

ACCOMMODATING AUTISTICS AND TREATING AUTISM: CAN WE HAVE BOTH?

ABSTRACT

One of the central claims of the neurodiversity movement is that society should accommodate the needs of autistics, rather than try to treat autism. People have variously tried to reject this accommodation thesis as applicable to all autistics. One instance is Pier Jaarsma and Stellan Welin, who argue that the thesis should apply to some but not all autistics. They do so via separating autistics into high- and low-functioning, on the basis of IQ and social effectiveness or functionings. I reject their grounds for separating autistics. IQ is an irrelevant basis for separating autistics. Charitably rendering it as referring to more general capacities still leaves us mistaken about the roles they play in supporting the accommodation thesis. The appeal to social effectiveness or functionings relies on standards that are inapplicable to autistics, and which risks being deaf to the point of their claims. I then consider if their remaining argument concerning autistic culture may succeed independently of the line they draw. I argue that construing autistics' claims as beginning from culture mistakes their status, and may even detract from their aims. Via my discussion of Jaarsma and Welin, I hope to point to why the more general strategy of separating autistics, in response to the accommodation thesis, does not fully succeed. Finally, I sketch some directions for future discussions, arguing that we should instead shift our attention to consider another set of questions concerning the costs and extent of change required to accommodate all autistics.

1. INTRODUCTION

According to the latest edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-V), autism is a neurodevelopmental disorder referring to a cluster of behavioural traits. The diagnostic criteria are as follows. The individual must possess three kinds of deficits in social communication and interaction – pertaining to social-emotional reciprocity, nonverbal communication, and having interpersonal relationships. There must also be at least two kinds (of four identified categories) of restricted, repetitive patterns of behaviour, interests and activities (RRBs), such as repetitive motor movements or insistence on sameness. These traits must be present in early childhood, and together limit and impair everyday functioning.¹

For the past decade, activists and theorists belonging to what has been termed the 'neurodiversity movement' have been trying to reconceptualise

¹ American Psychological Association. 2013. *Diagnostic and Statistical Manual of Mental Disorders*, 5th ed. Arlington, VA: American Psychiatric Publishing.

autism.² One of their central claims is that autism is not a disorder. For them, autistic traits are the result of *atypical* (rather than abnormal) neurological structures, which give rise to *different* types and levels of functionings than those arising from the structures in neurotypical individuals. For instance, while autistic individuals (“autistics”)³ fare poorly in social functionings, recent studies suggest they possess higher levels of some kinds of perceptual functioning compared to neurotypicals.⁴ Reconceptualising these as stemming from the brain structures that cause autism also helps to break our fixation on autism’s deficits, to the exclusion of its possible “payoffs”, in our search to understand it fully. However, its success depends on how it responds to recent work in autism science which – pointing to extensive and unexplained heterogeneity among autistics – problematises the idea of such a simple, unifying explanation for these traits.⁵

My focus is instead on another claim, that society should accommodate the different functionings (and thus, needs) arising from autism, rather than try to treat them. I term this the ‘accommodation thesis’. Autistics point out that many aspects of society are organised in ways that require certain kinds of functionings they find challenging. For example, while interpersonal communication can be achieved in multiple ways, in reality most of it amounts to real-time, face-to-face interactions which autistics find extremely challenging, if not impossible. In effect, society is organised in ways that work around the functionings that neurotypicals are comfortable with, while neglecting to accommodate the different ones of autistics. Autistics thus inhabit a world that they cannot adequately navigate, because the means of doing so require functionings that they can scarcely achieve. However this need not be the case – we can organise society differently to accommodate these different functionings. In so doing, we accept and respect neurological differences like other normal human differences, taking them into account in planning for the shapes society’s institutions take.

Accommodating autistics is opposed to treating autism. In this paper, I discuss accommodation and treatment only in reference to the traits on the DSM – even though some autistics have argued that we should

² The first use of this term is generally credited to J. Singer. 1999. Why Can’t You Be Normal for Once in Your Life? In *Disability and Discourse*. M. Corker & S. French, eds. London: Open University Press: 59-67; also frequently mentioned is H. Blume. 1997. “Autism & The Internet” or “It’s The Wiring, Stupid”. *Media in Transition* 1 July. While the neurodiversity movement now encompasses other neurological phenomena, I restrict my discussion to autism.

³ Members of the neurodiversity movement resist describing themselves as ‘persons with autism’. Instead, they opt for ‘autistic persons’ or ‘autistic’. To them, the latter, captures how autism is a different way of *being*, rather than something that people can *have*. Though I take no argued-for stance on the metaphysics of their claim, I accord with their linguistic practice. I am grateful to an anonymous referee for pointing out that this requires clarification.

⁴ L. Mottron et al. Enhanced Perceptual Functioning in Autism. *Journal of Autism and Developmental Disorders* 2006; 36(1): 27-43.

⁵ L. Waterhouse. 2013. *Rethinking Autism: Variation and Complexity*. London: Elsevier: 3-24.

accommodate all traits associated with autism. While I cannot fully argue for this position, looking at some of these other traits – such as epilepsy, chronic pain, allergies, over- or under-stimulation and the like – gives us the *prima facie* implausibility we need in order to rule out accommodating them. However, in so doing, I am not committed to the view that the DSM has somehow “gotten it right” about autism.

Here a Rawlsian distinction – between natural goods, social goods, and the basic structure – may be illuminating.⁶ Natural goods are assets that individuals possess, pertaining to their bodies and talents. Social goods are such as rights, liberties, money and material goods. Both goods are situated within the basic structure – core institutions – of society which influences the worth and use of these goods. Those seeking to treat autism aim to ‘restore’ autistics to normalcy – via medicines that alter the brains of autistics, or therapies that train autistics to behave in ways that resemble normal people, and can be understood as trying to address autism via modifying their natural goods. Given that my discussion of accommodation and treatment is narrowed to include only those autistic traits on the DSM, ‘treating autism’ refers only to such traits considered the core of autism. Thus, treatment here refers to those that seek to address autism directly (i.e. eradicate it). This leaves room for us to treat other traits associated with autism, such as those earlier-mentioned – which few autistics have major reservations about.⁷ Accommodating autistics, on the other hand, addresses their social goods or the basic structure directly.⁸ For instance, Applied Behaviour Analysis (ABA) is a treatment strategy insofar as it uses prompts, rewards and negative stimuli to reinforce certain behaviours and eliminate others. On the other hand, innovations such as the Internet or computer-mediated communication count as accommodating autistics. These allow autistics to communicate effectively, away from the pressures and complex demands of real-time interactions – such as immediate responses, interpreting body language, and making eye contact.⁹ In effect, they work around autistics’ difficulties without trying to eliminate them.

In this paper I reject a general response to the accommodation thesis, which relies on separating autistics based on certain characteristics. To do so, I focus on three variants of this response – concerning IQ, social effectiveness, and culture – as presented by Pier Jaarsma and Stellan Welin. In discussing each variant, I not only reject Jaarsma and Welin’s specific arguments, but also show that the problems they face recur more generally, at the level of separating autistics. Finally, I sketch some directions for future discussions, which avoid these problems.

⁶ J. Rawls. 1971. *A Theory of Justice*. Harvard, MA: Harvard University Press: 62.

⁷ I am grateful to an anonymous referee for pressing me to clarify this.

⁸ Jonathan Wolff employs this distinction in J. Wolff. Cognitive Disability in a Society of Equals. *Metaphilosophy* 2009; 40(3-4): 402-415.

⁹ J. Davidson. Autistic Culture Online: Virtual Communication and Cultural Expression on the Spectrum. *Social & Cultural Geography* 2008; 9(7): 791-806. M. Burke, R. Kraut & D. Williams. Social Use of Computer-Mediated Communication by Adults on the Autism Spectrum. *The 2010 ACM Conference on Computer Supported Cooperative Work*.

2. REJECTING AN APPARENT MIDDLE GROUND

Pier Jaarsma and Stellan Welin propose that we occupy a middle ground between the demands of the neurodiversity movement and those seeking to treat autism. The proposal begins from the observation that some autistics fare much worse than others, and rests on the worry that accommodation is inappropriate for them.¹⁰ They argue that we should not extend the claims of the movement to autistics with cognitive disabilities and who are unable to live independently. A line is thus drawn between autistics – we accommodate some and treat others. Their claim, that ‘[o]nly a narrow conception of neurodiversity, referring exclusively to high-functioning autists, is reasonable’,¹¹ resonates with many parents seeking to treat or cure their autistic children. For instance, Lenny Schafer, publisher of the Schafer Autism Report (popular among those seeking to treat autism), argues that ‘[i]f those who raise their opposition to the so-called oppression of the autistic would simply substitute their usage of ‘autism or autistic’ with ‘Asperger’s,’ their arguments might make sense.’¹² However, this line is under-defended and problematic.

2.1 Separation based on IQ

Jaarsma and Welin claim that there ‘seems to be a partial consensus on this distinction [between high- and low-functioning autistics]: if autists have an IQ in the normal range (or above) they usually are said to have high-functioning autism’.¹³ Those who do not fall within that range are considered low-functioning. This corresponds with some studies that conclude that we can take low-functioning autism as akin to mental disability in terms of its impact on individuals’ intellect.¹⁴ High-functioning autistics would be accommodated, and the rest treated.

Yet they omit to mention that the partial consensus regarding IQ is increasingly tenuous and partial. There are two relevant sites of current disagreement. One is that IQ does not accurately reflect intelligence – referring only to some cognitive capacities unrepresentative of the full range of what we take as constituting intelligence. In this way, it fails to reflect how autistics – or *anyone*, for that matter – are intelligent in important ways not accounted for by IQ tests.¹⁵ All that IQ differences between autistics can tell us is that they have varying levels of capabilities in terms of some aspects of intelligence – and not that some are just more intelligent,

¹⁰ Ian Hacking raised an earlier form of this worry. I. Hacking. 2006. What is Tom Saying to Maureen? *London Review of Books* 11 May: 3-7.

¹¹ P. Jaarsma & S. Welin. Autism as a Natural Variation: Reflections on the Claims of the Neurodiversity Movement. *Health Care Analysis* 2012; 20(1): 20-30, at p. 20. I use ‘autists’ and ‘autistics’ interchangeably.

¹² A. Harmon. 2004. How About Not ‘Curing’ Us, Some Autistics Are Pleading. *The New York Times* 20 Dec.

¹³ Jaarsma & Welin, *op. cit.* note 11, p. 21

¹⁴ A. Fenton & T. Krahn. Autism, Neurodiversity and Equality Beyond the ‘Normal’. *Journal of Ethics in Mental Health* 2007; 2(2): 1-6.

¹⁵ A. Hampshire et al. Fractionating Human Intelligence. *Neuron* 2012; 76(6): 1225.

simpliciter, than others. The categories of high- and low-functioning then have to be narrowed to refer only to these aspects of intelligence. Their case is weakened further when we see that these aspects of intelligence do not adequately measure or account for competence in what we take as crucial functionings, nor track important cognitive traits which are good indicators of how well people fare in society.¹⁶

The appeal to IQ also masks another set of recent disputes about measuring autistics' capabilities using IQ tests. Michelle Dawson and her colleagues have argued that the Wechsler Intelligence Scale for Children – one of the most commonly employed tests¹⁷ – requires competencies in capabilities (such as speaking) that autistics fare worse at, lowering their overall IQ score. For instance, various subtests within the Wechsler tests require the examinee to answer orally-delivered questions with oral responses (constituting a Verbal IQ factor) and non-oral responses (a Performance IQ factor). Given autistics' difficulties with communication and social interaction, these tests are unfair. In contrast, the less-used Raven Progressive Matrices – a non-verbal test – is better suited for autistics, while remaining neutral to both autistics and non-autistics. While the scores for non-autistics were comparable across both tests, autistics scored about 30 percentile points higher on the Raven than Wechsler tests. All but a few autistics were outside the range for mental disability (based solely on IQ score) on the former test.¹⁸

There still is room for Jaarsma and Welin to concede that we accommodate most autistics while treating the few of them with low IQ scores. However, what is the relevance of the *intelligence quotient* in the decision to treat *autism*? In our decisions about autistic traits, we must resist relying on traits irrelevant to autism – or else supplement an explanatory account. Perhaps this account can be found upon forsaking IQ in light of our earlier discussion, and re-interpreting Jaarsma and Welin as referring, generally, to the capacity to conceive of and identify with the claims of the neurodiversity movement. Those without the capacities are left out, and treated – for accommodation does not matter from their perspective. At first sight, this makes sense. What else would be the point of respecting autistics' differences, if being respected does not matter because the capacities needed to understand and value it are absent? Yet the immediate response must be that inasmuch as the grounds for supporting accommodation purportedly disappear with the absence of certain capacities, so do they for supporting treatment. Talk about capacities cannot be the basis for singling some autistics out for accommodation and others for treatment.

¹⁶ U. Nessler et al. Intelligence: Knowns and Unknowns. *American Psychologist* 1996; 51(2): 77-101; D. Brooks. 2007. The Waning of IQ. *New York Times* 14 Sep.

¹⁷ L. Mottron. Matching Strategies in Cognitive Research with Individuals with High-Functioning Autism: Current Practices, Instrument Biases, and Recommendations. *Journal of Autism and Developmental Disorders* 2004; 34: 19-27.

¹⁸ M. Dawson et al. The Level and Nature of Autistic Intelligence. *Psychological Science* 2007; 18(8): 657-662.

Moreover, appealing to these capacities confuses the role they play in the decision to support the accommodation thesis. While the thesis was raised and supported by autistics with these capacities, it is a mistake to subsequently infer the *scope* of the thesis as restricted to those with the capacities. To draw an analogy: the claim that we accommodate gay people rather than treat homosexuality was raised by individuals with capacities to conceive of, and identify with, the relevant claims. Yet we do not think this fact constitutes grounds for treating homosexuality, in cases where the individuals lack these capacities. Nor do we, in re-organising our social institutions to meet this claim, introduce a caveat exempting mentally disabled gay people.

We clarify this incompatibility by considering Jonathan Wolff's discussion of an activist who claims to celebrate his quadriplegia. Wolff argues we should not understand the activists' remarks as indicating a desire to bring more quadriplegics into the world, or that we should neglect safety or disapprove of people seeking to eliminate it. Rather, we should understand the activist as making the point that a society that accommodates quadriplegia is good for all of us – the transport and education policies, and tolerant social attitudes mustered to accommodate quadriplegia mitigate the effects of quadriplegia or similar misfortunes, and reduces the risks of suffering further losses of functionings.¹⁹ The compatibility of accommodating quadriplegics and treating quadriplegia is located in the reasons for the former – not because quadriplegia is a normal or valuable human difference to be respected rather than eliminated, but because doing so brings about a world that acknowledges, and is prepared for, the different needs consequent to misfortune. The reasons for accommodating homosexuality are however of a different kind – we deem homosexuality a normal and valuable human difference to be respected rather than eliminated – and generate the incompatibility of accommodating gay people and treating homosexuality. Thus, we do not treat mentally disabled gay people because it is disrespectful to *all* gay people. At this level of reasons, we see the parallel between homosexuality and autism, and have an explanation for resisting treating even mentally disabled autistics.

2.2 Separation based on social effectiveness or functionings

Next, Jaarsma and Welin separate autistics on the basis of differences in their social effectiveness or functionings. The line is drawn indirectly, via an analogy – between the neurodiversity and gay rights movements – that acknowledges a dimension of social construction in determining what counts as 'disordered'. This recognition applies, they argue, to some but not all autistics.

In discussing the analogy, Jaarsma and Welin appeal to Lennart Nordenfelt's explanation of why we stopped seeing homosexuality as a disorder – it 'did not regularly cause subjective distress or was associated

¹⁹ J. Wolff. 2009. Disability Among Equals. In *Disability and Disadvantage*. K. Brownlee and A. Cureton, eds. Oxford: Oxford University Press: 131.

with general impairment in social effectiveness or functioning'.²⁰ If gay people nevertheless were distressed and impaired, it was not because of homosexuality *per se* but the homophobic social conditions they lived in. Jaarsma and Welin claim that the cure to these problems 'has simply been a wider acceptance of homosexuality' and that 'the same, *mutatis mutandis*, can be said of high-functioning autistics'.²¹ The same, however, cannot be said for low-functioning autistics – the analogy stops when we move beyond high-functioning autistics.

Jaarsma and Welin's point is that unlike low-functioning autistics, high-functioning autistics are usually able to manage on their own. The attention they draw to the Deaf culture is revealing.²² The Deaf culture comprises people who identify with being deaf, who reject that deafness is a disorder, and seek accommodation for their differences²³ – a seeming parallel to the claims made by the autistics. The only difficulty that Deaf/deaf people face is that of hearing. Otherwise, they have no further problems – especially not pertaining to social effectiveness and functioning. Presumably, the same can be said for high-functioning autistics. Besides facing minor difficulties, they do not have problems with everyday living. What they need is thus 'simply' acceptance and non-interference. Low-functioning autistics, however, need more than simply acceptance. Jaarsma and Welin claim that acceptance 'does not 'cure' difficulties with social relationships, social communication, rigidity and sensory issues.'²⁴

What is of interest here is what we can glean from their remarks about high- and low-functioning autistics, regarding their conception of care, and what counts as addressing the claims of the neurodiversity movement. Care is construed not only as medical intervention, but also as having a curative purpose. Additionally, all that is taken to be involved in accommodation of differences is the acceptance of those differences and then non-interference with the lives of these different people.

Taken together, we may finally clarify Jaarsma and Welin's analogy between high-functioning autistics and gay people, and why it does not extend to low-functioning autistics. In order to recognise and respect – and thus accommodate – gay peoples' differences, society simply needs to accept their differences, and stop interfering with their lives. Individuals who are able to 'manage on their own', are those who do not require more than non-interference and acceptance to get by with everyday life. The same cannot be said for low-functioning autistics, who have (relationships, communication, and sensorimotor) difficulties which cannot be resolved by non-inference, and require active medical intervention.

²⁰ Jaarsma & Welin, *op. cit. note 11*, p. 25.

²¹ *Ibid*: 25.

²² Jaarsma & Welin, *op. cit. note 11*, p. 27.

²³ E. Dolnick. 1993. Deafness as Culture. *The Atlantic Monthly*, September: 37-53.

²⁴ Jaarsma & Welin, *op. cit. note 11*, p. 27.

However, there are several problems with their separation of autistics in this manner. First, accommodation of differences involves more than mere acceptance and non-interference.²⁵ This holds not only for autism, but even for homosexuality. It is true that a crucial part of what was done in accommodating gay people involved accepting their differences, and resisting interfering with their lives. Many of the problems they faced – securing jobs and other opportunities, moving around in social circles and the like – were due to people’s prejudices, which motivated interference with their lives. However, much more is required to fully accommodate their differences. We also need to re-conceptualise and re-organise many of our basic social institutions. The most obvious example is in changing the legal institution of marriage and the social entitlements, privileges and powers tied to it. Additionally, inheritance and pension laws, and insurance regulations will also need to be altered to reflect the equality in standing between homosexual and heterosexual citizens. Childcare provisions – such as the issues of paid parenting leave, or even of having diaper-change stations in male-washrooms – will have to be updated in order not to penalise gay couples. These do not exhaust what needs to be done to accommodate homosexuals. Thus, Jaarsma and Welin’s conception of accommodation as involving acceptance and non-interference is inaccurate.

Jaarsma and Welin’s conception of accommodation fares worse in relation to the Deaf culture. Most importantly, their claim that cultures such as the Deaf are ‘usually able to manage on their own’ obscures the severe and pervasive difficulties that Deaf/deaf people face in everyday living. Deafness significantly affects an individual’s access to language, communication, and social skills, and is usually associated with a range of limitations in other functionings, many of which are crucial for the pursuit of life plans. Because of the inability to hear, the Deaf/deaf face difficulties in keeping up with what people are saying. This hinders their learning in schools, and engagement in much of typical social life. Many deaf individuals fare ‘much worse than the hearing on a range of significant indicators of quality of life: unemployment, education levels, income, and so on’.²⁶ Undeniably, being deaf leads to serious disadvantages, which are not resolvable simply via acceptance and non-interference. Accommodating Deaf/deaf people involves much more work – teaching sign-language or subsidising its learning, installing tele-texting machines instead of phones, erecting visible signs used in conjunction with all auditory cues such as car-horns or alarm-systems, to name a few.²⁷ Only when these are done, and Deaf/deaf people navigate the world differently but comfortably and without an unreasonable disadvantage compared to hearing people, will we have a society that fully accommodates them. Deafness becomes just

²⁵ Moreover, and this is a point I won’t pursue further, accepting people’s differences *need not* accompany non-interference.

²⁶ N. Levy. Deafness, Culture, and Choice. *Journal of Medical Ethics* 2002; 28: 284-285; B. B. Blanchfield et al. The Severely to Profoundly Hearing-Impaired Population in the United States: Prevalence Estimates and Demographics. *Journal of the American Academy of Audiology* 2001; 12: 183-189.

²⁷ S. R. Bagenstos. Subordination, Stigma, and “Disability”. *Virginia Law Review* 2000; 86(3): 397-534.

another characteristic that people may be born with, but which does not unfairly affect their life prospects. Till then, the work that needs to be done is far from mere acceptance and non-interference.²⁸

So, contrary to Jaarsma and Welin, accommodation does not involve mere acceptance of differences and non-interference, but active efforts to ensure that the group of people in concern navigate the world without unreasonable disadvantage. Applying this recognition to the neurodiversity movement, their initial exclusion of low-functioning autistics is unwarranted.

Rejecting a narrow conception of accommodation also allows us a way of moving beyond a narrow conception of care as medical and curative, in the context of autistics' difficulties. Earlier, we saw how to address the difficulties of Deaf/deaf people. Like autistics, their state of being is often construed as disordered. Much of the resistance to their movement also begins from people's intuition that medical, curative intervention is more appropriate than accommodation. Yet with some creativity, it is possible to address their deafness – especially the disadvantages that arise from it – via accommodation, without eliminating it. The same can be said for autism, at least for the core autistic traits. I grant that Jaarsma and Welin's claim that sensorimotor difficulties should be treated stands, even as I reject the treatment claim regarding social relationships and communication. And as earlier mentioned, accommodation strategies for the latter are well under way. Thus, accommodating autistics does not commit us to giving up the claim that we are addressing their needs.

Finally, Jaarsma and Welin's analogy between the neurodiversity and gay rights movement is misleading, insofar as it rests on 'social effectiveness or functionings'. We see this more clearly in examining the trajectory of part of the latter movement. Until several decades ago, homosexuality was regarded as a psychological disorder that was simultaneously a sign of a more generally disordered psyche. Being homosexual corresponded with being defective in other areas of everyday life, including social effectiveness or functioning. Up till the 1970s, it remained an 'important *factual* matter whether 'homosexuality was always associated with "other"

²⁸ In a more recent paper, Jaarsma and Welin present an account of a salient difference between mild autism and deafness – arguing that the latter involves the (partial or complete) lack of a central human capability, whereas the former does not. In effect, this releases their analogy between high-functioning autistics (or those with "mild" autism) and Deaf individuals, in terms of them being 'able to manage on their own'. However, the difference they have identified as salient risks neglecting the fact that central to the Deaf movement are the claims that hearing is a central capability only given certain social arrangements, and thus that changes must be made to current social and material conditions, such that hearing ceases to be the only manifestation of the central capability to communicate (in the absence of which treatment is warranted). So, while I agree with their later conclusion that the cases of autistics and the Deaf are importantly different, I disagree with their manner of distinguishing the groups. Of course, more discussion is warranted beyond these unjustly brief remarks. See P. Jaarsma & S. Welin. Human capabilities, mild autism, deafness and the morality of embryo selection. *Med Health Care and Philos* 2013; 16: 817-824. I thank an anonymous referee for pointing out this further development in Jaarsma and Welin's account of autism and deafness.

signs of psychopathology’.²⁹ Gay people were then ‘denied civil rights in many areas of life on the grounds that because they suffer from a “mental illness” the burden of proof is on them to demonstrate the competence, reliability or mental stability.’³⁰

Probing further, we see that homosexuality was deemed a disorder consequent to theories about its etiology – as arising from childhood conflicts or unresolved anxieties. This view persisted till the early 1970s, when Robert Spitzer argued that ‘the *consequences* of a condition, and not its *etiology*, determined whether the condition should be considered a disorder’.³¹ This was revolutionary for its time, but eventually incorporated into the DSM-II. Within this context, it was thus crucial for people to establish – as they eventually did – the fact that gay people were not generally impaired in social effectiveness or functioning. With this, gay people advanced their claim that homosexuality should be accommodated. In all other areas of social life, they could function as well as heterosexual citizens. Homosexuality has no impact on other functionings.

The dis-analogy between the neurodiversity and gay rights movements should by now be apparent – especially concerning the nature of their claims. Unlike gay people, autistics are not calling for the recognition of a factual claim that they *possess* social effectiveness or functioning *despite* being autistic. They are instead arguing that they *can possess* these functionings *if* society changes to accommodate their differences. Regarding homosexuality, people were in error about the functionings of gay people in that they failed to see them when they actually existed. Yet there is no similar mistake about the non-existence of autistics’ functionings, nor is all we need simply to disabuse ourselves of that belief. They do not currently have these functionings, and it is part of their call for society to address that via accommodation. There is no analogy between the two movements in this respect. An appeal to existing functionings as a criteria to exclude some autistics from accommodation is tantamount to ignoring the very claim that autistics want society to recognise. While the two movements do share many similarities – one of which was earlier discussed – we should not allow them to obscure the differences in what needs to be done to address either.

Of course, as accommodation strategies are put in place what counts as socially effective must correspondingly shift. It is inadequate to continue with neurotypical understandings of social effectiveness as involving traits such as spontaneity, or perceiving and acting on non-verbal cues. On this account, autistics may well lack social effectiveness after accommodation strategies are put in place. Instead, a new benchmark of social effectiveness

²⁹ R. L. Spitzer. The Diagnostic Status of Homosexuality in DSM-III: A Reformulation of the Issues. *American Journal of Psychiatry* 1981; 138(2): 210-215; italics mine.

³⁰ American Psychological Association. 1973. *Homosexuality and Sexual Orientation Disturbance: Proposed Change in DSM-II, 6th Printing, Page 44 Position Statement (retired)*. APA Document Reference No. 730008. Arlington, VA: American Psychiatric Publishing.

³¹ Spitzer, *op. cit.* note 29.

focusing on whether autistics are able to navigate within society – instead of how they do so – should be adopted.

2.3 Separation based on autistic culture

One other strategy is for autistics to be recognised as a special group – like other minority groups. The bases for this recognition are either that ‘there is something special to be protected, for example a certain culture in risk of being swallowed by the majority culture’, or that there has been pervasive discrimination against them.³² Autistics can argue that they have been historically disadvantaged as a group – in particular by being subject to the economic and political decisions made by neurotypicals. Thus, as a matter of rectifying these disadvantages, society needs to accommodate their differences. While I agree that autistics have been disadvantaged and thus should be accommodated, I suggest two ways in which the culture strategy may not readily apply to the neurodiversity movement, and may even detract from it.

We must resist being distracted by the question of what is meant by an autistic culture and who is part of it, for it is one step removed from the issue of addressing autistics’ claims of disadvantage and to accommodation. Here it may be instructive to look at the debates concerning the Deaf culture. In addition to claiming that society should accommodate deaf citizens such that they can lead productive lives without unfair disadvantage, some Deaf activists have claimed the existence of a Deaf culture. This has spawned further disputes about whether they are in fact a culture, or how we may understand the concept of culture differently such that we can consider them a culture,³³ which are tangential to the original issue.

Do the discussions about culture lend weight to the claims of the Deaf or autistic? If so, then the diversion of our attention may nevertheless be worthwhile. Consider the following, hypothetical example of a group of paedophiles claiming to be part of a culture. Structurally, their claims resemble those of the Deaf and autistics – paedophiles have been historically disadvantaged, and they claim that society has not, but should, accommodate the differences in their functionings. Yet why do we not take their claim seriously? It is not because we do not think their claim to culture fails, but rather we should not accommodate them *even if* it succeeded. Here we see the one limitation of the culture strategy – it contributes to the debates only if there is already some prior consensus, however thin it may be, about the reasonableness or acceptability of the substantive claims of that purported culture. The culture strategy may then help to tip the scales, so to speak. Often, invoking the ‘culture-status’ of a certain group as salient to a discussion presupposes that there is some degree of acceptance of its claims. Culture becomes something like a metonym or placeholder for what

³² Jaarsma & Welin, *op. cit. note 11*, p. 26.

³³ R. Sparrow. Defending Deaf Culture: the Case of Cochlear Implants. *The Journal of Political Philosophy* 2005; 13(2): 135-152.

is truly at stake. Lacking that, culture becomes just another issue to quarrel about which does not help resolve the initial quandary.

Are the claims of the neurodiversity movement acceptable? There is no consensus yet; and except for a small number, most people do not think them acceptable. In this respect, it is too dissimilar to other minority groups to which the culture strategy applies fruitfully. Invoking the culture strategy, thus does not lend credibility to the autistics' claims. A note: I do not claim that discussions about culture and group rights are therefore fruitless – there is room for them, but not now.

Also, what about autistics who do not identify with being autistic – do we treat them? Here, we look again to the gay rights movement. In the 7th printing of *DSM-II*, homosexuality was removed as a disorder and replaced with 'sexual orientation disturbance'.³⁴ The rationale was that while homosexuality was not a disorder, being uncomfortable or distressed with being homosexual was a disorder due to lack of identification with it. Those who did not identify with being gay could opt for counselling or even treatment. Yet even this view fell out of favour eventually. In 2003, Robert Spitzer, the esteemed psychiatrist who had a significant role in normalising homosexuality, argued that treatment was *possible* for *some* gay people.³⁵ Many of the responses to this minimal claim seemed disproportionate, often including cutting denunciations from gay activists and scientists.³⁶ The intensity of their resistance to Spitzer's work cannot be explained if we understand the claims of gay people for accommodation as beginning for culture. It is only in recognising their claims as being about the normality of homosexuality (and thus the misguidedness and disrespectfulness of treatment) that we can account for the backlash against Spitzer. Thus, understanding their claims in terms of culture actually ends up demoting their claim from an objective statement about what is normal, to a culture-dependent statement about what *gay people deem* normal. This not only diminishes the impact of their claim, but also constitutes a crucial deafness to the point that gay people were making. I believe this point applies to the autistics, and thus that understanding their claims as stemming from culture may even detract from their goals.

3. SKETCHING FUTURE DIRECTIONS

The middle ground that Jaarsma and Welin seek is untenable, because their ways of separating autistics are riddled with both implementation and in-principle problems. This should clue us in to the difficulties of separating autistics more generally. Yet dissolving this middle ground still leaves us a residual resistance to accommodating all autistics – for we do not thus think

³⁴ American Psychological Association. 1974. *Diagnostic and Statistical Manual of Mental Disorders*, 2nd ed., 7th printing. Arlington, VA: American Psychiatric Publishing.

³⁵ R. L. Spitzer. Can Some Gay Men and Lesbians Change Their Sexual Orientation? 200 Participants Reporting a Change from Homosexual to Heterosexual Orientation. *Archives of Sexual Behaviour* 2003; 32(5): 403-417.

³⁶ B. Carey. 2012. Psychiatry Giant Sorry for Backing Gay 'Cure'. *The New York Times*, 18 May.

that we should accommodate all autistics. I suggest that we are rightly unconvinced, and that this is because their strategy of separating autistics mis-locates the source of our resistance to accommodating all autistics.

We look to the only point of Jaarsma and Welin's paper where they make explicit their resistance to accommodating all autistics. Beginning from their observation that some autistics are more vulnerable than others, they recognise the 'enormous amount of resistance that needs to be overcome' to stop regarding all autism as normal variation. They are right that they thus have a 'pragmatic reason' to narrow the scope of the accommodation thesis to include only high-functioning autistics. However, their explanation – that some are more vulnerable than others – is incomplete and thus appears misplaced. Unfortunately they do not pursue the point further.

I suggest that they have gotten it right about the issue of vulnerability. Specifically, the residual resistance lies mainly in the costs and the extent of change involved in accommodating all autistics. These are important factors that affect our judgements of how plausible the accommodation thesis is, in addition to whether autism is a natural variation. Recognising this reveals an instructive point of dis-analogy to the gay rights movement. It is true that a lot of work is involved in accommodating gay people – especially given that many societies began with and continue maintaining institutions that discriminate against them. Yet this work is of a different kind than that which needs to be done in accommodating autistics. Recall that one crucial step for the gay rights movement was pointing out that they were socially effective, and not generally impaired because of homosexuality. However much work societies had to put in to include them as equal citizens, it was with the recognition that they could contribute immediately to society. In the case of autistics, however, there is the sense that more is required than simply changing the wording of statutes or regulations of institutions, before they can contribute to society. In this respect, accommodating them is more similar to accommodating the Deaf, than gay people.

Jaarsma and Welin's discussion of vulnerabilities is incomplete because it is only a proxy for the costs and extent of change involved in accommodating low-functioning autistics. For the very vulnerable, many resources will have to be allocated to *enabling* them to contribute; resources which have to be redirected from elsewhere. These are the crucial issues, and not merely autistic vulnerabilities. Discussions of the accommodation thesis thus cannot adequately address our resistance, if it avoids the 'pragmatic' issues of the costs and extent of change required to accommodate autistics.

We have come close to these issues at various points in our discussion. In discussing IQ, I argued that talk about IQ or capacities cannot be the basis for singling some autistics out for accommodation and others for treatment. But once we situate the discussion in terms of costs and extent of change required, then we are no longer merely using IQ or capacities to separate autistics. Instead, like the discussion of vulnerabilities, they become a proxy referring to the difficulties of implementing accommodation. These difficulties may prove to be so great and costly to overcome, that we

eventually decide against it. Yet this requires further arguments the kinds of which are missing from Jaarsma and Welin's discussions.

In rejecting the analogy they draw between the neurodiversity and Deaf movements, I argued that accommodation involves more than simply acceptance and non-interference. We can only say of society that it accommodates them when they navigate the world differently but without *unreasonable* disadvantage. Obviously, what counts as unreasonable also has to take into account issues of cost and extent of change required. At another point, I noted people's intuitions that treatment would be more appropriate for the Deaf and low-functioning autistics. There, I located the source of resistance in a narrow conception of what it means to care for individuals. We now add one more.

That these issues have recurred indicate that a more systematic discussion is warranted and crucial in seeking a middle ground between accommodating autistics and treating autism. They cannot be avoided, even if we talk specifically about accommodating some traits and treating (maladaptive) others.³⁷ Attempting to address the accommodation thesis for autistics, without considering these issues, is thus not only incomplete, but crucially misses the point of people's resistance to it. While I believe that no middle ground can be found – that our resistance regarding these issues can be explained away, thus establishing the plausibility of the accommodation thesis for all autistics – this is the task for future work which I am unable to undertake here.

4. CONCLUSIONS

In this paper I rejected Jaarsma and Welin's attempts to accommodate some autistics and treat others as being riddled by implementation and in-principle problems. Not only do these problems recur more generally, when we try to separate autistics, resolving them also does not adequately address the accommodation thesis. As I suggested in the penultimate section, a complete response has to involve discussions of pragmatic considerations regarding costs and extent of change required. More has to be done if we want to accommodate both autistics and treat autism.

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³⁷ See M. Doan & A. Fenton. 2013. Embodying Autistic Cognition: Towards Reconcepting Certain "Autism-Related" Behavioural Atypicalities as Functional. In *The Philosophy of Autism*. J. Anderson and S. Cushing, eds. Lanham: Rowman & Littlefield Publishers: 47-72.

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