s article in 1955, “Schizophrenia as a Reaction to Extreme Situations,” is a perfect example of this. Bettelheim starts with a proviso:

Sidestepping the question of whether, and to what degree, childhood schizophrenia is organic in origin, an issue that I do not feel competent to discuss, I shall restrict my remarks to considerations based on the premise that the functional aspects of this disturbance are, in and by themselves, sufficiently important to warrant extensive study, even if we cannot be quite sure that we are dealing with an entirely functional disturbance. (Bettelheim 507)

There is a slight concession by Bettelheim. At this time, research for organic causes of autism organic was becoming evident, especially autism and schizophrenia. One such scholar was
Victor Lotter, whose research would culminate in the 1960s with his epidemiological studies of childhood autistic conditions. Bettelheim concedes that he has no knowledge of these potential causes, but that he will still write about schizophrenia because of its functional disturbance. Functional disturbance means that the individual is suffering from something that upsets the personality to such a degree that he/she cannot function properly in society. In other words, Bettelheim claims the right to speak about schizophrenia because of the ethos established by his previous writings on mental illness. He is less assured in his discussion as he backtracks and reports on these four key issues:

1. the psychological origin of childhood schizophrenia in parental, particularly maternal, attitudes
2. its nature as an autonomous reaction to the nonspecific trauma of feeling subject to an extreme situation
3. the reasons for the skepticism about cure
4. the treatment required. (507)

Bettelheim distinguishes himself from Kanner by saying that while the child/mother relationship is important, it is not the determining factor in child development. This aims to discredit Kanner’s statement that the “refrigerator mom” was a primary cause in schizophrenia and autism. Bettelheim states:

Actually, the infant is by no means simply a tabula rasa. From birth on, his psychological reactions are shaped by, but also shape, his mother's relation to him, as Escalona has pointed out in discussing atypical children. Severe as the impact of the mother may be, the child also responds all along in terms of his nature, his personality. Just because it is so extraordinarily important for the infant's present well-being and later healthy development to have a good mother, it is erroneously assumed that any mother-child relationship is so valuable that it must be salvaged, even when it is damaging to the child. ("Schizophrenia" 508)

Bettelheim portrays the relationship between mother and child as interactive, rather than the mother shaping her entire affect upon the child. This is consistent with his commentary on delinquent children, whom he believed had the power to act in certain ways to express their id
(gratifications) in their particular environments. For Bettelheim, the child’s wishes needed to be listened to; he excuses the child for acting out, his/her autism, etc, because he believes that with the correct environmental influences, the child will come around.

In some ways this is the beginning of agency for the autistic individual. Unlike Kanner and the scientists after him, Bettelheim believes in the uniqueness and power of the individual. He claims that the child wants to be normal or behave better but cannot due to external factors. As a result, Bettelheim insists that the autistic or schizophrenic child is a true subject and not an object, a very important advancement in science at the time. Given his belief in Freudian psychology, however, he believes in the innate goodness and the temporary deficit of the autistic or schizophrenic child as opposed to some organic deficiency that can be explained away and objectified. Some of the ideas behind subjectivity come from Freudian psychology and have persisted to this day, reflecting concern about casting a permanent and fixed diagnosis over the autistic.

In addition, Bettelheim is a purveyor of intersubjectivity because he is a practitioner of interdisciplinarity. Freudian psychology became transdisciplinary because of its supposed explanatory power. Bettelheim was published in psychology, anthropology, history, and literary journals as well as philosophy and education journals. He examined the subject of mental illness from a socio-cultural perspective. With the advent of discipline-specific diagnoses, this method of writing disappeared. In some ways, objectification and medicalization forced subjective understandings of autism underground for a time, but subjecthood never lost its place completely.

Despite disagreeing with Kanner on the role of the mother in the autistic and schizophrenic identity, Bettelheim uses Kanner’s growing ethos to help make his own case for
institutionalization. He remarks:

This, incidentally, was suggested by Dr. Kanner quite some time ago, when he advised that autistic children should be placed outside the home with some warm, understanding persons. I should like to add that the setting in which such treatment will be most successful--at least so far as the present state of knowledge permits us to say--must meet certain other specific requirements, some of which I shall mention later. (“Schizophrenia” 509)

This is a clever rhetorical move by Bettelheim. He responds to Kanner by arguing that affected children need to be removed from their homes in order to get better. By saying they need to be around “warm, understanding persons,” he appears to agree with Kanner’s metaphor of the refrigerator mom, but he is also advocating that these children should go to a place like the Orthogenic School, of which he was the head. In some ways this is a bit of business Bettelheim was doing while making an argument borrowing some of Kanner’s ethos.

Bettelheim’s article becomes more fascinating because of his knowledge and experience and his use of personal experience (ethos) to create a lasting impression on his audience. He links autistic and schizophrenic children with his experience of concentration camp survivors. He comments:

I am referring to my discussion of the impact of the German concentration camp on its prisoners, and of the far-reaching personality changes which are the consequence of having to live under extreme conditions… It was only the extreme experiences which led to radical changes in individual personality structures. Though the conditions of living in a concentration camp were more or less the same for all prisoners, one could observe practically all types of schizophrenic adaptations and symptomatology, so much so, that a description of prisoner behavior would be tantamount to a catalogue of schizophrenic reactions. (“Schizophrenia” 511-512)

The analogy of concentration camp duress and schizophrenia is strategic. For one, Bettelheim was a survivor of both Buchenwald and Dachau. Bettelheim carefully used his experience with the concentration camps to increase his ethos with respect to autism and schizophrenia. Given that he believed trauma is at the root of the issue, he makes a case that few will have the
political courage to argue against. Arguing against his hypothesis means arguing against his experience as a concentration camp survivor. Bettelheim qualifies his position further:

The difference between the plight of prisoners in concentration camps, and the conditions which lead to autism and schizophrenia in children is, of course, that the child has never had a previous chance to develop much of a personality. The important parallel, on the other hand, is that the youngster who develops childhood schizophrenia seems to feel about himself and his life exactly as the concentration camp prisoner felt about his, namely, that he is totally at the mercy of irrational forces which are bent on using him for their goals, irrespective of his. (512)

Here Bettelheim makes a slight concession about the tortured nature of the analogy; however, we also have the idea of control or lack thereof in the personalities of both the child and the concentration camp survivor. Bettelheim’s claim is that both the autistic child and the concentration camp survivor have become objectified and that such objectification is at the heart of their disorder. Only as one attempts to make them subjects do they get a chance to overcome their traumatic situations. Bettelheim’s solution echoes what he said in the 1948 article. He states:

The schizophrenic child needs most to live with a "need-satisfying" person, and these children have tremendous difficulties in achieving socialization because of the inabilities of their egos to cope with instinctual drives and reality pressures. Thus, in treating the schizophrenic child, we must provide him with truly need-satisfying persons--and not just for one hour a day, but all day long, every day of the year. Further, he must be permitted to live in an environment that exercises no, or only minimal, pressures and is so comprehensive and simplified that it can be mastered even by the child's weak ego. ("Schizophrenia" 514)

The solution is complete removal from toxic parental influence. He believes that the parents and caregivers are not meeting the child’s needs but that he and his school can.

Bettelheim provides clinical case studies at this point in his narrative. He tells the story of a boy who begins nursing from the lap of a case worker at his school. He states:

He fed himself from his own body. In a next step, he spat or put this mess, not on his own sleeve, but on that of his counselor. Convinced of his deep need to do so, his
counselor, to quote her, accepted this "as part of the meal, like the salt and pepper. This putting on of food is done with great deliberation. He takes the food in his mouth, chews it, puts it in his hand, presses it into my clothes, looks at it, scrapes it off the clothes, and puts it back in his mouth and eats it. ("Schizophrenia" 515)

This is obviously a deeply troubled individual, especially because he was approximately ten years old and not a baby. The case studies describe how caring workers would allow practically anything from children at the school, and ultimately, the children would overcome their difficulties because they were allowed to be free with their behaviors. Bettelheim claims that the ultimate result was “cure” or “recovery from autism.” Bettelheim comments that “during this development, his incomprehensible talk in neologisms and his echolalia changed into understandable communication, and he began participating in simple, childlike games” (516). The case studies never reflected anything contrary to Bettelheim’s own theories, and he subsequently dropped the concentration camp analogy as well. Bettelheim leaves one more clever sidestep in his analysis. He states:

I should like at least to mention that, much to our surprise, we have found that quite a number of schizophrenic children, at the crucial point in their rehabilitation when they are ready to reintegrate their personalities, also begin their new life symbolically; so much so, that they undergo again the experience of being born. Unfortunately, presentation of the evidence on this process of rebirth would transgress the limitations of space. (518)

Bettelheim uses the metaphor of rebirth in this passage, indicating that patients had died before. However, he does not push the metaphor further but only speculates as to this phenomenon. The process of reintegration begins at the Orthogenic School with loving and understanding people, surrogate and better parents than the biological ones. Bettelheim indicates this but stops short, probably because of the offense many parents may take at the suggestion. However, through the use of tropes he got his point across.

Bettelheim wants the text read from the psychoanalytic perspective, although the
audience is comprised of clinicians and medical practitioners who might be well aware of the organic causes of autism and schizophrenia. These practitioners would include Victor Lotter (124-135) as well as Michael Rutter (1-25). Bettelheim asks the audience to also ignore his lack of knowledge of these organic causes and instead to look to his own evidence using a psychoanalytic context. The major controversial claim of the article is to compare concentration camp survivors with autistic children. It is unclear if the claim is accurate; even Bettelheim takes a step back by saying children with autism have not had a chance to develop a personality. He is comparing children with adults in many cases. The text suggests looking at children from a developmental perspective with the potential to grow into something other than their autism or schizophrenia. In this sense, Bettelheim is forwarding the position of the autistic person as a thinking, feeling subject as opposed to an object of a medical diagnosis or someone with no hope for betterment despite some medical evidence to the contrary.

Bettelheim attempts to address this issue by incorporating case studies to reinforce credibility, but they are narrative in style and there is no counterevidence. Bettelheim puts himself in the role of advocate before that of scientist. He sells the Orthogenic School at The University of Chicago as the place for troubled children to go to “recover” from autism. That is because implicit in his ideology is that children are traumatized, like concentration camp survivors, and need loving parental substitutes to address their needs. Current parenting methods were not looked upon favorably, but freedom and indulgence at the school were seen as solutions to all of the problems. Bettelheim did not want readers to think about empirical causes of autism because if that fact were established, it would readily dismiss his theorizing.

There are a number of alternative interpretations of the world besides Bettelheim’s ideology. One is to examine Kanner’s understanding of infantile autism and its genetic
underpinnings. Another is to look at autism as a disability and not something that can be fixed; instead, it, as well as schizophrenia, should be studied and accepted as a language/social disability as opposed to giving parents and others false hope for a “cure,” which is self-serving. Bettelheim argues against rejecting clinical methodology; however, he rejects physical evidence until such time as some can be scientifically presented, which Bettelheim denies is the case in 1955.

Bettelheim’s magnum opus is The Empty Fortress, written in 1967. It is the culmination of much of his previous thinking. One could argue that it is the last text of its kind. It argues persuasively for psychoanalytic diagnoses and treatments for autism. The text is divided into four major parts: “The World of Encounter,” “Three Case Histories,” “Wolf Children,” and a “Discussion of The Literature on Infantile Autism.” The text is unique in that it uses not only a narrative approach but also literary analysis and myth to supplement the psychoanalysis. In his first section, “The World of Encounter,” Bettelheim discusses the autistic anlage. Anlage can be defined as a genetic predisposition to a given trait or personality characteristic or a fundamental principle, the foundation for a future development. It is arranged under the section, “Where the Self Begins.”

Bettelheim argues that personality can actually begin before birth. He argues against biology strongly in this section:

There is little that is final about constitution, for constitution is a process rather than an unchanging entity. In brief…constitution is not a biologically given structure predestined by its genotype to function in a predetermined manner. The manner in which all genotypes function is determined by the interaction of the genotype with the environment in which it undergoes development. (39)

This is Bettelheim’s attempt to draw the boundaries between the genetic and the psychoanalytic. He calls these “critical periods” where environment has a special place.
Ironically, Bettelheim uses mallard ducks as an example of imprinting in animals; they become their true nature supposedly between 13-16 hours after hatching. Bettelheim tries to put the environmental hypothesis on a scientific basis. Whether or not a mallard duck and a child can be compared is anyone’s guess, but he argues that infants have critical periods and comments that the youngsters make “rapid associations between outside events and unpleasant feelings and begin to eat solid foods” (40). It is this period in which real “object relations” begin, when the child recognizes familiar persons and things that make him/her comfortable.

What remains, according to Bettelheim, is the autistic anlage, which he defines as “the conviction that one’s own efforts have no power to influence the world, because of the earlier conviction that the world is insensitive to one’s reactions” (46). So what does the autistic child do? Bettelheim writes:

So he withdraws to the autistic position. If this happens, the world which until then seemed only insensitive now appears to be utterly destructive, as it did from the start to the child who succumbs to marasmus. But since the autistic child had some vague image of a satisfying world, he strives for it—not through action, but only in fantasy. Or if he acts, it is not to better his lot but only to ward off further harm. The child with infantile marasmus does not even have a fantasy world. (46)

Bettelheim has created the machinery for an explanation of autism from the psychodynamic position. He uses elements of biological science when it is convenient but then reverts to Freudian language if his argument conflicts with it. How does Bettelheim know if the child has fantasies or not?

The next key section is titled “The Mother in Infantile Autism,” a case study called Laurie. This is a slight repetition of the theory of the neglectful mother. Bettelheim believes that “the precipitating factor in infantile autism is the parent’s wish that his child should not exist” (125). Bettelheim is attempting to weaken the case of the organicists by using a theory
of his own as an explanatory measure. Bettelheim is much stronger in his rebuke of parents than in his earlier work. He states:

We can now posit the following sequence of events: a liminal action of the autistic child—and most of their actions are liminal or subliminal—evokes ambivalence, or a negative response in the caretaker. To this the child responds with massive withdrawal. (126)

Bleuler’s key aspect of autistic schizophrenia was ambivalence in the person and not in the caretaker. Bettelheim remained more ensconced in psychoanalysis than Bleuler even though Bettelheim came 50 years later.

In the end, Bettelheim uses an animal trainer analogy for taking care of a baby. He remarks that “in infancy all depends on the response of the infant’s caretaker to his positive and negative reactions” (129). In other words, there is a dynamic of mutual interaction between the two: the child and the parent/caretaker. The child can misread the parent and vice versa, and such misreading is what happened in the case study of Laurie.

One of the most fascinating chapters of Bettelheim’s book is a section called “Feral or Autistic?” It is under the major section called “Wolf Children.” Bettelheim uses his knowledge of history and folklore to make an analogy between autism and these children. Bettelheim comments that the wolf girls, as described by Singh (Fortress 366-367), have the same characteristics as autistic children described by Kanner (Autistic Disturbances of Affective Contact 100). Earlier Bettelheim had linked schizophrenic and autistic children with concentration camp survivors. Once again, Bettelheim likes to make big splash metaphors. He was an expert at this type of rhetoric.

As the keepers, or caretakers, deserted Amala and Kamala, the wolf girls, so too did the parents of autistic children (366-367). The girls walked around on all fours frequently, and
Bettelheim states that a number of his children did that at The Orthogenic School. In addition, he states:

They {Amala and Kamala} had an ability to smell meat or anything else from a great distance, like animals. Hardly anyone who has worked with psychotic children and reported on them in any detail, has failed to remark on the strange hypersensitivity of these children to sensations of smell and touch, which are in stark contrast to long periods of unresponsiveness to those of sight…Elsewhere I have reported on the extremely acute sensitivity to smell of schizophrenic children, who could smell what we could not. (369)

This passage denigrates autistic children to the status of animals. It links autistic children with circus freak children from an early 20th-century Indian tale, in which those children supposedly ate from the ground, walked like animals, and had greater “animalistic” sensory organs. Modern science has indicated that in autistic children some sensory organs can have special capacities, which indicates that Bettelheim’s clinical work was not completely incorrect, but the social and cultural ideas behind these metaphors have been, to say the least, damaging for autistic persons.

The final section of Bettelheim’s book revolves around the origins of autism, under “Etiology and Treatment,” and Bettelheim’s direct response to the works of Kanner, Rimland and others on the nature of autism. A key canon of rhetoric is arrangement. Bettelheim arranges the scientific literature of current autism research at the very back of his text. I would argue that this is strategic. Since Bettelheim’s argument relies more on Freudian analysis, and thus a figurative approach, he cannot meet the empirical scientists in the front of his text because he would be arguing on their terms. Bettelheim sets the agenda by using Freudian figurative language, his strength, in the beginning. Since the arguments fly directly in the face of everything Bettelheim has been saying, he undermines them by arranging them in the back of the text (366-372). His strategy is conscious and shows a keen understanding of what is at
stake in the debate between psychological and genetic explanations of autism.

In this final section of *The Empty Fortress*, Bettelheim analyzes the recent literature of his opponents. He begins the section on etiology and treatment with the following statement:

My purpose in this book was to set forth the experience of a group of people who have worked intensively for many years with autistic children, to tell what we learned from it about the nature of the disturbance, about treating such children, and about early personality development. (385)

Bettelheim feels most comfortable in a clinical setting with clinical conclusions. In some ways this is similar to Kanner’s Meyerian approach, but the major exception is that Kanner drew some medical conclusions as well. Bettelheim critiques Kanner’s work from the psychoanalytic perspective. He writes:

So while Kanner felt sure at this time that autism was an inborn disability, even in this very first paper he stressed its potentials for learning more about crucial aspects of the development of the psyche, namely our “emotional reactivity,” or the capacity to relate to other persons. (386-387)

Bettelheim bases his critique of the innate form of infantile autism on Kanner’s inconclusive stance. He uses Kanner’s lack of knowledge about whether or not external factors were scientifically valid as the basis for his stance on emotional reactivity. However, he also criticizes Kanner, thereby hurting that source of support. He states:

Unfortunately, because Kanner concluded that this disturbance is inborn, he failed to ask the question which, especially since Freud, we consider essential for understanding a psychological behavior; namely, why does a person behave in this way instead of some other? …But if one fails to ask this question, one fails to understand the person’s motivation, and is easily tempted to ascribe to some inherent defect what does not make obvious sense in terms of conventional behavior. (387)

Another attack on Kanner deals with the language issue referenced in Kanner’s 1943 article. Bettelheim writes:

Even as early as 1946 Kanner wrote: “The autistic child has his own private, original, individualized references, the semantics of which are transferable to the extent to
which any listener can, through his own efforts, trace the source of the analogy.” Here the language of autistic children is viewed not as a symptom of organic defect, but as a meaningful expression of the child’s idiosyncratic experience of the world. (388)

Implied here is that language difficulties are not innate, which is not true. Kanner uses the term “analogy” to mean the child’s language as compared to his/her experience, which may not be “normal.” While I would agree with Bettelheim’s statement that the language the child uses is a meaningful expression of his relationship with the world, there is evidence that language use is also not genetic. Brain research indicates that speech comes from the Broca region of the brain. The assumption is that language use is purely social and external, while some evidence exists, (e.g., echolalia), that this use involves brain lesions or genetic issues (Fortress 381-396).

Bettelheim latches onto Kanner’s notion of obsessiveness in parenting but turns this to a social concern as opposed to a medical one. He agrees with Kanner’s metaphor that there is an external cause of autism. Bettelheim believes that getting to know the alien mind and treating it with compassion is the method for eliminating autistic tendencies. He writes:

It is not easy to evaluate the fact that all of our patients have come of highly intelligent parents. This much is certain, that there is a great deal of obsessiveness in the family background. (389)

Bettelheim responds to Kanner’s claim about obsession by agreeing with him, saying that Kanner leaves the topic open to a psychoanalytic interpretation, which Kanner surely does. That is why I call Kanner the equivocator; he does not come down completely on one side or the other in the debate. Bettelheim looks at autism as a disease of figuration. He comments on the quotation:

We must say that the autistic child is not mentally retarded in the ordinary sense of the word but rather is a child with an inadequate form of mentation which manifests itself in the inability to handle symbolic forms and assume an abstract attitude. (391)
In other words, autism is a disease of the figurative. Bettelheim likes Benda’s idea that autistic children cannot create analogies and have trouble with figurative language. This is interesting because Bettelheim uses figurative language to attempt to explain autism. An interesting question would be: Does one need innate ability to use and understand figurative language? Later researchers of autism argue that autistic children have difficulty interpreting social cues and the like as well as in the making of comparisons between words and meanings.

Bettelheim also uses a metaphor to forward the external argument. With Freud, he claims that “autism is a defense mechanism” (391). Bettelheim uses the metaphor of autism as defense, thus the title of his work, “Empty Fortress.” In addition, Bettelheim uses the metaphor of autism as avoidance (392). By using metaphors in this way, Bettelheim tries to persuade his audience through other experts what autism and autistic processes are truly like, thus undermining Kanner’s position.

Bettelheim uses other metaphors as well. He cites evidence of the “lack” metaphor with words like “strange staring” (392) and an “afterbirth phenomenon” (393). Sadly, these attempts at explanation portray the autistic child as a strange, empty individual. So the root metaphor for autism utilizing Bettelheim’s metaphors is “lack,” which becomes ensconced in scientific rhetoric throughout later periods.

One of Kanner’s most important theses notes the lack of anticipatory response from the infant when picked up. Bettelheim argues that infants are like animals, with animal “imprinting” an example. He argues that some animals have no anticipatory gestures, and since animals and children are related, Kanner’s analogy is flawed. Indeed, Bettelheim links the idea of lack of anticipatory response to mother/child relations, such as breast-feeding.
Bettelheim argues that if the child is not fed properly, he can develop what is called deviant behavior. Therefore, Bettelheim adds the metaphor of deviance to the overall construction of the autistic child.

Like Kanner, Bettelheim spends a great deal of time on mother-blame. He adds terms like “lack of responsiveness,” “feral children raised by wolves,” “emotional deprivation,” “mother failing to stimulate the child or evoke meaningful signals during critical periods of life,” “depressive and self-involved maternal attitudes,” and the like (397). More than in his previous work, Bettelheim attacks the relationship between the parent and the child. One of the most significant arguments Bettelheim must deal with is Rimland’s neurological theory of autism. Bettelheim states:

Rimland (1964) holds that the source of the autistic disturbance is to be found in the reticular formation of the brain stem. But a careful study of the evidence presented in this book failed to convince me that autism has anything to do with an inborn dysfunction of this or any other part of the brain. And even if a specific neurological dysfunction should some day be found to correlate highly with the syndrome of infantile autism, it would still be compatible with the psychogenic hypothesis. (401)

Bettelheim argues from fiat that Rimland’s evidence is unconvincing. By what reasoning process does Bettelheim judge whether or not evidence is satisfactory? His reasoning is simply that he does not believe the evidence and thereby dismisses it out of hand without using his own evidence to disprove the argument. Also, Bettelheim always allows for the possibility of the genetic cause but then quickly argues that it is still consistent with his hypotheses. This is sort of like having your cake and eating it too. Bettelheim is stating that the evidence is wrong, but that if it does happen to be right, he is still right.

Bettelheim’s actual argument against genetic causes is that there is not significant neural stimulation during infancy. He makes a general statement that it is not his task to weigh
hypotheses of an organic etiology of infantile autism, but he devotes more than 100 pages at the end of his text to defending his hypothesis. Bettelheim always reverts back to the idea that when evidence comes in that is convincing, he will cease his efforts to cure autism on a psychological basis, but not before. However, when confronted with evidence, he rejects its substance without support. Bettelheim refuses to actually engage the scientific evidence.

Bettelheim cannot accept that autism should not be treated psychoanalytically. To do so he says would be defeatist (Fortress 405). He rejects Kanner’s evidence that autism has not been helped in patients through psychotherapy. He attacks Eisenberg’s and Kanner’s study, which showed that of 63 children receiving treatment, only 17 had a “good” outcome; the rest were poor. Bettelheim quibbles with the kind and duration of psychiatric treatment given. This statistical study is a focal point for critics’ attacks on Bettelheim.

Bettelheim also rejects operant conditioning, as recommended by Lovaas (“Cue Properties”). He believes that children can be trained but notes that they will have no knowledge of what they are saying. It would be an example of echolalia in the extreme. He makes an argument that goes to the subject/object notion of my study of autism. He states:

These unfortunate children are treated like objects. They are viewed from beyond any frame of reference that would embrace the totality of the human experience. Observing correctly that autistic children do not allow a painful reality to enter the world, the decision is made to force an even more painful one upon them. (Fortress 411)

Bleuler created the autistic diagnosis, which objectified and codified autism in the rhetoric of science. Kanner created autism as a separate diagnosis, freeing it from schizophrenia and also instantiating it further in the scientific literature. All of these symptoms were looked at from a particular scientific perspective. Bettelheim, with his insistence on the rights and individuality of the child, brings a subjective quality to his scientific language. He uses a literary approach,
e.g., telling stories of feral children. His is an almost fictional description and one that I will revisit in the fifth chapter of this dissertation. By attacking treatment methods like behaviorism, Bettelheim is in some ways arguing for the humanity of the child as a subject as opposed to being an object. He continues with his rebuttal:

To shock mental patients is, after all, one of the oldest of answers, and finds supporters in every age. This is so, firstly (and often recognized as such) because it produces results. While stripping the patients of whatever humanity they still have, it makes them, whether out of fear or an intensity of pain, much more pliable. Here it matters little whether this is done, as in past ages, by dunking or whipping or chaining them, or in a more technological age, through medical procedures like lobotomies or electrical shock…it satisfies a desire to punish these recalcitrant objects: because to view them as persons would preclude any use of such procedures. (411)

Bettelheim’s defense of the autistic individual is unique at this time. While most scientists were looking for a way to “fix” autism, Bettelheim always realized that the humanity of the person was first and foremost. His theories developed from his experience as a disciple of Freud and as a persecuted Jew. Although Bettelheim’s science was “wrong,” or ultimately disproven, he valued children and advocated for their subject status as opposed to their object status.

The accepted reading of The Empty Fortress is as the significant tome of psychoanalytic diagnosis and treatment of infantile autism. It is squarely on the side of the psychoanalytic approach to mental illness, which represented at the time an important, if fading, view of the nature of autism. The text asks the reader to understand that parental interactions with the child are paramount, with significant blame extending to the mother. She becomes the enemy in the parent/child dynamic so integral to Bettelheim’s Freudian views. The text also wants the reader to believe that since genetic variations are not clearly established, then other views should be allowed. In addition, Bettelheim takes the position that
the psychoanalytic perspective should be the default treatment method. Some key claims are
that children can be helped through therapy, that they are often neglected as infants, that
autistic children are linked to concentration camp survivors, that treatment centers that
empower the child and indulge his/her whims are effective (like Bettelheim’s Orthogenic
School), that no clear-cut evidence exists for genetic theories, and that even if evidence
existed, it would not conflict with psychoanalytic theories. Bettelheim’s book supports a kind
of seeing that honors the child’s identity and subject status and argues against reductionistic
genetic theories. Bettelheim sees the role of the therapist as significant; he/she is like an
alternative parent in the role of expert to correct poor parenting. The value of empirical
science is questioned; Bettelheim says it can be misleading (424-433). According to the text,
the value of dialogue with the child and counselor interactions can reverse earlier
environmental factors. There is also a value in storytelling and qualitative case studies, which
predominate in The Empty Fortress.

The argument is that the child is fundamentally good but flawed and that the parents
are flawed and responsible. The book does not want the reader to think about Kanner’s and
Rimland’s evidence too much; that is why the rhetorical arrangement of the counterevidence
and Bettelheim’s defense are last in the text. The discourse is anti-empirical, but at the same
time, it uses some empirical methodologies to sway readers on the fence in the grand debate.
The book de-emphasizes the role of medical doctors, retaining psychoanalytic theory as the
primary treatment method of mental illness.

The Empty Fortress encourages the audience to accept the fact that some parents
should not be parents—especially highly intelligent, obsessive ones. It places a primary
emphasis on the all-day treatment center for the total care and cure of autistic children. The
discourse suggests that readers should construct themselves as adjudicators in the debate over who is right about the nature of autism. It asks readers to see themselves as empathetic outsiders and readers of case studies and stories. The book presents psychoanalytic theory as the natural approach to children and medical treatment. It sees aspects of abnormalcy as caused by something on the outside. While The Empty Fortress does provide other perspectives, it rejects them without much contact with the actual evidence.

Conclusion

It is important to turn back to the guiding question of this chapter: How did the polarities of scientific research and rhetoric at mid-century express themselves? In answering this question, it is important to examine the polarity, or the extreme differences, between two competing views of autism. In the early 1940s, Leo Kanner wrote his article on infantile autism, potentially opening up a new category for diagnosis. Parents from around the country asked Kanner to examine their children to determine if their child had this disorder of affective contact. Prior to the publication of the article, there were inquiries about autism, but it was considered mostly an adult disorder. Kanner’s article opened up an entirely new population for diagnosis and potential treatment. Bettelheim, writing in the 1940s through the 1980s, argued for the psychoanalytic perspective on autism. His compelling narratives created interest among psychoanalysts and those interested in clinical case studies. Because of the popularity of his books, like Empty Fortress, coupled with his exemplary use of metaphorical, almost literary, language, large numbers of parents saw external signs and symptoms of autism, thus driving numerous visits to the psychotherapist for consultation.
Discourse, from a rhetorical perspective, is codified language used in a given field of intellectual inquiry and of social practice, such as legal discourse, medical discourse, religious, etc. Foucault, in *Hermeneutics of the Subject* (2006), says discourse is an enunciation, an abstract that allows signs to assign and communicate specific, repeatable relations to, between, and among objects, subjects, and statements (237). Discursive formations describe the regular communications that produce such discourses. Disciplines can be studies using discursive formations. Kanner created discourse with respect to infantile autism, and this sparked dialogue between him and Bettelheim, who represented differing perspectives on causes, except in the case of parental factors. Kanner’s works on autism were reviewed as part of the critique process, which is another form of rhetorical discourse. Many acknowledged his contribution, but some were concerned with his “eclectic” approach to the subject. Bettelheim knew Kanner’s work was a potential challenge to his and psychotherapy’s hegemony and, therefore, rejected it. Bettelheim forwarded the idea of psychoanalytic studies but was opposed by authors like Merritt, whose empirical and behavioral methodologies were coming into vogue. The exchanges between these scholars indicated a wide variance in belief structures, and even the types and forms of discourse were extremely varied in these exchanges.

Of critical importance is the highly panned work of Bruno Bettelheim. While Kanner and the earlier scholars placed strong emphasis on autism as a disciplinary area utilizing empirical evidence to codify it, autism as a rhetorical phenomenon remained an object. With Bettelheim and his use of figurative language in the discourse about autism, there was a movement away from objective science to a more subjective rhetorical phenomenon. Despite Bettelheim’s errors and issues, he created a global interdisciplinary discussion about autistic children and, therefore, made the autistic child a subject for the first time.
CHAPTER 4

THE MOVEMENT TOWARD A TRUE MEDICALIZATION OF AUTISM AND ITS EFFECTS ON THE LANGUAGE OF SCIENCE

Introduction

It is the purpose of this chapter to continue my discussion of the early texts on autism by analyzing the work of Bernard Rimland as well as the second and third Diagnostic Statistical Manuals. Rimland was both a scientist and a parent advocate of autism research because his son was autistic. He took the rhetorical position of advocacy championing the biological cause of autism. In his text, *Psychogenesis versus Biogenesis*, he rigorously opposed all forms of psychoanalysis and utilized empirical evidence to show that the effects of psychoanalysis were negligible (Rimland 12-15). His work was among the first of the “modern” science texts, including Michael Rutter, Uta Frith, and Chris Frith, that explored brain causes for autism and neuroanatomy. Rimland’s work against psychodynamic approaches is unique for its rhetorical dismantling of Freudian psychoanalysis.

The DSM-II and DSM-III (Diagnostic Statistical Manuals, or the handbooks used by psychiatrists to diagnose mental illnesses) were outgrowths of the American Psychiatric Association’s first successful diagnostic clinical handbook, the DSM-I. The DSM-II adopted some new information about autism, but the DSM-III marked a distinct contrast with previous versions. Empirical analysis of autism was present at the time of publication of DSM-III (1980) (98-100), and many psychodynamic references to autism were completely removed. These
changes occurred in part because of the battles waged by scientists such as Kanner and Bettelheim as well as Rimland and the Friths. Brain anatomy and neuroscience pervaded autistic research after Kanner and Bettelheim, and the object position of empirical science was firmly ensconced. “Medicalization,” or the impact of the medical establishment on scientific terminology, and the corresponding official positioning of mental illnesses in a biological framework certainly impacted autism going forward. Science moved from the figurative explanation to an empirical explanation and these changes had a specific rhetorical component to them as well.

Part 1: Bernard Rimland: Pure Organicism and the Defeat of Psychoanalysis

Rimland was arguably the first successful scientist to take a completely organic position with respect to autism. His articles and texts argue from a philosophical commonsense position, similar to those of Hume and Locke. He was an empiricist as well. What made Rimland so unique was that he had a son with autism. Rimland’s research was a tireless effort to advocate for autistic children. He was a parent advocate arguing for an increased subject position for those with autism while at the same time an empiricist who was also debunking Freudian environmentalism and promoting better, more scientific diagnoses and treatment plans.

Rimland was known for a number of texts. Prior to writing in the subject and after his son was diagnosed, he realized that nearly all professionals subscribed to a psychogenic theory of autism. They would often describe parents (especially mothers) as cold and unaffectionate, theorizing that this coldness caused children to develop a self-imposed isolation. Rimland could not find any scientific research supporting this psychoanalytic theory, and he concluded that the symptoms commonly associated with autism were consistent with an underlying neurological
and/or biomedical basis (Edelson 3-7). Rimland began writing a review paper on autism, eventually turning this paper into a book titled *Infantile Autism: The Syndrome and Its Implications for a Neural Theory of Behavior*. In addition to arguing against psychogenic theories of autism, he theorized that the reticular formation, located in the brainstem, may be the underlying area of dysfunction in the autistic brain. The book also included the first published evidence suggesting a genetic component to autism, with data showing that autism was common in identical monozygotic twins but rarely occurred in fraternal twins (Edelson 3-7). He also published papers stressing the importance of environmental factors as well as genetics as root causes of autism; he promoted behavior modification as an important treatment for autistic children; and he conducted studies on the role of dietary and nutritional treatments, including the use of vitamin B6. Rimland published several articles on savant abilities in autism, including an article in *Psychology Today* in 1978. As a result, he was recruited to be the chief consultant for the movie *Rain Man*. After reading the script, he suggested that the main character, Raymond, have autism rather than (as originally scripted) mental retardation. This portrayal did much to educate adults on the issue of autism. “The compulsive, phone book-reading math wizard who captured the hearts of Americans while capturing four Oscars for *Rain Man* was destined to have none of his trademark quirks before Dr. Bernard Rimland came along” (Deneen 1). Looking at one of Rimland’s seminal chapters from his book on autism will illustrate his rhetoric and belief system (Rimland 10-30)

A key book by Rimland, “Psychogenesis versus Biogenesis” asks psychodynamic theorists to prove that their views are correct. Rimland argues that genetic explanations for mental illness were tenable in the 19th and 20th centuries, but with the rise of Freudian
psychology, functional explanations of pathology have tended to put organic-oriented explanations into disrepute (Rimland 44)

Rimland’s rhetorical style is based on commonsense philosophical understandings. His first questions are: “Why do psychiatrists and psychologists believe there are people whose mental disorder is functional rather than organic? Why do they reject the plausible premise that the 'functional' cases differ from the organic cases only in that our knowledge is at present too limited to identify the 'organic' defect in the 'functional' cases?” (12). Rhetorical questions serve to underscore the idea that Rimland wanted to open up the possibility for a questioning of psychoanalytic theory’s preeminence. He makes a highly provocative rhetorical statement when discussing his task: “We know so little about mental illness, how to define it, what causes it—and for that matter, about how the normal brain functions—that to try to solve this problem may appear as futile as to try to describe a rainbow to a man born blind” (12). The analogy is clear: it is impossible, according to Rimland, to try to “solve” the problem of mental illness, much as it is impossible to explain colors to a blind man. He wrote this in 1969 at the beginning of brain research on autism. Rimland uses the metaphor of explaining the rainbow to a blind man to describe the difficulty of proving genetic research results to those unconvinced that the disability is genetic. However, he ultimately believes:

Nevertheless, a number of years of close consideration of the available evidence has caused me to doubt that faulty interpersonal relations will appear in the textbooks a century hence as a significant factor in the cause of mental disorder. (12)

This is Rimland’s thesis, which at the time was very unpopular and controversial. Bettelheim was one such antagonist. Cohmer states that “psychoanalysts like Bruno Bettelheim argued that elements in children's environments caused autism, and those arguments dissuaded many from looking at abnormal developmental processes as potential causes of autism” (n.p.) Rimland’s
rhetorical task was to argue for something that is first not believed by the majority of scientists and, secondly, has very little empirical evidence to back it up.

Rimland attempted to persuade by making himself look like a convert to a completely different viewpoint. He states, “My own professional training was similar to that of most psychologists. I was led to believe that psychosocial causation of mental illness was a fact established beyond doubt” (13). However, he provides reasons why he has converted to another position. His first reason is an argument against causation between early experience and later development problems. He remarks:

If the experiences of childhood importantly influence the later personality, we should expect to find some correlation between such experiences and the later occurrence of mental disorders. In fact, no such correlations have ever been shown (Stevenson 153). There are no data to prove that . . . there is a class of "functional" mental illness that is produced by emotional disturbance alone. (Hebb 271)

Rimland does a simple review of the literature to help determine the facts of environmental origins. His idea is that the present influences the future. In the absence of any evidence that early behavior determines later behavior, the determinative link is not established and therefore cannot be used as a reason for psychoanalytic theories. In addition, Rimland argues from the evidence that there has been no proven social or cultural factor that predisposes anyone to the illness. This argument directly opposes Bettelheim’s, who says that there might be a Jewish proclivity as well as a high intelligence or obsessive proclivity. That argument was a sacred cow and was used often, starting with Kanner’s article from 1943. Rimland dismisses this argument in a matter of one or two sentences.

Rimland also dismisses the earlier belief that autism was caused by distant parents. As is known, Kanner discussed refrigerator moms and Bettelheim echoed those remarks in *Empty Fortress*. Both theories were heavily dependent on a lack of maternal affection. Rimland instead
argues that “no factors were found in the parent-child interaction of schizophrenics, neurotics or those with behavior disorders which could be identified as unique to them or which could distinguish one group from the other, or any of the groups from the families of the controls” (Rimland 191). Rimland dismisses the notion that parenting was a causal factor in autism and schizophrenia in childhood. Just two years before, this idea was the crux of Bettelheim’s text. It is apparent that a new style of writing about science was entering into the debate over autism research and interpretations.

Rimland was in a unique position to gauge the evidence. He was a Ph.D. trained psychologist as well as the parent of an autistic boy. He saw much evidence of causation in biological approaches and false evidence in psychogenic theories. His stated aim was to at least cast doubt on some of the supposedly settled theories of the past. He states:

I feel strongly that if we accept as true anything that purports to be based on science rather than on faith we should be able to say why—to state the basis and cite the evidence for our belief. And I feel that the current high level of belief in psychogenesis has resulted from an unfortunate suspension of critical judgment—amounting almost to ideology—among people who regard themselves as scientists. (14)

The crucial word here is “ideology.” Rimland calls it a suspension of critical thinking. Rimland believes that the scientists of the past have abandoned their empirical and objective stances and moved to an ideological stance. Rimland argues that the most ideological scientists are those who utilize figurative explanations. These scientists would be those who use talk therapy and who are influenced by Freud.

Rimland attributes the belief in the “ideology” of psychogenesis to fuzzy thinking. Rimland’s first task was to clearly define terminology, and he defined biogenesis as a “mental disorder which is a severe behavior disorder that results solely from the effects of biological factors, including both gene action and the effects of the physical-chemical environment” (14).
Rimland defines psychogenesis as “severe behavior disorder purportedly caused by adverse experience in the psychosocial environment, that is, by socially meaningful stimuli whose point of entry is the sense organs of the individual” (14). This definition stresses the biological cause of the disorder, so Rimland reminds his readers that “physical or psychological mishandling of the infant by the mother, usually in a vague and undefined way, is a commonly held view” (15) associated with it. Rimland differentiates psychogenesis from biogenesis, the latter of which he says even psychologists agree comes from the mind, an organic entity. He calls psychogenesis a sophistic argument, the argument for the benefit of psychoanalytic theories of autism—a rhetoric term for sophistry. His belief is not to “win” the argument by utilizing what Plato would reject as a sophistic argument without substance. He believes there is little or no scientific evidence that one's social experiences do in fact cause or predispose one to become mentally ill (15). Rimland looks at the evidence almost as a judge would.

Bruno Bettelheim’s principal claim to fame was linking the condition of autism to that of being a concentration camp survivor. He argued that both individuals undergo trauma and react to the world in similar ways. Rimland attacks Bettelheim’s key metaphor of the concentration camp survivor with four pragmatic hypotheses: 1) prenatal development in an unbalanced endocrinal environment due to maternal stress, 2) extremely poor pre- and postnatal sanitary, 3) nutritional factors, and 4) extreme postnatal sensory deprivation (16). Based on Bettelheim’s case study, the unborn infant was subjected to these medical conditions, which could be a better causative factor than stress or anxiety after childbirth.

Rimland also attacks the hybrid position of both biogenic and psychogenic causation, which would be an attack on Kanner, whose wide acceptance cannot confer validity by itself but only from scientific evidence “These matters are empirical ones that can be evaluated only on the
basis of scientifically valid evidence. The scientist's job is to question and test assumptions, not merely to accept those that are plausible or widely believed” (18). In other words, the only standard of value in Rimland’s world is empiricism. The scientist’s job is only to test and verify.

Although this is a somewhat limited view of science research, Rimland’s rhetorical stand belies the stark contrast between Freudian theory making and subjective positioning and the alternative, biogenic, testable scientific rhetoric making its way into autism research in the 1960s.

Rimland analyzes the term “causation.” He says, “Most studies which purport to demonstrate a causative relationship merely demonstrate a correlation. A surprisingly large number of writers on mental illness have apparently never heard of, or do not understand, the admonition, Correlation does not imply causation” (19). Rimland exposes the terminology differences between causation and correlation. He accepts the idea that, although scientists would like to attribute causation to a specific factor, careful testing must take place before this can happen. Correlation may imply just a casual or accidental relationship between two variables. Rimland provides evidence that results are not causes of something, such as schizophrenia among slum dwellers. The schizophrenics could have moved to the slum for any number of reasons. Also, he argued that there is no such thing as an equally distributed psychogenic preference or biogenic preference among individuals and populations. As a result, the mixed or hybrid view cannot stand.

Rimland uses rather complex logic to try to rule out psychogenesis by analyzing the logical fallacy that he believes a number of scientists have perpetrated in the debate among psychogenetic and biogenetic sources. Primarily, he examines the fallacy of confusing content and cause. The fallacy is thus: Since organic causes of autism cannot be ruled out, then they
should not be ruled out. Rimland uses a number of rhetorical tropes, mainly analogies, to get his point across. He comments:

The case of Marilyn Monroe is a good example. I have read many popular accounts of her repeated episodes of mental disorganization and depression, long-term psychoanalysis, and eventual suicide. Most of these accounts stress her unhappy early marriage and her concern with her fading beauty. Little heed has been paid to possible biogenic causes, although her own hospitalization for "breakdowns" and the fact that her mother had been institutionalized for many years suggest possible genetic causation. (20)

Marilyn Monroe’s death is connected to an unhappy marriage, yet Rimland would substitute hospitalization and breakdowns (physical biogenetic causes) for that unhappy marriage and other psychogenetic causes. Just because Monroe had romantic issues does not make them the cause of the depression leading to her death.

Another fallacy Rimland sees in the debate is the post hoc ergo propter hoc fallacy: because a follows b, b must have caused a. For example, Bettelheim mentions specific case histories explaining psychogenetic causes and his argument is readily accepted because of his use of case studies that lend ethos to his argument. Rimland goes so far as to say many explanations can be provided using a great deal of imagination, which is quite possibly an ad hominem attack on Bettelheim. Rimland’s attack is also on the rhetoric of narrative and qualitative psychoanalytic readings. Here is an example:

I am sometimes asked, "If you don't think the psychosocial environment contributes to mental illness, how do you account for the effectiveness of psychotherapy (or psychoanalysis) in helping victims?" This question, as probably many readers know by now, has a very obvious answer: there is no scientific evidence whatever that psychotherapy helps the mentally ill (psychotics or neurotics), despite the numerous studies which have attempted to show its beneficial effects. (26)

A third fallacy Rimland mentions is the continuum fallacy. He explains that, “in general, the idea is that if it is difficult to make a distinction between two neighboring points on a hypothetical continuum, no valid distinctions can thereafter be made even at the extremes of the continuum”
Rimland analogizes this example by stating that it would be tantamount to stating that variations of gray would rule out the existence of white and black. It means that the difficulty of ascertaining the differences between some types of mental illness does not mean the definitions are invalid.

Rimland attacks relativists such as Thomas Szasz, whose book, *The Myth of Mental Illness*, questions the idea of mental illness as a clinical phenomenon. Szasz argues that mental illness is simply a category for doctors to make money, which represents the concept of the medicalization of autism. It is especially linked to schizophrenia. He states:

In that line of thinking, schizophrenia is not the name of a disease entity but a judgment of extreme psychiatric and social reprobation. Schizophrenia is the sacred symbol of psychiatry because those so labeled have long provided and continue to provide justification for psychiatric theories, treatments, abuses, and reforms. (Szasz 55)

Robert Nye echoes Rimland’s analysis:

Following almost 30 years of unprecedented technical and therapeutic progress, by the 1960s Western medicine might be said to have reached a crossroads. Patient expectations, new drugs, and demands for new medical procedures had increased; the medical profession was reluctant to surrender its professional authority or its monopoly on medical services to meet the increased demand. (Nye 116)

Rimland argues that as Western medicine advanced, doctors grew in power. Despite pressures to share power with other fields such as psychologists, doctors wanted to maintain that authority.

Another aspect of Rimland’s analysis is his take on the so-called pessimism of biogenesis. If all mental illnesses are biogenetically caused, then the scientist ought to adopt a defeatist attitude because he cannot treat it. But what does Rimland say about polio? Biogenesis found a solution for that problem. Rimland states:

Those who believe that psychological problems are necessarily more hopeful than physical ones seem oblivious to history, which shows that centuries of lawmaking, teaching, preaching, threatening, punishing, explaining, persuading, and cajoling have not resulted in a notably more exemplary Man. Preventive and remedial medicine, on the
other hand, have made remarkable strides, even in many disorders that defied solution while they were called "functional." (25)

Another common hypothesis Rimland debunks is the “unhappiness theory.” Rimland states:

It is widely believed that if a person becomes unhappy enough, he will "reject reality" and become severely ill mentally. This assumption seems to underlie a great deal of the belief in psychogenesis. It is a seriously held belief, though one often hears it expressed in a half joking way: "It's enough to drive you crazy." (I have even caught myself saying that!) A great deal of thought on this matter leads me to doubt that unhappiness is of consequence in bringing about mental illness, though. (25)

Some psychologists argue that if people are unhappy enough, they reject reality. Rimland obviously believes these ideas are created by doctors who want to create a need for psychotherapy. There is a political and economic argument as well as an ideological one. This is Rimland’s attack on the medicalization of autism and mental illness as a whole, and he links psychoanalytic theory with medicalization.

Rimland appeals to logos by adding a series of studies opposed to the notion that psychotherapy has any beneficial effects. Rimland bases his studies on those of Hebb, Eysenck, and Levitt (1949, 1964, 1963), who interviewed thousands of children and found “no significant effect” of therapy sessions. Rimland comments:

The studies which claim that benefits are derived from psychotherapy seem to be only those in which no control group is used, and in which anecdotal and testimonial evidence make the findings scientifically useless. These are the kinds of studies that medicine (except for psychiatry) wisely learned to ignore long ago. (26)

Rimland also devalues the use of anecdotal and testimonial evidence. This is an extreme argument because it takes away the possibility of qualitative evidence in general. Rimland’s quantitative bias would limit data to only numerical representations, which in itself is ideological.
Not surprisingly, Rimland is an admirer of behavioral therapy. He states that he has become an enthusiastic endorser of the treatments but still differentiates them from the cause of the problem. He states:

The efficacy of operant conditioning in modifying pathological behavior is thought by many behavior therapists, including some leaders in the field, to indicate psychogenesis of the behavior problem. I doubt, however, that behavior therapy tells us anything about the cause of the problem. One can use conditioning successfully on a mongoloid child, a schizophrenic adult, or a decorticate dog. Does this imply in each case that the nervous system is sound and intact? (26)

Rimland’s language in this passage indicates that he is still skeptical for the most part about the psychogenic view of the brain. He also argues that just because some form of conditioning might work on an animal or human, that does not mean that there is not a brain defect. Thus, he makes the case for brain science and its importance.

Rimland states:

While I have learned to respect the conditioning techniques of behavior modification as unexpectedly powerful devices for improving the behavior of both mentally ill and retarded children and adults, I have no sympathy for the naive belief of the many "behaviorists" or "Skinnerians" who have leaped to the untenable conclusion that because a mentally ill person can sometimes be taught to discontinue some of his "crazy" actions, he must be a normal person who has merely learned maladaptive habits. (28)

Rimland also criticizes the “Skinnerians” for their belief that somehow a successful treatment and a new learned behavior represents a maladaptive individual, which indicates a belief in external issues as a causative factor in mental illness. It is ironic that a successful treatment could result in what Rimland calls maladaptive behavior. How these statements are rhetorical is that Rimland uses the idea of the logical fallacy to expose his opponent’s views.

Rimland is clearly biased toward the hard sciences (28-30). He applauds physicists and chemists for what he calls the “hard inference” model as opposed to social sciences and their “weak inference” model. Even Rimland’s descriptions of the categories give away his intentions
and his scientific ideology. He cites the habit of psychologists to use theory and hypotheses to make sense of factual information while “hard” scientists like chemists and biologists test models and focus on facts. He does not include psychology in the “hard science” category. Rimland certainly sets himself up as a sort of “guardian of truth,” prioritizing a way of thinking, seeing and writing.

Rimland examines antipsychotic drugs rather than therapy as the solution. In *Psychogenesis versus Biogenesis*, Rimland states that the number of mental patients in state and local public hospitals reached a peak of 559,000 in 1955; however, the introduction of the new antipsychotic drugs began decreasing the number of hospitalized patients until at the end of 1965, there were 83,000 fewer patients than in 1955 (Rimland 31). Earlier, I looked at some sociological findings discussing the significant reduction of patients from mental institutions. The reason was not entirely due to psychotropic drugs, although they did have an effect. Part of the reason was that institutionalization was becoming stigmatized and parents wanted more control over their children’s care. Rimland’s reasoning is only partly correct.

Rimland’s best argument for genetics is the zygosity of twins. His research indicated that identical twins would have a 67%-86% likelihood for autism and schizophrenic correlation (*Psychogenesis versus Biogenesis* 32). He utilized other studies of inheritance, similar to Kanner’s, which became a springboard for later research done by Rutter and others.

The preferred reading of Rimland’s *Psychogenesis versus Biogenesis* is that of laying down principles of psychogenic theory and then rebutting them. By doing so, Rimland utilizes rhetoric in the arrangement and the content of his analysis. He defines all relevant terms and then attempts to address each “sacred cow,” exposing each to empirical scrutiny. His style is utilizing logos for persuasive ends. Rimland expects these theories to have the same scientific controls as
any other scientific discipline and he finds them wanting. Rimland asks readers to reject the psychogenesis because of the lack of scientific proof. In addition, he attempts to persuade readers to adopt biogenesis ideas based on some existing scientific research. Moreover, he wants readers to feel cheated that Freudian psychologists are making money doing therapy while not really providing results for treatment. In some ways, the rhetoric of the piece is like a manifesto for the biogenesis causes of autism, although it ironically looks at Freudian psychotherapy and its adherents as victims of ideology, when it is very ideological itself.

The primary claim of *Psychogenesis versus Biogenesis* is that there has been no real proof of psychological causes of mental illness much less psychological cures. Rimland wants the readers to see themselves as scientists and skeptics. He believes in the idea of logical proof and evidence. What is good in Rimland’s world is empirical data, clear terms, control groups, figures and graphs. What he rejects are narrative, clinical case studies and conclusions based on patient and parent testimony; he marginalizes all of the previous psychological research because he believes it does not meet a “hard inference” quality. Instead, it relies on previous theories that are flawed. The text also rejects theory in general in favor of commonsense fact finding.

Rimland wants the audience to accept his position on biogenic causes because he wants to push the needle on therapies that can have an instant impact on mental illness. He wants more empirical research because he finds it a quicker way to the essential truths of life. This view is somewhat naïve because it denies that dialogue and discussion among professionals can have a beneficial effect on learning. Also, it is misdirected because biogenic theory is somewhat subject oppressive. It categorizes illnesses and connects them to solutions in a limited social dynamic in that there can only be one form of communication acceptable to the scientific community. Although Rimland participates in a rhetorical exchange with his detractors, his principal point is
that psychoanalytic positions are non-falsifiable and therefore should be rejected. Karl Popper comments on the idea of non-falsifiability:

Logically, no number of positive outcomes at the level of experimental testing can confirm a scientific theory, but a single counterexample is logically decisive: it shows the theory, from which the implication is derived, to be false. The term "falsifiable" does not mean something is made false, but rather that, if it is false, it can be shown by observation or experiment. Falsifiability is the criterion of demarcation between what is, and is not, genuinely scientific: a theory should be considered scientific if, and only if, it is falsifiable. Psychoanalysis and contemporary Marxism are not falsifiable (*The Logic of Scientific Discovery* 20).

Rimland rejects the social dynamic as “soft,” and thus he limits rhetorical exchange to falsifiable evidence. Rimland does not take into account the voice of the autistic sufferer because he is focused so heavily on making the case for autism’s genetic linkage. In addition, Rimland criticizes psychotherapists as money-makers, yet drug companies and other biologically-oriented firms make billions of dollars from so-called cures. This is the basic argument of Thomas Szasz. In many ways, Rimland’s work sparked a significant trend in the medicalization of autism, away from therapy and toward genetic and biological research. Rimland’s own abstract and its language attest to the medicalization and research base of his argument. He states in his text, *Infantile Autism*:

> Autism is congenital and has "aloneness" and "preservation of sameness" as necessary characteristics; a cognitive dysfunction consisting of inability to relate new stimuli to remembered experience. The reticular formation is suggested as a possible site of an organic lesion possibly the result of hyperoxia. Genetically determined susceptibility to such lesion is suggested. Theoretically the reticular formation encodes stimuli "into a form designed to trigger relevant memories." A 76-item Diagnostic Check List for Behavior-Disturbed Children is appended. (Rimland Abstract)

Rimland asks readers to construct themselves as skeptics with respect to psychogenesis but to be open-minded when it comes to biogenesis. The language in the above passage indicates that “reticular formation is suggested” as well as “genetic susceptibility of such lesion is suggested”
In other words, Rimland also has shaky evidence with respect to his claim that biogenesis is founded in fact. Therefore, Rimland uses the same rhetorical strategies backing his claims for biogenesis that he argues against in his opponents.

Rimland’s most important chapter in *Infantile Autism*, “The Etiology of Infantile Autism: The Problem of Biological versus Psychological Causation” (1964), adds another dimension to the rhetoric and that is advocacy from a parental perspective. This was written in 1964, when psychoanalytic theories were still very predominant. Rimland argues that “the welfare of individual autistic children and their families hinges closely upon the problem of specific etiology” (84). Rimland advocates for biogenic research as well, something he says has been reduced because of the complete blind faith in psychogenic work.

Rimland specifies seven major ideas behind psychogenesis:

1. No consistent physical abnormalities have been found in autistic children.
2. Many autistic children have been raised by parents deficient in emotional responsiveness.
3. Certain children raised in hospitals where maternal contact is sparse have been reported to have emotional difficulties.
4. The behaviors of the child are retaliations against the parent.
5. Certain incidents appear to be pathogenic.
6. Psychotherapy has beneficial effects.
7. The high incidence of first-born and only children suggests that parental attitudes might be causative. (85-86)

Rimland looks at the literature base when examining each of these main points. He cites Kanner and Eisenberg, who state that neurologic investigations of autism are in their infancy, while Bettelheim uses this lack of evidence to determine that genetic causes are ruled out. Needless to say, Rimland disagrees with the latter assessment.

Rimland examines Eisenberg and Kanner’s commentary on parental personalities. They both believe that “emotional configuration in the home plays a dynamic role in the genesis of
Rimland attacks their assertions for lack of evidence, accusing them of utilizing the rhetorical and logic-based ascription of the post hoc ergo propter hoc fallacy as well as correlation implying causation.

Rimland counters evidence from Bowlby (1954), whose work was the strongest advocate of maternal deprivation theories of autism. Rimland again attacks the faulty methodology of Bowlby, who later reversed his stand on the matter. In addition, Kanner’s own work illustrated that the children with autism in his specific study were not neglected. As a result, Rimland points to an area that had been accepted without question and submits it to logical testing.

Rimland is concerned that a child’s behavior is somehow suggestive of a particular etiology of autism. Kanner had concluded that a child’s withdrawal seemed to be an act of turning away from a situation (“The Etiology of Infantile Autism: The Problem of Biological versus Psychological Causation” 89). Bettelheim used Kanner’s evidence to support his own ideas of autism. Rimland sees the behavior as a symptom rather than an actual etiology. He also argues that brain pathology can influence affection as well as cognition. He points to studies that indicate these facts.

Rimland cites Kanner’s research on 42 autistic children who received psychotherapy, of whom 29 did not get better (90). Rimland also looks at the dearth of long-range, large-population studies that indicate the success of psychotherapy and attacks, as unscientific, the specific narrative case studies of individual children who get better. Rimland disagrees with the birth order hypothesis of autism (91). He cites examples of autistic children with both older and younger siblings. Also, he examines a plethora of biologically situated first-born diseases that connect autism with biogenesis.
After discussing the theories of psychogenesis, Rimland turns to biogenesis, which he believes is much more plausible, for the following reasons:

1. Some clearly autistic children are born of parents who do not fit the autistic personality pattern.
2. Parents who do fit the description of the supposedly pathogenic parent almost invariably have normal, non-autistic children.
3. With very few exceptions, the siblings of autistic children are normal.
4. Autistic children are behaviorally unusual “from the moment of birth.”
5. There is a consistent ratio of three to four boys to one girl.
6. Virtually all cases of twins reported in the literature have been identified, with both twins afflicted.
7. Autism can occur or be closely simulated in children with known organic brain damage.
8. The symptomatology is highly unique and specific.
9. There is an absence of gradations of infantile autism which would create “blends” from normal to severely afflicted

Rimland examines what he calls interindividual symptomatology, like head rocking and special interests, as indicative of a genetic causation. Since disease processes seem to be very consistent throughout individuals, Rimland deduces that autism must be genetic because of the similarity of symptoms.

Some critics of Rimland produced their own studies. A popular one is the 1977 study by Smith and Glass, who created a meta-analysis of psychotherapy. Smith and Glass used about 400 studies in the literature, attempting to make the case that in fact psychotherapy was beneficial for children with infantile autism. Rimland commented on the dubious adequacy of the nearly 400 psychotherapy studies and on the methods of analysis Smith and Glass employed (192). Rimland again uses his knowledge of logos, like data, or statistical techniques, to make a case for debunking psychotherapy as a beneficial treatment for autism.

By applying an ideological reading of Rimland’s texts, we discover that the expected reading of the texts is to weigh both arguments presented by Rimland, the psychogenesis side
and the biogenesis side, and to determine that specious evidence exists for the support of psychotherapy and much more evidence for biogenesis. Rimland’s articles ask the audience to believe in the numbers, but having looked at data and studied results, very little evidence for causation and correlation exists. As a result, Rimland is asking the reader to approach the psychogenetic research from the perspective of hard science and statistics. Rimland is skeptical about what he calls the assumptions made by the scientific community regarding Freudian therapy. He believes that this therapy is taking away resources from possible work on etiology and treatment. The claims of biogenetic argument are that there are many instances of autism that seem to have genetic causation, especially the twins study, in which identical twins correlate with autism at about an 86% rate. This would seem to support a genetic argument. Rimland recommends that we disengage our thinking from pre-existing theories that are in fact logical fallacies, such as the post hoc fallacy and correlation equaling causation fallacy. Like a true rhetorician, Rimland uses traditional logic to argue that some psychoanalytic theories are based on improper thinking. As a result, because these studies do not conform to hard scientific thinking, they should be rejected. In the process of rejecting the psychoanalytic ideology, Rimland is also saying that narratives and clinical case studies are not scientifically valid.

Rimland’s texts encourage the audience to view autism as genetic, but he would like more research to uncover the genetic causes of the disability. The social issue is the children suffering from the disability of autism, an issue close to his heart because his child was autistic. Rimland’s questioning, quoted initially as the ravings of a disturbed father, have a great deal of common sense. His skepticism was reminiscent of Hume, and his ethos was increased by his prior belief in psychoanalytic training. An ideological reading of Rimland, including his empiricism and skepticism, encourages audience members to construct themselves in similar
ways. He looks at psychology through the lens of a “hard” scientist, one who experiments and does lab work and statistical work. He presents the case for one side and then the other, looking extensively for studies that meet scientific and “hard” criteria. He finds it in biogenesis. At the time of his 1964 text, *Infantile Autism*, the psychoanalytic position was preeminent.

Part 2: DSM-II and DSM-III: A Major Transition in the Rhetoric of Science

My task in this section will be to compare the DSM-II and DSM-III with respect to autism while commenting on the major rhetorical shift that happened between 1968 and 1978, the respective dates of their publication.

DSM-II says very little about autism. The word, in fact, is used only once (see Appendix A) and is contained in the general definition of schizophrenia (see Appendix B). The DSM-II was published in 1968. Rimland and others had argued against psychogenic causes of autism as early as 1964; however, the position of the scientific establishment was still firmly psychogenic (Menninger n. p.). Although Leo Kanner had written his famous article naming it a syndrome in 1943, autism was still not accepted in either DSM-I or DSM-II, so there was obviously great pushback from “official science.” Professional psychologists were clearly Freudian in their interpretations, although there was a great deal of empirical work being done that was venturing in different directions.

In the terminology of infantile schizophrenia, autism is clearly listed as a symptom of schizophrenia: “The condition may be manifested by autistic, atypical, and withdrawn behavior” (see Appendices A and B). This definition looks similar to Bleuler’s definition as well as Kanner’s definition, but the difference is that Kanner created the category and there is no category for autism in the official volume of the American Psychiatric Association.
Another aspect of the definition is the “failure to develop an identity separate from the mother’s” (42). This statement extends back to Kanner’s idea that the autistic child will take on the identity of the maternal influence, which both Kanner and Bettelheim state is cold and indifferent. If the child takes on the mother’s “affect” and is withdrawn and autistic, what must that make the mother? Rimland argues against the parental influence, but these concerns were not addressed in the DSM-II. The medical establishment, whose economic survival depended on psychoanalytic therapies, would not alter this business model. Here is an example of ideology ensconced in a text that was behind the times but still profitable.

The one change in favor of a genetic model is that the word “reaction” was replaced in the DSM-II. Reaction was a Freudian term that in this sense meant a reaction to a condition. That condition could be parental but was certainly environmental. It is obvious there was some political and rhetorical wrangling because the Freudian term was removed. Why would the term be removed if it was a medically and scientifically viable theory? Another strong possibility is that much of the work came from Kanner, whose theory was that autism became schizophrenia as the child got older. This information was published in Eisenberg and Kanner’s follow-up study of eleven autistic children fifteen years later (1958). In 1968, scientists assumed that childhood schizophrenia could lead to mental retardation.

Disturbances of thinking, mood, or behavior are akin to Kanner’s definition of autism. In addition, the phrase “psychologically self-protective” is a lot like Bettelheim’s notion of a defense against trauma from the outside. The APA distinguishes thought disorder from mood disorder, which is affective. Kanner’s article on infantile autism detailed a disorder of affective contact. Since DSM-II terminology largely places emphasis on affective reactions, and Kanner’s
preceding works dealt primarily with affective contact, and he was also the preeminent researcher of the time on autism, it seems clear that Kanner influenced the DSM-II terminology.

This research looks at the rhetoric of the texts DSM-II and DSM-III as well as the rhetorical components of autism as a new diagnosis in the DSM-III. DSM-III marked a significant departure from its predecessor. Published in 1980, it ushered in the medical model. DSM-III is commonly declared to be the most significant factor in promoting what has been called the "remedicalization" of American psychiatry (M. Wilson 399). Translated into more than 20 languages, it has had an enormous international impact as well (399). With the appearance of the DSM-III, the essential focus of psychiatry shifted from the clinically-based biopsychosocial model to a research-based medical model. And through the development of the DSM-III, research investigators replaced clinicians as the most influential voices in the profession (400).

The key reason for the DSM-III, according to Mitchell, was that the DSM-II and the psychosocial model could not “demarcate clearly the well from the sick” (402). The psychosocial model was attacked from within the profession by those who bemoaned the lack of progress in the research this model generated; biologically oriented psychiatrists advocated a return to the more conventional medical model of psychopathology (402).

A major reason for the shift away from psychosocial models was that by the mid-1970s, resource dollars were being constricted. The profession, therefore, was asked to become more accountable for its practices. For example, on the research front, from 1965 through 1972, NIMH funding decreased by 5% per year. This decrease in funding occurred during the time that psychosocial research was the dominant mode of inquiry (M. Wilson 402). Thus the DSM-III became a response to the perceived failures of the DSM-II.
The DSM-III started with medical-model research in the 1960s. Under the leadership of Eli Robins and Samuel Guze, the Washington University group realized that to conduct meaningful psychiatric research one needed a way to obtain relatively homogeneous research samples (Schacht 57-63). There was a need for diagnostic criteria that were descriptive, explicit, and rule-driven so assessments could be done reliably (Wilson 404). The task force on creating the DSM-III stated its ideological viewpoint in the mid-1970s:

The diagnostic manual will be essentially behavioral, with exceptions for conditions of known etiology . . . . It was agreed that "functional" is no longer a suitable designation for a group of conditions--schizophrenias and affective disorders--which are no longer seen as purely psychogenic. (405)

The rhetorical wrangling involved in the creation of this text was not without its intensity. One example is a comment made by a psychoanalytic scholar to the DSM-III task force: "What is so great," psychiatrist Hugo Zee wrote to the task force, "about the phenomenological, neo-Kraepelinian approach, that it takes such exclusive precedence over other evidence (admittedly not 'proof') which often has more explanatory power with problems in functioning?" (Wilson 406). Scholars were concerned about the narrowing of the scope of diagnosing and treating mentally ill people. The debate was also over the idea of function. The psychoanalytic scholars looked at function as the reason for their treatment regimens.

The group tasked to create the DSM-III wanted a strict medical model, a classification system used for research purposes and the gathering of aggregate data, a diagnostic manual aiding in the understanding of psychiatric disorders and their treatment (M. Wilson 406). Its goal would be to create a user-friendly interface for clinicians so their diagnostic work would fall into line with modern science. Because the DSM-III would have a strictly behavioral orientation and make little attempt to relate the syndromes it described to etiology or treatment, its relevance to
clinical work would be minimal (406). Wilson commented that "clerks rather than experts can make this kind of classification of patients" (406). In terms of rhetoric, Wilson is arguing that there is no real artistry to diagnosis starting with DSM-III. He argues that the manual is foolproof; in other words, it is meant for people to quickly look up and apply the information in its pages. While to some this would seem efficient, for Wilson there was a concern with the lack of arguability of its text. In other words, since the DSM-III had become a clerk manual, the ability to dialogue about mental illness had been removed. Wilson argues against the rhetoricity of the DSM-III.

In terms of pure rhetoric, the arrangement of the DSM-III was completely different from the DSM-II. As prominent psychoanalyst Leo Madow predicted, while the DSM-II was considered a "little manual," the DSM-III would be considered a "text-book" (M. Wilson 406). This textbook would expunge all traces of psychotherapy with the exception of the word neurosis, and this started a controversy over the inclusion of the word “neurosis.” After much log-rolling, the task force for the DSM-III included the term in order for the textbook to be passed through the APA. This is an example of a term not even relevant to modern psychology that was included in a text simply for the bulk of the project to move forward. It is an example of rhetorical wrangling and the placement of a term, “neurosis,” with outdated scientific importance, into a modernized version purely for ideological purposes. According to Wilson, "The neurosis controversy was a minor capitulation to psychoanalytic nostalgia" (407).

M. Wilson argues that political pressures were the focal point for the changes from the DSM-II to the DSM-III. He comments:

As I have described, the shrinking of resource support, the problem of accountability in psychiatric practice, and the lack of progress in research made it imperative that the
profession officially adopt a model of psychopathology that stressed what was publicly visible over what was privately inferred. (408)

With the DSM-III, psychiatrists now had a common language with which to communicate (409). Equally important, headway had been made in the treatment of some major psychiatric illnesses—major depression, bipolar disorder, and anxiety disorders—arguably facilitated in part by the diagnostic clarity of the DSM-III (409).

However, there were some major drawbacks to the DSM-III. For one, context was lost now that the surface diagnosis was emphasized. The language of the DSM-III was being applied in daily teaching and practice and necessarily took on the look of something that, more and more, seemed natural—not made by human hands (M. Wilson 410). As with any professional discourse applied in teaching and clinical settings, reification of the discourse of descriptive psychiatry through daily use of the DSM-III and the DSM-III-R seemed unavoidable (410). In addition, the ideological power of science cannot be underestimated as a contributing factor in the hegemony of descriptive diagnosis in contemporary psychiatry (410). The seeming objectivity of science is science's own justification (410). The seeming objectivity of the project of descriptive psychiatry serves, rhetorically, as the most persuasive argument in its own behalf (410). It is not surprising then, in spite of the paradoxes involved, that the DSM-III became a textbook (410).

In 1980, in one stroke, the diagnostically based DSM-III radically transformed how mental illness was diagnosed (Mayes and Horwitz 250). In a remarkably short time, psychiatry shed one intellectual paradigm and adopted an entirely new system of classification (250). The DSM-III imported a diagnostic model from medicine where diagnosis is “the keystone of medical practice and clinical research” (250). The success of the DSM-III represented a growing medicalization of psychiatry that placed more behavior within the legitimate domain of
psychiatry (251). For example, there were nearly twice as many diagnoses and twice as many pages in the DSM-III than as in the DSM-II. What this meant for psychology and psychiatry was that there were more chargeable diagnoses and categories for practitioners to cull from the DSM-III. I doubt that there were twice as many discovered diagnoses between 1968 and 1980. Rather, the proponents of medicalization pointed to the exponential growth in specific diagnoses that occurred when the DSM-III replaced the DSM-II (251).

In addition to changing the language of mental health, the DSM-III created enormous professional and financial incentives for both researchers and pharmaceutical companies. It gave them specific diagnoses to target their research and development efforts for prospective treatments (Schacht 263). It is clear that the creation of a particular language aimed at creating a unified language for mental health workers would have a strong ideological basis. Thomas Schacht argues in the preface to his article on DSM-III that:

Traditional and prevalent beliefs about the relationship between science and politics cause many communications about the Diagnostic and Statistical Manual of Mental Disorders (DSM-III) become mired in double-talk, in which disavowal of DSM-III's political aspects often serves to affirm that which is being denied. The DSM-III is examined through a conceptual lens in which science and politics are mutually exclusive. Consequently, any mention of the political dimensions of DSM-III may be automatically perceived as an attack on the scientific integrity of the taxonomy. It is suggested that integral aspects of science and politics should be acknowledged, and self-defeating dichotomous reasoning about DSM-III's scientific and political dimensions should be avoided. It is concluded that the DSM-III is both a tool for the production of scientific knowledge and an instrument of rhetoric, social organization, and power distribution. (513)

The DSM-III was now a viable book used by diagnosticians as opposed to the earlier versions, which had lacked uniformity. As a response to the book, medical schools more fully utilized the text, and drug companies followed reimbursement patterns based on its diagnoses. The DSM-III was massive in that it changed the mental health dynamic from a purely clinical one to an
economic one, redirecting money and prestige to researchers from psychoanalysts. For the profession, the psychopharmacological domain, including the DSM, became the domain of the scientist and psychiatrist while talk therapy was reserved for counselors, psychologists and social workers. In turn, the direction of treatment for mental illness became much more pharmacologically dependent than ever before. Drugs treated mental illness.

Autism was actually included in the DSM-III as a distinct diagnostic category. However, “infantile autism” was designated as the only form and only six characteristics were listed, an individual having to possess each of which to be labeled “autistic” (DSM-III Appendix C). These criteria correspond almost exactly with Kanner’s definition. The only exception is that there is no real environmental factor, as he had initially set out to describe. The factors that predominate are clinical: autism, language deficits, and behavioral changes. There is no real mention of factors that would be considered external or environmental. With the adoption of the DSM-III, all factors were now internal. The enduring conflict in autism, metaphorically represented by the outside versus the inside, seemed to be resolved in the textual expression of the DSM-III.

The DSM-III criteria for autism were different from its predecessors. Diagnostic criteria were more concrete and observable, specifying that such behaviors must reflect abnormalities in the individual’s level of development (DSM-III 1-3). These changes in the field yielded a rapid increase in the number of individuals being diagnosed with autism (Factor, Freeman, and Kardash). The criteria for the DSM-III-R (1987) are located in Appendix D.

To recapitulate the differences between the DSM-II and the DSM-III, the preferred reading of the DSM-II is that of a psychoanalytic report and a small summary book. The textual discourse asks the audience to believe that autism does not really exist as a diagnosis but rather only as a secondary symptom. The claim is that Bleuler’s conception, as well as some of
Kanner’s conception and Bettelheim’s conception, should be included. There was still an emphasis on psychoanalytic factors and a functional and clinical basis for the text. The DSM-II sees the world through the eyes of the clinician. It sees connections between psychoses and neuroses and other social or environmental factors. It speaks of psychology as an uber-discipline, able to comment on sociology, psychology, and medicine. There is little reference to genetic factors, although ideas like reaction had been removed. The text does not ask for comment on genetic factors and asks the audience to avoid research and discussion on that subject. It believes there is no empirical basis for judgment on genetic factors, although its publication date, 1968, had already seen numerous advances in genetic research on autism. The DSM-II marginalizes the views of people like Rimland, Rutter, and Kanner.

The DSM-III was to be read as a textbook. It asks the audience to believe that causes of mental illness are not functional but genetic and biomedical. It claims that empirical evidence and clearer diagnoses will resolve the miscommunication of psychological science. The goals of the text are hypothesizing, testing, and using the manual to clearly diagnose patients. What is good is empirical science and what is bad is psychoanalytic studies of science because they cannot tell illness from health. Seeing truth as dialogic is not what the DSM-III authors wanted their audience to accept.

The DSM-III encourages the audience to accept the fact that its information will be far more useful to insurance companies, researchers, and diagnosticians. It presents the naïve idea that a fact is not a rhetorical construct, when the manner of its use as a fact and the vehicle for that use are extremely significant. The text asks audience members to construct themselves as researchers and empirically minded professionals looking to modernize the field of psychology. The ideology of the DSM-III presents its own terms as naturally correct, even though other
versions differed significantly. The only representation of a marginalized perspective was the “nostalgic” inclusion of neurosis in the text. Differing versions of the DSM-III, as well as the DSM-III Revised presented very different versions of autism that finally made it into an established research volume. The differing terminology of diagnostic criteria between the 1980 DSM-III and the 1987 DSM-III-R is startling; it illustrates significant research advances as well as the modus operandi for increased autism diagnoses.

Conclusion

We therefore turn to answering the question that dictated the chapter: How did medicalization of autism lead to new types of rhetorical discourse? Rimland, in his own way, created an opening, culminating in the DSM-III, which emphasized the medical research model. As a result, the DSM-III became one of the most successful textbooks for diagnosticians because it created a new language dealing with mental illness that represented a neo-Kraepelinian model. Insurance companies and drug research firms appreciated the precise language of the DSM-III and the DSM-III-R to decide whether to pay for treatment. The explosion of research on subjects like autism expanded the definitions and, therefore, the possible diagnoses of autistic symptomatology, causing a corresponding increase in diagnoses. Much of this medicalization came from the empirical language and etiologic accuracy of the DSM-III and the DSM-III-R, which represented a specific kind of rhetoric.

Rimland looked at the previous work from a philosophical and skeptical position, examining the empirical evidence. He changed writing and discourse from plaudits to critique. The discourse changed considerably from the early 1940s until the early 1980s. Autism was finally codified into the permanent, official discourse established through the DSM-III, complete
with items for diagnosticians to determine when looking at patients. Despite the tardiness of this manual for autism, the diagnosis had been actualized in discourse almost 40 years earlier with Kanner’s article. It met great political resistance and so was left out of the highly political realm of the rhetoric of official science for these reasons. Arguments and reviews of research continue to shape the science discourse into the modern era, but the sea change occurred when the psychoanalytic model and its language, tropes, and rhetoric were replaced by that of the genetic and medical models.

Finally, there was a “new kind” of science discourse. In some ways, “new kind” is misleading because the newly adopted models of the DSM-III and the DSM-III-R were called neo-Kraepelinian by their critics. In other words, there was a return to earlier methods when science and its rhetoric moved away from the psychoanalytic model of diagnosis and treatment of autism. While 19th-century scientists accepted medical etiology, Freudian language so entered the equation that it completely established hegemonic discourse in the field of psychology. Therefore, the appearance again of medical discourse seemed new to scientists because of the hegemony of Freudian thought for the past 70-80 years.

Medicalization of autism happened because of scientific inquiry based on Bleuler’s work and followed significantly by Kanner’s work. Their work definitely created spaces whereby clinicians could apply their thoughts to working with children. Freudian thought dominated this time period, but cracks appeared with Rimland’s work, which changed the way many scientists thought about autism. That factor, as well as economic, political, and social pressures on established science to produce clinical results, created the conditions for the establishment of a full-blown, empirically-driven medical model. The benefit to the new scientific rhetoric was
accuracy and specificity. The disadvantage was a lack of scope, of seeing the whole context of autism and commenting on it.
CHAPTER 5
THE MOVEMENT TOWARDS INTERSUBJECTIVITY: ASPERGER’S, THEORY OF MIND
AND ITS INVASION OF THE LITERARY

Introduction

Autism began as a description of a medical phenomenon. Later, it became something else, more of its own category. With Leo Kanner’s work in the 1940s (“Early Infantile Autism”), autism became fully recognized as a mental illness. With the inception and codification of the DSM texts, autism was instantiated in writing for the use of practitioners, who then started moving away from psychoanalytic explanations of autism and turned to a purely medical model of mental illness, which further reaffirmed the importance of the DSM series of texts. The DSM-IV, published in 1994, was the first of its kind to model a new illness much like the old illness. It was called Asperger syndrome, and it became a diagnosis for high-functioning autistic children. All of the major DSM diagnostic components were present in the new DSM-IV except the language delay element. The significance of this new diagnosis cannot be overstated. Many parents, wary of labeling their children autistic, were far more likely to diagnose them as having Asperger syndrome. Schools and medical clinics saw an explosion in these diagnostic labels for children from the 1980s until the present time. As a result, Asperger syndrome became part of the cultural landscape far more extensively than had autism. It gained greater credence in television, films, and fiction.
Due to the work on the brain and its neuro-anatomy, exciting discoveries took place and corresponding writings about autism became more prevalent. One such significant writing was Simon Baron-Cohen’s concept of “mindblindness.” A student of Frith’s, Baron-Cohen described autistic children as lacking the ability to read minds (understanding what people’s thoughts were based on facial expressions), which was a fundamental aspect of all childhood development. Based on tests measuring deception, irony, and humor, he concluded that autistic children could not read minds. Needless to say, this “discovery” had a huge impact on the scientific community and numerous other analyses of mindblindness as well as other theories of the disability.

Perhaps the most significant aspect of mindblindness was that it spawned interdisciplinary involvement from the literary community. A disciple of Baron Cohen, Lisa Zunshine applied the Theory of Mind model to texts as part of her cognitive approach to literary analysis. Her argument is that mind reading is necessary for understanding the narrator and the characters in a work of fiction. People with autism have limited capacity to read minds, so they have a corresponding limitation in understanding fiction. Her work has spawned a great deal of interest in cognitive cultural studies as well as a great deal of anger from the autistic community. Autistics’ concern with her writings is that the failure to understand literature is overgeneralized to all autistics, and they are concerned about labelling autistics as deficit-centered creatures. In addition, concerns abound over her application of a scientific theory to a completely different discipline.

It is both interesting and ironic that interdisciplinarity, or the crossing over of disciplines such as literature and science, should be represented by the subject of autism. Why, one may ask? Because autism is considered a scientific deficit in psychological literature. Literary experts attempt to pick up where scientists leave off and apply deficit models to the reading and the
telling of stories. Certainly storytelling is narrative. Is it true that autistics cannot appreciate literature because they lack the ability to read minds? This is less clear.

A final aspect of the chapter examines the DSM-V, the current model of the DSM. One key component of the DSM is the movement toward the “spectrum model” of mental illness, especially for autism. While Asperger syndrome made its appearance in the 1994 DSM-IV, it does not exist in DSM-V. I argue that there are specific rhetorical as well as scientific reasons for this diagnostic omission.

It is my task in this chapter to try to answer the question: How did the new scientific literature transition autism from object to subject positions? Autism research has become more brain based from the 1960s onward. On the surface, this might mean more empirical findings and a seemingly more objectified stance in text. Yet my belief is that theories of autism, stemming from brain research, have actually created the opposite effect, leading to more rhetoricization of autism as a disability and a greater leeway for differing descriptions of autism. In addition, those with autism have begun to speak out against “theories,” which could have permanent consequences, and have entered the discussion to define themselves. In this respect, the larger amount of research has actually led to more subjective positions, such as autistic autobiography or commentaries directed against a Theory of Mind reading of fictional accounts.

Part 1: Asperger Syndrome and Its Consequences for Autism

In 1991, Uta Frith translated Hans Asperger’s original 1944 study, “Autistic Psychopathy,” from the German text at the behest of Lorna Wing, another brain researcher. It created a shock wave throughout research institutions. Asperger’s work was pretty much
unknown at the time, but Frith’s translation allowed Asperger’s work to be consumed by American audiences. Asperger’s diagnoses shaped and transformed Kanner’s traditional, more severe autistic diagnosis. Kanner’s original work predates Asperger’s by one year, but as well-received as Kanner’s work was, the opposite was true for Asperger’s work, until Frith’s translation.

After the translation of Asperger’s work was published, researchers had a quandary: should Asperger syndrome be included as part of autism or should it be separate (“Asperger and his Syndrome” 2). Frith and Wing did extensive case history research, as well as analysis of Asperger’s text, to understand the similarities and differences between autism and Asperger syndrome (Wing’s name for the disorder). Frith writes:

Perhaps the main feature of children for whom we propose the label Asperger syndrome is that they tend to speak fluently by the time they are five, even if their language development was slow to begin with, and even if their language is noticeably odd in its use for communication…As they grow older these children often become quite interested in other people and thus belie the stereotype of the aloof and withdrawn autistic child. (13)

This differs from Kanner’s idea that autistic children have serious language impairments. Yet there are similarities as well. Frith comments in her preface, “These children are socially inept…despite sometimes high academic abilities, they lack common sense” (14). At this stage some language enters into the scientific lexicon about Asperger syndrome children, e.g., high academic abilities that differ significantly from the average autistic child described in Kanner’s works, but also the social ineptness, i.e., their desire to communicate is but an inept attempt at real communication, whereas most autistic children just do not interact. Frith goes on to say that autistic children, when they become adults, remain supremely egotistical and isolated. They are also unable to engage in routine social interactions (14).
Wing and Frith looked directly at Asperger’s original paper. Even though it was written in 1944, it could easily have been written in 1991 because of its contemporary reception by scientists. It is a rhetorical artifact from the middle of the century but has turned into a modern diagnosis, since it was not initially accepted at the time, as its reach was small because of language barriers.

Asperger’s paper is entitled “Autistic Psychopathy in Childhood.” He calls the autistic psychopathic child a “type which results in severe and characteristic difficulties of social integration” (47). Asperger believed in these children, calling them potential high achievers in later life with the possibility of normally integrating into the community with love and guidance (47). Asperger called the children autistic, relying on Eugen Bleuler’s texts (which suggests he had not read Kanner’s work with autistic children). This means that he accepted that the children were part of the schizophrenic family of patients and had lost contact with reality. Therefore, the child’s thinking is guided by what Asperger called “desires or affects” (48), as opposed to concrete goals like normal children. This is where the similarities with Bleuler’s original diagnosis end. Asperger argued that the autistic patient does not experience a disintegration of personality like a real schizophrenic (49).

Asperger used extensive case studies and clinical renditions to describe these children. Here is a running example of some key attributes of one such child from Asperger’s descriptions:

(Fritz V.) From the earliest age never did what he was told. He was always restless, and fidgety, and tended to grab everything within reach. Prohibitions did not deter him…He never got on with other children and was never interested in them…He quickly became aggressive…He provoked by negativism and disobedience…He acquired language very early but could not master social niceties…He also had stereotypic movements and habits. (49-50)

Some of these descriptions are reminiscent of Kanner, but many are new, especially those involving early language acquisition.
Like Kanner, Asperger discussed family attributes as well. For Fritz, he noted that his mother came from a very artistic family and his maternal grandfather was exactly like him, expelled from public schools. His mother lacked maternal “affect,” (51) which is also reminiscent of Kanner’s language. Asperger related the child’s problems in part to those of the mother because she could not handle the day-to-day affairs of her son. Fritz’s father was a very particular and quiet man with no real issues, but he had married later in life. There were no other issues traceable to the father.

Asperger provided significant physical descriptions of Fritz as well. He called Fritz “delicate” (52) with aristocratic features. His gaze was “strikingly odd” (52), maintaining no eye contact. In addition, his voice and articulation were more “sing-song” in tone (52). Asperger stressed that Fritz was unlike any child in the type of his responses vocally. He rarely answered questions when they were posed to him (52) and indulged in rhythmic and stereotypical behavior (52).

Asperger also noted Fritz’s behavior in his hospital ward. He stated that Fritz’s “posture, eye gaze, voice and speech made it obvious at first glance that the boy’s relations to the outside world were extremely limited” (52). He had no mastery over his body (54) while being diagnostically tested. Asperger utilized persuasive discourse in his analysis of the boy. While he described the child’s oddities, he was also very careful to indicate how intelligent and resourceful the boy was. His analysis was rhetorical; Asperger wanted readers to understand the multidimensional talents of Asperger children.

There is a significant diagnostic element to Asperger’s description of Fritz V. Just as with Kanner, there were a number of tests Asperger constructed to medically ascertain these symptoms. The tests were: a construction test, which Fritz aced easily by reconstructing a figure
from memory; a rhythm imitation, which he refused to do; a six-digit memory test, which he did easily; memory for sentences, with which he did not really comply; and finally, a similarities test, like the Freudian “a bush is to…or a basic analogy test, which Fritz failed miserably due to nonsensical answers. Asperger concluded from the tests that Fritz could not be measured properly because of his “extreme lack of cooperation with the experimenter” (55). There were some conclusions he drew, however, based on what he called “spontaneous” responses (55). Asperger noted that Fritz sometimes “betrayed an excellent apprehension of a situation and an accurate judgment of people” (55). In addition, he showed excellent skills in mathematics and calculations. Asperger comments, “We see here something that we have come across in almost all autistic individuals, a special interest which enables them to achieve quite extraordinary levels of performance in a certain area” (55). This is Asperger’s first mention of the special interest and is one of the current defining characteristics of the syndrome to this day.

Asperger concluded that Fritz had a disease (his word) of affect. He stated that while most adults and children worked in reciprocal arrangements, Fritz and those like him could not do this. He noted that functioning in society did not rely heavily on intellectual understanding, and thus Fritz, while bright, was not functioning well despite his intelligence. Fritz was categorized as deviant, a term used throughout the years for Asperger behavior.

Asperger formulated what he called a differential diagnosis. He asked the question: Was Fritz’s problem a personality disorder or had he suffered a trauma, like encephalitis? At the time, there was no clear answer to this question. Asperger ran tests on a number of different children who all possessed similar characteristics – like lack of affect and the ability to communicate at a high level. Others had physical issues such as gait, narrow and fine features, anti-authority stances, minimal eye contact, and development of some assimilation strategies. When these
children became adults, they would exhibit repetitive behaviors, special interests for which they would dedicate significant amounts of time and talent, and had a far more successful track record than “pure” autistics.

Asperger, after examining a number of autistic “psychopaths,” tried to draw a clinical picture of the disorder. He stated that “autistic individuals are distinguished from each other not only by the degree of contact disturbance and the degree of intellectual ability, but also by their personality and their special interests, which are often outstandingly varied and original” (77).

However, the main issue is the persistence over time of such difficulties. Asperger states:

In early childhood there are the difficulties in learning simple practical skills and in social adaptation. These difficulties arise out of the same disturbance which at school age cause learning and conduct problems, in adolescence job and performance problems, and in adulthood social and marital conflicts. (78)

Thus Asperger has pinpointed what we see today as the common problems of Asperger syndrome individuals.

He divided a portion of his analysis into physical and expressive characteristics. He states:

Autistic children lose their baby features very quickly. Instead of a chubby, soft and undifferentiated baby face, they have highly differentiated, finely boned features. They can be of almost aristocratic appearance, possibly somewhat degenerate. Their early thoughtfulness has formed their faces. The furrowed brow betrays the introspective worrier. (78)

Some of the language used in the description, such as “aristocratic appearance” and “early thoughtfulness,” is not scientific. It is an almost literary description as opposed to the more empirical rendition. An additional physical description focuses on eye contact. This description is highly important because Baron Cohen cites the lack of eye contact as an example of “mindblindness.” Asperger comments:
The characteristic peculiarities of eye gaze are never absent. It is not only poets who know that the soul lies in the eyes. From the first moment when an infant can properly “look,” that is, from the third month of life, and well before there is any verbal expression, the majority of his social relations are based on eye gaze. How the small child drinks in the world with his eyes! With his eyes he grasps things and expresses his feelings in a much less inhibited way than the adult, who has learnt to distance himself and to hide his feelings. With our children here, there is a fundamental difference. Hardly ever does their glance fix brightly on a particular object or person as a sign of lively attention and contact. (78)

Asperger focuses on the eyes and even uses literary references. He uses figurative language, especially personification, when he refers to children drinking in the world with their eyes. This metaphor has persisted to the present day, with scientists “proving” that eye contact is poor among Asperger syndrome children, as are their reciprocity mechanisms.

One of the crucial designations of Asperger is the idea of deficiency. This word has been the key metaphor for the syndrome, which is ironic because Asperger’s descriptions are often loaded with loving and complimentary language toward the children affected. Asperger comments:

Again, it will come as no surprise that contact-creating expressive functions are deficient in people with disturbed contact. If one listens carefully, one can invariably pick up these kinds of abnormalities in the language of autistic individuals, and their recognition is, therefore, of particular diagnostic importance. (81)

Asperger focuses on the notion that Asperger syndrome individuals cannot relate with “normal” people and even their language is impacted. Asperger acknowledges that their language acquisition is fairly normal but not their pragmatic use of it.

Asperger speaks in depth about the intelligence of most syndrome children. There is a rhetorical component here because Asperger believes these children exhibit the rhetorical canon of invention in abundance. He states:

When original ideas are lacking, achievement is an empty shell: what has been learnt is merely a superficial and mechanical copy. Autistic intelligence is characterized by precisely the opposite of this problem. Autistic children are able to produce original
ideas. Indeed, they can only be original, and mechanical learning is hard for them. They are simply not set to assimilate and learn an adult's knowledge. (81)

Asperger’s notion is fascinating; the majority of scholars look at Asperger syndrome individuals as rote learners, highly mechanical and mathematically oriented. They have been likened to well-versed automatons. Asperger turns this idea on its head; he sees Asperger children as too original. Therefore, according to Asperger, invention is the main autistic attribute while memory is unexpectedly absent. A number of modern scholars would vehemently disagree, stating that invention is almost an impossibility with Asperger individuals due to their routinized thinking, speaking, and acting.

Asperger is unapologetic in his praise for their unique characters. He argues that Asperger individuals have fine taste in art, an incredible knowledge of mechanics and machinery, and introspection and character knowledge. This statement contrasts with scholars such as Baron-Cohen, who believe autistic individuals cannot mind read or really know their own thoughts. He points out in *Mindblindness* that:

related to this skill is the autistic person's ability to engage in a particular kind of introspection and to be a judge of character. While the normal child lives unselfconsciously and appropriately interacts with others as an integrated member of his community, these children observe themselves constantly. They are an object of interest to themselves, and they direct their attention towards the functions of their body. (83)

According to Baron-Cohen, judgment and the ability to discern are lacking in more modern renditions of Asperger syndrome. He goes on to say something that many modern scholars vehemently contradict. He states:

Just as these children observe themselves to a high degree, so they also often have surprisingly accurate and mature observations about people in their environment. They know who means well with them and who does not, even when he feigns differently. (83-84)
This statement flies in the face of the concept of mind-reading. Baron-Cohen and others see Asperger individuals as devoid of the ability to see others at all or to offer any significant observations on other members. They argue that Asperger was biased towards his special patients who resided at his facility. Asperger tries to negotiate what he sees as a dilemma:

Now, how can one reconcile this contact disturbance with the special clear-sightedness which is implicit in the examples just described? How can somebody with disturbed relationships experience so much so consciously? The contradiction is only apparent. The normal child, especially the young one, who stands in a proper relation to the environment, instinctively swims with the tide. Conscious judgment does not come into this and in fact can occur only when one has some distance from the world of concrete objects. Distance from the object is the prerequisite of abstraction of consciousness, and of concept formation. Increased personal distance which characterizes autistic individuals and which is also at the heart of their disturbed instinctive affective reactions, is, in a sense, responsible for their good intellectual grasp of the world. (84)

Thus distance, or the ability to see things clearly, is Asperger’s explanation for the phenomenon of clear-sightedness. There is a difference in metaphor between Kanner and Asperger. Whereas Kanner uses the metaphor of the wall and the child blocking contact, Asperger uses the metaphor of depth perception; the Asperger patient uses his reticence and standoffishness to see more clearly the doings of others.

Asperger does differentiate “real” intelligence from testable intelligence, or what observers would currently call intelligence quotient from emotional quotient. That he would be able to understand this idea in 1944 is a testament to his clinical acumen. He writes:

Now, the Binet test, especially at older age levels, involves above all logical, abstract thinking. Since this is what autistic children often find congenial, they may achieve a high score, which would give a false picture of their intelligence. The difficulties of these children will, however, be revealed in tests involving learning. Here one can readily witness the particular kind of learning failure that has just been described. We therefore use learning tests to tell us not only about the scholastic knowledge of these children, but also about their methods, attention, concentration, distractibility and persistence. (86)
Asperger comments that his children can excel at learning tests but cannot do exams that involve interpersonal communication. He distinguishes between two different types of intelligence: that of pure intellect and that of relationship building. Therefore, Asperger associates school and adult life failure with a persistent lack of ability in the interpersonal realm.

Asperger’s final description is that of the Asperger child’s behavior in the social group, which he calls the hallmark of his/her disability. Asperger’s belief is that the core social group is the family, and this is where most of the problems occur. He provides his reasoning for the cause of these social difficulties:

The reason is simple: the family unit is based on the emotional bonds of the members to each other. The children in the family are influenced strongly by these feelings, by the interplay of feeling between parents and children. Neither the schizophrenic, with limited affect, nor the autistic individual knows what to do with these particular feelings. They face them with incomprehension and even rejection. Thus parents suffer deeply from the unfeeling behavior of their children. (87)

Asperger adds that some Asperger children are in fact almost sociopathic; they delight in hurting others without remorse. He states:

These acts typically appear to be calculated. With uncanny certainty, the children manage to do whatever is the most unpleasant or hurtful in a particular situation. However, since their emotionality is poorly developed, they cannot sense how much they hurt others, either physically, as in the case of younger siblings, or mentally, as in the case of parents. There can sometimes be distinctly sadistic acts. (87)

Thus, the metaphor here is the misunderstood child as well as the mischievous, sneaky bully. It is interesting that Asperger comments on this idea because previously he mentioned that these children are aware of their actions and those of others. Therefore, if this metaphor is to be accepted, their actions are calculated and are not the result of their disability but actually a defect. His analysis that they are unaware of how they hurt others is refuted by his previous statements.
There are many comparisons with autism. The children, as described by Asperger, have stereotypic behaviors, obsessive-compulsive reactions, like to isolate themselves, and find managing relationships hard. Asperger calls their pursuit of their own interests “idiosyncratic” and “peculiar” (87-88). Like autism, the personality of the Asperger child lacks “harmony between intellect and affect” (88). One of Asperger’s most compelling passages says:

Autistic children are egocentric in the extreme. They follow only their own wishes, interests and spontaneous impulses, without considering restrictions or prescriptions imposed from outside. They lack completely any respect for the other person. They treat everyone as an equal as a matter of course and speak with a natural self-confidence. In their disobedience too their lack of respect is apparent. They do not show deliberate acts of cheek, but have a genuine defect in their understanding of the other person. (88)

In this example, Asperger and autistic children are linked together. They share extreme egocentrism as well as entitlement to follow their own rules and directions. Thus, they are rebellious and feel they know their own way. Again, Asperger mentions the lack of understanding of the other person, which becomes a cultural hallmark of future explanations of Asperger syndrome.

Asperger mentions the Asperger child’s desire to fetishize objects. He argues that Asperger children love to collect items and their relationship with objects is far greater than with humans. He calls these qualities “deficiencies and open spaces” (89) in the personality of the child. Again, deficiency is opposed to difference. They lack a sense of humor as well. Baron Cohen and other Theory of Mind researchers capitalize on this fact while they utilize tests underlining the lack of irony, humor, and pretense in Asperger children. Asperger states:

They do not “understand jokes,” especially if the joke is on them. This is another reason for their often being the butt of teasing: if one can laugh at oneself, one can take the edge off ridicule. However, autistic children are rarely relaxed and carefree and never achieve that particular wisdom and deep intuitive human understanding that underlie genuine humor. (92)
Asperger believes that the ability to laugh at oneself indicates emotional maturity, which is obviously lacking in these children.

Perhaps the most groundbreaking aspect of Asperger’s study is his insistence, even in 1944, of a probable biological basis for the disorder. At the time, the majority of studies focused on psychoanalytic explanations of autism. Asperger maintained a different view, much like Kanner’s. He states:

> Given that the autistic personality type is both circumscribed and persistent, the questions of heredity must arise. The idea that psychopathic states are constitutional and, hence, inheritable has long been confirmed. However, it is a vain hope to think there may be a clear and simple mode of inheritance. These states are undoubtedly polygenetic, but it is as yet impossible to know whether such a trait is dominant or recessive. The task of tracing the pedigrees of our children will have to remain for a later investigation. (94)

Even at this early stage, Asperger was studying the professions of parents and their own symptomatology for traces of similarities with their children. He also made the distinction in terms of gender as well. He states:

> It is fascinating to note that the autistic children we have seen are almost exclusively boys. Sometimes girls had contact disturbances which were reminiscent of autism, and there were also girls in whom a preceding encephalitis had caused the state. However, we never found the fully formed picture. How can this be explained? There is certainly a strong hint at a sex-linked or at least sex-limited mode of inheritance. (94)

Asperger has proven to be correct in this sense. Current researchers have called autism and Asperger syndrome “the extreme male brain. Asperger associates males with the thinking brain and females with an emotional brain.

Asperger ends his article with a rosy picture for Asperger children despite some of the things he has reported. Current researchers take issue with the positives of this analysis. He states:
In the vast majority of cases, work performance can be excellent, and with this comes social integration. Able autistic individuals can rise to eminent positions and perform with such outstanding success that one may even conclude that only such people are capable of certain achievements. It is as if they had compensatory abilities to counterbalance their deficiencies. Their unswerving determination and penetrating intellectual powers, part of their spontaneous and original mental activity, their narrowness and singlemindedness, as manifested in their special interests, can be immensely valuable and can lead to outstanding achievements in their chosen areas. (98)

Asperger uses strong rhetorical language in support of these children. He uses words such as “excellent work performance,” “able,” “outstanding success,” “achievements,” “unswerving determination,” and “penetrating intellectual powers.” He contrasts these words with the affective side of the equation:

Psychopaths are people who suffer from themselves, and from whom the environment suffers in turn. The latter part of the saying certainly applies to autistic individuals but it is hard to know whether they suffer from themselves. They are strangely impenetrable and difficult to fathom. Their emotional life remains a closed book. (99)

Asperger’s final metaphor hearkens back to Kanner: the closed book and impenetrability.

Thus, Asperger provides a mixed bag in his analysis of the autistic psychopath, one where he sees unlimited potential but at the same time a great deal of mystery and difficulty.

The preferred reading of Asperger’s text is as a discovery of a new class of children with what is called autistic psychopathy. These children are similar to the pure autistic children of Kanner’s research except that they possess a higher level of language development and are physically impacted through their gait as well as their balance. Asperger also wants his audience to be empathetic with these children, for he feels that with love and guidance they can become outstanding contributors due to their high intelligence and special interests. Kanner asks the audience to believe in a couple of divergent things: first, these children are socially inept, but second, they have great potential and need to be nurtured by teachers, doctors, and other professionals. The onus is on the adult professional to find a way to reach
what Asperger calls “closed books.” The claim that they are interpersonally challenged is borne out with evidence Asperger provides through his case studies.

Fritz V. is an excellent example of a child with stereotypical behavior, anti-authority impulses, awkward gaze, and behavioral problems. Asperger asks the audience to look at this newly discovered phenomenon through the lens of a scientist, objectively. His case studies are meant to show significant overlap between the children he had housed at his hospital. Many had identical characteristics. He implies that repeated observational components equal a diagnostic category, which later became Asperger syndrome. The general conception of the article is that the children are fundamentally good but are most likely impacted by a genetic disorder, the nature of which is unknown. Also, we as audience members are to be careful in our dealings with these children, whom Asperger believes can get much better as they acclimate to their social worlds as adults. He does acknowledge that some will not improve and barely hold employment, but his conclusions are far rosier than the conclusions about autistic children drawn by Kanner. The text does not want the audience to think that Asperger children will not recover or ever acclimate normally to their families, jobs, and homes. Asperger holds out hope in this regard and believes that the intellectual ability of many will supersede their affective flaws. Asperger wants the audience to avoid seeing the autistic psychopath as a schizophrenic because he sees autism/Asperger syndrome and schizophrenia as completely different diagnostic categories.

Asperger’s rhetoric is unique. Unlike Kanner’s rhetoric, Asperger utilizes diagnostic criteria in his observations but utilizes empathy toward his subjects. He feels compelled to describe their positive qualities and remarks that they have extreme academic potential. In some ways, this use of pathos leads to illogical conclusions.
There are numerous positions that can be taken in contrast to Asperger’s work. For one, Asperger contradicts himself when he argues that patients both know themselves and do not know themselves and others. Recent research has discussed the idea of mindblindness, which would refute Asperger’s metaphor of clearsightedness from apparent distance from others. Asperger is an advocate as well as a scientist, which puts into question some of his scientific ethos. He wants these children to succeed and uses strong imagery about work and intellectual prowess. As I mentioned before, Asperger is not looking at the situation from a purely objective perspective. Asperger’s bias is to indicate that the children he observed could have success later in life. This seems more like an agenda than an actual diagnostic stance. Asperger is highly persuasive in his dialogue with scientific readers. Perhaps it is also the reason his work was not read widely until 1991; it comes off as didactic as opposed to objective.

Asperger’s text clears a path for another diagnostic category. Asperger wants autistic “aloneness” but not as subservient to Bleuler’s earlier category of autism as a secondary symptom of schizophrenia. Like Kanner, Asperger sees Asperger syndrome as something completely different than schizophrenia. Perhaps Asperger is too much of a Pollyanna when he describes the work habits and intellectual foundations of Asperger children. He fails to account for intellectual delays due to obstinacy and behavioral issues in school that can limit academic and employment achievement. A natural outgrowth of the text is to observe and examine children with similar characteristics as well as to look at their heritage, gender, and genetic background for potential answers. Like Kanner, Asperger was firmly convinced Asperger syndrome was biological in origin, and recent research has proven him correct (Rickarby et al. 341-348). At the time, Asperger’s work was a minority view. As a matter of
fact, his work remained submerged until Lorna Wing wrote about it in 1981 and encouraged Uta Frith to translate the original document in 1991. A really important outcome of this article and its reception was the phenomenal growth of Asperger syndrome since the publication date of the early 1990s. Parents were more comfortable calling their child Asperger sufferer than autistic. Both had the stigma, but parents could accept that their child was odd but not catatonic.

Part 2: Mindblindness and Rhetorical Consequences for Autism

Simon Baron-Cohen is the architect of the Theory of Mind hypothesis of autism. He has done a great deal of research on the topic, including a principal text, *Mindblindness: An Essay on Autism and Theory of Mind*. Baron-Cohen’s main thesis is that autistic individuals cannot read minds like neurotypicals (they cannot interpret emotional intentions from the faces of others), and this has caused a great deal of concern among disability advocates. In many ways, Baron-Cohen’s brain research has led the way toward intersubjectivity because many disability advocates from a variety of backgrounds, as well as sociologists and anthropologists, have taken issue with some of his empirical findings. In their rejection of the Theory of Mind hypothesis, they are advocating for the subject of the inquiries, the autistic person him/herself. It speaks to an increasing irony that empiricism, in its rhetorical form, has created more room for the subject by creating contingencies and counter-advocacy positions in the academy and elsewhere.

Baron-Cohen’s text is a rhetorical venture. As we will see, there are a number of claims being made on the grounds that there is still no known cause or cure for autism. However, the arguments Baron-Cohen makes bear scrutiny for their persuasive techniques.
Baron-Cohen summarized his findings and provided non-scientific explanations to the general reading public in his text, *Mindblindness: An Essay on Autism and Theory of Mind*. It is an important work for a number of reasons: first, he is the foremost scholar of autism in neuroscience; second, the theory has been adapted by literary scholars through cognitive narratology and scientific readings of texts; and third, it has sparked a great deal of debate about the rhetorical style of its scientific content.

Baron-Cohen starts his work out with a distinctly cognitive approach. He states,

> Although it is a modern truism to say we live in culturally-constructed worlds, the thin surface of cultural construction is dwarfed by (and made possible by) the deep underlying strata of evolved species-typical cognitive construction. We inhabit mental worlds populated by the computational outputs of battalions of evolved, specialized neural automata…each of the neural automata responsible for these constructions is the carefully crafted product of thousands or millions of generations of natural selection…the representations produced by these universal mechanisms thereby constitute the foundation of our shared reality and our ability to communicate. (xi-xii)

Baron-Cohen does not want his audience to forget that speech and language are a function of Darwinian selection with its inevitable advancements over time. Of course, what makes humans distinct is spoken language and the neural automata that trigger the necessary mind reading and speaking that goes with it. Baron-Cohen submerges cultural, humanistic constructions into pure science; he insists that these things must be present for culture to really exist as it does. This view is shared by many cognitivists in literary circles as well.

There is an automaticity to the mind that eludes many. Baron-Cohen believes that the mind works so well that we do not even realize that it is working. He ties automaticity to 20th-century empirical science. He comments:

> The scientific community remained unaware for decades that these computational problems involved in constructing the world existed and were being solved as part of the ordinary functioning of the mind of every normal human being. As a consequence, most of psychology retained its empiricist orientation throughout the 20th century, resting on the assumption that a pre-packaged “world” acted through the senses and
through general-purpose learning mechanisms to build our concepts, interpretative frameworks, and mental organization. (xii-xiii)

Autism is tied to the idea of cognition. The scientific community attempted, through experimentation, to examine scientific “problems” and to apply specific categorizations—as in the case of the DSM clinician books. Their approach was rhetorical through scientific/rhetorical arrangement of material as well as new forms of invention/discovery through experimentation. The rhetorical style was invoked in scientific writing style common throughout the 20th century.

Baron-Cohen sees autism as the distinguishing marker for cognitive science over the last 20 years. He uses figurative language in his explanation:

In the last two decades, though, scientific psychology has finally begun to slip the bonds imposed by the seductive but misdirecting folk psychology. Cognitive scientists were awakened by a series of encounters with alien minds, whose starkly contrasting designs and surprising incapacities drew attention to previously overlooked natural human competences and to the computations they routinely solve...they encountered neurologically impaired individuals who displayed unanticipated dissociations of cognitive deficits and abilities. (xiii)

Thus it is only through research on disability that ability can actually be seen. The alien minds Baron Cohen is referring to are autistic minds. Baron Cohen’s metaphorical use of the word “alien” is the key to the above passage. The term is more sociological than scientific. Invoking the term “alien” immediately brings up alien creatures, space ships, and science fiction. As a result, we have a cognitive scientist labelling autistics as almost another species—an idea that has persisted to the present-day demonstrations of autistics on television and in fictional accounts. It is no wonder why cultural representations of disability are so strikingly negative. Also, the assumption of capacity among the many and incapacity among the few speaks to
natural selection. Is Baron-Cohen saying that autistic individuals should have been genetically selected out of existence?

Baron-Cohen represents a new kind of psychology, one that does not focus entirely on empiricist explanations of brain science but takes what is called a multi-modular approach. He believes these modules are separate computers with different functions in the brain, such as “short-term memory,” “attention,” and “induction” (xiv). These computers of the mind operate with language and facial-muscle configurations defined by an emotion-recognition system that maps these facial expressions of others onto models of their internal states (xiv). Theory of Mind is the module that speaks of agents, beliefs, and desires and links them to the language of the eyes (xiv-xv). For Baron-Cohen, psychology is neural architecture mapped through a series of computational relationships and a system that implements these relationships. This is a far cry from the early days of psychosocial Freudian analysis. He believes that we all come equipped with a T.O.M.M. (Theory of Mind module) capable of building interpretations of mental events of others and feeling our construction of these events as sharply as physical items we touch (xvii). His argument is that in autism, the T.O.M.M. is broken.

Baron-Cohen uses a number of analogies to describe mindblindness. He says, “It is probably impossible to imagine what it is like to be mindblind, in the same way that it is impossible to imagine what it is like to be a bat” (4). He continues the analogy, “Echolocation is to a bat what attribution of mental states is to a human” (4). He goes on to say how sorry he is for those who cannot read minds and, therefore, permanently struggle in terms of human interactions. Mindblindness and the ability to read minds, he theorizes, are a product of a long chain of evolution. Baron-Cohen makes a teleological argument here; it is as if autistic people are not evolved and therefore “alien” to modern humanity.
Baron-Cohen’s evolutionary psychology approach “aims to account for the functioning of specific cognitive mechanisms and processes in humans” (11). He bases his theory on the idea that all cognitive processes have a biological basis and an adaptive one. His thesis is to determine that mind reading is one of these modular processes in humans.

Baron-Cohen traces brain size among humanity as evidence that brain function has adapted to social changes over the last three million years. He argues that the “challenge of the primate was (and remains) to understand, predict and manipulate the behavior of others in the group” (15). The basis of group status was linked to the ability to control the group, not through force but through intelligence and mind reading.

Another metaphor Baron-Cohen uses is that of social chess. Developed from Humphrey, it is the desire of communicants to have a strategy in order to get closer to one’s goal, track changes in mindset, and figure out what happens next (19). Baron-Cohen likens us to chess players, and our thinking is like playing chess; it comes naturally. He also calls mindreading “folk psychology” because it is basically people’s everyday way of understanding people (25). For example, Baron-Cohen believes that neurotypical people have the brain wiring possible to make moves in advance of a particular situation, whereas autistics do not. This means that in real-life situations, neurotypicals will have more advanced notice and strategies to either engage in social situations or retreat from them, much like chess. Good chess players know their opponents’ moves many moves in advance. The corollary to this metaphor is that life is a game and autistic people are severely limited in their ability to play this game because they are forced to make their moves in the present time without advanced planning.
Baron-Cohen connects mind reading with behavior and also with language. He cites Grice and Austin with respect to decoding words and referents. Baron-Cohen argues that trying to understand the word is the same process as understanding the speaker’s communicative intention (27). In basic words, many people can manage. Where Baron Cohen sees major problems for autistic people is in the areas of irony, metaphor, sarcasm or humor, or the decoding of figurative speech. Baron-Cohen seems to imply that figurative expressions are alien to autistics, but those things add quality and luster to lived experience. What this means for autistics is that they are limited in their ability to be persuasive. Given autistics’ predilection for logical and literal thinking, they can only persuade through the use of logos. While this method of persuasion through logos can be powerful, many real-life events do not mandate the use of logos. Instead an effective use of pathos can be a powerful rhetorical factor, but Baron-Cohen would argue that an autistic’s use of pathos is limited.

As I mentioned in an earlier chapter, dialogue is also the basis of rhetorical constructions. Speakers and writers need an audience, whether implied or real. They adjust their communications to these audiences. Baron-Cohen states that

> for communication to succeed, the speaker must monitor whether the meaning of an utterance has been received and understood as she intended it to be, or whether rephrasing is required to resolve ambiguity. Dialogue understood in this way becomes much more than the production of speech; it is revealed as intrinsically liked to the use of mindreading skills. (29)

In other words, mind reading is fundamental to the production of fruitful dialogue; for without it, nothing but misunderstanding would ensue.

Baron-Cohen labels the mind reading components as volition, perception, shared attention, and epistemic states (31). Volition deals with goal and desire. Perception deals with the eye contact of the individual. Shared attention works to create the relationship between the
self, the object, and the agent. Finally, the epistemic state is the actual T.O.M.M., or Theory of Mind mechanism. This is the capacity of the brain modules to pretend, think, know, believe, imagine, dream, guess, and deceive (51). This T.O.M.M. is the most complex of the four states. The others deal with sight, desire, and goal.

Baron-Cohen’s chapter on autism and mindblindness is the crucial component of the discussion. He draws up an analysis of the early life of the child. He theorizes that in year one children can co-determine something with another person and can read people’s actions as directed by goals and desires (59). As toddlers they can pretend and understand, and by four years of age, they can work out what people know, think, or believe (60). Autism, however, destroys the T.O.M.M. or S.A.M. (Theory of Mind mechanism or Shared attention mechanism). Baron-Cohen defines autism’s key symptoms as abnormal social and communicative development, characterized by lack of flexibility, imagination, and pretend play (60). He defines T.O.M.M. as lack of eye contact, lack of social awareness, or lack of appropriate behavior (62-63). His approach and language choice are based on deficiency or lack.

Baron-Cohen concludes that, of the four mental states, autistic children have abilities in two and lack in two others. The two he confirms as acceptable are goals and desires (volitional mental states) and eye direction detecting (E.D.D). His research argues that the other two more sophisticated mental states S.A.M. and T.O.M.M. are broken in autistic children. S.A.M. is “getting on someone’s wavelength” (66). In autism, T.O.M.M. is a “defective” mental state of belief.
One of Baron-Cohen’s central tenets is that all mind reading activity comes from first seeing facial states, or what he calls E.D.D. This is the most figurative section of his essay. He quotes Ralph Waldo Emerson’s *Conduct of Life: Behavior:*

> The eyes of men converse as much as their tongues, with the advantage that the ocular dialect needs no dictionary, but is understood all the world over…An eye can threaten like a loaded and leveled gun, or can insult like hissing or kicking; or in its altered mood, by beams of kindness, it can make the heart dance with joy. (108)

Or these lines from Ovid: “There are often voice and words in a silent look” (108). Baron-Cohen hypothesizes that adults have an enormous vocabulary of eye meanings (109).

Shakespeare talks of murder in my eye, and Byron discusses pride and ire (109).

What is extremely interesting about this description is the rhetorical nature of his evidence. Baron-Cohen uses the eyes as the lynchpin of his evidence of the theory of mental states and uses literary references to show the cultural connection. Baron-Cohen states that the cultural way of looking at the world is a thin veneer undergirded by deep cognitive evolutionary explanations, and yet when needed, he rhetoricizes the explanations through literature. Lisa Zunshine picks up on this idea when she makes the case that if autistic people cannot mind read, then how can they read or understand fiction? Another aspect of this discussion is the interdisciplinarity of the theory. Asperger’s article on autistic psychopaths left the reader with the idea that the Asperger child was more than just a mindless automaton. Although Asperger made the case that these children had interpersonal difficulties, he also indicated their talents and their potential contributions, thus reserving for them a position of subjecthood. Baron-Cohen disengages from traditional empirical psychology to bring in other disciplines, such as biology, evolutionary science, and anatomy, in order to theorize about Theory of Mind mechanisms. In doing so, he argues that scientific explanations of their own accord will not satisfy, and thus, he uses literary references to “win” his persuasive argument.
Jordynn Jack comments on Baron-Cohen’s argumentatio style and his use of rhetoric to win arguments. She is concerned with his way of communicating gender by using what in rhetorical terms is called an incrementum. She states:

The rhetorical figure of the incrementum often shows up in Baron-Cohen's writing. In a 2009 study Baron-Cohen co-authored with Bonnie Auyeung, et al., the authors provide these points of evidence for their extreme male brain theory: "The typical male brain is heavier than the female brain and individuals with autism have heavier brains than typical males" (2), and "The amygdale is also disproportionately large in boys compared to girls … and children with autism have enlarged amygdalae" (2). This incrementum not only emphasizes differences between those with autism and those without; since in each cases the differences identified are quite small, it also forces male and female further apart by exaggerating differences between average women, average men, and autistic people (Auyeung et al 144-148). (Jack 1-2)

As in the male brain theory, Baron-Cohen uses rhetorical devices like terministic screens; "according to Burke, these organizing frameworks ‘direct the attention’ in some channels rather than others. In this way, the very terms we use to understand the world both select some elements of reality and deflect our attention away from others” (Jack 2).

Baron-Cohen’s argument can be proven false strictly on the scientific evidence. The principal test that confirms his findings, the false belief test, can be passed by 20-35% of all autistic children. However, he uses rhetorical strategies to make his case, such as metaphor, analogy, and figurative language in literary texts. In addition, his audience is made up of not only scientists but also laypersons. His attack will not be successful if he only appeals to science. He is representing a theory, or something that can be debated, and many have disputed his findings on a number of levels.

The preferred reading of Mindblindness is that it expresses a new theory and persuasively impacts an audience. That theory is that we as humans attribute mental states automatically, but if we are autistic we cannot. This is a proposition rather than a scientific
certainty. Baron-Cohen asks us to believe that the Theory of Mind is more than a theory, more like a certainty without enough evidence in yet. Baron-Cohen calls it a pragmatic idea because he cannot think of better ideas describing the concept of mindblindness. The claim is that mindblindness is a very real phenomenon, and Baron-Cohen uses the false belief test as a principal piece of evidence in constructing that conclusion. He also asks the audience to see themselves from an evolutionary perspective; they are flexible enough to apply these biological concepts to evolutionary psychology. What is not good is clearly the autistic mind that is constantly referred to as damaged, broken, or deficient, whereas the good mind is that of normalcy because it handles mental states automatically. The autistic mind is also referred to as alien. The text does not want the audience to think about other competing theories of autism, which do exist, such as Barkley’s executive functioning model of autism, or the fact that some of the evidence is not really definitive, such as the 65-80% success rate on the false belief test. It also does not want us to think about the amount of literary rhetoric used to make a scientific point. The text asks us to throw away our conception of psychology as empirical and to move to a more interdisciplinary, evolutionary/cognitive approach to brain research.

There are many different interpretations of the Theory of Mind. One is to validate rather than to invalidate the autistic brain and autistic person by saying that his/her thinking is different as opposed to deficient. In other words, we could be operating from a completely different metaphor than Baron-Cohen’s. Also, we could refute the idea that only a small portion of reality is culturally constructed or call Baron Cohen on using cultural constructions to make his scientific points. The text definitely marginalizes the autistic person through the use of negative figurations and comparisons not definite enough to substantiate the large claims he makes.
The text does not really speak to social issues, but if the hypothesis is accepted that mindblindness is regressive, it would be useless to teach autistic children to display their emotions and those of others better because they have a neurological damage to their brains that cannot be overcome through teaching and training. The idea that autistic children should not bother to interact with others because they cannot do so successfully would impact social endeavors. Baron-Cohen asks audience members to construct themselves as normal readers with the ability to read fiction, understand minds, and agree accordingly with the theory. What is natural and normal, according to Baron-Cohen, is the ascription of mental states and the ability to mind read. There is no real representation of an autistic perspective, except from Temple Grandin, which is meant to corroborate rather than to explore alternatives for the theory.

There is significant opposition to the Theory of Mind concept. Some philosophers object to it on the basis of science and the “embodied” state, and therefore representatives of this kind of rhetoric look at alternatives to Theory of Mind (Rohricht et al.). They use new evidence to argue against the domain-specific claim of Theory of Mind. Performance was equivalent across non-verbal and verbal false representation tasks. Children with autism had difficulties with these false representation tasks. These findings could not be explained by language or executive functioning. Children with autism may not have a Theory of Mind deficit. (Lao and Leekam). Finally, the sociological camp argues from a rhetorical stance opposed to empiricism. They reject the metaphor of autism as a puzzle and underline the idea that each individual, whether autistic or not, has a role to play in communicative strategies. Each of the articles compares itself to Theory of Mind. Each article uses rhetorical arrangement to describe Theory of Mind.
reasoning, followed by the opposing viewpoint. In doing so, each of the scholars is representing the Theory of Mind viewpoint to attack its tenets.

The first opposition comes from within the scientific community itself. Current scientists propose an entirely different picture of Theory of Mind called simulation. The idea is simple; we copy the people we see. This rhetorical concept is mimesis from a biological perspective. A representative author is Catherine Kerr from Harvard Medical School. She discusses intersubjectivity (knowing other people’s minds) from the Theory of Mind perspective as well as the embodied simulation perspective. I want to note that the intersubjectivity concept I am describing here goes deeper than my initial commentary about intersubjectivity. In that continuing discussion, interdisciplinarity involves the expansion of the autistic person from object to subject to intersubjective phenomenon (meaning application to other subject areas). Here it revolves around minds knowing each other through the Theory of Mind and of embodied simulation (T.O.M.M. E.S.). Kerr draws the key distinction between the two concepts:

ToM investigators assert that humans take in the belief states and intentions of another person by cognitively holding “a theory of mind” that posits the other person’s mental contents as individuated and separate. ES theorists hypothesize that we make inferences about the mental states of another person by directly and automatically perceiving the other’s state of mind through a subtle simulation of his or her actions, emotions, and goals in the “mirror neuron system” in the brain. (206)

She cites Baron-Cohen’s main contention that “what is referred to as a ‘theory of mind,’ is a uniquely human cognitive capacity that comes online after earlier language, motor, and perceptual abilities are established” (207). Kerr comments on ES:

ES theorists argue that we make inferences about the mental states of others by directly experiencing their state of mind through a subtle simulation of their actions and emotions in our own sensori-motor systems. This immediate perceptual experience
allows us to derive an account of the thoughts and intentions of the other person. (207-208)

The essential difference is that when compared, the opposition between Theory of Mind and simulation appears to be a stark contest between a theory of intersubjectivity as cognitive and mental versus a theory of intersubjectivity as perceptual and embodied (208). To put it more clearly, in embodied simulation, the perception is immediate and does not require a “theory,” like Theory of Mind does. It does not have to be thought about. This would seem to link more closely with the automaticity that Baron-Cohen talked about in his own research.

Also, embodied simulation rejects brain modularity, the idea that there are perceptual parts of the brain that are separate from the thinking and mental states part of the brain (Rohricht et al.). The research embodied simulation folk use is recent work on mirror neurons of monkeys, where they discovered that monkeys embody the actions of others (they are able to do the right thing in the right situation due to imitation). Since monkeys are non-speech oriented, the argument goes that they can ascribe mental states through perception and action, two “lower” brain processes. If this is the case, then ascribing mental states would not be a mental abstraction as Baron-Cohen says but rather more like a reflex tied to neurons in the brain.

A second objection to the Theory of Mind is philosophical. Richard Gipps argues that in place of such an intellectualist, disengaged, cognition-focused psychology, we are offered perspectives that stress the primitive foundational character of our pre-reflective (noncognitive) engagement with one another, our emotion, our expression, and our embodiment. (195)

Gipps draws a clear distinction between T.O.M. and philosophy. Empirical science, according to Gipps, attempts to explain the evolutionary cycle of communication in total. However, the philosopher argues that there was something fundamental about relationships between humans that involved nonliteral communication. Gipps believes that there was a rhetoric that involved
embodiment before actual language, or a fundamental level of engagement that was based on something other than the word.

Gipps’s primary aim is to describe a non-cognitive, philosophical frame for analysis of attributing mental states. He ascribes “intellectualist” to Theory of Mind accounts and empathy to alternative accounts. Gipps’s reasoning for preferring one account over the other is as follows:

First there is the developmental trajectory itself, and the claim is that the autistic child’s interpersonal lacunae manifest themselves considerably before they develop the cognitive capacities for social knowledge. The principle ground, however, is philosophical, and the claim here is that what needs to be rejected in the developmental psycho(patho)logy is an alienated ontology and estranged epistemology that has implicitly become inscribed within it, constraining its explanatory project and limiting its vision of possibilities. (196)

Gipps’s primary claim is that children develop intersubjectivity before they develop cognition and, therefore, a cognitive based Theory of Mind cannot drive the explanation for understanding other people’s thoughts. Also, Gipps argues that Theory of Mind creates a break between the person and his/her natural being and is too much of an abstraction to seem realistic. He argues that a key problem is that “the self retreats from the interpersonal interactive domain, taking up residence even behind the subject’s own mind, which itself becomes an objectified domain” (197). Gipps’s principal objection can be summed up in these lines:

The ontology in question has it that the mind is an inner domain, that bodily behavior is an outer domain, that belief and thought epitomize the former, that intentionality is a function of the former and only derivatively manifest in the latter, that the form of our embodiment is contingent, that understanding is manifest primarily in thought and not intrinsically in praxis, that the mind is populated by free-standing inner representations, and that perception and the emotions are extrinsic to the understanding. (197)

For Gipps, Theory of Mind is too abstract. There is, he says, no artificial distinction between the inner and the outer, the mind and the body. Also, some actions come from the body without the mind proposing a theory about them. This is what he means by embodiment and what Kerr meant by embodied simulation. Like Kerr, he believes that understanding is not modular or
separated by perception, emotion, and then finally the T.O.M.M. mechanism. He believes that they all interact fluidly. From an autistic standpoint, the perception and emotions would be interrelated in a different model of epistemology and ontology. Perhaps the mind of the autistic sees the world differently and abstracts differently, but no less intersubjectively.

Finally, there is the sociological viewpoint, represented by Anne McGuire and Rod Michalko. They argue that rather than treating autism as a puzzle that must be solved, we treat autism as a teacher and thus as having something valuable to contribute toward an understanding of the inherent partiality and uncertainty of human communication and collective life (162). Their argument is that Theory of Mind denigrates the very humanity of the autistic person because of its emphasis on deficit metaphors.

Their principal objection to the Theory of Mind is that it assumes that somehow the autistic is broken.

Autism, as a thing, is understood by biomedicine as an empirical object and thus as knowable through the scientific enterprise of gathering data and evidence, i.e. the pieces of the puzzle. Essentially, biomedicine treats autism as a condition found in some individuals and as a condition that generates negative effects. Autism becomes an individual, medical problem to which there must be a collective, medical solution. There is nothing social about this conception of autism except positing its negative effects on an individual’s social life. (163)

Thus we return to objectification in autism. From the sociological perspective, the search for “solutions” implies problems. Through empirical analysis, scientists seek out answers for solving the riddle, and thus Theory of Mind is an ascription of a problem upon the autistic person, thus injuring his/her subjecthood and defeating the concept of interdisciplinarity. Their thesis is that autism and any other disability are inherently a part of the world. They state:

We (you and I) are tied to each other by way of our communication, a mode of relation that is, also and always, coming undone, incomplete, partial, due to a fundamental excess inherent in every moment of contact. (164)
It comes into being in the social spaces between people. Autism “derives its meaning in and through the relationships that connect us, in and through the lines of relation that bind you and I together as a ‘we’” (164). This is the true definition of intersubjectivity, the reaching out among people. Autism is a social phenomenon because it has social effects. McGuire and Michalko rest their claims on this thesis:

In this paper, we present a contrasting view of T.O.M.M. Rather than conceiving of autism as an individual medical problem, we understand autism as a complex interactional process. We treat autism as belonging squarely in the realm of the social and not in the realm of the individual. Thus, autism is invariably tied to our situation as relational and social beings. Autism cannot simply be located in the individual—in their bodies, their minds. Rather, it comes into being in the social spaces between people. Autism derives its meaning in and through the relationships that connect us, in and through the lines of relation that bind you and I together as a “we.” (164)

It is named by people in the social world and is lived by people in the social world. Theory of Mind reduces autism to a modular brain function and not an ontology. It is too narrow.

McGuire and Michalko state that for us to understand Theory of Mind, we need Theory of Mind. They contend:

The problem is, of course, that Baron-Cohen relies implicitly on the taken-for-granted in order to hold it together. We can hear Baron-Cohen as using scientific language to tell us the story of our everyday lives. In order to read this story, however, we need to imagine and know this every-day in order to give it an explanation and a context. We need, in other words, Theory of Mind to understand Baron-Cohen’s scientific explanation of Theory of Mind. (165)

We have to understand what Baron-Cohen is saying about mental states. He argues that normal people have the ability to mind read and autistics do not. We have to assume as self-evident that all people can guess what people are thinking from their expressions. Right? If we disagree, then we are accepting that we may in fact be autistic. We are encouraged, rhetorically, to say yes to the question.
If Theory of Mind is essential to intersubjectivity and autistic children possess a non-existent or damaged Theory of Mind, then it follows that autistic children are not intersubjective and, somehow, not quite human. McGuire and Michalko are concerned about the impact on humanity and communication if these theories are accepted. They state, “Communication is revealed as an act of negotiation between distance and proximity, a movement between these two possibilities” (175). They both believe that Theory of Mind permits no negotiation because it empirically determines how communication takes place, thus limiting its possibilities. In doing so, they argue, Theory of Mind destroys authentic communication.

Their arguments do not want us to believe that their ideas are based in rhetoric as well. Just because Kerr’s article has recent evidence does not mean that a cause or cure for autism has been found. Gipps even acknowledges in his article that the debate between cognition and perception has been going on in philosophy for 200 years or so. McGuire and Michalko do not acknowledge that science has made positive contributions to knowledge about autism. Their concern is more about how these results are delivered rhetorically and what that can do to the subject. Of course, their belief is that of all scientific theories about autism, Theory of Mind is the most viable alternative theory to those offered. Each text is clear about what is unacceptable. For Kerr, it is lack of acceptance of current mirror neuron research. For Gipps, it is failing to understand embodiment. For McGuire and Michalko, it is the marginalization of the autistic person.

The texts encourage the audience to accept differing views of autism from scientific, philosophical, and sociological perspectives. Embodied simulation uses a different scientific paradigm, whereas the other views argue against the idea that cognition is a separate entity. They argue that autism and attribution of mental states are fluid processes. They see Theory of Mind
as wrong and detrimental to personhood. Theory of Mind advocates would argue that embodied simulation is supported only by monkey neuron research and has not been applied to humans. They refute the idea that embodiment is the driving force behind mental states, insisting that perception and emotion are lower order functions than things like belief, irony, persuasion and the like. In addition, they think that a social constructivist view of autism is not relevant if the scientific facts about the brain disorder were accurate. The ideology of the texts is distinct. In the Kerr and Rohricht articles, empirical research on monkey brains and more recent research on brain function are used to create doubt in the readers’ minds about the validity of Theory of Mind research. In the philosophical article, the old debate between cognition versus perception is at the fore. Gipps argues for the phenomenological approach to intersubjectivity, while the sociologists argue against the objectivist approach of recent science that labels what is acceptable and not acceptable, human or inhuman. On the sociological front, what is accepted as normal and natural are mental and body processes not separated by an inner or outer component, that in fact they are embodied in the person’s actions, and that these actions are non-hierarchical. The sociological rhetoric is organic while the scientific rhetoric is artificially composed of Aristotelian logical constructions. Also, from the sociological point of view, embodiment means that the total person is favored over specific mental processes. The body has as much importance as the brain. Perception, emotion, and shared attention and Theory of Mind mechanisms are all on the same level, but this view differs from the modular ideas of Baron Cohen. Baron Cohen privileges the brain, whereas sociologists such as McGuire and Michalko do not. They look at experience as both mental and embodied. The sociological version implies that just because some people may be autistic does not mean they are alien. There is an essential humanness in us all that science is violating with rules about Theory of Mind.
A primary reason for analyzing Baron Cohen’s Theory of Mind was twofold: first, his theory has had a great deal of rhetorical activity surrounding it, and secondly, literary critics have tried to utilize his theory as an explanatory vehicle for readings of texts. One such literary critic is Lisa Zunshine, whose article, “Theory of Mind and Experimental Representations of Fictional Consciousness,” integrates cognitive literary theory by using Theory of Mind as its principal methodology. Zunshine starts out with a scene from Mrs. Dalloway, where Peter Walsh is trembling upon seeing Clarissa. Zunshine asks the rhetorical question: how do we know that his “trembling” is to be accounted for by his excitement at seeing his Clarissa again after all these years and not, for instance, by his progressing Parkinson’s disease (270)? Zunshine’s point is that the narrator (or author) tells us so; we must interpret Peter’s emotions to be the cause. This aspect of our interpretation is based in the Theory of Mind. We attribute mental states to characters in fiction as well as to real characters (men and women) in life, according to Zunshine.

Zunshine uses autism to demarcate her literary interpretation based on Theory of Mind. She states, “Today, however, this conversation can and must go on because recent research in cognitive psychology and anthropology has shown that not every reader can learn that the default meaning of a character’s behavior lies with the character’s mental state” (274). Of course, the individual she is referring to, one who has problems with fiction reading, is the autistic person. This statement has a great deal of impact from two different standpoints: first, from the identity of the autistic person, and secondly, from the perspective of interdisciplinarity (utilizing science for literary purposes in this respect).
Zunshine makes some fundamental assumptions in her work. The first is that literary characters are the same as real people with respect to mind reading. She states:

Our ability to interpret the behavior of real-life people—and by extension of literary characters—in terms of their underlying states of mind seems to be such an integral part of being human that we could be understandably reluctant to dignify it with a fancy term and elevate it into a separate object of study. (195)

These words are almost identical to Baron Cohen’s words, where he discusses the automaticity of neurotypicals attributing mental states to others. However, this means that this simple task, when it cannot be handled by someone, makes them, as Baron Cohen says, “alien.” Zunshine basically says the same thing about autistic people:

By studying autism and a related constellation of cognitive deficits (such as Asperger syndrome), cognitive scientists and philosophers of mind began to appreciate our mind-reading ability as a special cognitive endowment, structuring in suggestive ways our everyday communication and cultural representations. (195)

She sets up an us/them dichotomy by using the word “our” mind reading ability (Zunshine as neurotypical). Therefore, Zunshine is saying that scientists have learned a lot about communication through people who apparently cannot communicate very well.

Zunshine cites Temple Grandin as an example of someone troubled by narrative. Zunshine states:

[Grandin] can speak about her perceptions, thus giving us a unique insight into what it means not to be able to read other people’s minds. Sacks reports Grandin’s school experience: Something was going on between the other kids, something swift, subtle, constantly changing—an exchange of meanings, a negotiation, a swiftness of understanding so remarkable that sometimes she wondered if they were all telepathic. She is now aware of the existence of social signals. She can infer them but not perceive them, cannot participate in this magical communication directly, or conceive of the many-leveled, kaleidoscopic states of mind behind it. (277)

Temple Grandin has a Ph.D. in agricultural science. That she is even aware that there is some sort of communication she is missing is itself a form of mind reading—one she is aware of enough to report these facts to an author. Even Zunshine quotes the section where she says that
she can infer them but not perceive them. According to Baron Cohen, perception is not one of the mind modules affected by autism, but inference may be. However, given research that suggests that inferences are logically sequenced arguments based on specific facts, it would be difficult to accept that Grandin would not know how to do this. It would be extremely difficult to climb the mountains of higher education politics without some mindreading.

Zunshine states that Grandin’s skill comes not from automatic mind reading but by hard application and study of faces. She has amassed a library of videotapes to train herself on how people behaved in different circumstances. Even these study sessions will “never fully make up for the damage of cognitive architecture that makes this kind of learning possible” (197). How would Grandin know to study faces if she did not already possess degrees of awareness of a problem? This requires self-reflection, an attribution of mental states to oneself.

Zunshine comments, “Whereas the correlation between the impaired theory of mind and the lack of interest in fiction and storytelling is highly suggestive, the jury is still out on the exact nature of the connection between the two” (197). This is highly speculative, call it a theory of a theory. Zunshine’s reasons are that works of fiction manage to “cheat cognitive mechanisms into believing that they are in the presence of material they were designed to process, that is, that they are in the presences of agents endowed with a potential for a rich array of intentional stances” (278) or “making sense of what we read appears to be grounded in our ability to invest the flimsy verbal constructions that we generously call characters with a potential for a variety of thoughts, feelings, and desires and look for cues that allow us to guess at their feelings and thus predict their actions” (278). That, Zunshine says, is how Theory of Mind makes study of literature possible.
Zunshine does a close reading of *Mrs. Dalloway* and ascribes six different levels of reading based on what people think, what they believe, what one character feels about another character, etc. Her argument is that Woolf expects us to know what the character’s thoughts, actions, and feelings really mean because we can mind read. This seems a stretch because the number of interpretations can be endless from neurotypical individuals. There is certainly no one correct way to read a fictional account. Zunshine acknowledges this when she says, “The nuances of each person’s mindreading profile are unique to that person, just as, for example, we all have the capacity to develop memories, although each person’s memories are unique” (209), but the uniqueness only extends to mind reading individuals. Zunshine’s assumption is that the autistic persons’ readings of the Woolf novel would all look similar, for which she has no evidence.

How do we actually know what Woolf was up to in the storyline? Zunshine states that “there will always be a gap between our ever-increasing store of knowledge and the phenomenon of Woolf’s prose—or, for that matter, Defoe’s, Austen’s, Bronte’s, and Hemingway’s prose” (211). Therefore, whether neurotypical or neuro-atypical, we are really just guessing, or at least on a continuum of awareness, regarding the plot of the storyline. We are making educated guesses no matter what.

The preferred reading of the article is that Theory of Mind is scientifically accurate but also that Theory of Mind can transfer to the fiction. The text asks the reader to believe that neurotypicals automatically mind read while autistics fail to do so. The primary claim is that scholars should read literature utilizing cognitive literary approaches, one of which is a mind reading approach to fiction. Another claim is that neuroscience and cognitive theory are the basis for culture and should not be ignored by scholars, as Zunshine says they have been. Zunshine
asks the audience to read a text as we read people—that texts and human situations are the same thing. We should be open to using our scientific knowledge to examine the deeper structures of fiction, such as Zunshine’s examples in *Mrs. Dalloway*. We are also asked to believe that autistic people cannot read fiction properly because their T.O.M.M. (Theory of Mind mechanism) is broken. We are also asked to see the world from an evolutionary perspective: the Theory of Mind developed from the need of humans to communicate and to avoid danger. What the critic sees as good is a developmental, psychological approach to fiction and an integration of interdisciplinarity into the process of reading literature. Zunshine rejects the pure abstractions and universals that cultural critics have previously ascribed to English studies. What is not good is for English scholars to rely on cultural and historical critiques of literature because culture, according to Zunshine, is only a thin veneer covering the massive cognitive realities of language and writing.

Zunshine encourages the audience to accept that autism is an evolutionary problem. If this is accepted, it is almost as if autistics should have been selected out of the life cycle because they cannot manage processes that normal people find “automatic.” This seems a bit harsh for a literary scholar. She engenders dislike among autistic advocacy groups for these positions. The text presents the view that looking at literature from a cultural perspective is naïve. The rhetoric of the text encourages audience members to construct themselves as empiricists. Her role is to encourage readers to believe in Baron-Cohen’s Theory of Mind hypothesis that autistics cannot read minds or read fiction, that mind reading for neurotypicals is “automatic,” and that cognitive readings, especially of Modernist fiction, are helpful. Mind reading is presented as effortless, which seems to be controversial, given the numerous types of readings that can be generated from a typical novel. The marginalization of cognitivism and interdisciplinarity is what Zunshine
is trying to forward; she concludes her volume saying that “cognitive literary analysis thus continues beyond the line drawn by cognitive scientists—with the reintroduction of something else, a ‘noise,’ if you will, that is usually carefully controlled for and excised, whenever possible, from the laboratory settings” (213). What this means is that there is more to cognitive literary analysis than just cognition. She is saying that, while science is truly correct in its interpretations, literary analysis has its place, and the interdisciplinary approach can be fruitful to both disciplines.

Since the publication of her work previously discussed, Zunshine has done more work with neuroscientists.

Part 4: DSM-IV and the Changing Face of Autism

The DSM-IV was a 1994 publication of the American Psychiatric Association used for diagnosis by psychiatric and psychological clinicians. It replaced the DSM-III, which was published in 1980. From 1980 until 1994, there was an increasing emphasis within psychiatry on the empirical validation of diagnoses (Pincus 161). The implementation of this empirical emphasis was enriched substantially by the psychometric tradition within psychology; the most obvious interchange has been the application of the concepts of reliability (internal consistency inter-rater, and test-retest) and validity (face, content, convergent and discriminant, predictive, and construct) to the diagnoses and their now explicitly described criteria sets (Pincus 161). One of the primary issues with the DSM-II was that, because of the absence of sufficient research and the unstructured process of committee deliberations, many decisions continued to be based primarily on the best clinical judgment and experience of the committee members (161). For the most part, in the major diagnostic categories, the reliability
was very good. However, experience with the DSM-III revealed "many instances in which the criteria were not entirely clear, were inconsistent across categories, or were even contradictory” (161).

The primary difference between the DSM-III and DSM-IV was that the development of the DSM-IV did not need to rely so exclusively on the consensus of a committee of experts and could instead be more comprehensively informed by and explicitly based on empirical data. The task force obtained and reviewed empirical input through three distinct but interactive sources, namely, literature reviews, data reanalysis, and field trials (Pincus 161-162). A concern with the DSM-III was that critics of the expert consensus process were skeptical that the committees were in fact objective or comprehensive in their consideration of the empirical and clinical literature (162). It was often suggested that the decisions were more consistent with the opinions, findings, and publications of the committee members than with the wider literature (162). The creation of this majority would present a clear rhetorical situation, with decision makers from the task force in power “audience” positions to dictate policy approaches, thus marginalizing opposition, regardless of scientific “validity.” Pincus discuss the process of working through the actual creation of the criteria:

Ideally, the decisions reached by the DSM-IV work groups will be decisions that may be reached by a consensus scholar, a person with no preconceptions who is fully aware of and informed by the clinical and research literature. The interpretation of this literature represents the opinions of the reviewers, and such interpretation may at times be in dispute, but the summary of the literature itself ought to be comprehensive and unbiased. (162)

This is an interesting arrangement issue because all scientific work is funneled to a judge for his/her final “unbiased” opinion on the topic. He/she was the audience, and all opinions for or against a position were finally adjudicated by this person. This is like judicial rhetoric where
advocates argue specific positions while one person weighs the evidence. The canon of arrangement and the ethos of the adjudicator would be of heightened concern over previous editions of the DSM manuals. The APA acknowledged that the adjudicators would also have opinions on the matter, which could sway the information that got into the book.

What is really interesting is the struggle psychiatrists and psychologists were having with the creation of the DSM-IV. On one hand, the contributors to the volume were trying to keep everything as free from policy-making panels as possible, for they feared that these groups would be hijacked by a strong personality using his/her ethos and rhetoric to influence what finally went to press. On the other hand, they were putting faith in one individual as an adjudicator, which moved away somewhat from a democratic process. They put their faith in the expert being “right” and having the right logos, which was based on empiricism. In other words, the closer the APA got to getting it right (validity, reliability), the more the result could be influenced by the opinion of the panel “expert,” meaning the process of decision making was entirely rhetorical.

The committee was helped by literature reviews to find gaps in the existing literature. In other words, the committee members were trying to find things they knew existed as diagnostic areas that were not really written about. To minimize conflict, the APA conducted reanalysis tests to guarantee validity. Field trials tested out the findings and assessed the acceptability, feasibility, coverage, generalizability, reliability, and construct validity of the criteria sets and their diagnostic algorithms (Pincus 164), unlike the DSM-II and the DSM-III, which covered just acceptability and feasibility. Videotapes, interviews, and other field surveys were used to ascertain these results. Research concluded that validity and reliability of DSM-III were somewhat poor based on clinicians not using the manual. This was due to
the political struggle between psychoanalytic and biogenic camps discussed in a previous chapter. In the main, the goal of the DSM-IV was to increase the influence of empirical data and to reduce subjectivity and bias.

A major change in the DSM-IV was the inclusion of Asperger syndrome, as a result of research that proliferated in the 1980s and 1990s on this subject. This is the circuit of events in the DSM cycle. Usually, research appears on a topic. Then, clinicians read the research and begin diagnosing children with Asperger syndrome. Then, years later, the official manual finally reflects what had been going on in practice for many years. This was the case with autism and Asperger syndrome.

There have been a number of criticisms of the DSM-IV. One such criticism is from Derek Bolton. His principal critique of the DSM-IV concerns the overdiagnosing of patients. He states, “Adverse effects of over diagnosing include waste of money, social ills of exclusion and illnesses created from the new diagnoses” (613). Underdiagnosing leads to unaddressed harm to patients, personal suffering, and the inability to carry on work (613). Even the DSM-IV manual has specific caveats in its front matter:

Although this manual provides a classification of mental disorders, it must be admitted that no definition adequately specifies precise boundaries for the concept of mental disorder...Each (distress, discontrol, disability, etc.) is a useful indicator for a mental disorder, but is equivalent to the concept, and different situations call for different definitions. (qtd. in Bolton 613)

What is of concern here is that even though there is diagnostic classification, the term does not equate to the concept. The gap between word and concept provides an interesting rhetorical conundrum based on naming. In addition, with the axial system of clusters and subclusters under each major diagnosis, it becomes harder and harder for clinicians to diagnose a condition correctly. As a result, what we have is a major attempt at empirical exactness but with the same
problems of language and debate about language that exist with a policy debate or non-scientific phenomenon.

Another critique is from Byron Good. He discusses diagnosis, knowledge and power in the DSM-IV. He states:

The most powerful realization to emerge from the gathering in Pittsburgh was the extent of our current knowledge about cultural data relevant to psychiatric diagnosis, particularly, knowledge of the phenomenology of mental illnesses across cultures and diverse social environments in our own society. (127)

For Good, there was not enough reflection on the diversity of influences that went into diagnosis, whether they be gender, age, or culture. One disconcerting finding about the creation of the DSM-IV was this claim:

When cultural issues were acknowledged in the early draft statements of committees, they too often appeared as a caricature of that which had been drafted; in place of careful scientific data, we found ethnic and cultural stereotypes that reflected almost nothing of the scientific literature. (127)

Coming from a member of the DSM-IV committee creating the manual, these claims are somewhat disconcerting. How would the existence of ethnic and cultural stereotypes possibly find their way into the manual itself? Would representatives of the committees be biased when it came to assigning diagnoses categories around racial lines, and how would this process impact the accuracy of the categories? The report impacted some of the committee’s recommendations:

The wording of particular symptom criteria, variations in duration criteria, the inclusion of new or revised categories (a mixed anxiety-depression category, culturally distinctive forms of dissociative disorders, neurasthenia as seen and diagnosed in many Asian cultures), significant revisions of the definition of personality disorders - were not incorporated into the body of the manual, in spite of strong empirical data from the cross-cultural research literature. (128)

So it is clear that the process of laying down empirical diagnoses was muddled by the committee process. The diagnoses that we read, including Asperger syndrome and autism, are the views that “won” in open argument. Good felt as if the social component of diagnosis was lost in the DSM-
IV. “It represents a critique of a too sharp distinction between ‘disease’ and ‘illness,’ between psychiatric diseases viewed as universal biological entities and the forms of experience and cultural interpretations of that experience” (128-129). The committee view of illness as socially constructed still found itself in the minority, subsumed under the headings of “biological entities.” In this regard, the DSM-IV text represents a still objectified version of mental illness, including autism. The significance of this objectification (whose main goal was to normalize mental illness to that of white, middle-class patients who could afford health care) is revealed in how Good ends his article:

At stake is not only the integrity of psychiatry's claims to knowledge as a science of the human mind, but more importantly the care of many of the most disadvantaged members of American society -- psychiatric patients who are recent immigrants, members of minority populations, and persons who are poor and living on the margins of our society. (131)

Truth claims, according to Dr. Good, are not only based on empirical “truths” but also the socially constructed realities of the audience, the patients themselves.

Jablensky offers a third critique of the DSM-IV. His concern is that the diagnostic categories lack conceptual depth and coherence and hence remain influenced by ideological as well as political and market forces (138). In addition, there are inherent shortcomings in the classifications that reduce usability (138). Jablensky describes the medicalization phenomenon in psychiatry whereby mental disorders are linked to biological causes. However, most of the evidence required for diagnosis is phenomenological and behavioral, or descriptive, in nature (138). Jablensky’s major concern is that intersubjectivity needs to be intrinsically linked to the profession, but the trend is to objectify diagnoses and cover over all forms of interaction between patient and doctor. This is a fight that is still happening to this day, one that was joined as they wrote the DSM-IV.
The preferred reading of the DSM-IV is as an objective diagnostic manual. The authors ask the audience, primarily clinicians, to view the diagnoses as factual for use with their patients. The profession demands that in order for reliable and valid diagnoses to be made, clinicians must consult this seminal text. The hidden claim in the text is that because the manual has been vetted through committees, reanalysis, and field testing, its conclusions are accurate. The text commends biological research on these mental illness phenomena, followed by continued communication and professionalization of APA members. What the DSM-IV sees as good are the conclusions reached by the manual.

The authors do not want to address the idea that some of the diagnoses, although vetted, are actually a majority rules or determinations made by “powerful man in the room.” Some critics have addressed this rhetorical condition. It ignores socially contextual diagnoses and insists on universally true ones. The authors do not want to allow for their own rhetoricity; they want the textual claims to be accepted as absolute truth. Alternative interpretations might use the DSM-IV as a guide but not as a definitive source. In addition, an alternative view is that the relevance of a diagnosis really comes from the intersubjective nature of the doctor/patient relationship. The text suggests that the intersubjectivity of these relationships will water down the diagnoses, leading to poor medical practice. It marginalizes culture and gender and race as factors in diagnoses as well.

The DSM-IV does not consider itself a social document. This is ironic because it was discussed, argued over, and finally published as a function of numerous social processes. It presents autism and Asperger syndrome as a cluster of subdiagnoses by which the clinician should identify these disorders. Asperger syndrome seems to be a watered-down version of autism with the exception of the special interest component. The rhetoric of the DSM-IV asks its
audience to construct itself as professional clinicians with a unified interest in having the most empirically valid information available in the text. However, there are some instances in which the most empirically valid information did not actually appear in the text as well (such as in borderline personality disorder). The rhetoric presents the findings as correct and normalizes the means by which it got its results. The only marginalized perspective was the creation of the culture committee, which had most of its social-cultural tenets on diagnoses rejected.

Conclusion

There are a number of recent phenomena that are at work with respect to autism. First was the “discovery” of Asperger syndrome, which looked like a completely different diagnostic entity. Numerous families adopted these diagnoses from the 1980s until the present because less stigma was attached to the condition. As a result, the DSM-IV reflected the increase in diagnoses by creating an entirely new diagnostic category, which it represented as a watered-down version of autism.

Baron Cohen’s work on mindblindness forwarded the neuroscience research begun in the 1960s and 1970s and encapsulated theories of autism important to this day. His claim that autistics failed in reading mental states of others has labeled autism as a deficiency and normalized that concept. Research on mirror neuron theory as well as phenomenology has seriously questioned research that objectifies autistics, in spite of the concept of intersubjectivity (knowing other people’s minds). In other words, although the research focused on intersubjectivity, the result was more objectification of autism.

Lisa Zunshine applied Baron-Cohen’s work to her cognitive literary reading scheme. She argues that cognition is what drives culture and ignoring cognition limits the scope of why and
how we read. Her approach objectifies autistics because it extends their mindreading failure to their failure to understand fiction as well, even though Baron-Cohen allowed that mind reading could take a place in a number of higher functioning autistics. Zunshine’s generalizations about autistic minds are bad science and questionable literary theory as well.

The DSM-IV struggled to maintain its coherence despite huge pressures to bring more accurate, empirical science to the fore. Although it sought to entertain intersubjective phenomena, like the committee on culture, most of those conclusions were written out of the manual. It rejected intersubjective explanations that were supported by empirical data.

One of the most interesting phenomena of the modern examination of autism is the alternative definition of intersubjectivity, the idea that autism crosses over the divide of pure science. Accepting that autism is a social construct allows it to be examined through literature, anthropology, philosophy. In the next chapter, I examine how specific American literature texts, as well as critical works on those texts, have rhetorically constructed autism. I seek another view of the concept of intersubjectivity.
CHAPTER 6
THE CRITICAL RECEPTION HISTORY OF “BARTLEBY, THE SCRIVENER,” 
WINESBURG, OHIO, AND EXTREMELY LOUD AND INCREDIBLY CLOSE 
WITH RESPECT TO MENTAL ILLNESS/AUTISM

Introduction

How can we observe the intersubjective nature of autism in American fictional texts?  
This is the question I seek to answer in this sixth chapter. Autism has been a significant medical 
and cultural phenomenon in recent times, but it did not get its start with Eugen Bleuler’s use of 
the term. “Queer” people, described by famous American authors, have been a favorite because 
they are compelling, strange, and interesting. Bartleby the Scrivener, Wing Biddelbaum, and 
Oskar Schell are such characters. They come from varying time periods in American literary 
history: Bartleby around the Civil War period, Wing Biddelbaum from the Modernist period of 
WWI, and Oskar Schell from 9/11. They all have what the Diagnostic and Statistical Manual of 
Mental Disorders over the years would say are repetitive behaviors, language difficulties, and 
special interests.

Critics have commented on the intersubjectivity of these characters and stories. The 
critics’ language has a particular rhetorical bent with respect to mental illness. It is my argument 
that their commentary, from the neurotypical perspective, reflects how the society of the various 
time periods looked at or wrote about mental “illness.” In this chapter I do a critical history of 
scholars involved in critiquing “Bartleby, the Scrivener,” Winesburg, Ohio, and Extremely Loud 
and Incredibly Close to examine the rhetorical constructions these critics use to comment on the
intersubjective rhetoric of autism. As a result, I am able to determine how scholars use scientific rhetoric and link this rhetoric to the time period.

Part 1: The Concept of Intersubjectivity in American Fiction

Intersubjectivity says that there can be multidisciplinary routes to understanding an idea—in this case, autism. In other words, autism cannot be solely understood in the context of medical science. Years ago, commentary about autism was restricted to the textbooks of scientists like Eugen Bleuler and Leo Kanner. However, in the 1980s and 1990s, especially with the proliferation of the diagnosis of Asperger syndrome, numerous parents had their children diagnosed as suffering from this syndrome. The reason is that the DSM categorization was much less harsh than traditional autism designations. With the new definition, children received governmental support and parents received resources that otherwise would not have been approved. At this time, scientists like Simon Baron Cohen reached out to popular audiences with scientific texts that were modified for non-scientific consumption; his was an attempt to persuade parents and other interested parties that autistic children had a “mind-reading” problem. Since that time, there have been a myriad of guesses about the causes and conditions of autism (Krupa 1). Some speculation has led to ideas such as vaccines as a cause of autism, which has been empirically disproven, while others continue to concentrate on brain anatomy. Either way, discussion about autism has spilled out of the scientific community and been shaped by politicians, academics, parent groups, and autistics themselves. This chapter focuses on the rhetoric of literary critics and their analyses of the primary texts, “Bartleby, the Scrivener,” Winesburg, Ohio, and Extremely Loud and Incredibly Close to discern a type of interdisciplinarity.
Interdisciplinarity is a complex idea, and it has a number of different definitions, all relevant to the discussion (Fish). The first definition of interdisciplinarity is a concept that is part of multiple disciplines. Lattuca argues that

the danger in this conceptualization is the potential for repetition of the mind-body duality that is common in Western thought. If we frame learning (what happens “in the head”) as separate from lived experience (the physical locations and conditions in which it occurs), an individualistic and dualistic orientation results. We tend to study contexts and persons in contexts separately, often extracting the individual from his or her context in order to get a better look at the phenomenon of cognition. Many traditional psychological theories of learning and studies based on these theories manifest this assumption about the separate spheres of thinking and being. In contrast, sociological and anthropological theories focus intently on contexts and cultures: they are more apt to assume that analytic strategies should begin with an account of social phenomena and then, on the basis of these, develop analyses of individual mental functioning. (711)

In the sense of “discipline interdisciplinarity,” autism is a part of science discussions. It is part of educational discussions, of political discussions, and of psychological discussions. In addition, literature contains characters that are autistic, and critics discuss these characteristics in specific ways. Therefore, autism is a subject that crosses subject-area boundaries. The concept of autism is part of literature, science, social sciences, and popular culture.

Another definition of interdisciplinarity is a kind of mind reading (“Experimental Representations” 270-291). Numerous psychologists and philosophers see interdisciplinarity as the sharing of viewpoints between parties. We can understand one another’s motives and ideas prior to any form of speech and language. This concept is much like Simon Baron-Cohen’s idea of mind reading, but while scientists tend to look at mind reading from a strictly cognitive perspective, philosophers look at it from a phenomenological perspective. Philosophers reject the idea that cognition occurs just within the modular spaces of the brain; they see it expanding outward toward mutual, social construction and understanding. They develop context while
scientists, especially empirically motivated ones, see mind reading as individual brain capacity as opposed to social capacity.

A third definition of interdisciplinarity is the relationship between therapist and patient (Bechdel 1). Bechdel writes, “While it’s true that therapy can be an effective treatment for many different mental health problems, it’s also true that in order for someone to reap the full benefits of therapy, collaboration between the therapist and the patient is necessary” (1). Psychologists and patients have a relationship that begins in dialogue and is shaped by the mutual interactions of the parties. In this way, they can sometimes read each other’s minds because of their frequent interactions. Bakhtin (1981) discusses dialogue in great detail. White analyzes Bakhtin’s concept of dialogism. She states:

His concern for language as it is used in dialogue, as opposed to the lexical and finalized state of word, draws from these origins. Coupled with a strong emphasis on the essential authorial relationship between participants, dialogism represents a methodological turn towards the messy reality of communication, in all its many language forms. (3-4)

This concept can be applied in fiction as well – between the narrator and the audience or the narrator and the characters. There is a significant sense of messiness in these dialogues as opposed to the finality of monologism. This view of dialogue complicates scientific discourse because it challenges finality.

A fourth definition of interdisciplinarity is the movement of empiricism from object to subject relationships to the intersubjective. This is the concept of disciplinary objects, self-contained empirical objects. Goldberg and Davidson argue that

the prevailing objects of analysis in the humanities accordingly were conceptual, linguistic, artifactual, or textual; those in the social sciences were largely empirical (at least in the broad sense, both quantitative and qualitative). In both cases, objects and methods of analysis were distinctly disciplinarily driven and far from universal, as they more often than not assumed themselves to be. By the middle of the twentieth century, these disciplines tended to be self-contained and self-referential, methodologically
streamlined, if not singular. Disciplinary training consisted of analytical, epistemological, and methodological apprenticeship. This included the ability not only to apply the analytic apparatus and methodology thought properly constitutive of the discipline but also to determine what was considered, from inside the discipline, to be the right questions to ask. This after all was what it meant to acquire [a] discipline.

Therefore, there are numerous levels in the idea of interdisciplinarity. First is the macro-subject level of interdisciplinarity, followed by the micro-brain level of interdisciplinarity, followed by the interactionist level of interdisciplinarity, and finally the temporal level of interdisciplinarity. I examine all of these facets through the texts of the literary criticism on the specific novels.

Part 2: Critical Reception History of “Bartleby, the Scrivener” Relating to Autism/Mental Illness

A number of scholars have attempted to read Herman Melville’s “Bartleby, the Scrivener” as a narrative of mental illness. Most of the scholarship in this vein started in the 1970s, although the term “autism” was coined in 1911. The reason for this gap is the preeminence of the New Criticism and close reading approaches to texts until the 1950s and 1960s. In addition, few scholars until the psychoanalytic literary criticism movement of the 1950s and 1960s even dealt with scientific topics. Pinsker’s critical psychoanalysis illustrates the importance of that type of reading in the humanities during the time period, despite the fact that psychoanalysis as “hard science” had lost momentum for at least ten years. At the time of Pinsker’s 1975 publication on “Bartleby,” the DSM-III debates were taking place. The psychology community was torn between integrating a more diagnostic approach to official psychology and psychiatry and remaining in the psychoanalytic mode. The advent of the DSM-III indicated that psychoanalysis was on the wane.

Sanford Pinsker (1975) uses the wall metaphor when he describes Bartleby’s language. He uses words like “puzzling,” “enigmatic,” and ultimately “blank wall.” Pinsker states:
Melville's "Bartleby, the Scrivener," on the other hand, is less concerned with the possibilities of opening oneself to another "conviction" than it is in demonstrating the barriers, which impede the process. Significantly enough, Melville's subtitle is "A Story of Wall Street." Unlike Marlow, Melville's narrator discovers that language only makes the haunting Bartleby more perplexing and less definable. "Walls" are the central motif of Melville's story, extending from the Wall Street locale suggested by the subtitle, through a maze of physical walls which separate one man from another and, finally, to those walls of language which make human understanding impossible. (17)

Pinsker’s idea that some individuals just cannot understand each other implies a defect of some sort in Bartleby and that defect of misunderstanding is akin to autism in the character of Bartleby. Pinsker continues:

Bartleby calls the consensus reality into question by refusing to be rhetorically understood. The physical walls which separate employer and scrivener operate at one level of reality; the walls of language operate, more insidiously, at a deeper one. (19)

Pinsker applies agency to Bartleby, as he is the one who obstinately refuses to be a part of a consensus. He implies that Bartleby does not allow for the use of rhetoric. If rhetoric is reality and ubiquitous, Bartleby’s a-rhetorical stance practically erases him.

In some ways, Pinsker answers questions about Bartleby by citing his resistance (or function of autism) as a political/thematic move to undermine the “tyranny” of the narrator who exerts control over his subjects and employees. Pinsker states:

This is what I mean by the force of personal style. Bartleby is the enigmatic personality par excellence, the mystery always incarnate. His haunting presence brings the lawyer's half-ridden vulnerabilities into bold relief. In a recent psychoanalytic treatment of the story Morton Kaplan quotes this line -- "But there was something about Bartleby that not only strangely disarmed me, but in a wonderful manner, touched and disconcerted me.” (21)

Pinsker utilizes a Freudian psychoanalytic reading of the text but uses words like “enigma” and “mystery.” This mysterious aspect of Bartleby’s behavior somehow draws the narrator closer to Bartleby. There is no real sense that Pinsker wants to find out what the enigma was all about.
Pinsker later calls Bartleby “psychotic,” which does not seem so touching and wonderful. Pinsker likens the narrator to Bartleby because they are both lonely. This aspect of autism can be read into the text, but the narrator clearly does not display autistic tendencies. Autistic tendencies can safely be said to be repetitive behaviors, lack of interpersonal communication, and verbal idiosyncrasies. Pinsker ascribes equal agency to both characters; however, he calls Bartleby nihilistic because of his refusals to enter into the orderly arrangement of the audience’s world. Pinsker shows that Bartleby deviates from normalcy, and Pinsker’s standard is a kind of Victorian reasonableness that Bartleby cannot attain.

Pinsker’s psychoanalytic reading casts blame on Bartleby. He sees Bartleby as a disruption in the story. He does not see Bartleby as someone to be “cured” but instead simply as a threat to the natural course of the process of the story and the unity and harmony of consensus at the attorney’s office. The “psychotic” Bartleby, the nihilist, reacts politically to the attorney’s control or tyranny. There can never be true communication between Bartleby and the attorney because Bartleby exists outside of language. Pinsker sees Bartleby as erecting the very walls that prevent amity. Pinsker’s use of science is based on psychoanalytic readings of literature and not brain science. His psychological designations are not clinical but rather more political and cultural.

Morris Beja links Bartleby with the mental illness of schizophrenia. Beja argues for a medical diagnosis, an unusual step for a literary scholar. What is significant about Pinsker’s article is its medical aspect. A direct comparison of “Bartleby, the Scrivener” with Pinsker’s analysis of Bartleby’s character will show the association. Here is the narrator in “Bartleby”:

The initial change was a general slowing up and impairment in efficiency in carrying out all his usual activities, both at work in the office and at home… When setting out for work he began to stop and stand still at street corners, aimlessly looking about for
5-10 min. A few weeks later, he stopped going to work altogether, and thereafter, for a period of one year, he remained at home and did not leave the house except on one occasion for a few hours only. . . (555)

There are indications of autism from the description of “impairment in efficiency” and “aimlessly looking about.” Here is Pinsker’s analysis of Bartleby:

If Bartleby is indeed psychotic, his disorder is probably the most common of all psychoses: schizophrenia. More specifically, I believe, he displays the symptoms and behavior patterns of “schizophrenia, catatonic type, withdrawn.” He is detached, withdrawn, immobile, excessively silent, yet given to remarks or associations that do not make sense to others, depressed, at least outwardly apathetic and refraining from all display of ordinary emotion, possibly autistic [emphasis mine], and compulsively prone to repetitive acts or phrases (“I would prefer not to”). (page in Pinsker 557)

The similarities are apparent. In the first quotation there is a description of catatonia while in the second Pinsker mentions Bartleby is “possibly autistic.”

Beja wrote the article in 1978, prior to the DSM-III and DSM-IV, so his work predates the diagnoses of autism and Asperger syndrome. However, Beja is therein describing the very aspect of these mental categories by performing a classic psychological reading of the text and of Bartleby, with psychological reading a prevailing methodology of the time period. Cognitive science on autism was not really developed at that time, so most of these readings were Freudian in nature. Beja uses Freudian language in his text when he says that “what we call 'normal' is a product of repression, denial, splitting, projection, introjection and other forms of destructive action on experience. . . . It is radically estranged from the structure of being” (557). Beja uses the language of someone like Bettelheim to understand Bartleby’s character and actually uses case studies like Kanner or Bettelheim to reinforce this fact. He transfers these case studies to Melville’s text, which crosses an interdisciplinary barrier in an interesting way.

Beja uses folk psychology to analyze the text. He states, “Just as schizophrenia can be the result of a desperate attempt to avoid insanity, so Bartleby's retreat from being may result from
an attempt to escape from non-being” (Beja 563). In many ways the schizophrenic analysis can be linked to autism, and Beja tries to ascribe reasons for the mental illness of Bartleby. In this way he is acting like a therapist, trying to figure out symptoms and causes. This is very different from scientific brain research but is still an attempt to provide a rationale for the “defect.” In this vein Beja is utilizing a kind of interactionist interdisciplinarity because he thinks he is substituting himself for the therapist.

Another relevant component of Beja’s description is his use of tropes—specifically metaphor. He states:

Only an inordinately cynical reading of Melville's story will fail to recognize that the lawyer does come to experience genuine love for the scrivener. "Ah, Bartleby! Ah, humanity!" ends his narration: this from the man who, as we have seen, has earlier felt the absence of "anything ordinarily human" in his employee. -- the absolute totality apparently demanded or needed by Bartleby. As a result, the lawyer does not succeed in thrusting through the wall that Bartleby has set up—the wall that Bartleby has become.

(568)

It is clear that Beja’s use of R.D. Laing’s psychological study (184-193) has influenced his reading of “Bartleby, the Scrivener.” In so doing, Beja has adapted Laing’s psychoanalytic language from his case studies of schizophrenics and superimposed them onto Bartleby, making him “a wall.” Kanner used the metaphor of the wall in his analysis of the autistic children. Beja reads a different kind of motive into Bartleby’s behavior. Beja claims that Bartleby needs love and the lawyer cannot give him the right kind of love. There is some kind of disconnect between the two men.

Beja uses psychology to pry open the narrative. He crosses disciplinary boundaries in doing so. Since he quotes Laing, a practicing psychologist, and does an active reading of “Bartleby,” he utilizes the interactionist form of interdisciplinarity, trying to “psychoanalyze” Bartleby. However, since Bartleby is a character, he cannot interactively share this information
with him. There is no real dialogue; Beja’s insights are shared with the reading audience of the article only. Freudian psychology was a part of the early dynamic of science and was authority-driven from the beginning.

Freud established himself as the founder of psychoanalysis and claimed ownership, like the father of Psychoanalysis. Jung was motivated by his own need to rid himself of his father’s ideas that he projected onto Freud as pioneer of psychoanalysis. This determination manifested itself in his revolutionizing of Freud. Because of his father, he wanted to achieve the fatherhood as he had it in his mind successfully. He expanded Freud’s theory with myths, astrology, and religion as a reaction to what his father had told him; not to question but to believe. (Laing as qtd. in Beja 568)

It still held on despite new science facts and discoveries. Freudian psychology is a part of the fabric of empirical science regarding autism studies, and the rhetoric of autism reflects this fact. Beja is doing his part for adapting science to literary analysis and, thus, moving Bartleby from just an object of literary analysis to one who becomes a subject, or even an intersubjective phenomenon, linking him with real individuals and their case studies.

Beja’s article illustrates the difficulty of doing interdisciplinary readings of science when the actual science being used is outdated. Advances in biogenic explanations made Beja’s article obsolete at the time of his writing (1978). Often literary scholars will employ definitions of psychology and medical science not current with actual scientific research.

David Randall uses a poststructuralist lens; however, autism can be seen in his interpretation. Randall comments on critical theory as “a strangely concerted development, according to Jacques Derrida, as a questioning of the ‘structure’ of meaning itself, which receives a formidable impulse from an anxiety about language--which can only be an anxiety of language, within language itself” (85). Autistic people have anxiety about language; theirs is a way of being in the world either without language or by struggling to communicate effectively with others. Therefore, critical theory, applied to the text, can act in some ways like an autistic
representation. In other words, critical theory can focus on unclear meanings in texts just as autism can focus on unclear levels of communication. Randall does not look at autism per se, but he discusses some of these limitations or effects.

Randall comments on the metaphoricity of meaning, the structuralist notion of unity of form and meaning in the text, and the aporia it creates. Bartleby, the character, is described using numerous metaphors, including the silent man and the man behind walls, similar to the metaphor Kanner used in his description of autistic children. The lack of connection between form and meaning in the text is common in the lives of autistic individuals themselves. They find themselves struggling with the aporia (or loss) of meaning in their everyday endeavors, just as Bartleby does in his fictional interactions.

Randall calls the short story a parable, or a theological interpretation of a kind of religious truth about human interaction and the creative process itself (85). His interpretation deviates from previous analyses of the medical nature of Bartleby’s deficiencies. Randall cites Leo Marx, who believes that

“Bartleby the Scrivener” must be read as a parable of the author's own fate as a writer. After all, in traditionally representational terms, the story may be asserted to be about a writer, a person who serves as a penman, a public clerk or notary, a kind of scribe, a "copyist." When this scrivener bizarrely rebels against the demands of a certain kind of lawful discourse, refusing to perform certain inscribed duties, "under the circumstances there can be little doubt about the connection between Bartleby's dilemma and Melville's own.” (Marx 602-627)

Marx is utilizing autobiographical information for his analysis of Bartleby, likening the character to Melville himself. Here is some of Marx’s specific evidence for the wall metaphor:

During the first movement Bartleby holds the initiative. After he is hired he seems content to remain in the quasi-isolation provided by the "protective" green screen and to work silently and industriously. This screen, too, is a kind of wall, and its color, as will become apparent, means a great deal. Although Bartleby seems pleased with it and places great reliance upon it, the screen is an extremely ineffectual wall. It is the
flimsiest of all the walls in and out of the office; it has most in common with the ground glass door--both are "folding," that is, susceptible to human manipulation. (608)

Randall uses the phrase “bizarrely rebels against lawful discourse.” His commentary on Bartleby is one of deep questioning. Randall uses evidence from Marx representing Bartleby’s attempts at hiding behind a wall. The wall is a metaphor for blocked communication. Randall uses that evidence to comment that Bartleby has metaphorical difficulty with communication, something akin to autism.

Randall also quotes the narrator’s commentary about Bartleby’s inner “invisibility.” Randall’s analysis is that Bartleby lacks something “inside.” What could the inner “lack” be? Perhaps it is a soul or perhaps it is a fundamental understanding of himself and other people.

Randall cites the narrator who says that

while of other law-copyists I might want the complete life, of Bartleby nothing of the sort can be done. I believe that no materials exist for a full and satisfactory biography of this man. It is an irreparable loss to literature. Bartleby was one of those beings of whom nothing is ascertainable. What my astonished eyes saw of Bartleby, that is all I know of him. (Melville 476)

Randall uses the narrator’s words to describe Bartleby, which is all exteriority. Randall uses the narration of “what you see is what you get.” Autistic individuals are frequently described in this manner. The narrator, a “neurotypical” man, is unable to pierce through the mind of Bartleby. The narrator is in fact “mindblind” in this sense, a characteristic that is usually attributed to autistics.

Randall also attributes rationalization to the actions of the neurotypical narrator. The narrator provides his own justification of his dealings with Bartleby. Randall attributes motives toward the narrator, who says about Bartleby:

He is useful to me. I can get along with him. If I turn him away the chances are he will fall in with some less indulgent employer; and then he will be rudely treated, and perhaps driven forth miserably to starve. Yes. Here I can cheaply purchase a delicious self-
approval. To befriend Bartleby; to humor him in this strange willfulness, will cost me little or nothing, while I lay up in my soul what will eventually prove a sweet morsel for my conscience. (Melville 485)

This section almost encapsulates the ideology of those who are “normal” and their reasons for interacting with those “less so.” Why work with Bartleby? The narrator provides Christian reasons: charity and the benefit of a good conscience. These underlie some interactions between autistic and non-autistic persons, and Randall’s use of these lines is interesting because it gets to some of the motives of interaction between the characters as well as serving to question the motives of the narrator in the story.

Randall discusses Bartleby’s lack of accountability. Bartleby just will not get on the same page as the others; he follows his own inclinations. This is a roundabout way of saying what Kanner and Asperger said about some of their subjects: they all go their own way.

Randall gives a mostly philosophical account of the relationship between the narrator and Bartleby, stating that their relationship is an existential struggle between being and nothingness. The attorney’s control of Bartleby is limited to Bartleby’s employment, but he cannot touch Bartleby’s soul. Randall uses poststructuralist analysis to account for the narrator’s view of Bartleby. We only get Bartleby’s words from the narrator, however. The story is narrated through his eyes and not those of Bartleby. As a result, we only can capture a portion of Bartleby’s behavior, but what the narrator says is consistent with a kind of autistic presence. Randall’s organization and arrangement of his ideas in this essay describe Bartleby as a projection of difference. Randall states:

As a reader, one becomes another spectator of a solitude. Initially a spectator of the attorney's solipsistic solitude and then, by virtue of what we wish to call, following Maurice Blanchot, Bartleby's "neutered" narrative, a potential participant in one's own most favored project of solitude. (103)
For Randall, the reader of the tale watches the loneliness of Bartleby and tries to understand him in this respect. We first see the narrator but then turn to Bartleby and realize how lonely he is.

The following quotations from “Bartleby, the Scrivener” illustrate the narrator’s feelings of remorse for Bartleby’s isolation:

If he would but have named a single relative or friend, I would instantly have written and urged their taking the poor fellow away to some convenient retreat. But he seemed alone, absolutely alone in the universe. A bit of wreck in the mid-Atlantic. (Melville 74)

It was the circumstance of being alone in a solitary office, upstairs, of a building entirely unhallowed by humanizing domestic associations – an uncarpeted office, doubtless, of a dusty, haggard sort of appearance – this it must have been which greatly helped to enhance the irritable desperation of the helpless Colt. (Melville 92)

For Randall, the narrative teaches us about solitude, a component of autism.

Randall certainly comments on the nature of narrative but not from a scientific perspective. Even Randall’s selection of evidence illustrates the narrator’s inability to “know” Bartleby. This can be transferred to Randall himself. He discusses the character’s “unknowability,” which is a common metaphor for autism. Even Randall’s election of the narrator’s motive for working with Bartleby encapsulates potential interactions between autistic and non-autistic persons. He rejects empiricism and formalist conventions. Here is an example:

Contemporary critical theory has radically called into question the complacent presumption that the text presents a truth, a religious principle or a moral lesson. This event has evolved in a "strangely concerted development," according to Jacques Derrida, as a questioning of the "structure" of meaning itself, which receives "a formidable impulse from an anxiety about language—which can only be an anxiety of language, within language itself" (86, my emphasis)

Randall’s text comes up with some essentially similar conclusions from a literary standpoint. It is hard to know an autistic person, and language often fails to describe the feelings and impulses of anyone, let alone an autistic person.
Todd Davis examines Bartleby as a narrative dilemma. He first examines past scholarship on Bartleby. Davis is trying to locate the truth about Bartleby from the text. He rejects the Christ metaphor, the Marxist reading, and the existentialist and psychological readings. What Davis really wants to examine is Bartleby’s change through the eyes of the narrator, since the narrator is the teller of the tale and all descriptions come from that narrator. For Davis, whether we attribute special meaning to Bartleby is of no import; rather, it is the narrator's response, his act of interpreting Bartleby, that gives Bartleby his power in the chronometrical world. When Bartleby refuses the requests of his employer, the narrator begins his acts of interpretation (185).

In other words, Bartleby does not really exist except as a device to bring out the real truth about the narrator. According to the narrator:

Gradually I slid into the persuasion that these troubles of mine, touching the scrivener, had been all predestined from eternity, and Bartleby was billeted upon me for some mysterious purpose of an all wise Providence, which it was not for a mere mortal to fathom. . . . At last I see it, I feel it; I penetrate to the predestined purpose of my life. I am content. (Melville 35)

Davis takes the textual musings of the narrator and transforms them into a reading in which the narrator differentiates his earthly, moneyed existence from something inexplicable and other-earthly, as represented by Bartleby. Davis describes Bartleby’s “difference” as a constant questioning of the attorney’s commands. Since the lawyer cannot understand Bartleby, Bartleby must be other-earthly.

Davis does not give a scientific reading of Bartleby. His essay is not interdisciplinary because he insists on using the text only for his analysis. Autism characteristics do not factor in explicitly. Davis does recognize Bartleby as different, but he sees him as a challenge to earthly authority. He utilizes an alien, common in descriptions of autistic persons. Davis does not try to psychoanalyze Bartleby because he states clearly that he cannot. Since the narrator is doing all of the analysis, Davis’s
reflections on Bartleby will only come from interpreting the change in the narrator. He
does not try to “fix” Bartleby and, therefore, does not exemplify interactional
interdisciplinarity. In some ways, he objectifies Bartleby because he does not even
equate him with a real character. Bartleby for Davis is just a foil.

Ashley Koegel, a scientist, tries to make a medical argument about Bartleby. Koegel is
part of the medical school at Stanford University and writes that in the DSM-IV an individual is
diagnosed with autism if he or she exhibits characteristics in the following categories: qualitative
impairment in social interaction, qualitative impairment in communication; and restricted,
repetitive, and stereotyped patterns of behavior, interests, and activities. Furthermore, the onset
of such impairment must have occurred before the age of three and the patient must not be
otherwise diagnosed with Rett's Disorder or Childhood Disintegrative Disorder (270). She
compares the DSM-IV text with characteristics Bartleby the fictional character portrays. Her
contention is that

Herman Melville's *Bartleby* is the naive tale of a nonconforming, socially awkward
character. However, when placed into contemporary context, retrospective analysis
indicates that Bartleby may in fact have been a victim of the modern diagnosis of ASD,
more specifically, a high-functioning form of autism termed *Asperger syndrome.* (270,
emphasis in original)

Koegel looks at specific instances in the text where these DSM-IV characteristics are seen in
Bartleby. He cannot make eye contact (Melville 21) and his intonation is flutelike (19),
reminiscent of Kanner’s descriptions of the voices of autistic children. The narrator of the story
comments that in Bartleby “miserable friendlessness and loneliness are here revealed. His
poverty is great, but his solitude, how horrible!” (Melville 17). Bartleby cannot establish
relationships with other people just like autistics have issues with personal interactions. Bartleby
even comments, “I would prefer to be left alone” (25), indicating a lack of desire for spontaneous
social contact, another symptom of Asperger syndrome. Koegel also uses textual evidence of a lack of social reciprocity on Bartleby’s part. He seems “oblivious” to language, lacks appropriate speech, and fails to respond to commands. The narrator states, “Like a ghost, agreeable to the laws of magical invocation, at the third summons, he appeared at the entrance of his hermitage” (Melville 14). His is an echolalic stance because he repeats statements over and over again in the text (Koegel 25). All of Koegel’s evidence provides an overwhelming case for the connection between Bartleby’s fictional characteristics and Asperger syndrome.

Bartleby also possesses a special interest, the hallmark of Asperger syndrome. The narrator comments:

Bartleby did an extraordinary quantity of writing. As if long famishing for something to copy, he seemed to gorge himself on my documents. There was no pause for digestion. He ran a day and night line, copying by sunlight and candlelight . . . he wrote on silently, palely and mechanically. (9)

Copying is his reason for being; he is most comfortable in the work setting occupying himself with these tasks. This stereotypical aspect of Asperger syndrome is crucial as a distinction from autism.

Koegel incorporates scientific evidence from brain studies, which is reflected in the DSM-IV manual interpretations of Asperger syndrome and autism diagnoses. In a way, like a clinician, she is “diagnosing” Bartleby as if he were a patient. Koegel does not employ interdisciplinarity like a therapist. She does not seek to correct Bartleby’s behavior; rather, she seeks to explain it to a scientific audience, and perhaps to a literary one. She uses her medical degree as ethos to supply extra support for her position. In terms of chronological interdisciplinarity, she brings empiricism to the actual text itself. Like Zunshine, Koegel is using cognitive evidence to do a cognitive reading of “Bartleby, the Scrivener.” She focuses her
In sum, rhetorical analysis of a selection of critics of “Bartleby, the Scrivener” is useful in exploring the concept of interdisciplinarity. For example, for Beja and Pinsker, the objective is to comment on the strangeness of the thing that makes Bartleby different. Their essays were published in the 1970s, when the science of autism was not nearly as well developed. The science they used was based in psychoanalytic criticism. Davis took the subject status away from Bartleby by focusing on the narrator, although he kept some distinctive metaphors of mystery and the like in the content of his analysis. Randall, who wrote later, picks up on the poststructural analysis of Bartleby and, almost by accident, focuses on understanding the nature of the gap between knowledge and language as expressed in autism. I would argue that his reading, since it is based in language, describes the ontological status of autism as it was currently known, although explaining that status was not Randall’s intention. Finally, Koegel, the most recent scholar, moves in a completely interdisciplinary fashion by crossing into the literary domain, employing Theory of Mind and modularity concepts, as well as moving autism from object to subject to intersubjective through the process of actually naming it in the short story as well as describing it and linking it to modern science. The chronology of the criticism provides evidence that autism, through literary criticism, has reflected the interdisciplinary pattern of development.

Part 3: Critical Reception History of Winesburg, Ohio Related to Autism/Mental Illness

Sherwood Anderson’s Winesburg, Ohio (1919) is a WWI-era conglomeration of 23 short stories that form a sort of novella. Of great interest is the story “Hands,” the very first of the short stories. It tells the tale of a character named Wing Biddelbaum, whose hands were the focus
of attention. In his past, he was accused of molesting a boy, which was corroborated by children testifying that he touched them. He lost his teaching job and life work as a result of this behavior.

An early scholar who traces developments in autistic interdisciplinarity is Epifanio San Juan. He wrote in the early 1960s that the grotesque characters in Anderson’s stories are based on their trying to take an essential “truth” about life and reserve it for themselves, which then turns it to falsehood. He states:

According to Anderson, man makes his truths. But "the moment one of the people… took one of the truths to himself, called it his truth, and tried to live his life by it," he became a grotesque and the truth he embraced became a "falsehood." That is, anyone who identifies himself absolutely with fixed schematic ways of doing, feeling, and thinking, and tries to direct his life according to these "vague thoughts" will inevitably distort the inner self and its potentialities. (138)

Again we see the emphasis on fixed, schematic ways of doing, feeling, and thinking. These attitudes are all tied to autism. According to San Juan’s account of Anderson, thinking, feeling, and doing things in a fixed measure lead to a false life. Therefore, San Juan is saying that these characteristics, most associated with autism, are grotesque. San Juan does not see grotesques as having positive, romantic characteristics. He looks at the behavior fixities as character defects, much like Bettelheim did.

San Juan quotes experts who dislike Anderson’s characters to argue that “the consensus of critical opinion about Anderson’s protagonists so far has been generally negative, owing perhaps to the notion that there is in them a marked absence of any positive force or direction in the way they conduct their revolt against the milieu” (139). However, San Juan sees something unique in some of the characterizations. He sees Enoch Robinson as a lonely man and a failure, but San Juan also sees Anderson’s art as having a special dimension:

For Anderson, form is essentially an organic element which follows the contours of an image, of a symbolic cluster of sensory impressions aimed toward delivering an
objective immediate presentation of a character's inner struggles, the specific quality of inwardness that constitutes the "roundness" of his personality. (141-142)

According to San Juan, Anderson’s purpose is to paint a picture, to link the physical aspects of a character with his/her moral attributes. In other words, Anderson thinks in pictures. This mental quality, by the way, was the title of a memoir of Temple Grandin, the savant autistic. Even Anderson’s stylistic constructions have some autistic traits in them.

San Juan describes Anderson’s sentence style as mimicking that of an autistic. San Juan comments, “The rhythmic movement of Anderson's sentences and the variations of sense in the repetitions of phrases in syntactically varying contexts may be illustrated in George Willard's endeavor to define his ultimate decision in ‘Sophistication’" (142). San Juan is careful to point out how the sentences sound. Recall that Kanner’s description of autistic voices states that they were rhythmic and sing-song-like with significant repetitions. Here are some examples of repetitions in the stories:

Throughout the stories we encounter the constant recurrence of phrases and sentences, constant repetitions intended to contribute to the organic unity of the narrative rendition. Consider these examples: "Things went to smash" (in "Loneliness"), "You dear! You dear! You lovely dear!" (in "Death"), or Elmer Cowley's habitual refrain: "I'll be starched. . . . I'll be washed and ironed and starched!" (in "Queer")--all these indicate the particular obsessions of the characters who frequently repeat them when subject to great emotional pressures that prove resistant to personal solutions: thus, they are in their contexts epiphanic. (144)

It is as if we are listening to the recurring sounds and sentences of autistic children in Kanner’s or Asperger’s clinic. Anderson uses this rhetoric of autism in his text and imbues his characters with these repetitive qualities to reinforce their differences as well as to delve deeply into the grotesque character type.
One such character type is Enoch Robinson in “Loneliness.” San Juan claims that Anderson uses imagery “to suggest that the development of a character’s sensibility” is paramount and adds that imagery is used when

the scene of the meeting between Enoch Robinson and George Willard in "Loneliness" is described. Enoch, whose every act is punctuated with the refrain "Nothing ever turns out for Enoch" exhibits a "child-mind" inclined to inventing "shadow-people"; thus, having lost control of reality, he could now play only with the "essences" of his fancy. Against this dream-world Anderson opposes the stark chaos of the actual world which provides the ironic counterpoint to Enoch's fancies and his pleas for understanding. (149-150)

Enoch is left with imagination, which is individually based. Like versions of autistics, he has a “child mind” and “lives in his own world.” This naivety can easily be seen in cognitive research on autism (Ferrante et al.).

San Juan comments on irony, a trope that has implications for autism. According to San Juan:

In Winesburg, Ohio, irony as a device assumes in general 1) the form of an objective situation running counter to the subjective interpretation of it by the character concerned, and 2) the form of utterances whose implications run counter to the surface meaning and tone of the words themselves. (150)

Scientific critics say irony is difficult for autistic people. Anderson loads his prose with ironic tropes that actually run counter to what the grotesques themselves believe. A perfect example of situational irony is Wing Biddelbaum. He is a gentle man with hands that were meant to caress children; however, these hands become the instruments of his own destruction at the hands of the townspeople. Wing is a teacher yet is taught a lesson because of a lunatic student’s false accusation. Wing does not really understand that his use of hands could potentially lead to a dangerous situation for himself. His own autistic naiveté leads to an ironic turn in his life.
San Juan writes his rendition in the early 1960s at the height of the scientific movement in autism research. Senter contextualizes the beginnings of autism research by mentioning that autism is a biological disorder. There was a movement away from Freudian explanations and toward neurological “brain abnormalities.” San Juan would have been unaware of most of this scientific research, but much of the early brain research is captured by Senter in this passage:

The 1960s were a turning point in the history of autism research. The National Autistic Society (NAS, United Kingdom), the Autism Society of America, and the Autism Research Institute (ARI) were founded by parents of children with autism. However, there were still many inconsistencies in understanding autism, and there was a push to better diagnose and classify the specific symptoms of autism. Research psychologist Bernard Rimland, a founder of ARI, identified autism as a biological disorder with neurological causes, which is the accepted view today. In 1968, for the first time, autism was differentiated from schizophrenia. The psychiatrist Sir Michael Rutter at University College London also hypothesized that “organic brain abnormalities” were a primary influence in some cases of autism. In addition, scientists attempted operant conditioning for the first time on children with autism to modify behavior by setting consequences in response to certain actions. Autism was found to be more common in boys than girls, with a ratio of 2.6 to 1. Overall, in the 1960s, the estimated prevalence was 4.5 per 10,000 people. (Senter et al n. p.)

San Juan does not apply cognitive science to the literary front and so is not interdisciplinary in this sense. In terms of mind reading, San Juan is a traditionalist. He comments that Anderson invests his character George Willard with no special powers. San Juan sums it up: “It seems to me thus far that the fundamental dilemma of George Willard, the central hero of the book, involves chiefly a search for order--primarily, an order between intention and act, thought and deed, dream and reality” (153). Willard’s search for order does not mean, as Love says, that Willard has special powers. San Juan sees him as another character and not a conduit for extra meaning. As a result, one could argue that San Juan does not see Willard as a therapist of the interactionist interdisciplinarity kind or as a mind reader.
Finally, San Juan sees the grotesques as just that, grotesques. He does not see their autistic tendencies as being anything more than oddity. He sees them as pathetic characters and not ones with redeeming qualities. As a result, he does not further the concept of interdisciplinarity in this sector either. San Juan reflects his time period of the 1950s with an objectifying bent, although his analysis and terminology commenting on Anderson’s text reflect some of the qualities used to describe as autistics today.

Glen Love’s article, “Winesburg, Ohio and the Rhetoric of Silence,” argues that Anderson loved the idea of silence and that cities were set in stark contrast to the small town of Winesburg, Ohio, which preserved some sort of natural link with the past that urbanization was destroying. He extends this thesis in some interesting ways, however.

Thus, while it hardly needs repeating that the plight of the characters in Winesburg can be traced to their inability to communicate with one another, it does remain to be shown how thoroughly Anderson explores the theme of human communication in Winesburg, how his treatment of that theme is linked to his attitudes toward silence, words, and talk, and how these attitudes are in turn related to the strong, single idea which runs through all of his work: the loss of human significance in America with the onset of urban, machine civilization. (Love 39)

Of course, inability to communicate is a prime factor in autism, and while the entire town was not autistic, many of the characters, also called “grotesques,” certainly were. Love’s idea is that while American society converted from agrarian to urban, communication moved from nonverbal communication to ceaseless talk. He differentiates talk from “real” communication.

Love argues that Anderson’s grotesques, who are “unfit for the city, provide an explicit counterforce to the natural self-sufficiency of the setting, from which they are cut off almost as completely as from the great world on the horizon” (44). He goes on to argue that the common failing of all the grotesques is suggested in the plight of Enoch Robinson, in "Loneliness," who "wanted to talk, but he didn't know how" (p. 169). Thus both the mute grotesques and the sputtering grotesques manifest a sickness which is in conflict with the quiet benignity of the setting. The verbal incapacity of these figures who
cannot love, who cannot draw sustenance from their surroundings is suggestive of their crippling inner wound. (44)

I would argue that all of the communication issues are based in some form of cognitive disability and that the characters’ inability to express themselves in these stories can also be linked to something akin to autism. Love thinks the inability to communicate is part of the grotesque, where the physical manifestations reflect communication difficulties. However, Love also claims that these difficulties reflect a certain purity on the part of the Winesburg, Ohio, residents. Their autistic tendencies are therefore externally and psychically motivated. Their spiritual purity is linked to autism. Wing represents this level of autism. Love comments:

Wing is an outsider, cut off from the sustenance of his surroundings. We are told that "he did not think of himself as in any way a part of the life of the town where he had lived for twenty years" (27). His hands give him away, fluttering nervously, aimlessly, alarmingly. "He wanted to keep them hidden away and looked with amazement at the quiet inexpressive hands of other men who worked beside him in the fields, or passed, driving sleepy teams on country roads" (28-29). These quiet, inexpressive hands proclaim their oneness with the natural setting; Wing's hands, conversely, are called the "piston rods of his machinery of expression" (28), equating their compulsive movements with the sterile, repetitiveness of a machine. Or, in a corresponding image of futility and frustration, they are compared to "the beating of the wings of an imprisoned bird" (Love 28).

Autistic tendencies are reflected in Wing’s being an outsider. Hand-flapping is a symptom of autism and repetitive motions. Rosenthal-Malek and Mitchell state:

Persons with autism are often characterized by their self-stimulatory behavior such as body rocking, spinning, hand flapping, head-nodding, object-tapping, gazing at lights, and mouthing (Lovaas, Newson, & Hickman, 1987; Sugai & White, 1986). Research literature has shown that these general behaviors interfere with both the performance of positive social behaviors and learning (Bass, 1985; Kern, Koegel, Dyer, Blew, & Fenton, 1982; Sugai & White, 1986). In addition, these negative behaviors often present a special problem for integration into the mainstream (Van Bourgondien & Mesibov, 1989). (193)
Anderson’s metaphor of the imprisoned bird is interesting because autistic people often refer to themselves as being trapped. This would be consistent with research commenting the continuing problems of autistics integrating into mainstream society.

Where recent scientific research qualifies Wing Biddelbaum as an autistic is in Wing Biddelbaum’s dream. Biddelbaum tells George Willard of his “clean young male” dream, an almost Socratic or perhaps homo-erotic dream of what Love calls “perfect communication.” If Baron-Cohen’s idea is to be accepted, then an autistic Biddelbaum could not relate a highly imaginative, detailed dream. On the other hand, if Biddelbaum were in fact homosexual, then his inability to read signs of his affections for the boys and girls in his classroom would be the kind of social faux pas an autistic person might make (Baron-Cohen et al. “Recognition of Faux Pas”). Baron-Cohen’s research on Theory of Mind speaks to the inability of autistics to read signs of intention on the faces of others. He cites Francesca Happe’s research on theory of Mind tests:

One clue that this is true is that there are now three more "advanced" tests of theory of mind. Happe's task, for example, involves the detection of sarcasm, bluff, irony, and double-bluff. These are not well understood until 8 years old. Baron-Cohen et al.'s tasks involve detecting both basic and complex mental states from the information around people's eyes. This has only been tested in adults. A second clue that ToM develops beyond the 4- to 6-year level is that the majority of children with autism fail first- and second-order false belief tests (Baron-Cohen et al.)

In the story, Wing Biddelbaum would have been unable to detect sarcasm, bluff, and irony. As such, he would have fallen into traps that could have implicated him in situations that resulted in his accusers calling him a sexual predator or pedophile.

Another aspect of interactional interdisciplinarity is the key figure in Winesburg: George Willard. He is almost like the therapist in the story. All of the grotesques, according to Love, relate their stories to Willard and Willard only. He is their verbal outlet. Love states, “In
his position as confidant to the grotesques, and hence as a counterforce to the loneliness and verbal failure which isolates them, George Willard's identification with the ameliorative qualities of the setting is further reinforced” (49). Willard alone is the one who can communicate. Love states:

> While the grotesques are driven, in their frustrated attempts to communicate, to silence, or sputtering, or to physical outlets like hitting someone, or running, or crying, George Willard is alone in being able to play with words and to be interested in them for their connotation and texture. (51)

This is a further statement about the autistic nature of the grotesques in the stories of *Winesburg, Ohio*. They cannot communicate and therefore lash out, much like Kanner’s children in his textbook. Willard becomes the translator, the therapist, the listening ear, and therefore represents a form of interdisciplinarity from a mind reading perspective. He understands them almost intuitively.

Love is using a scientific, linguistic account to discern whether or not communication is a focal point. Given that this article was written in the 1960s, it positions itself somewhat in the empirical vein, examining characteristics involving communication deficits, portraying these deficits as part of the grotesque, and separating them from the rest of the text.

Love utilizes autistic interdisciplinarity in his article in a few ways. First, he discusses communication by analyzing the words that express communication problems among the characters. He is empirical in his research and uses the grotesque as something that distinguishes many of the autistic characters in his story. He builds their subjectivity by quoting Sherwood Anderson’s commentary about the grotesques knowing more about agrarian life and being more connected to nature. His literary analysis also crosses over into science by analyzing communication deficits. He tangentially touches on mind reading because he posits
that George Willard is the therapist and listening ear to the grotesques, intimately understanding them. Love states:

George Willard, in whom Wing Biddlebaum and many of the other grotesques find the opportunity for verbal release, is, in a sense, the genius loci of the Winesburg landscape, the attendant spirit of the town. He provides also a kind of synecdoche for the village, standing, Janus-like, between innocence and experience, youth and maturity, rural past and urban future. Many of the grotesque seem to sense the boy's connection with the spirit of life in the village, and they reach out for contact through him. (Love 49)

In this sense he examines the micro interdisciplinarity as well as the interactionist interdisciplinarity components. Love captures most of the components of a truly interdisciplinary analysis of autism, and he does this many years before modern cognitive science enters into literary discussion.

A third, more modern critic is Andrew Yerkes, whose “Strange Fevers Burning Within: The Neurology of Winesburg, Ohio” is a modern, cognitive reading of the American classic. Yerkes summarizes his work as follows:

Sherwood Anderson's Winesburg, Ohio, a modernist collection of interconnected short stories that critics dismissed as Freudian primitivism, is actually an insightful meditation on the emotional basis of consciousness. Grotesque characters, resembling subcortical brain regions, interact with protagonist George Willard, the town reporter; in ways that reproduce the interactions of the hindbrain and limbic system with the neocortex. Interpreting Winesburg as neurological allegory foregrounds its thematic inquiry into the status of biological determinism during the heyday of modernism and social constructivism. Such an approach reveals the common ground, as well as the differences, between psychoanalytic and neurological explanations of consciousness. (199)

This analysis takes into account the full arsenal of cognitive science for its interdisciplinary account of Anderson’s novella. There is a dichotomy between Freudian primitivism (psychoanalytic thought previously mentioned) with “real” science (consciousness, hindbrain, limbic system, etc.). This is the dichotomy that arose in the 1980s and 1990s with the rise of brain research into autism. The literary analysis reflects this development because it is
intersubjective in an interesting way and it does not reject Freudian analysis completely. Yerkes states that there is “common ground” between psychoanalytic and neurological explanations of consciousness, and of autism as well.

Yerkes rejects the idea of Freudian psychology, although he does agree that it would have been impossible for an American intellectual like Anderson to ignore the influence of Freudian theory on American culture at the time. Freudian theory had been predominant as a cultural explanatory device in psychology, history, and later in literary interpretation (Kazin and Nelson). It was one of the first interdisciplinary vehicles, as psychologists like Bettelheim utilized Freud to explain autism and other social issues. Yerkes contextualizes the earlier criticism of Anderson as follows:

The initial critical response to these stories was to regard Anderson as a sort of cheap Freudian who was making an obvious criticism of American Puritanism and conformity. One reviewer, Regis Michaud, wrote that *Winesburg, Ohio* was "entirely in keeping with the most recent contributions of American literature to psychoanalysis." Another reviewer, H. W. Boynton, described Anderson of having "too freely imbibed the doctrine of the psychoanalysts." In addition to representations of repression, the Freudian aspects that critics noticed included the work's compositional free association, its inclusion of and resemblance to dreams, and its focus on "day-dreamers, perverts, the 'inhibited,' the morally atrophied, the erotics, and the eccentrics."(199)

As with modern science professionals regarding autism, Yerkes applies a more empirical analysis of Anderson’s work consistent with an anti-Freudian bent. Just as early biological scientists began to attack Freudian psychoanalysis, so too does Yerkes attack Freudian cultural analysis of *Winesburg, Ohio*.

Yerkes’s thesis is that *Winesburg, Ohio*, with its grotesque bodily imagery, its meditations on the unsuitability of the human mind for the conditions of modernity, and the involuntary impulses of its characters, gestures at the physical components of the brain that create consciousness (200). The fact that this is accomplished beyond Anderson's intentions
testifies to the capacity of great art to discern deep truths about human subjectivity that recent research in cognitive neuroscience confirms (200). Yerkes analyzes brain functions and links them to the subtext of the story. He states:

*Winesburg, Ohio* evokes this description of consciousness in some interesting ways. Its characters are impulsive and often inarticulate as they interact with George Willard, personifying the neuronal and chemical transactions taking place in different parts of the brain that create the proto-self. (200)

Yerkes’s point is that Anderson’s characters have behaviors that mimic those of autistic people. Their behaviors are like the flashes of neuron activity in the brain, but their behaviors are actually taking place in the story itself. If that is the case, then Yerkes’s metaphor would directly connect the story world to the brain of a living organism.

Yerkes is the first critic I’ve reviewed who uses a cognitive scientific approach to Anderson’s work. His analysis is that all of Anderson’s characters are chemically and neuronally based, and their chemical and neuronal interactions make up one live “being” that conjoins with George Willard in a dialogue. If it is accepted that Wing Biddelbaum is neuronally impacted due to his autism, the “body” of the town would be impacted as well. Thus, Wing Biddelbaum’s autism causes the very impulsivity and inarticulateness that comprise most of the social interactions throughout the story.

Yerkes comments on the nature of the grotesque. He says that the grotesque developed out of reactions to Modernism. He states, “For the writer who invokes the grotesque, man is an inextricable tangle of rationality, irrationality, love and hatred, self-improvement and self-destruction. He appears caught in his own biological nature” (205). This idea differs from the many Foucauldian narratives that argue that only cultural factors influenced the writing of the time (Foucault and Couzens Hoy). Yerkes rejects the Foucauldian themes as ignoring biological evidence:

What remains unexplained, however, is the source or nature of these impulses beyond textuality, an absence that perhaps traces back to Foucault's reluctance to conceive of such a realm beyond the inscriptive effects of power. Such radical constructivism flies in
the face of well-established medical evidence that there are felt aspects of human subjectivity that are embodied and exist beyond the historically variable factors of discursive control, and it is here that neurology may be able to provide additional insight into the "strange fevers, burning within," that *Winesburg* evokes. (Yerkes 206)

For Yerkes, mental processes determine social outcomes for the characters of *Winesburg, Ohio*. He states that “it is impossible to understand the structures of feeling that inform literary modernism without reference to Freud’s theories, and beyond his historical value, his main idea, that unconscious drives determine our social behavior, remains valid” (207). The approach to reconciling Freud with cognition has some backers. Yerkes argues along the lines of David Livingstone Smith, who argues that

Freud was on board with the prevailing view of Cartesian dualism. However, all of this changed in the spring of 1895. By this time, he had become increasingly disenchanted with the theoretical contortions required to reconcile his clinical observations with the Cartesian perspective. He realized that he needed to revise his philosophical views about the nature of the mind, and that this had to begin with a new theory of consciousness. So he cut the Gordian knot by discarding the entire Cartesian package, beginning with body-mind dualism. Freud became what is nowadays called a physicalist -- that is, he came to assert (many decades before this was intellectually fashionable) that mental states are brain states. He put the point succinctly in the posthumously published Project for a Scientific Psychology, written in 1895: "The intention is....to represent psychical processes as quantitatively determinate states of specifiable material particles, thus making those processes perspicuous and free from contradiction.” (1)

According to Smith, this idea of mental states as brain states ultimately directed the cognitive revolution in science years later. Although Yerkes tries to reconcile Freud with cognitive science, he argues that some of Freud’s conclusions are incorrect and, as a result, turns to cognitive brain research for answers.

From the biological perspective, Yerkes explains the grotesque in a completely cognitive fashion:

The body, insofar as it resists …, is rendered grotesque, revealing the inerasable traces of a genetic reality that gestures at a biological determinism. The urges and drives that these grotesques personify parallel modules of the mid-level old mammalian brain, including
the limbic system that controls and monitors emotions, and the hindbrain, including the brain stem, which is associated with instinct and vital reflexes. And yet, this determinism yields not a pessimism regarding human agency, but rather a meditation on the limits of conscious reason. (208)

Yerkes’s scientific rationale explains the grotesque as mammalian brain, much like Baron Cohen explains mind reading as an evolutionary tool that developed when man became language proficient. As a result, grotesques, or those who cannot communicate effectively, are in some ways prehistoric, which is akin to Baron Cohen’s thesis. Yerkes also argues that the struggle to communicate was an interest for Anderson, a struggle exemplified by the grotesque characters who represent the old and more recently developed parts of the brain.

In the short story “Hands,” Yerkes finds Wing Bidelbaum to represents the changing roles of biology during modernity (211). Yerkes sees mind reading capabilities, and therefore a form of interdisciplinarity in the townsfolk’s interpretation of Wing’s behavior, but it also argues that some mind-reading assumptions can be incorrect as well. He states:

Wing is himself unaware of his repressed homosexuality, yet the townspeople sensed it in his body language and reacted with violence. They read the biological signs correctly, but this misled them to conclude that he was a practicing pedophile. This story is a cautionary fable about the misleading tendencies of biological norms in the modern age. These fictional meditations do not deny the reality of sex differences or the instincts of sexual selection; rather, they emphasize the incongruity of biological formulations applied to modern gender roles. (211)

According to Yerkes, mind reading applies to guessing sexual persuasion as well. However, the townsfolk assume that homosexuality equals pedophilia, which is not correct. This passage in Anderson’s story blends biology and cultural attitudes. Joseph Carroll discusses this idea of evolutionary biology as forming civilization. He states:

As used by evolutionists in the humanities, the word "imagination" does not signify some numinous and indefinable faculty more or less equivalent to "spirit." It signifies an interactive set of mental operations that include discursive reason, representation, symbolic imagery, aesthetic form, and emotional responsiveness. Working together, these
operations produce emotionally charged mental images that significantly influence human behavior. (132)

A competing idea, called consilience or a reconciliation between the sciences and the humanities discussed by E.O. Wilson (2000), is closer to the idea of interdisciplinarity. Wilson states:

What I've done is simply point out what the trends are in the increasing [blending] of the scientific disciplines. . . . We've seen everything that we conventionally call biology and the natural sciences now linked with a web-work of cause-and-effect explanation running from particle physics all the way to ecosystem studies and the brain sciences. The idea of consilience, then, is simply an observation that this is what is happening, and a projection into the future that this will continue. It has a certain logic to it because now we are inclined to believe that the mind does have a material basis, that cultures are the result of large numbers of individuals who make decisions by means mediated through the activity of the brain. (35)

Wilson’s reconciliation of humanities and sciences is a template for mind science and autism. The joining of culture and brain science is important for autism because autism’s neuroscientific basis would also argue for autism’s cultural standing.

Yerkes sees some problems with this view of consilience, as many cognitivists do. He sees *Winesburg* as the fight for biological survival versus the ideal of cultural improvement. For Yerkes, the book by Anderson is an analysis of the struggles between aspects of nature and aspects of nurture. In other words, nature represents the purely genetic, biological formation while nurture represents environmental factors. He comments:

What these two contradictory perceptions suggest are the dual insights offered by the two cultures of the sciences and the humanities. On the one hand, George (Willard, the narrator) is acutely aware of the biological determinism that factors into the inhabitants of Winesburg. From this perspective, there's no reason behind the design of the human animal; it is, rather, the product of evolutionary pressures. On the other hand, George has a sense of himself as a feeling, thinking individual, a "ghost in the machine," to use the Cartesian formulation of the intuition that there is a sense of subjective inwardness irreducible to a mechanistic worldview. (212)
For Yerkes, George Willard mind reads one of the characters in *Winesburg*. Anderson states, "What he felt was reflected in her" (294), and Yerkes states that Anderson further heightens this sense of consciousness and calls to mind the neurological phenomenon of mirror neurons, which philosophers of mind theorize account for our ability to read minds, i.e., to imagine and anticipate the perceptions of others (Yerkes 213).

Yerkes is a foremost example of interdisciplinarity, albeit not directly discussing the concepts of autism specifically. He utilizes recent cognitive research to comment on the neocortex and the more mammalian brain and links this to the historical aspects of Modernism. He shows that George Willard mind reads a female character in the story, thus demonstrating the modular aspects of mind reading. He talks about science in a literary venue. The only missing component is that between therapist and patient. Although if we move that dynamic to writer and audience, then Yerkes is attempting to persuade us that consilience, or the reconciliation between science and the humanities, is possible. My concern with this last argument is that Yerkes does not even seem to believe that consilience is possible. His position is that evolutionary and biological factors predominate in literary accounts.

What about the issue of autistic rhetoric? It is true that Yerkes makes no direct reference to autism, but he does make comments about the grotesque with respect to brain science. He believes that in the *Winesburg, Ohio* drama, the grotesque characters represent a backward brain pattern where their bodies, controlled by the amygdala, react as opposed to think through various actions. They lack a degree of mental sophistication, which is analogous to Baron Cohen’s comments about the autistic’s lack of mind reading capability. In addition, Yerkes never concludes that the grotesques can avoid situations through mind reading, but George Willard, the neurotypical, can mind read. Yerkes also positions the neurotypical Willard as the voice of
reason that the others go to. He is the voice of expression, as he was in other critical renderings. This critical commentary brings autism into a cognitive plane, with all of the attendant issues of reducing autism to a deficit in cognition that empirical science has proclaimed. Yerkes’s only advocacy of neuro-atypicality is the concept of consilience, which he does not strongly favor.

Part 4: Critical Reception History of *Extremely Loud and Incredibly Close* as It Relates To Autism/Mental Illness

Criticism of *Extremely Loud and Incredibly Close* is recent. Sien Uytterschout and Kristiaan Versluys’s article, “Melancholy and Mourning in Jonathan Safran Foer’s *Extremely Loud and Incredibly Close*” focuses on trauma. His principal thesis is that “aspects of both acting out and working through are in turn synthesized in the protagonist himself—Oskar Schell. In his behavior, the boy displays characteristics of both a melancholic and a mourner” (216). This thesis seems very obvious; how would any child react to the death of his father in such a tragic way? When Uytterschout and Versluys invoke the word “melancholy,” the rhetoric of the piece begins to turn on the psychological effects of trauma on humanity, and specifically, a young boy.

Uytterschout and Versluys cite Dominick LaCapra, a renowned expert in trauma theory, who promulgates the notion that trauma is at the center of modern American literature, specifically in the past ten to fifteen years. LaCapra comes back to Freudian terminology for his explanation, which represents a significant departure from the medical based rhetoric of other modern scholars. He defines

The Freudian terms “acting out” or *melancholia* and “working through” or mourning in the field of trauma studies—this dichotomy has become the default theoretical groundwork for working with trauma in literature. Melancholy and mourning both apply to memory. Typical reactions to trauma comprise either a repression of all trauma-
related memory or an endeavor to remember the event and fit it into a coherent whole.

LaCapra uses Freudian terminology to situate his discussion of trauma, as opposed to the more frequently used neuroscience approach to trauma used by other scholars. As such, his terminology is often implicated in ideas of repression, where another possible explanation could be the dimming of neurons due to the trauma reaction.

What is unusual about Uytterschout and Versluys’s discourse is his use of Freudian psychology into the 2000s. From the perspective of interdisciplinarity, it is the interaction between the therapist and patient that informs this ideology. An individual goes through trauma, discusses it with his/her therapist, and is able to “work through” the problems he/she is suffering from. In this vein, psychology is informing the literary interpretation of the text. Another key aspect of the article is memory (memoria). Memoria has a long history in rhetorical studies. It is memory that serves the rhetor in terms of making speeches and writing. Therefore, the patient is in a way writing out his/her memories for the therapist. Missing is the cognitive aspect of this phenomenon. An important question might be: how does trauma impact memory in terms of brain function? How does trauma affect emotional outbursts or the “working through” of the experience? Finally, does trauma impact the “working through” dynamics of an autistic child, and does this process differ with neurotypical individuals? The answer to this last question is affirmative and is not discussed in the piece.

Uytterschout and Versluys discuss the idea of trauma and disassociation. Their argument is that trauma can be so impactful on the psyche (Freudian term again) that the memory cannot cope initially with processing it. Uytterschout and Versluys use a Freudian explanation of trauma just as earlier literary scholars had done. For Uytterschout and Versluys,
neurotypical individuals can “talk” themselves back to a healthier state of being. What about people like Oskar Schell, who have a disability with expressing themselves through autism? How can they cope with trauma? In other words, how does autism affect the “talking cure”? The answer is that solutions manifest themselves in different ways. Oskar talks about his desire to stop “inventing” stories about the demise of his father; he is looking for real solutions so his mind can rest. He wants concrete answers to questions that cannot be answered concretely. This mental state would clearly be impacted by autism and the search for the concrete.

LaCapra mentions that for trauma victims there is a constant reliving of the trauma in order to avoid facing the reality of living without the lost loved one. LaCapra bases his authority on analysis of concentration camp survivors. Oskar tries to create the flipbook, which illustrates his desire to name his father the “Falling Man.” Many see this action as morbid, but it would be consistent with Uytterschout’s and Versluys’s thesis. In addition, repetition, a theme constant in the discussion of autism, reinforces this idea. Oskar’s constant searching for his father is a way of dealing with trauma and reacting in a repetitive way to his death.

Uytterschout and Versluys focus mainly on the trauma of Oskar and not on his brain. His rhetoric betrays some interesting ideas about what he thinks of Oskar. He states:

Oskar is a very complex character. He is nine and too smart for his age. He combines mature thoughts and ideas with an overall behavior typical of a child. So most of the time, Oskar is a nine-year-old boy with corresponding wishes and desires such as making mischief with his friends Toothpaste and The Minch. On the other hand, though, his favorite book is Stephen Hawking’s *A Brief History of Time*, he speaks French and is all in all very knowledgeable. (228)

Oskar is an intelligent and complex character, someone whom Uytterschout Versluys say is “too smart for his age.” Many Asperger syndrome children are described this way; they violate societal norming. Uytterschout and Versluys do not acknowledge that it is very unusual for a
boy of nine to know another language or be able to understand a physicist. He completely glosses over the telltale signs of Asperger syndrome in this account.

Versluys seems to mistake trauma with Asperger syndrome. He quotes a passage where Foer states, “At one point, Oskar feels so depressed that he explicitly expresses a death wish: ‘What’s so horrible about being dead forever, and not feeling anything and not even dreaming? What’s so great about feeling and dreaming?’” (145). Feeling and dreaming are associated with neurotypicality, but autistic children often deal in certainties and not fantasy. Research suggests that autistic children work well with the concrete and not the abstract. As a result, “feeling and dreaming” are abstract responses and would not be well understood by autistics. Oskar has difficulty dealing with the trauma of loss and the added burden of feeling.

Uytterschout and Versluys also comment on Oskar’s wish to remain young forever because he claims that Oskar is afraid of dying. It is understandable that Oskar would feel this way, especially after the death of his father, but the idea of the maintenance of sameness is also important in an autistic designation. In addition, his sophisticated and overly mature reasoning about aging and dying illustrates a knowledge few normal children would have. His intelligence quotient due in part to the Asperger syndrome diagnosis and brain makeup would be a plausible explanation (Nauert n. p.).

The authors also comment on Oskar’s habits of detection while looking for clues about his father. He states:

The boy faces the psychological need to do detective work to unravel what happened to him and to attribute meaning to it. On a symbolic level, Oskar’s quest for the lock to which he has the fitting key is a tentative step towards “unlocking” his trauma. The sadness about his disrupted worldview goes hand in hand with bouts of hypervigilance and overactivity. On his wanderings through New York City, Oskar is obsessively on the lookout to avert lurking dangers. He goes out of his way to avoid being in places
(the Empire State Building and skyscrapers in general) or using certain facilities (public transportation and elevators) that to his mind are obvious targets for future terrorist attacks or are prone to causing accidents, like the one involving the Staten Island Ferry. Oskar’s panic attacks logically follow from his hypervigilance, in that he avoids all these things because they make him extremely panicky (Foer 36). (230)

Uytterschout and Versluys uses the rhetorical angle of symbol and metaphor for his explanation of Oskar’s behavior. However, the gist of his analysis is Freudian. His use of words like “psychological need,” “symbolic level,” and “obsession” betray this ideological stance. At the same time, Oskar is no exception. Autistics all have logical thinking modes and excellent attention to detail, two qualities vital for successful work. Oskar’s sense of repetition is also an autistic development. Uytterschout and Versluys use the word “obsessive” and “hypervigilant,” two other touchstone words for autism.

Versluys describes Oskar’s emotions as unpredictable, volatile, but also suppressed. These emotional manifestations are similar to those expressed by autistic individuals. Versluys comments that

[Oskar’s] suppressed feelings and experiences well up in the form of sudden outbursts of anger towards people in general, but mostly towards those who are closest to him, like his mother and grandmother. In one of these paroxysms, Oskar tells his mother that if he had had a choice, he would have chosen her to die instead of his father. (231)

Versluys comments on Oskar’s “paroxysms,” which result in mean comments towards his mother. Oskar’s comments reflect the working out of intense emotional content. While Uytterschout and Versluys use the word “repressed,” which indicates a Freudian foundation, there are other explanations for his behavior.

Another aspect of Asperger syndrome is memory, which Oskar has in abundance. A condition of those with Asperger syndrome is often a rote or excellent memory (Bowler,
Gardiner and Grice). Oskar seeks to relive his childhood memories to recreate the existence of his father. Oskar’s mementos also corroborate in large part an autism diagnosis because autistics often obsess on particular things and focus on them to the detriment of social interactions.

Versluys speaks on the issue of trauma but does not comment that Oskar could have autism. There is ample evidence in the text that Oskar has autistic tendencies. While trauma in the narrative is significant, it is not the only factor in the life experience of Oskar. How Oskar deals with trauma, if he has Asperger syndrome, is also significant. As such, Versluys approaches the text from a partially interdisciplinary perspective. He does not talk about mind reading in the characters, but he does touch on the idea of therapy or interactional interdisciplinarity (therapist/patient). For whatever reason, Versluys does not comment on existing brain research about trauma and its effects on “normal” and autistic people.

Naomi Mandel’s “Fact, Fiction and Fidelity in the Novels of Jonathan Saffron Foer” is concerned about the difference between representing real events and fictional accounts such as Foer’s 9/11 tale. Many critics took Foer to task for his flipbook portrayal of the Falling Man, thinking it was trite and undersold the devastation of the 9/11 attacks. Rhetorically, Mandel’s essay uses the word “obsessive” to represent Oskar’s pursuit of his father’s identity as the Falling Man. She states, “In Extremely Loud and Incredibly Close, the young Oskar is obsessed with determining whether an image of a falling figure is his father who died in the World Trade Center, and he traverses New York City in search of a lock to fit a key he finds in his father’s closet” (240). It is unclear whether the obsessive pursuit of the Falling Man is representative of his attempt to reach his father or a way to deal with trauma. Mandel focuses on trauma in the novel. She states:
Both as a psychic experience (in psychoanalytic terms, Freud being the prime example) and as an epistemological model (in literary critical terms, as in the engagement with history by trauma theorists such as LaCapra), trauma is a break with established orders of knowledge. As an event that eludes psychic mastery, its reality can only be established through (to return to Foer’s term) retelling. It is worth investigating whether trauma offers a different approach to fidelity, one not limited to the facts. (242)

Mandel reaches back to Freudian psychoanalysis for her basis in trauma. She defines trauma as a break with established orders of knowledge, which is how the world is supposed to work: terrorists are criminals, America is good, and I would argue, neurotypicals have a better understanding of the world than autistic people. These are surface observations and problematic, for one could argue that the world is far more complex than this rendition. An event of the seismic proportions of 9/11 disrupts these “realities” to such an extent that people begin questioning the very tenets of their existence. This is what makes up trauma.

Mandel wants to push the point that there is a blurring of fact and fiction in portraying real events in a fictional way. A principal question is: When violence blurs the distinction between fiction and fact, how is fiction to remain fiction and yet be literally or mimetically true (246)? Mandel looks at *Extremely Loud and Incredibly Close* as a palindromic act of repetition. Just as Oskar’s dad can be spelled backwards and still come to the same meaning, Mandel links violence as a constantly repetitive cycle of trauma. She states:

What he refers to as “the worst day” did not just happen to Oskar. He is the product of it, through not only the firebombing of Dresden (another “worst day”) but his “heavy boots” (as he describes his depression), his hypochondria, his fear of Arabs, elevators, smoke, and tall buildings (36), and especially his compulsive inventing. From the abrupt opening sentence (“What about a teakettle?”), the prose of the novel evokes invention run amok, a crisis characterized not by imagination’s limits but by its excess and centered on the image of the falling figure. (253)

While Oskar is the product of traumatic events (9/11 and Dresden through his grandfather), he displays characteristics of autism in the above quotation. Autistics have issues with depression,
hypochondria, fears, and compulsions. This forecloses the idea of his healing or handling the situation in the same manner as others. It is as if Oskar’s trauma exacerbates his autistic characteristics as he seeks a way out of the morass by rhetorical invention.

Mandel describes Oskar’s invention as a way in which he copes with his current reality. His process of invention is a repetitive cycle that recreates the events of his father’s death in traumatic ways. Oskar cannot stop the obsessive tendencies that would accompany his process of dealing with his father’s death. Mandel cites a line that discloses much about Oskar’s identity. She states:

Oskar continues, “I want to stop inventing. If I could know how he died, exactly how he died, I wouldn’t have to invent him dying inside an elevator that was stuck between floors . . . and I wouldn’t have to imagine him trying to crawl down the outside of the building . . . or trying to use a tablecloth as a parachute . . . There were so many different ways to die, and I just need to know which was his” (257; emphasis added).

(Mandel 253)

Mandel misses the idea that Oskar is not just trying to invent to deal with trauma. It is his way, as an individual with Asperger syndrome, to process reality. If we accept the fact that Asperger individuals do less inventive play and appreciate the concrete more than neurotypicals, then this reaction is part of his disability and not just a response to trauma.

Mandel’s principal idea is that there is a thin demarcation line between truth and fiction. She proposes to look at fiction as a way of responding to the horrible truths that modern times have bestowed upon us. What Mandel does not talk about is the fact that identity is also impacted by traumatic events and fiction making is a process whereby some individuals like Oskar deal with their emotions. Since Oskar is displaying autistic tendencies, his version of truth and fiction may be quite different from others’ versions, but his is the version the reader has available to him/her. Mandel’s quotation focuses on fact and fiction:
Earlier in this essay I suggested that work on fidelity might be allied with the tradition of fidelity to the facts. To take the two together, I proposed, is to both affirm and disavow the object of knowledge, to focus on trajectories of fidelity within fiction, and to consider fiction’s ethics of truth without disavowing its status as fiction. It is not enough, of course, to remain within these paradoxes. When the truth is tied to the fact of its fabrication and reality is produced by visual regimes, when the manifestations of religious extremism and patriotic fervor cause us to question the value of fidelity to an idea, an ideal, a country, or a god, fiction becomes crucial to the creation, construction, and preservation of the facts to which the ethical subject is to be true. (255)

I am all for Mandel’s idea that there is a truth involving empirical facts and a truth within what fiction can do as well. However, omission of key facts and truths about Oskar’s identity skews the notion that trauma is somehow universally felt in similar ways, and what this ends up doing is creating new fictions without fidelity.

Mandel applies trauma psychology to literature and history but ignores cognitive structures and Oskar’s identity as an autistic. In this way she is partially engaging in interdisciplinarity because she is engaging social science with literary work. Mandel does not really discuss the idea of mind reading, although she tries to read Oskar’s mind and his intentions. Without acknowledgement of Oskar’s cognitive implications, the reading seems to lack fidelity to the facts, and therefore, she mistakenly sees trauma and Oskar’s reactions to it from the perspective of a neurotypical, and neuro-atypical reactions to trauma are not necessarily the same.

The criticism of Extremely Loud and Incredibly Close delves deeply into modern trauma research but focuses much less on issues of neuro-atypicality. Lars Engels’s (2013) thesis is that

Extremely Loud & Incredibly Close engages the domestic by chronicling the life of young Oskar Schell in post-9/11 New York City and actively links his traumatic experiences with those of his grandparents, crossing generational and national boundaries, questioning conceived notions of victimhood and empathy. This strategy of transferring trauma is shown to be ineffective in aiding the characters in their quests to cope with their individual traumas, but when considered in conjunction with Foer’s distinct heterogeneous compositional style, could potentially help the reader with
Some would argue that Oskar Schell’s apparent Asperger syndrome is traumatic, for he sees the world differently than others at the time of 9/11.

Engels cites Foer’s use of Hiroshima and Nagasaki, as well as the Dresden fire bombings, to reinforce the extent of trauma. This is similar to Bettelheim’s use of the concentration camp metaphor to illustrate the isolation of autistic children. Engels remarks that Foer’s mission is to represent global healing. He states:

The importance of this function has already been illustrated by the critics’ calls for “a more inclusive narrative of 9/11” and their realization that “traumatic healing comes when we recognize our poetic responsibility toward the Other” (8).

What, therefore, is the responsibility of the “we” if that word is substituted for neurotypical and “Other” for autistic? How do we deal with the daily traumas suffered every day by those individuals?

Engels relates Oskar’s seemingly stoic attitude in the face of tragedy. He states:

Oskar’s decision to share with his class the trauma “of another victim, from another trauma, in another country, … inflicted by the United States” (Mullins 312) fits Mullins’ argument, but does not address Oskar’s lack of empathy. Strikingly, Saal posits that Oskar’s stoic attitude during his presentation stands in stark contrast with his frustrated response when he reads “the dispassionate account of the events of 9/11” on foreign websites (Saal 353-373). (9).

Perhaps the stoic attitude is based in part on Oskar’s autism and represents his way of dealing with the crisis within his own family. Who is to say that there is a proper way to grieve the loss of someone? Engels’s response shows a lack of understanding of the fundamental neurological differences between autistic and nonautistic persons. Engels criticizes the grandparents’, and Oskar’s, inability to express their trauma. He comments:

If the main characters all display a failure to properly communicate their traumas, it comes as no surprise that the communication between these characters and their
narratives is poor or practically non-existent, rendering the notion of successful trauma transfer nearly utopian. (10)

Engels is right to discuss the pictorial format of the novel. These pictures generated the most concern from critics, who lambasted Foer for trivializing the violence of the 9/11 event. However, from an autistic perspective, Oskar would focus on the pictorial aspects of the event as a form of understanding, as opposed to some of the abstractions read about in a newspaper. He tries to deal with his own trauma in a particularly useful way: he possesses the book that shows the falling man falling back to safety as his crucial image. It is through his obsession with the pictures that he finds some closure of these events.

Engels reiterates that the central problem of the novel is the inability to communicate, share and transfer trauma between one another, resulting in nearly all communication being one-sided (14). It is through mutual understanding of the ontology of the trauma victims that communication can be better understood. In other words, trauma does not exist in a vacuum—it is not a universal phenomenon. It is unique to every individual, and Oskar’s way of handling trauma is uniquely better understood through application of autism as a lens in which he can be viewed. Engels concludes with these words:

As this paper has demonstrated however, all three narratives indicate that successful communication of traumatic experiences is incredibly difficult, signifying that the notion of trauma transfer might be useful in some cases—such as on a community level. This idea is amplified by the heterogeneous structure of the novel, which emphasizes the shortcomings of language when dealing with trauma and allows the reader an overview of the situation that might enable one to learn from the characters’ traumas and behaviors. (15)

Trauma transfer, or authentic communication, cannot be reached until there is a realization of what communication deficits exist within individuals. In the case of Oskar, his Asperger syndrome differentiated him from the others in terms of how he dealt with his trauma.
Engel’s analysis stays primarily in the literary realm, although he does bring the sociological concept of trauma into the discussion. He does not comment on the science of trauma, and he misses the rhetoric of autism clearly at play in the text. Engel provides some interdisciplinarity when he discusses empathy for sufferers of trauma, but he does not base his rationale on any cognitive evidence. Engel stays mostly in the cultural realm, ignoring cognitive causes while making historical and cultural claims. As a result, his analysis never really takes into account who Oskar Schell really is and what he experiences in the narrative.

Part 5: Conclusion: Ideological Analysis of the Critics

Pinsker uses language and metaphor to attempt to explain Bartleby. He sees Bartleby as a “wall,” something undefinable. He was writing in the 1970s, as autism research was transitioning from the psychoanalytic to the biological. Pinsker remains committed to doing a cultural reading of the text, and as a result, he sees Bartleby as “an enigma” or “mystery.” He links the narrator with Bartleby in their loneliness. Because of his lack of interdisciplinarity, or bringing cognitive science to the reading of the text, he lacks a potential explanatory vehicle for why Bartleby acts the way he does. In addition, he concludes that Bartleby and the narrator have similarities when in fact they differ greatly.

Beja uses science from the 1950s and 1960s to make a case about Bartleby as a character. He utilizes case studies and, from a Freudian perspective, argues that Bartleby is schizophrenic. In this way Beja is interdisciplinary because he is using science as it was understood at that time to reflect on literary work. The existence of autism was clearly known at the time, but Beja argues that Bartleby detaches from reality, which the DSM argues is schizophrenia. What is most noticeable about Beja is that he takes empirical knowledge of
Randall looks at “Bartleby, the Scrivener” from a strictly cultural, poststructural vein. As such, he is very concerned with the linguistic and particularly the metaphoric aspects of the story. In this regard, his research moves beyond the purely literary and touches upon the rhetorical aspects of metaphor. While doing so, it is clear that these metaphors are connected to autism, although he does not explicitly state that they are. He lacks definitive scientific vocabulary and makes his case based on postmodern ideology. Randall does discuss Bartleby’s loneliness and isolation but cannot make the connection between these personal characteristics and autism. Randall is partially interdisciplinary but does not unite empirical science with literary readings.

Davis ignores Bartleby and focuses on the narrator because he sees all language as expressed through the eyes of the narrator. He therefore questions Bartleby’s identity at a fundamental level. He also falls into the language of many cultural critics of the text, seeing Bartleby as alien. His normalizing discourse fails to take into account some of the oddities in Bartleby’s behavior. His lack of interdisciplinarity leads to assertions without explanatory evidence.

Koegel reads “Bartleby” as a literary text with connections to the DSM-IV. Writing in the 2000s, she is highly interdisciplinary and cites medical research to illustrate that autism existed before the actual definition came into current being. She also cites mind-reading research and is generally adept at transitioning between literature and science. Her belief in modern science is unquestioned; as a result, she utilizes empiricism to make a cultural and scientific (interdisciplinary) case for this method of reading. She writes in the 2000s.

The general progression in the reception history of “Bartleby, the Scrivener” is parallel
to that of the scientific community, with the proviso that the literary criticism lagged behind scientific discourse by about a decade or so. Freudian analysis was popular among literary scholars in the 1970s, even though scientific writing was moving away from the environmental explanations of psychologists like Bettelheim. “Bartleby, the Scrivener” is a text with connections to schizophrenia and autism, which were terms that were being codified and remade in the upcoming DSM-III. As 1980s scholarship moved more strongly toward poststructuralism, commentary on mental illness centered on linguistics, and as a result, the critical commentary stayed very close to what characters said or did not say in “Bartleby, the Scrivener.” In addition, interest in metaphor grew in literary criticism with the rise of postmodernism. Science around autism was also progressing in terms of metaphorical deficits in autistic subjects. In the 2000s, scientists themselves began to look at literature in an interdisciplinary fashion. Cognitive scholars applied current neuroscience to “diagnose” characters for autism and schizophrenia.

The critics in my selection of literary criticism of Anderson’s *Winesburg, Ohio* are San Juan, Love, and Yerkes. San Juan was another traditional scholar writing in the 1960s. San Juan does a stylistic analysis of *Winesburg* and looks at sentence repetitions as well as image patterns in Anderson’s stories. He finds that there is a great deal of repetition in the words and phrases of the grotesques, linking repetitive phraseology to autistics, who are echolalic (Bishop). Although he does not bring science into the literary discussion, his implications and close readings can now be construed to have much to do with language deficits and idiosyncrasies that autistics possess. Enoch Robinson and Wing Biddelbaum are two examples of characters who have repetitive speech patterns as well as other language idiosyncrasies. San Juan’s other contribution is to recount specific instances of irony that Anderson makes his audience privy to
without the knowledge of the main characters. Again, irony, or a lack of appreciation for or understanding of it, is a cornerstone of modern cognitive research on autism.

Love’s main thesis is about silence. His main thrust is about Wing’s issues with communication, issues that come up for autistic people in the diagnostic and statistical manuals, although he does not make this point. Although he does not utilize brain science, or even psychoanalytic theories, Love does use an empirical methodology when analyzing the novel. Love notes the number of words/verbs that reflect struggles to communicate in the stories and concludes that this is the overall theme of the stories. His mathematical/linguistic analysis and is therefore slightly interdisciplinary. Love also examines the character of George Willard as almost therapeutic figure in the stories and, as such, implies a sort of interactional interdisciplinarity. For a scholar writing in the 1960s, Love is ahead of his time in bringing science into literary study, although he does not specifically state that Wing Biddelbaum or the other characters are autistic. He connects their inability to communicate with their “grotesqueness,” which seems like a normalizing procedure.

Yerkes is the final scholar on Winesburg, Ohio. Writing in the late 2000s, he does a cognitive reading of the story. Yerkes forwards the idea that evolutionary brain biology takes precedence over cultural formations in real life and in fiction as well. The grotesques, according to Yerkes, simply do not have mind-reading capabilities, which makes them outcasts in the society. This reasoning is straight from Baron Cohen. Yerkes is the most interdisciplinary of the critics of Winesburg, Ohio. He believes in mind reading and the modular brain functions, rejects purely cultural readings of literature, integrates Willard into an interdisciplinary “therapist” role in the text, and utilizes empirical science to the end of “consilience” or the mating of the sciences with the humanities. His article is tough reading, as it will be for those without a
science background. This has been one of the main issues with cognitivism; it relies on specific science knowledge to apply to fictional texts. Some would argue that this is a foolish errand because of course it is just fiction. However, Yerkes’s view is more popular now than ever.

The critical reception of *Winesburg, Ohio* followed slightly different patterns with respect to autism and mental illness. Early critics discussed the issues of dialogue, which they correctly ascribed to some form of mental illness or personality issue. They talk around the idea of language deficit that would later be called autism. Later scholars started to do empirical analyses of stories like *Winesburg, Ohio*, and although they do not specify mental illness, it is clear that they are influenced by the revolution in science around mental illness happening at the time. In the 2000s, cognitive literary scholarship was taking root and numerous writers tried to apply Baron Cohen’s mind reading theories onto Anderson’s characters. This illustrates a current science approach to literary study.

The final text is Foer’s *Extremely Loud and Incredibly Close*. The critics I have examined are Versluys, Mandel, and Engels. Each critic focuses on trauma, which came into vogue in literary theory in the 1990s. Since the novel was written in the 2000s, it makes sense that this approach would be adopted. Versluys believes that Oskar is in mourning after his trauma and is depressive. One crucial aspect that interdisciplinarity would have brought to these renditions of critical analysis is the autistic phenomenon of Oskar Schell. He portrays so many characteristics of an Asperger child that eliding these key factors gives an inappropriate and unclear definition and analysis of trauma. Without Oskar’s identity being clarified, we do not know if his way of handling trauma is a universal way or if the actual trauma is his Asperger syndrome and how he handles these startling events. In the critical analyses of this text, the cultural phenomenon of 9/11 and the need for a cultural reading took precedence over specific,
key aspects of identity. Therefore, Oskar’s autism took a backseat to the trauma he had endured through the loss of his father. Mandel believes that trauma impacts memory and fidelity to fact and fiction. Engels’s point is that trauma leads to a lack of or breakdown in communication.

Conclusion

One key generalization I can draw from doing a reception history of these seminal American fictional texts connected to autism is that mental illness and issues about autism were present prior to, during, and even after much had already been said about autism in the scientific community. Characters like Bartleby, Wing Biddelbaum and Oskar Schell share many of these communication deficit issues with one another.

Another key generalization is that critical analysis of the texts had specific patterns across time periods throughout the 20th century. For example, the early critical readings of the characters took into account Freudian psychoanalytic readings of the texts. Later readings brought in cognitive analysis. They also had a much higher scale of interdisciplinarity than previous readings of the texts. That is, there was much more empirical science used to integrate the rhetoric of modern critical analyses than used in older ones. This is almost counterintuitive.

My initial hypothesis was that as empirical science progressed, it became almost totalizing in its truth claims with respect to all disciplines. However, there is a significant amount of persuasive discourse under the heading of mind reading and cognitive cultural studies giving voice to the idea of consilience. There is more interdisciplinarity, especially with respect to autism, as this cultural, medical, and social phenomenon has moved into the mainstream. As a result the opportunities exist to describe it and write about it not just in science journals like Kanner and Bettelheim once did, but also in works of fiction like
Extremely Loud and Incredibly Close. Critical commentaries reflect cultural trends, and we see that empirical science (hard science) is competing right along with fiction to capture the imagination of audiences about the nature of autism.
CHAPTER 7
CURRENT TRENDS IN AUTISM RHETORIC

Introduction

This final chapter will discuss current trends in the rhetoric of autism. So far, I have traced the origin of the term, its history, its advocates and its critics, all the while trying to denote the changes in the rhetoric of science. In so doing, I have illustrated the intersubjective nature of autism with examples from literature. In this chapter, I examine articles that reflect the current state of the research around autism, including the rhetoric of the DSM-V’s recent removal of Asperger syndrome as a medical term, recent research into specific examples of creative fiction and filmic variants from autistics (autistic autobiographies as both genre and arguments against Theory of Mind), and the new field of neurorhetorics (the blending of rhetoric and neuroscience) as the newest phenomenon of interdisciplinarity. In the second part of the chapter, I analyze the articles to illustrate their position within the tradition of the last 100 years, and finally, I summarize the essential features of the dissertation, providing my own conclusions regarding the future path of autism researchers in the study of literature and the humanities.

Part 1: Current Rhetorical Artifacts: DSM-V, Fiction and Filmic Versions of Autism and Neurorhetorics

The year 2013 ushered in the latest iteration of the DSM, the DSM-V. Unlike its predecessor, the DSM-IV, the DSM-V’s approach to autism radically departs from earlier versions. Specifically, autism is now a spectrum disorder, encapsulating all sorts of ailments like
Asperger syndrome and other similar syndromes. Asperger syndrome, formally recognized in the 1994 DSM-IV, was removed from the DSM-V. The question is: How could an entire mental illness category disappear? Apparently, not without great difficulty and serious objections, based on the scientific rhetoric surrounding the formal decision to remove it.

What is rhetorical about this phenomenon of the literal “disappearance” of a mental illness category is based on the types of science that are currently occurring and the official stance of the scientific community responsible for the creation of the DSM-V. Upon examination of Autism Spectrum Disorder (ASD), AS (Asperger syndrome) and AD (Autism Disorder), as they appeared in the DSM-IV, significant differences become evident between the two DSM groupings. The first major difference is that there is one big column for the spectrum disorder in the DSM-V because the category has subsumed both autism and Asperger syndrome.

A second major difference is the persistent social communication and social interaction across contexts. In the DSM-V, the patient must meet all three of the key criteria (relationships, interactions, and reciprocity) to be diagnosed with autism, whereas in the earlier version, there was a selection process (six items chosen from a listing of 12 items for autism and two of four criteria for Asperger syndrome). An entirely separate category in the DSM-V is called restricted patterns of behavior, while that category is a part of the 12 diagnostic criteria for the DSM-IV. Asperger syndrome in the DSM-IV and DSM-V are almost identical for restricted patterns of behavior.

In the final category, there is a great simplification for the DSM-V. There must be early childhood presence and the symptoms must cause limitations of everyday functioning. Thus, it would seem as if there could be more diagnoses than previously because there is less specificity in the chart for DSM-V. As a result, more clinicians could diagnose children with ASD.
However, there is the concern over specificity. Are there examples where, due to lack of specificity, children will not be diagnosed into the ASD spectrum at all? This is a current concern with the new DSM-V (Kent et al.).

K.F. Linton, a social work professor, and colleagues analyze the opinions of people who self-identify with Asperger syndrome and autism with respect to the changes in the DSM-V (64). She examines “audience opinion” to gather some qualitative and quantitative data. The results indicate that people with AD and AS are concerned about the inclusion of medical or neurobiological research, functioning, reciprocity, and gender bias in the ASD diagnosis. In other words, many individuals with Asperger syndrome or autism are concerned with the major changes in the diagnostic criteria.

Linton et al. gathered data from Internet discussion boards and the dialogues about the new changes that were taking place within the DSM-V. They discuss the difference in the overall methodological approach of the DSM-IV and DSM-V:

While some refer to the DSM-V as a dimensional model, others believe the DSM-V fuses categorical and dimensional models (68). The categorical perspective posits that there are observable differences between people with and without ASD. The dimensional perspective posits that differences between people with and without ASD are a matter of degree, thus no distinct ASD category exists. (68)

In other words, Linton looked at the selection criteria of the new DSM-V and DSM-IV data to determine that an overall philosophical shift has taken place, from autism and Asperger syndrome being completely different entities to the overall belief that autism and Asperger syndrome are varying degrees of the same phenomenon. Not only does the DSM-V change the taxonomic structure of the autism-related diagnoses, but it also creates new criteria for a diagnosis of autism.
It is clear that the collapsing of the categories of autism, Asperger syndrome, and Pervasive Developmental Disorder is difficult. Linton et al. explain that there are only two domains in the DSM-V—communication and restricted/repetitive behaviors. There were also changes in the number of criteria that had to be met to be considered autistic. In the DSM-V, patients must meet all three criteria, but this differs significantly from the DSM-IV where clinicians are offered choices in their diagnostics. Early childhood is also a factor in the DSM-V, which is not the case in earlier manuals. Linton et al. argue that the changes to the diagnostic criteria were made to improve reliability and validity, which according to their evidence, they have done. However, according to Linton et al., “Among a sample of children aged 2–16 with diagnoses of AD, AS, and PDD-NOS with DSM-IV-TR receiving diagnoses at a community autism assessment site, 26 did not meet the criteria for diagnosis of ASD in the DSM-5 (68). In other words, a significant number of children diagnosed as having Pervasive Developmental Disorder, Asperger syndrome, and autism did not qualify as autistic spectrum disorder in the new DSM-V.

Linton et al. analyze the scientific literature and discover the validity actually increases with a reduction in symptoms (which is consistent with the reduced criteria for ASD). They discuss sensitivity and specificity of valid data:

This research makes the assumption that a true positive (specificity) is when a person with AD, AS, or PDD-NOS received a diagnosis of ASD, and a true negative (sensitivity) is when a person who has AD, AS, or PDD-NOS did not receive a diagnosis of ASD. Four studies assessing specificity and sensitivity among children found that specificity generally increased with the DSM-V, but this was at the expense of sensitivity. Sensitivity of the DSM-V could reduce false positives by more than 4 times the estimated DSM-IV-TR rate. While specificity was high for people with diagnoses of AD using DSM-V (100%), only 27% of children with PDD-NOS received a diagnosis of ASD in one study. (70)
Based on Linton’s and colleagues conclusions on the meta-studies, the DSM-V criteria are considered too narrow; the new DSM misses some people who would ordinarily be considered autistic per the DSM-IV criteria. These ideas are the basis for the Linton study because she is interested in finding out how in actuality the DSM change in thinking has impacted the lives of autistic persons.

Linton’s and colleagues’ study is mixed, meaning that they utilize quantitative data on reliability and validity and then look at qualitative data from survey responses to gauge feelings about DSM-V. Their rhetorical interest is to describe how autistic people feel about the changes. They gather discussion board data from a site called WrongPlanet.org, which is a forum for autistic people. They code common themes from the large number of responses they got back on the research project. Some interesting results follow:

1. Many respondents thought that the ASD result was a catch-all for more specific diagnoses and thus easier for doctors to identify.
2. Many respondents were concerned that the new DSM-V diagnosis was too simplistic and did not take into account the unique nature of many autistic individuals.
3. Removing Asperger syndrome as a label may reduce the amount of research into specific brain functioning present with DSM-IV.
4. Many respondents were concerned that although they were high-functioning, they would be lumped in with mutes and more severely impacted autistics (stigma).
5. Many respondents were concerned that diagnosticians would miss the ability of high-functioning autistics to display reciprocity in verbal communications, which would therefore eliminate a diagnosis (wrongly) of ASD in the new DSM-V.
6. Respondents were concerned that the new DSM-V would fail to reflect “female-specific behaviors.”

Another rhetorical artifact is Hacking’s article, “Humans, Aliens, and Autism,” on social and cultural aspects of autism, specifically in fiction and film. In Chapter 5 of the dissertation, I stated that Lisa Zunshine utilized Simon Baron Cohen’s theory that autistic people could not spontaneously mind read and, therefore, could not really understand fiction. However, people like Temple Grandin have made a practice of studying the rhythms and differences of
neurotypicals. They often consider themselves different, but in a good way. Now it is common for autistics like Grandin to play a large role in defining their identities through fiction and film.

Ian Hacking is a pivotal representative of the type of research that is being done on the social and cultural aspects of autism. Unlike many scientists who look strictly for medical facts, he represents a different approach, a more interdisciplinary one that utilizes both philosophy, social research, and popular culture to comment on autism and its prevailing metaphors. Hacking encourages his audience to accept the idea that autism is a socially constructed as well as a biological phenomenon. His work encourages audience members to construct themselves as perhaps a little bit autistic. His theory is that technology, especially the Internet, is moving autistic people from non-communicators to communicators and neurotypical people to a more “autistic” position of texting without eye contact. In some ways, this movement represents the democratization of a mental illness. Because of his subject position as researcher and scholar, he believes that the ideology of autism is specific to its time period, especially the last ten to twenty years or so ("Autism Fiction: A Mirror of an Internet Decade?"). Since that time, computerization has occurred allowing access to the minds of autistics. Also, he believes strongly that the Internet is more than just a passive communication device; it is more a transformer of communication styles, like those in autism. As opposed to “hard” scientists, this position is more marginal, but is gaining momentum. Scholarship on disabilities in general and autism in particular have proliferated, just as the artistic and cinematic expressions of this cultural phenomenon have done.

Hacking says that alien metaphors plague the autistic community. Hacking writes in "Humans, Aliens and Autism:"
A persistent trope in some autism communities is that autistic people are aliens, or, symmetrically, that non-autistic people seem like aliens to autists. Some autists are attracted to the metaphor of the alien to describe their own condition, or to say that they find other people alien. Conversely, people who are not autistic may in desperation describe a severely autistic family member as alien. (44)

This example perfectly exemplifies Temple Grandin. She saw non-autists as alien but also saw herself as alien.

Of course, for most Americans, alien refers to the term “illegal aliens.” These are invaders on our soil, running across borders and traveling at any cost to find freedom and democracy. They are different from naturalized citizens or those who have gone through a process to become “real” Americans. Yet illegal aliens are part of the landscape. Aliens also come from outer space. The term refers to something that is not one of us. So there is a question of the ontology involved in the construction of the autistic as alien. As Hacking states, “Humans and aliens are a tightly bonded pair” (46). Hacking mentions the movie *Monsters vs. Aliens*. In this movie, the president asks the terrestrial monsters to defend the planet against alien robots intent on destroying the planet. Even in Hollywood the aliens are the bad guys.

Hacking comments on the significance of the autistic autobiography. An interesting question is: Who is the audience for these texts? Hacking sees the autistic autobiography as extending toward many different branches of society. He states:

There are plenty of small-scale boosters of sales for autism stories. Some of the people who read autism fiction are themselves autistic individuals, or their family members or friends. Then there is the larger class of readers who are beginning to wonder if they themselves, or their family members or friends, are autistic. There is, among other things, a scare about autism, and people do read autism novels to get a sense of what it is about. That unspoken fear cannot be gainsaid. (“Autism Fiction” 637)

In this sense, autistic autobiographies have an instructional and a motivational rhetorical effect. They are interesting to read in order to examine what Hacking refers to as the alien nature of the
“other,” but these texts also clamor for attention in different ways. What if the reader of the texts shares some of the common characteristics of autism? What if everyone, in some sense, has communication difficulties, restricted interests, etc.? The autobiographies make us wonder if we all are, in some way, autistic.

Creative works involving autism extend to radio and television as well. One such radio play performance was called Spoonface Steinberg. Hacking writes:

The play is a monologue by a Jewish girl whose parents are divorcing and whose mother is a drunk. Spoonface is autistic, she is dying of leukemia, and she idolizes the dying scenes sung by Maria Callas. (If only I could grow up and sing them!) She also treats us in passing to a meditation on the Holocaust. By word count, these themes appear about equally often in the play, but one-sentence accounts always highlight the girl’s autism. Notice that we have an entire roster of current obsessions: cancer, child abuse, Shoah, drink, divorce, and young death, all piled up on top of autism. (“Autism Fiction” 639)

The girl does not really exhibit signs of autism in the telling of the tale. She is extremely lucid, empathetic, and warm. Critics panned the show as “too maudlin,” but the BBC sold 35,000 radio copies of the broadcast, one of the largest sales of their programs of all time. Although not entirely accurate, autism perception in England changed after this performance. It is clear that there is a desire on the part of modern society to try to understand characters with autism. In addition, autism is good theater business.

In the Chapter 6, I wanted to examine some autistic characteristics in American fiction, such as those in “Bartleby, the Scrivener,” Winesburg, Ohio, and a recent novel, Extremely Loud and Incredibly Close. There are plenty of indications that autistic details existed in characters in early fiction, and I make the case that writers and critics alike acknowledged the place of psychological analysis and descriptions of autism/mental illness in their literary criticism. Hacking is no different from these critics. He acknowledges a debt going back thousands of years, where he makes the case that autism was present and accounted for in ancient writings.
Hacking states, “Boo Radley in To Kill a Mockingbird was autistic, as was Benji in The Sound and the Fury. Such is the fate of Calla, the main character in Joyce Carol Oates’s novella, I Lock My Door upon Myself (‘Autism Fiction’ 646). He even cites a scholar who argues that no less than eight of Jane Austen’s characters are autistic (646). So there is clearly a connection with the past.

Finally, Hacking argues that fundamental communication has changed to a more autism-friendly world. He argues that “the keyboard and the Internet thus become a sort of cure for self-absorption, because there is a new way to relate to people in the modalities opened by the Internet, email, blogging, chat rooms, and so forth” (“Autism Fiction” 651). We can observe these autism-friendly domains now. If one goes into a restaurant, one often sees a number of people sitting at a table all communicating through their smart phones. Perhaps none is actually talking verbally, but they may all be communicating through the Internet. In other words, technology has allowed neurotypicals to take on more traditionally autistic characteristics and autistics to meld into the crowd more comfortably. The Internet is the “great equalizer” in autistic communication with neurotypicals:

The Internet is the inverse. It is radically changing human communication that is, the ways in which human beings interrelate. No longer do I look at you, make eye contact, or notice bodily discomfort, when we are talking to each other. We text. We email. We form social groups of people who would not even want to set eyes on each other. Some will say Internet communication is like the invention of writing or of printing. There is a certain resemblance, for those also lessened the role of the body, of looking into the eyes of the other. But the Internet is different in scope, and, I urge, in kind, from any of the phenomena that Marshall McLuhan so marvelously analyzed. But I shall not make that argument here. Suffice that the Internet is changing all the modalities of human interaction. (653)

Significant research into the brain has occurred in the last ten years or so; functional magnetic resonance scans have become more adept at determining specific points in the brain to
indicate speech and interpersonal activity. Brain scans of autistic people show significant
differences from scans of neurotypical people in the areas of the brain that indicate activity or no
activity.

One rhetorician discussing these recent trends is Jordynn Jack. In her collaborative article
with neuroscientist Gregory Appelbaum, “‘This is Your Brain on Rhetoric’: Research Directions
for Neurorhetorics,” Appelbaum and Jack discuss the interplay between neuroscience and
rhetoric. A rhetorical analysis of her article will shed some light on the important
interdisciplinary tendencies around both autism and rhetoric.

The primary thesis is that this interdisciplinary effort (between neuroscience and rhetoric)
poses challenges to rhetorical scholars. Accordingly, research in neurorhetorics should be
two-sided: not only should researchers question the neuroscience of rhetoric (the brain
functions related to persuasion and argument), but they should also inquire into the
rhetoric of neuroscience (how neuroscience research findings are framed rhetorically.
(411)

Jack and Appelbaum cite the number of brain-related texts on the market that are aimed at the
improvement of mental capacity. Thousands can be seen on Amazon.com, and many are of
dubious quality. However, it is unmistakable that brain research has become a popular topic in
mainstream media and culture. According to Jack and Appelbaum, “There seem to be two main
approaches to studying this burgeoning attention to all things neuro-. One area of study under
the rubric of neurorhetorics might be the rhetoric of neuroscience-inquiry into the modes,
effects, and implications of scientific discourses about the brain” (412). It is important to note
right away that Jack and Appelbaum are advocating for partnerships and interdisciplinarity in
dealings between rhetoricians and neuroscientists. Her dominant theme is cooperation. The
second approach might be the neuroscience of rhetoric, drawing new insights into language,
persuasion, and communication from neuroscience research. Findings such as this study of
uncommunicative patients can prompt us to broaden our very definitions of rhetoric to include those with impaired communication (such as autism, aphasia, or "locked-in syndrome"), asking how communication occurs through different means, or how brain differences might influence communication (412).

In other words, Jack and Appelbaum take an inside-outside look at the interdisciplinary relationship between neuroscience and rhetoric. They see the two disciplines in a feedback loop, informing each other’s practices. This differs greatly from older versions of science research, where there was a great concern about other specialists delving into the language and discussions of a particular science; Jack and Appelbaum use the words of Cynthia Lewiecki-Wilson et al. as justification for this process: as a primary source of their ethos, “we need an expanded understanding of rhetoricit as a potential, and a broadened concept of rhetoric to include collaborative and mediated rhetorics that work with the performative rhetoric of bodies that 'speak' with/out language" (Lewiecki-Wilson et al. 157).

Jack and Appelbaum outline the concepts of neuro-realism, neuro-essentialism, and neuro-policy. Citing other sources, they see these as rhetorical commonplaces working through the brain itself. They say that, “rhetorically, neuro-realism operates through metaphors that work to spatially locate specific functions in the brain” (426). Examples are “neural architecture,” “God spot,” and other brain-based terms, including mind reading or the metaphor of brain as text. The second concept is neuro-essentialism. Jack and Appelbaum state that neuro-essentialism refers to "how fMRI research can be depicted as equating subjectivity and personal identity to the brain" (Jack and Appelbaum 160). The key rhetorical figure for neuro-essentialism might be a double synecdoche, wherein both the brain and the quality to be measured stand in for a complex of biological and cultural factors" (427). A good example of this type of rhetorical
construct on brain research would be the idea of the “mind-body connection.” In addition, rhetorical constructs are also in the references to the brain as a human agent, e.g., when the brain feels pain and pleasure. Here are clear examples of rhetorical ideas that describe neuroscience terminology. Finally, neuro-policy refers to "attempts to use fMRI results to promote political and personal agendas" (427).

Jack and Appelbaum also warn against scholars trying to lump meanings together from different disciplines. Reward and punishment may take on very different meanings in neuroscience and rhetoric. For example, Aristotle talked about logos, ethos, and pathos. These concepts, while rhetorical, mean different things while the brain is under stimulation due to a “want” or a “need,” but Jack and Appelbaum argue that logos, ethos, and pathos are public entities, constructed in the social realm, while scientists are looking very narrowly to find out if there are logical, empathetic, or ethical centers of the brain. They cite Quintilian’s empathy and Burke’s identification, but with the caveat that they are social vehicles. Their conclusions are that “this preliminary survey suggests that we need to be careful not to assume that terms like ‘reason’ or ‘emotion’ have stable definitions, that they are defined in the same way across studies, or that they necessarily align with the preferred rhetorical definitions” (418).

Consequently, the arrangement and selection of rhetorical terminology must be discipline specific and tested against that discipline’s truth factors before the process of interdisciplinary research and conclusions can be made.

Autism is a very important concept when dealing with issues of communication; specifically, it is important to the meaning of empathy. Jack and Appelbaum are right to say that autism is more than just a mental illness. Like Linton and Hacking, Jack and Appelbaum believe that autism is more of a cultural phenomenon as well. They state, “Not only is autism a highly
debated topic in popular spheres, but, as a communicative disorder, it is sometimes posited as a kind of touchstone against which rhetorical ability can be measured” (421).

Part 2: An Ideological Analysis of Linton, Hacking and Jack

K.F. Linton is highly intersubjective in her analysis of the DSM-V. She utilizes the voices of ASD people themselves to draw some conclusions about the new manual. Implicit in her rhetoric is cooperation between scientists who created the new DSM-V and how the people with ASD labels would be impacted. This technique and her balanced, mixed approaches to the research (using quantitative data as well as qualitative survey data) differ from the purely empiricist approach taken by many brain researchers. Arguably, that the DSM-V should be discussed at all might not occur to some scientists. Linton’s discourse reflects the needs of her audience, which humanizes the autistic people in her research project.

The preferred reading of Linton and colleagues’ is not simply as a scientific analysis of autism, but as an open-ended discussion about how a change in scientific approach (categorical to dimensional diagnosis) has impacted the actual people with autism. The article asks the audience to appreciate the fact that under the DSM-IV there were strict, identifiable markers that gave both Asperger syndrome people and autistic people specific identities, whereas under the new DSM-V these categories and identities are now in flux. Linton et al. wants their audience to empathize with the change and discomfort that it must cause for ASD individuals.

Linton and colleagues claims support the fact that people with AD and AS were concerned about the reliability and validity of the DSM-V Autistic Spectrum Disorder diagnosis. In addition, people with AD and AS expressed a desire for medical or neurobiological research
to be reflected in the DSM-V ASD diagnosis, and the most controversial discussion topic on higher functioning was discussed as a concern over validity of the DSM-V ASD diagnosis, yet it could also be perceived as an identity issue among people with AS (75). In addition, participants’ concern about gender bias in DSM-V diagnoses is warranted (76). These were the principal claims of Linton and colleagues’ analysis.

Linton et al. commend seeing a difference and putting it into the context of scientific research. In other words, they looked at recent scholarship on the DSM-V and then turned the focus away from brain researchers and onto the ASD people themselves. This is certainly a more interdisciplinary approach to research, including the autistic person in his or her own designation and taking valid information from that process. Based on this fact, what is not good is simply keeping all scientific data “in-house” while ignoring the thoughts and feelings of the subjects themselves. This rhetorical approach (the intersubjective approach of inclusion of scientists and subjects) is becoming more common with autism today.

The article does not want us to think that scientists have all the answers. As a social worker, Linton believes that social construction of illness is a relevant factor in identity. As such, scientists are only part of the equation, regardless of the quality of current neurological research. She wants her audience to understand that the audience of ASD individuals is of paramount importance, thus interjecting a degree of intersubjectivity into the DSM-V categories that tend to define the individual from the outside.

Of course, alternative explanations would reflect pure brain research. However, what is truly significant is that the DSM-V is a dialogic process. Numerous conversations went into deciding whether or not to drop specific diagnostic categories, and numerous conversations will mold and shape how the DSM-V is viewed and presented. For example, the omission of
Asperger syndrome is a very significant aspect of the new DSM-V because identities have been
constructed around the diagnosis itself. People often refer to themselves as “aspies,” which is a
point of pride, indicating the significant differences and qualities of character connected to that
term. Interestingly enough, that group identity was created by the medical diagnosis itself. As
much as individuals will want to reject a diagnosis from the outside, they ultimately, in the case
of Asperger syndrome individuals, coalesced around this term.

Linton and colleagues’ research is a good place to conclude the discussion of the DSM
series. Their work asks readers to accept that all the DSMs are subjective guides subject to
change when new power groups exert rhetorical prowess over the process: from the early
Freudians, to pure brain researchers, to the new breed of intersubjective, mixed-methods
researchers who have assumed that autistics are also an audience themselves. Linton, and
researchers like her, examine pure science with skepticism; they understand that even brain
science and its categorizations are rhetorical ventures. They find naïve the notion that a group of
people can be studied scientifically without feedback from those people. The intersubjective text
favors social construction of identity and reality and asks that we all get to take part in the
process of constructing ourselves. Science can aid in, but certainly not limit, those identities.
This concept is very different from the earlier versions of the DSM. Empiricism involves the
detailed construction of autism, but the construction must be accepted by autistics themselves to
be truly meaningful.

Hacking is one of the foremost representatives of autistic interdisciplinary writing today.
He is willing to look at autism not simply from the medical perspective but from the
philosophical and social perspectives as well (“Michel Foucault’s Immature Science”). The
preferred reading of his articles is to suspend a priori notions about autism and allow the writer
to examine how autism is written about, how it is portrayed in the media, and how the world economy contributes to the identification of autistic personae. This project is both ambitious and interdisciplinary. The articles ask readers to examine carefully how autism has been portrayed, and Hacking comes up with some fundamental metaphors in so doing. The principal one is that autism is seen as alien. Hacking ties this “alienness” to the binary opposition of normalcy, which he later deconstructs because of current technological trends. Thus Hacking believes that autism is not just an innate condition but is also “socially constructed” by societal factors like Hollywood and New York publishing houses. The claim the articles support is that the alien metaphor has had a strong hold on autistic difference over the last 20 years or so and that the Internet has had a levelling effect on communication differences between autistics and neurotypicals. Hacking believes that we should look outside of the medical texts for a real-world analysis of autism (The Social Construction of What? 10). Autism is innate but also constructed with the help of autistics, non-autistic authors, moviemakers, parents, and advocacy groups. Therefore, it is an interdisciplinary phenomenon.

Hacking espouses a relativist perspective in his analysis of autism. He never specifies what autism is or is not. He argues that it is the sum total of all of the commentaries, film expressions, personal expressions, and parental responses. He advocates for this position but is also quick to condemn specific authors for exploitation of autistic characteristics for quick profit. He argues that this hardwires audiences to incorrect knowledge about autistic life and thinking. Hacking sees in the explosion of autistic films and books a cultural phenomenon. He argues that every generation has its illness and our present-day illness is autism, or the lack of communication/expectation. Hacking’s article (“Aliens Versus Autistics”) does not want us to see that autism has specific benefits. He denies that autists have special gifts that society lacks.
He does this, I believe, because he does not wish to see autists as savants because as savants, they are automatically aliens as well. Hacking’s real aim is to humanize both autistics and neurotypicals and explain how the Internet has brought both groups closer together.

Hacking’s articles do not want audiences to see autism from a purely medical perspective. All of his work relies mainly on philosophical (interdisciplinary) commentary on autism as both social and cultural phenomena. In addition, the articles ask readers to watch and read carefully when they are examining autistic identity. He militates against audiences falling into the trap of seeing autistics as aliens or nerds or computer experts, etc. This philosophy opens up the possibility for mutual dialogue, which he argues is difficult because of the presence of the alien metaphors.

A possible different take on how others view autistics is that there will always be differences no matter what. Some might argue that instead of looking at technology as narrowing the gap in communication styles between “normal” and “abnormal” communicators, research and technology should be utilized to “normalize” the whole population. This idea fails to account for the essence of self and the benefits autistic people bring to the planet. What Hacking does find unacceptable is the status quo view of binary oppositions between people in general. He finds it fascinating how different people communicate and how others make sense of, and profit from, these different kinds of communication.

The essence of Hacking’s discourse here is that fiction and film reflect societal interests, and autism is certainly a cultural and a medical (interdisciplinary) phenomenon reflective of these interests. At one time, all sorts of communication was done through handshakes, eye contact, and personal messages. Of course, autistic people, as identified through science research, would have been at a disadvantage with these types of interactions at the time. Now,
the Internet has leveled the playing field in many ways. Eye contact is unnecessary for authentic communication because many people simply text or talk. This has opened up a sort of normalization process for autistics. Literature discusses societal themes so these ideas make it into films and books. Since the Internet is changing autistic communication, neuro-atypicals are harder to spot. Internet communication has fundamentally altered the way in which personal and group interactions take place, and as such autism has become a facet of the lives of all technology users.

Finally, Jack and Appelbaum’s article is an example of current interdisciplinary work between neuroscience and rhetoric. As such, it is one of the most modern renditions of rhetorical scholarship dealing with autism and rhetoric. The audience is the *Rhetoric Society Quarterly*, a prestigious journal of rhetoricians of both science and other interests. Jack and Appelbaum intend to have scholars read the article with an open mind toward the concept of interdisciplinarity. They argue that although crossing over to work with science terminology might be difficult, both disciplines can inform each other. The article asks the audience to believe that it is possible to do interdisciplinary research, and indeed, in the case of autism, it is really a necessity. They want audience members to think about the fact that not all terminology is the same across disciplines, and that with respect to autism, there are specific issues dealing with the brain research on empathy and Aristotle’s idea of empathy (pathos). The principal claim that the article makes is that rhetoric and neuroscience have integrated meanings in a large part because they both deal with aspects of communication. Jack and Appelbaum ask us to see brain research from an empirical and interdisciplinary position and debunk the myth that science is non-rhetorical. They provide numerous examples to illustrate this fact. The article is a series of recommendations to audience members about the inherent pitfalls in doing interdisciplinary
research and as such is didactic. It asks the audience to attempt this kind of research but with caveats.

In some ways, “This Is Your Brain on Rhetoric” reads like a recipe book for the future rhetoric of science scholars. They state, “Rhetoricians who would like to do work in neurorhetorics should understand how knowledge is established rhetorically and empirically in the field of cognitive neuroscience, how to interpret scientific findings critically, and how to avoid pitfalls of interpretation that could lead to misleading arguments about rhetoric” (413). In this sense their work is prescriptive, yet there is good reason why. There are significant obstacles to interdisciplinary research due to the difficulty of language and the varying conceptions of truth claims in different disciplines. This is probably no more apparent than in brain research and rhetoric.

Jack and Appelbaum use a particular example to demonstrate the rhetorical concept of topoi. They look at the “value-laden” topoi of accuracy, precision, and bias. The issue is brain imaging devices. There are debates taking place about the type of brain imaging that should be performed for greatest effect—either whole brain scans or specific-area scans. Various scientists come down on one side or the other based in a large part on the ideas of accuracy, precision, or bias. Thus, Jack and Appelbaum are able to show that scientists utilize topoi to make persuasive cases for a particular scientific methodology. In other words, the topoi are used to attack credibility if conclusions about a particular method are not accepted. Given the fact that science is often inferential, each inference relies on particular assumptions that break down the absolutely empirically driven fact chain. At the end of the chain, there are a lot of assumptions built into the conclusion, which makes many firm conclusions subject to rhetorical attack. Jack
and Appelbaum ask rhetorical scholars to look carefully for subjective phraseology like “false positives,” “bias,” or “assumptions” to ferret out rhetorical language.

Jack and Appelbaum also quote Fahnestock’s idea of the incrementum with respect to Asperger syndrome. This idea is consistent with what we have learned recently from the DSM-V—that Asperger syndrome, as believed by the status quo scientists contributing to the creation of the DSM-V, is just part of the autism spectrum. They also see the type of article written about autism and Asperger syndrome as having a particular rhetorical component and realize that most articles talk about autism as a deficit and also as being curable, which we know is not really what specific political advocacy groups want because it impedes the identity struggle of autistics. They warn scientists and rhetors alike to look at topoi, commonplaces, and specific vocabulary to see if they can be used in other disciplines.

Since Jack and Appelbaum’s article is concerned primarily with methodology, it takes no stand on autism advocacy. It rejects as naïve the view that research on the brain can be totally objective, despite empirical data collection. The text asks the audience to construct themselves as objective recipients of recommendations on the nature of brain science and rhetorical communication. To embrace science work, we must also embrace how best to communicate it with larger groups.

Conclusions and Future Directions

As I conclude this dissertation, I turn to some final thoughts about autism, rhetoric, and the trend toward interdisciplinarity. Autism has constantly resisted its definitions, although many have been provided over the years. For example, Bleuler’s autism was coined as an adjunct to schizophrenia. Autism became its own mental illness category with Kanner’s work, thus moving
autism in a completely different direction – that of a childhood affective disorder. Hans Asperger’s research illustrated that Kanner’s autism was of a different type than Asperger’s own research indicated. Asperger saw children with significant abilities as well as deficits. Bruno Bettelheim saw autism as a psychosomatic illness, which was his Freudian construction of mental illness. His was a metaphorical translation of the mental illness. Simon Baron Cohen saw autism as extreme male brain syndrome, or mindblindness. This was a more modern description of autism. There have been many definitions of autism, and all were right for their time period. What I mean is that during various time periods, the scientific community based its respective analyses of autism on existing facts but was clearly limited by philosophical and scientific assumptions that were later revamped. The issue with autism is that there has been no clear cause and obviously no cure. As such, the latest theory predominates but always changes.

To review, autism became objectified in the early part of the 20th century because of the predominance of empirical scientific terms in investigation, journal writing, and experimentation. The ethos of the time period was dominated by Freudian psychology, but there was significant evidence of change in the 1910s and 1920s. Numerous scientists addressed autism through the scientific article, thus codifying the mental illness. In addition, autism was seen as a form of retardation, certainly a deficit. As a result, scientists wrote much about the care of autistic individuals, and many recommended separation from the “normal” population. As the century progressed, the official description of autism appeared in the DSM-I.

In the mid-century period, autism definitions diverged. Bettelheim held onto the old Freudian explanations of autism, while Kanner started looking at autism from an empirical, observational perspective. Kanner’s early clinical work made it possible for later scientists to diagnose autism more effectively. Interestingly, Freudian language was highly figurative, and the
language and the writing behind autism from his perspective was subject oriented instead of object oriented. Ultimately, Kanner won the day and figurative language was replaced by highly technical medical jargon, making autism accessible more to professionals than to regular people. The DSM-II became a much more modernized manual for serious clinicians.

Bernard Rimland advocated for the medical research model, exploding the myths of psychoanalysis and promoting pure brain research. The DSM-III was an outgrowth of this type of scientific inquiry, and it resulted in far more precise definitions of autism and other mental illnesses. The codification of mental illness was full blown at this time, and clinicians were expected to use the manuals to diagnose patients. Because medical science took the primary role in mental illness treatment and diagnosis, psychology, along with Freudian interpretations of autism, was marginalized. The result of the prominence of the DSM-III was a medicalization of autism, or a self-fulfilling prophecy of increased diagnoses and more mental illness. Thomas Szasz would argue that this was the “myth” of mental illness. By this time, mental disorders were fully reimbursed by health insurance and there were certainly economic motives for the medicalization phenomenon.

In the 1980s and 1990s the DSM-IV was published, and with it Asperger syndrome came into vogue as a less severe form of autism. It did, however, have its own diagnostic criteria, which made the people labeled with Asperger syndrome different from garden-variety autistics. Baron Cohen forwarded the idea of mindblindness, which highlighted the autistic’s lack of empathy. Zunshine applied mindblindness to literature and argued through cognitive readings that autistics could not understand fiction because of their lack of empathy. She did make the statement that, “whereas the correlation between the impaired theory of mind and the lack of interest in fiction and storytelling is highly suggestive, the jury is still out on the nature of the
connection between the two” (Why We Read Fiction: Theory of Mind and the Novel). However, Zunshine also comments that the correlation is “highly suggestive” and concludes her work on cognitive cultural studies using autism as her metaphor for mindblindness, as Baron Cohen did. In other words, using empirical science as a guide, Zunshine’s conclusions would not meet the falsifiability standard.

At that time autism was a significant metaphor for deficiency. Here was the first true mention of intersubjectivity, or knowing other people’s minds. The concept of intersubjectivity and interdisciplinarity became intertwined at that time as well.

In the last ten to twenty years, autism has become a part of the discussion of literature. Some representative texts that have autistic underpinnings are “Bartleby, the Scrivener,” Winesburg, Ohio, and Extremely Loud and Incredibly Close. What is interesting about looking at the critical reception of these American fiction texts is that the critical discourse of the time matched up with the scientific rhetoric of the time. Freudian critics came from earlier periods, just as autism rhetoric was immersed in Freudian meanings, and later criticism dealt with issues such as trauma and approached the literature from a more interdisciplinary standpoint. By doing so, these later critics were also noting specific forms of intersubjectivity in their accounts of persons with autism in literature.

As such, there has been a clear interdependency between autistic texts (science texts discussing autism in scientific terms) and texts about autism (fictional accounts of autistic characters). So what will autism look like 10, 20, even 50 years from now, and how will people be communicating about it? One possibility is continued brain research and its discourse; especially interesting is savant abilities. Bokkon et al. have been researching neural activity in the brains of savants. They have indicated that savant (especially genius-like) activity is based on
right hemisphere dominance and that the abilities of some autistics mirror these neural
tendencies. Their thesis is that all people may have a hidden, subconscious information process
for savant-like skills but in healthy people these special abilities can be accessible by the top-
down LATL cortical disinhibition. In other words, specific stimulation of brain areas can lead to
savant-like skills similar to some autistic people’s wiring processes. What is fascinating about
this idea is that scientists are trying to create the conditions for autism-like brain behavior in
normal people. This flies directly in the face of the idea and metaphor of autism as deficit.
Although Bokkon et al. acknowledge internal state differences in autistics, they believe that the
benefit of savantism and the creativity that could be unleashed in the “normal” population might
be well worth the work. In other words, autistics are seen in this regard as higher functioning
because the prevalence of savantism is far greater among them than in the normal population.

Another trend in the rhetoric of autism is the nature of advocacy. Numerous political
groups like Autism Speaks and others are advocating for funding in Washington, D.C. This will
be a highly contested debate because not all of the autism advocacy groups have the same goals.
Some groups are looking for financing to “cure” autism, whereas other groups want equal rights
for neuro-atypical people. This debate will most likely continue for a long time, and the
persuasive methods each will use may be different. Scientific research will dictate the direction
of this debate in many ways.

Yet another avenue from a more psychological and anthropological standpoint is the new
practice of autoethnography in relation to autism and Asperger syndrome. One such purveyor is
Paul Hughes. Hughes describes this process:

This article makes use of autoethnography in which I, as researcher, explore my own
awareness of Asperger’s syndrome and how this, in turn, has helped me deal with many
day to day situations I have encountered. The work illustrates how actively engaging with
one’s own life story narratives can help the Asperger’s learner come to terms with his or her Asperger’s self. The work makes use of symbolic interactionism to construct an outward image of the self and then use this projection to play out and engage with the social situations one encounters. (94)

Hughes writes about his key life experiences and then applies anthropological and social theory to explain them. While writing about these events, he stops to discuss how his Asperger syndrome impacted his decision making and life in general. I predict these autoethnographies and autistic autobiographies will continue. It is the autistic person trying to come to terms through writing with his or her own experiences of having an autistic identity. In addition, there will be more novels and writing about autistic people, perhaps from a more nuanced perspective, given the ubiquity of the category.

Autism and narrative will become more interlinked, as they have begun to be in recent years. Stuart Murray discusses this trend:

What we might term the “narrative appeal” of autism in cultural texts is that it easily signifies possibly the most radical form of personal otherness. Indeed, it is the personification of difference and otherness. It is, we are led to believe, the alien within the human, the mystical within the rational, the ultimate enigma. There seems little doubt that the recent fascination with autism is a peculiarly contemporary phenomenon, and yet current preoccupations with the condition are analogous to those that practitioners of modernist narrative had with schizophrenia and mental health more generally. The notion of creativity within impairment, of insight from a space of purported damage, has a long history. (25)

This trend has no indication of ceasing. People are forever interested in others they deem “different.” Novels and other texts will continue to exploit the public’s fascination with difference in order to perhaps convince those audiences that some degree of special insight can be gained through the lens of impairment.

A final, and most interesting, area of analysis is neurorhetoric—mainly in ways that preclude the possibility of simple reductionism in the rhetoric of science and, specifically, in the
area of neuroscience dealing with the teaching of rhetoric in the composition classroom. Chris Mays and Julie Jung state that future interdisciplinarity between science and rhetoric will involve a *neurorhetoric*, that contends with neuroscientific research in ways that prohibit it from *ending up* anywhere. That is, as rhetoricians we seek to contend with such research in ways that *preempt* its reductive appropriation by providing a methodology that enables rhetoric-compositionists to participate critically in conversations about new brain research and its implications for writing and rhetoric pedagogies. (41)

Mays and Jung’s contention is that neurorhetoric research, while important, should not be considered foundational with respect to writing pedagogy:

To sum up, we argue that when dealing with a discourse as appealing as brain science, those of us interested in cross-disciplinary reciprocity need a rhetoric that reminds us how much we don’t know about how the brain “really” works. Neurorhetoric provides this reminder because it consciously attends to the ways in which shared terminology can induce readers to mistake arguments for empirical proofs. Without this reminder teacher-scholars in the field risk reifying every new neuroscientific theory that gains ascendance. More crucially, however, when we who are trained in rhetoric fail to analyze brain research rhetorically, we abdicate our responsibility to influence and complicate its uptake in broader publics, such as boards of regents, college administrators, and university curriculum committees. In short, ours is a methodology intended to help rhetoric-compositionists intervene productively in simplistic conversations about brain research that are now or soon will be taking place within and *beyond* the field. (44)

If I have learned anything about autism while doing this dissertation, it is that the ground for its definition has changed even with the most up-to-date scientific classifications.

Consequently, healthy skepticism with respect to the new flavor-of-the-month brain research will provide a critical distance from which autism and rhetoric can be viewed.


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APPENDIX A

DSM-II (1968) CLASSIFICATION OF CHILDHOOD SCHIZOPHRENIA
This category is for cases in which schizophrenic symptoms appear before puberty. The condition may be manifested by autistic, atypical, and withdrawn behavior; failure to develop identity separate from the mother's; and general unevenness, gross immaturity and inadequacy in development. These developmental defects may result in mental retardation, which should also be diagnosed. (This category is for use in the United States and does not appear in ICD-8. It is equivalent to "Schizophrenic reaction, childhood type" in DSM-1.) (APA)
APPENDIX B

DSM-II (1968) CLASSIFICATION OF SCHIZOPHRENIA
This large category includes a group of disorders manifested by characteristic disturbances of thinking, mood and behavior. Disturbances in thinking are marked by alterations of concept formation which may lead to misinterpretation of reality and sometimes to delusions and hallucinations, which frequently appear psychologically self-protective. Corollary mood changes include ambivalent, constricted and inappropriate emotional responsiveness and loss of empathy with others. Behavior may be withdrawn, regressive and bizarre. The schizophrenias, in which the mental status is attributable primarily to a thought disorder, are to be distinguished from the Major affective illnesses (q.v.) which are dominated by a mood disorder. The Paranoid states (q.v.) are distinguished from schizophrenia by the narrowness of their distortions of reality and by the absence of other psychotic symptoms (APA).
APPENDIX C

DSM-III (1980) DIAGNOSTIC CRITERIA FOR INFANTILE AUTISM
A. Onset before 30 months of age

B. Pervasive lack of responsiveness to other people (autism)

C. Gross deficits in language development

D. If speech is present, peculiar speech patterns such as immediate and delayed echolalia, metaphorical language, pronominal reversal.

E. Bizarre responses to various aspects of the environment, e.g., resistance to change, peculiar interest in or attachments to animate or inanimate objects.

F. Absence of delusions, hallucinations, loosening of associations, and incoherence as in Schizophrenia. (DSM-III 1-3)
APPENDIX D

DSM-III-R (1987) DIAGNOSTIC CRITERIA FOR AUTISTIC DISORDER
At least eight of the following sixteen items are present, these to include at least two items from A, one from B, and one from C.

A. Qualitative impairment in reciprocal social interaction (the examples within parentheses are arranged so that those first listed are more likely to apply to younger or more disabled, and the later ones, to older or less disabled) as manifested by the following:

1. Marked lack of awareness of the existence or feelings of others (for example, treats a person as if that person were a piece of furniture; does not notice another person's distress; apparently has no concept of the need of others for privacy);

2. No or abnormal seeking of comfort at times of distress (for example, does not come for comfort even when ill, hurt, or tired; seeks comfort in a stereotyped way, for example, says "cheese, cheese, cheese" whenever hurt);

3. No or impaired imitation (for example, does not wave bye-bye; does not copy parent's domestic activities; mechanical imitation of others' actions out of context);

4. No or abnormal social play (for example, does not actively participate in simple games; prefers solitary play activities; involves other children in play only as mechanical aids); and

5. Gross impairment in ability to make peer friendships (for example, no interest in making peer friendships despite interest in making friends, demonstrates lack of understanding of conventions of social interaction, for example, reads phone book to uninterested peer).

B. Qualitative impairment in verbal and nonverbal communication and in imaginative activity, (the numbered items are arranged so that those first listed are more likely to apply to younger or more disabled, and the later ones, to older or less disabled) as manifested by the following:
1. No mode of communication, such as: communicative babbling, facial expression, gesture, mime, or spoken language;

2. Markedly abnormal nonverbal communication, as in the use of eye-to-eye gaze, facial expression, body posture, or gestures to initiate or modulate social interaction (for example, does not anticipate being held, stiffens when held, does not look at the person or smile when making a social approach, does not greet parents or visitors, has a fixed stare in social situations);

3. Absence of imaginative activity, such as play-acting of adult roles, fantasy character or animals; lack of interest in stories about imaginary events;

4. Marked abnormalities in the production of speech, including volume, pitch, stress, rate, rhythm, and intonation (for example, monotonous tone, question-like melody, or high pitch);

5. Marked abnormalities in the form or content of speech, including stereotyped and repetitive use of speech (for example, immediate echolalia or mechanical repetition of a television commercial); use of "you" when "I" is meant (for example, using "You want cookie?" to mean "I want a cookie"); idiosyncratic use of words or phrases (for example, "Go on green riding" to mean "I want to go on the swing"); or frequent irrelevant remarks (for example, starts talking about train schedules during a conversation about ports); and

6. Marked impairment in the ability to initiate or sustain a conversation with others, despite adequate speech (for example, indulging in lengthy monologues on one subject regardless of interjections from others);

C. Markedly restricted repertoire of activities and interests as manifested by the following:
1. Stereotyped body movements (for example, hand flicking or twisting, spinning, head-banging, complex whole-body movements);

2. Persistent preoccupation with parts of objects (for example, sniffing or smelling objects, repetitive feeling of texture of materials, spinning wheels of toy cars) or attachment to unusual objects (for example, insists on carrying around a piece of string);

3. Marked distress over changes in trivial aspects of environment (for example, when a vase is moved from usual position);

4. Unreasonable insistence on following routines in precise detail (for example, insisting that exactly the same route always be followed when shopping);

5. Markedly restricted range of interests and a preoccupation with one narrow interest, e.g., interested only in lining up objects, in amassing facts about meteorology, or in pretending to be a fantasy character.

D. Onset during infancy or early childhood

Specify if childhood onset (after 36 months of age) (DSM-III-R n. a. 1-3)