

Introduction

Jami L. Anderson and Simon Cushing

From when our son was about twenty-four months old, until he was twenty-six months old he was enrolled in a nearby Montessori preschool. One day his teacher and her assistant called Jami in for a meeting. Since all parent-teacher meetings for our older son were always happy events, we did not think this would be anything otherwise, since, if anything, our younger son hit milestones earlier than when our older son did. Our younger son had known his alphabet and could count to one hundred by the time he was twelve months old and by eighteen months old was “coding” his answers to questions. What could be the problem? The teacher did not say anything directly but suggested that he be taken “to a specialist.” Given that other kids in the class had been known to hit, bite, cry, or have day-long temper tantrums, whereas our son was a jolly chap quite thrilled with life, happy to be with others and content with whatever came his way, this suggestion seemed inexplicable. Jami asked, “Is he...*slow*?” “Oh, no! But he’s not talking—though of course he is just twenty-six months old. But...he is very, very...” At this point, the conversation just...sort of...petered off. We were sitting precariously on tiny chairs, each about eight inches tall, circled around a tiny table. It would have been hilarious except that the subtext of the conversation was so terrifyingly bizarre. Obviously realizing that Jami was not “getting” the point, the teacher plunged onward. “We just feel—don’t we?—that he needs to see a specialist. We think that would be best.” At that they shuffled their papers and that was the end of the meeting. At no point was the term “autism” spoken nor was Jami told what sort of “specialist” to consult. So far, autism had not yet entered our world.

Our son was diagnosed unofficially by Simon’s father and stepmother while we were visiting England. Simon and his father were watching our son play in the surf on a beach, and Simon’s father asked, “What are you going to

do about him?" Puzzled, Simon asked what he meant. "Well, it's obvious he's autistic," he replied. As one might imagine, this cast somewhat of a pall over the vacation. When we returned to the States, our primary-care physician regarded the diagnosis as absurd but begrudgingly agreed to refer us to a neurologist. During a very brief meeting, the neurologist diagnosed our son as "PDD-NOS" (Pervasive Developmental Delays-Not Otherwise Specified), then cheerfully bid us good day. In the fog that followed, Simon contacted a couple of distinguished philosophers, whom he had asked for minor favors, to let them know that his immediate plans had changed, and mentioned the reason. Both responded that they understood, because they, too, had children "on the spectrum." Since these philosophers were the very first fellow academics we had "outed" our son to, it seemed an amazing coincidence that they, too, had children on the spectrum.

Neither of those distinguished philosophers had written on the subject of autism, despite the fact that at least one of them had obviously done copious research and was, as a result, able to be an enormous help to us in finding services for our son, including recommending perhaps the most eminent expert on autism working in our state.

When we were able to get an appointment with him, one of the first things he asked us was what each of us did for a living, and his reaction on hearing that we were both philosophers was "Well, no wonder!"

He is not unique in this attitude. In an article in the online edition of the *New York Times*, Andy Martin wrote:

I don't want to maintain that all philosophers are autistic in this sense. Perhaps not even that "You don't have to be autistic, but it helps." And yet there are certainly episodes and sentences associated with philosophers quite distinct from Wittgenstein and Russell that might lead us to think in that way...One implication of what a psychologist might say about autism goes something like this: you, a philosopher, are mindblind and liable to take up philosophy precisely because you don't "get" what other people are saying to you. You, like Wittgenstein, have a habit of hearing and seeing propositions, but feeling that they say nothing (as if they were rendered in Chinese). In other words, philosophy would be a tendency to interpret what people say as a puzzle of some kind, a machine that may or may not work. I think this helps to explain Wittgenstein's otherwise slightly mysterious advice, to the effect that if you want to be a good philosopher, you should become a car mechanic.¹

Despite this anecdotal evidence of a link between an interest in philosophy and autism, it appears that the amount of philosophical writing directly about autism is scanty indeed. This strikes us both as odd. Surely the philosopher's first impulse when confronted with any major life issue should be to subject it to analysis. In retrospect, it was and is perfectly understandable: work should be a refuge from the general shittiness of real life. Admittedly, we

both found it very hard for a couple of years to read anything that might expose us to a gloomy prognosis about the life prospects for autistic people, and by implication, our son. Why ruin the enjoyment of our undoubtedly odd, but undoubtedly happy and lovable, son's childhood with depressing foreshadowing?

Yet the postdiagnosis years are a colossal mindfuck and while friends and family intend to be supportive, what we both wanted—what we *needed*—was to make intellectual sense of autism. Because nothing being said to us made sense: the diagnosis did not make sense; the sub-categories of autism did not make sense; the therapy regimes proposed were inconsistent with one another and seemed, given the realities of life, ridiculous if not brutal. Moreover, embracing the diagnosis "autism" required accepting as pathological the very features of our son that we found most endearing and did not want to change. (Like his "odd play," to give but one example.)

We have mixed attitudes towards academic philosophy and are (probably unfairly) dismissive to a great deal of what is labeled "continental" philosophy precisely because we both find it to be almost completely unreadable. And if individuals who have been trained in philosophy (who can wade through the multi-claused sentences of Hume and Mill and emerge thinking that they are propounding obvious common sense) find continental philosophy unreadable, what hope for the uninitiated? Simon had an undergraduate professor whose lectures were clear, and whose philosophical position he found utterly convincing and important. But then he turned to his written work and found it barely penetrable (and managed then only because of his lectures). Simon actually asked him why his writing and speaking styles were so different, and he responded by saying something on the lines of "it's expected in the field." And this by a contributor to *Radical Philosophy*! He has since been a winner of some award for "most tortured sentence" (or some equivalent) given out by an organization that crusades for clarity.

So we side with analytic philosophy because of its (professed²) commitment to clarity and argumentative rigor. But analytic philosophy has too often ceded important areas of discussion to the dark side. Why is it that if you are interested in gender you are almost forced to read Judith Butler, another deserved winner of the tortured sentence award?³ And why do certain very narrow, and to the general public, minor issues dominate philosophical discussion, while issues of immediate concern to people's real lives go relatively unaddressed?⁴

The subject of autism is rich with philosophical possibilities. First, exactly what *is* autism? What does the concept cover? Analytical philosophy has obsessed with conceptual analysis to the point that it is somewhat passé these days, but surely now is the time to analyze the concept "autistic" as it is just exploding into use by the general public. This is a crucial time in the evolution of meaning of the term. Until recently the term has been almost exclu-

sively the preserve of psychiatrists, but with the vast increases in diagnoses and the corresponding spike in attention by the media, the scope of the concept (or concepts) attached to the term has become broader and the term has acquired various connotations that will affect those labeled by it in serious ways throughout their lives. As parents of a child diagnosed on the autistic spectrum, we, and all others in the same situation, want to know: what does that *mean*?

The issue of what exactly autism is is inextricably bound up with the epistemological question of how to tell that a person is autistic. When a diagnosis is made, what are the signs that justify that diagnosis? And why is it that they *are* the signs that justify a diagnosis of autism?

Complicating matters is the fact that in the medical community “terminology centering on autism is something of a minefield.”⁵ The current edition of the American Psychiatric Association’s official *Diagnostic and Statistical Manual of Mental Disorders* (the *DSM-IV-TR*) specifies three distinct autism-related conditions as members of a group of pervasive developmental disorders. These are “autistic disorder,” “Asperger disorder,” and “PDD-NOS.”⁶ Thus, according to the *DSM-IV*, there are three distinct “subtypes” of autism, each distinct from the other, with differing diagnostic criteria. Furthermore, each of these three is termed a “disorder” rather than the more neutral “syndrome” or simply condition. However, studies performed in the years since the publication of the first edition of *DSM-IV* in 1994 have led some researchers to think of autism instead on the model of a spectrum of conditions, each bleeding into the next. In particular (and of particular relevance here), studies have shown that family members of individuals diagnosed autistic typically display a few of the symptoms of autism, but well below the threshold required for a diagnosis:

An aunt, for example, may have had speech and language therapy as a child, and was slow to learn to read; a brother or sister may have had difficulty in making friends at school and have chosen a career with minimal contact with other people; the father may be an avid collector of something, with unusual factual knowledge relating to his hobby.⁷

(Or his parents may simply be philosophy professors...) The name for this phenomenon of mild signs of autism among relatives of an autistic individual is “broader autism phenotype” (BAP). Thus, it seems likely that instead of autism being on the analogy of Down syndrome, where there is a detectable genetic marker that separates all Down syndrome individuals from those who are not (even if, of course, there is a wide spectrum of abilities among individuals who have this condition), individuals diagnosed as autistic look likely to be simply individuals who have clustered in one person symptoms that separately, or in milder forms, are present in a huge number of individu-

als never diagnosed. That is not to say that the various categories are necessarily vacuous—the existence of dusk does not mean that there is no day or night, and the term “spectrum” does not imply that there are no colors—but it certainly throws into question the rigidity of the categories in the current *DSM*.

So, how to tell whether or not someone fits in “autistic” or “PDD-NOS”? Answering that question depends on what, at bottom, we think any of the categories of disorder or syndrome actually *are*. In Simon Cushing’s chapter, “Autism: The Very Idea,” Cushing subjects “autism” to conceptual analysis to see if we can say with confidence what it is that individuals labeled autistic have in common. If each of the subtypes of autism is defined simply as constituted by a set of symptoms, then the criteria for its observation are straightforward, although, of course, some of those symptoms themselves might be hard to observe definitively. Compare with telling whether or not someone is *bleeding*: while it might be hard to tell if someone is bleeding internally, we know what it takes to find out, and when we have the right access and instruments we can settle the issue. But matters are not so simple for the autism subtypes. For one thing, how do we settle which symptoms to group together under one heading? One key difference between “autism disorder” and “Asperger’s disorder” is that the former exhibits language delays (sometimes extreme), whereas the latter does not. But is that a sign of genuinely distinct conditions or is that an artifact of the distinct groups of subjects that Leo Kanner (the American psychiatrist whose 1943 study⁸ is credited with defining autism) and Hans Asperger (the Austrian physician who published a study⁹ in 1944 that was not translated into English until 1991) worked with? And in general, although there are certainly types of behavior that are taken to be indicative of autism, none by itself is taken by diagnosticians to be either necessary or sufficient for a definitive diagnosis for any of the autism subtypes. What is the diagnostician to do? This is not merely an academic issue, as many parents can attest. Our primary care practitioner was practically scornful of the suggestion that our son was autistic, in part because he is not remotely touch averse (although clothing tags annoy him) and has comparatively good eye contact. But the neurologist our physician referred us to took the fact that our son would not point to objects by himself but instead would grab a parent’s hand and use *that* to point with as a sure sign. Are we in a situation, then, that each practitioner has his or her own “pet” signs that are the “real keys” to the diagnosis? That would be chaotic (and indeed, is). That would also suggest that the term “autistic” might meet the fate of the outdated term “neurotic,” which turned out to be a pseudo-scientific term for an inexact clumping together of unrelated phenomena.

What anyone of a scientific bent hopes for is that the question of whether or not a particular individual is autistic will follow the lead of the question of

whether or not a particular liquid is water. Back when the name was initially coined, and water was distinguished from other liquids, a far wider range of substances would have counted as such than would today. Now we say we have a sure-fire way of telling whether or not something is water: if it is H₂O. The assumption among specialists seems to be that we will reach that point with autism: there will be a root essence to autism whose presence or absence settles a diagnosis. If that is to be the case, however, we have to settle the *level of application* of the concept. Does the term apply to people who exhibit particular behaviors? Or is it possible to exhibit “autistic” behaviors without actually being autistic, because autism is instead a particular feature of the mind (as, for example, in Baron-Cohen’s “impaired theory of mind module” theory, discussed below) which usually but not necessarily has behavioral effects? Or is autism located instead in the brain, perhaps in damage to key areas, which in turn would typically have an effect on modules of the mind? Or perhaps autism is located in genetics or biology, so that some people with damage to the brain caused by accidents and exhibiting autistic symptoms would not actually be autistic. This is not simply a dry academic issue, because there genuinely are individuals (for example, Kim Peek, the savant who was the inspiration for *Rain Man*) who display “autistic” symptoms, but whose status as “actually” autistic is questioned. Conversely, supposing one had an “autistic brain” but showed none of (or not a sufficient number of) the symptoms, would one not be autistic? The assumption is that the genotypes and phenotypes will line up neatly, but if they do not, what happens to the concept “autistic?” (There is an analogy in the philosophy of sex and gender: androgen insensitive individuals tend to self-identify as female and have outward female traits, but have XY chromosomes—should we go with chromosomes or self-identity in assigning sex category?) Finally, the implications for these complications for diagnosis and categorization, with the attendant social and medical implications are discussed. The typical assumption of the medical profession is that autism cannot be “cured.” That assumes that autism is *not* simply the symptoms. However, at the same time, the tests used to diagnose ASDs (Autism Spectrum Disorders) work simply from the symptoms (for example, Baron-Cohen’s Sally/Anne test described below—which ASD children of a certain age almost all fail, but which practically no ASD adult fails). This implies an inherent confusion over the status of the concept. Cushing’s conclusion is that attempts to make sense of some *true* or *accurate* summary of what it is to be autistic (such as one would find in the *DSM*) are almost certainly misguided and will vanish into history along with “neurotic.” But as with racial terms, which are similarly shifting and perverse, the term has already passed into the public sphere and will have a lasting and dangerous influence beyond its short scientific shelf life.

Almost certainly the most influential theory of what is essentially distinct about autism is the one¹⁰ that has been developed over the past couple of decades by the British psychologist Simon Baron-Cohen.

Baron-Cohen’s work would seem to give lie to the earlier suggestion that philosophy has had little connection with the subject of autism, because articles of his have appeared in anthologies with,¹¹ and been cited extensively by, influential work in the philosophy of mind. This is in part because Baron-Cohen has himself been influenced by a particular school in philosophy of mind, specifically the *Theory-Theory* camp, which takes the view that neurotypical humans are able to interpret the behavior of others because their brain furniture includes a “theory of mind module” (ToMM).¹²

ToMM is a system for inferring the full range of mental states from behavior—that is, for employing a “theory of mind.”...The first thing that is...needed is a way of representing the set of *epistemic mental states* (which include pretending, thinking, knowing, believing, imagining, dreaming, guessing, and deceiving). The second is a way of tying together all these mental-state concepts (the volitional, the perceptual, and the epistemic) into a coherent understanding of how mental states and actions are related. ToMM does just these things. It has the dual function of representing the set of epistemic mental states and turning all this mentalistic knowledge into a useful theory.¹³

We say “neurotypical” because of course Baron-Cohen has made the prediction that on the basis of what he thinks to be true about the brain, “in autism virtually all aspects of ToMM should be impaired.”¹⁴ Indeed, impairment of ToMM is, on this view, what is distinctive about autism, what *makes* an individual autistic. In the terminology that Baron-Cohen employs, while neurotypical individuals are capable of “mindreading” because of ToMM, autistic people are “mindblind.”

Central to Baron-Cohen’s argument for this conclusion are tests that purport to demonstrate an impaired theory of mind in autistic children. Although many variants of the test have been used, the canonical version was described in a 1985 paper by Baron-Cohen, Leslie and Frith:¹⁵

There were two doll protagonists, Sally and Anne....Sally first placed a marble into her basket. Then she left the scene, and the marble was transferred by Anne and hidden in her box. Then, when Sally returned, the experimenter asked the critical Belief Question: “Where will Sally look for her marble?” If the children point to the previous location of the marble, then they pass the Belief Question by appreciating the doll’s now false belief. If however, they point to the marble’s current location, then they fail the question by not taking into account the doll’s belief.¹⁶

Not only do autistic children fare worse on “Sally/Anne” style false belief tests than neurotypical children, but also worse than children of a similar age

who have Down syndrome; so the three authors concluded that “the failure shown by the autistic children...constitutes a specific deficit...that is largely independent of general intellectual level and has the potential to explain both lack of pretend play and social impairment by virtue of a circumscribed cognitive failure.”¹⁷

There are several assertions basic to Baron-Cohen’s research that no contributor to this anthology questions, such as that autism almost certainly has a genetic basis and that early psychoanalytic claims, most notoriously associated with the work of Bruno Bettelheim, that autism was the result of “refrigerator mothers” were fundamentally misguided. Baron-Cohen has also worked to destigmatize autism. However, other distinctive positions of his are exposed to critical analysis in various chapters in this anthology. In his piece, “I Think, Therefore I Am. I Am Verbal, Therefore I Live,” Nick Pentzell questions both the Theory-Theory and the conclusion drawn from the false belief tests that children with autism lack ToMM. Pentzell self-identifies as a person on the autism spectrum who only became fully verbal at age thirteen, and thus is in a position to remember and outline how language development affected the subsequent organization of his thinking, and how fluency of communication increased his awareness of other people’s thoughts and feelings. Pentzell suggests that the supposedly poor performance of autistic children in Sally/Anne style tests is better explained by sensory overload, limited verbal fluency, and a resulting inexperience with interpersonal relationships than by “damage” to a particular module of the mind. If Pentzell is right, this suggests that Baron-Cohen et al. have failed to identify the true essence of autism, and perhaps, furthermore, that a more essential element of autism might be sensory processing difficulties.

Anna Stubblefield takes up this idea. (Stubblefield’s central goal in her piece “Knowing Other Minds: Ethics and Autism” is to challenge conclusions reached by Deborah Barnbaum in her book *The Ethics of Autism*, and we will come to that argument below, but a part of her article merits mention here because in doing so Stubblefield also questions Baron-Cohen’s analysis of autism as an absence of a theory of mind which Barnbaum’s work explicitly presupposes.) Stubblefield argues that it is more accurate to define autism in terms of sensory and movement challenges, which is in keeping with the evidence that people labeled with autism do demonstrate empathy and the capacity for moral agency. On a related note, Stubblefield argues further that people labeled with autism experience alienation because neurotypicals fail to empathize with those labeled autistic, pointing to the appalling abuse that non-neurotypical individuals routinely endure.

Two other writers take aim specifically at Baron-Cohen’s more recent work, albeit to different ends. In works published in 2005 and 2006,¹⁸ Baron-Cohen suggested that the route into mindreading was through “the empathizing system,” and that, in effect, if you are defective in empathy, you are

defective in mindreading. The empathizing system is to be contrasted with the systemizing mechanism: the former is more developed in females, and the latter, which autistic people rely on by default, more developed in males. Hence Baron-Cohen’s view is now the “extreme male brain” view of autism.

Michelle Maiese believes that Baron-Cohen has gone astray in conjecturing that empathy is related to the Theory-Theory of mind. In her view, empathy is not so strictly cognitive a process. To understand empathy fully we need to be aware of the essentially embodied, emotive, enactive interaction processes involved in social cognition. Maiese develops the idea of *affective framing*, whereby our bodily feelings and cares influence our patterns of cognitive focus and attention. Affective framing is, at bottom, non-conceptual and non-deliberative: an individual’s interpretations of the world are shaped to a large extent by her desires, goals, fears, and values and grounded in her habitual patterns of bodily response. This view suggests that the mentalistic understanding of social interaction that Baron-Cohen defends is too narrow. Subjects engaged in conversation, for example, do not observe and then infer, but instead enter into what Maiese characterizes as “a shared dance” with their conversation partner or partners. Empathy involves modulation of one’s mental and emotional state by coming into bodily contact with other persons’ mental states, so that one literally feels with them. Understanding other people’s minds and behavior thus relies necessarily on the embodied interaction process itself. Maiese argues that autistic individuals are cut off from empathy so understood because autism involves impaired affective framing, and as such, autistic subjects’ bodily feelings do not play their usual role in focusing attention or attuning them to other people’s mental states. A correlated effect is that autistic subjects do not exhibit the same sort of bodily modulation that ordinarily takes place during face-to-face interpersonal interactions. Maiese concludes by investigating the implications of her account of empathy on the moral powers of autistic individuals.

In her chapter, Ruth Sample challenges the “extreme male brain” view of autism. In particular, she identifies what she takes to be Baron-Cohen’s central argument for his claim, which she calls “The Common Cause Argument,” and charges that it both rests on dubious premises and is, in fact, invalid. The argument can be broken down as follows:

1. Fetal testosterone is causally relevant to male-typical behavior.
2. Fetal testosterone is causally relevant to ASD.
3. Both male-typical behavior and ASD are more common in males.
4. Male-typical behavior is a milder version of ASD: they are part of the same phenotypic expression. Therefore,
5. ASD is the Extreme Male Brain.

Sample argues not only that Baron-Cohen has failed to provide evidence for the key claims of the premises, but that the conclusion would not follow even if, for example, fetal testosterone *were* causally relevant to autism. Sample concludes that even though the prevalence of autism is significantly sexually dimorphic, it would be a mistake to see it as a phenotypical expression of the male brain, just as it would be a mistake to see disorders found more often in girls (such as Rett syndrome, which is almost exclusively female, and used to be regarded as a form of autism) as the Extreme Female Brain. “Sexing the brain” adds nothing to our understanding of autism. Neither does it add to our understanding of what causes, or how to remediate, autism. In addition, promoting this equivalence has serious social implications that should not be ignored. The equation of autism with the male brain advances another agenda endorsed by Baron-Cohen: what Erik Turkheimer calls “belligerent defenses of stereotypical masculinity in evolutionary psychology.”¹⁹ Baron-Cohen uses The Extreme Male Brain theory to argue that the low representation of women in the natural sciences, mathematics, computer science, and engineering is a product of biological differences in the brains of men and women. This has clear political implications, despite Baron-Cohen’s professed neutrality.

As should be evident in the forgoing, it is practically impossible to separate discussion of what, if anything, constitutes the “essence” of autism from discussion of related normative issues. Perhaps the most vital and contested issue surrounding autism is whether (or not) it should be labeled a “disorder” at all. On the one hand, the origin of the label in medicine and psychology, along with the fact that the children studied by Kanner and Asperger were brought to them by worried parents who wanted to know what was wrong with their children, suggests that, *of course* it is a disorder. And, while Baron-Cohen has worked to take away the stigma from the label (and indeed advocates the use of the term “autism spectrum *condition*” rather than the more common *disorder*²⁰), it is still true that the suggested causes, “weak central coherence,” “executive dysfunction,” and his own “mindblindness” all carry negative connotations.

In her chapter, “A Dash of Autism,” Jami L. Anderson describes her “post-diagnosis” experiences as the parent of an autistic child, those years in which she tried, but failed, to make sense of the overwhelming and often nonsensical information she received about autism. Anderson argues that immediately after being given an autism diagnosis, parents are pressured into making what amounts to a life-long commitment to a therapy program that (they are told) will not only dramatically change their child, but their family’s financial situation and even their entire mode of existence. Moreover, despite information overload in the form of books, pamphlets and videos about autism, many treatment programs for autism rely on empty jargon and make completely unrealistic promises, so parents are left feeling over-

whelmed and panicked. Even well respected therapy programs encourage parents to spend liberally buying special education equipment, clothing, bedding, and play equipment that may be purposeless. Indeed, autism therapists, who help construct what Anderson refers to as the Culture of Autism, advise parents to commit to a minimum of thirty-five to forty-five hours of intensive therapy with their child every week. The implications are clear: for a parent who works full time, their autistic child becomes a second full-time job. While treatments and therapies are big business right now, they are pushing parents to the brink of desperation, so it is not too surprising that there is a desperate cry for a more *permanent* solution—which is why researchers seek to cure autism.

But there are two ways to conceptualize cure. A Therapeutic Cure model (TC) conceives of a cure as a beneficial treatment for the patient that eliminates or ameliorates the harms of the disease or condition. But the notion of a therapeutic cure for autism is highly implausible, given the complexities of autism. Indeed, at this point, the vast majority of researchers have come to the conclusion that the idea of a *therapeutic* cure for autism is simply a nonstarter. Therefore the bulk of research seeking a cure for autism focuses instead on a second approach, which Anderson refers to as the Negative Eugenics Cure model (NEC). With this model, the intention is to eliminate the disease or condition without regard for the health or well-being of the organism carrying the disease or condition. So, with regard to autism, researchers are focusing on identifying genetic markers for autism that can be detected *in utero*, or in embryos, so that autistic fetuses can be eliminated and autism eradicated by preventing the existence of autistic individuals. Anderson reviews both models and argues that both fail to provide convincing arguments that the “solution” either offers is desirable. Both rest on the assumption that autism renders a life not worth living which, all things considered, is false. Instead of pushing to cure autism, an idea pervasive in this Culture of Autism, Anderson contends that autistics are individuals with lives worth living. Moreover, rather than expend millions on research to search for the means to eliminate autism, we should instead expend our resources to ensure individuals have better access to any therapeutic resources they may need. If the phenomenology of autism were better understood and appreciated, the panicked demand for a cure for autism might abate and perhaps autism could be seen as having value in and of its own right.

Indeed, many people who self-identify as autistic are challenging the conception of autism as a disorder, preferring to argue for a position called *neurodiversity*. One thing that stands in their way is that, although it is true that many autistic individuals exhibit certain “splinter skills” like extraordinary memory or mathematical ability, the kinds of behavior that are liable to lead to a diagnosis in a child are things like hand flapping, repeatedly ordering objects (e.g., toys) in rows, and profoundly restricted routines, which it is

prima facie hard to construe as anything but disabling. Indeed, the view expressed in the *DSM IV-TR* is that many of these behaviors lack adaptive function or purpose, interfere with learning, and constitute the nonsocial behavioral dysfunctions of those disorders making up the Autism Spectrum. As the *DSM IV-TR* continues to be the reference source of choice for professionals working with individuals with psychiatric difficulties, its characterization of the Autism Spectrum holds significant sway.

However, in their chapter "Embodying Autistic Cognition: Towards Re-conceiving Certain 'Autism-Related' Behavioral Atypicalities as Functional," Michael Doan and Andrew Fenton argue that, while "interventions in the lives of some of those diagnosed with ASDs are sometimes justified and desirable," many of the so called "aberrant behaviors" or "restricted interests" can be seen to have a useful function, and as such should be viewed as desirable and, in themselves, nondisordered. Fenton and Doan make this argument against the backdrop of Extended Mind and Enactive Mind Theories, which theorize that mind (or cognition) is embodied and environmentally embedded. They offer a fine-grained taxonomy of what have been called "Restrictive Repetitive Behaviors and Interests" (RRBIs), distinguishing between RRBIs with and without function, and, in the former category, among *adaptive*, *maladaptive*, and *neutral* behavior, and argue that of functional RRBIs, only those that are maladaptive (the kind that positively hinder active cognitive engagement with physical and social environs) are uncontested bases for interventions. In contrast, adaptive and neutral RRBIs can be the means by which individuals on the spectrum are *able* to engage, and intervention can be positively harmful. To support their case, Fenton and Doan include the testimony of two individuals on the spectrum describing how certain RRBIs enable them to make order where otherwise there is debilitating sensory chaos. Fenton and Doan seek to carve out a "middle way" between the pathologizing medical view of autism as a disorder and RRBIs as functionless symptoms of impairment and a relativistic view whereby *no* RRBIs should ever be questioned or seen as a sign that intervention could be helpful. We should have a more nuanced view that is directed both by the testimony of autistic individuals themselves and a sophisticated conception of cognition that should facilitate greater acceptance of the sensory needs of those on the spectrum and the related behavioral atypicalities that can mediate and support their physical and social environments, or otherwise have value for them.

One of the supposed defining features of autism is an impairment in empathy. At the same time, there is a tradition in ethics that sees an ability to empathize as essential to moral agency. A combination of these two theses would portray the autistic individual as something less than a moral agent, which, in itself, would put them on very unsure footing, as there is a further tradition in ethics that makes moral personhood, and in effect, moral worth,

contingent on moral agency. Several of the chapters in this anthology analyze one or more of the foregoing theses.

In her book *The Ethics of Autism*, Deborah Barnbaum defends versions of these claims. Barnbaum agrees with Baron-Cohen's contention that autistic people lack a theory of mind. Yet, Barnbaum goes further: she asserts that one cannot experience either empathy or genuine human relationships without a theory of mind, and that therefore the moral agency of autistic individuals is compromised. Anna Stubblefield challenges Barnbaum's claims at every step of the way: autism is *not* absence of a theory of mind (it should be thought of in terms of sensory and movement challenges), and autistic people do *not* lack empathy (if anything, neurotypical people fail to empathize with people on the spectrum) and therefore are capable of moral agency. Perhaps more damning, Stubblefield charges that Barnbaum inaccurately summarizes the words of autistic people to demonstrate their lack of empathy and moral agency, and that when the context of the quotes she summarizes and the full quotations are restored, a different picture of what it is to be labeled autistic emerges. Ultimately, Stubblefield asserts, Barnbaum's arguments amount to "blaming the victim." The alienation that people on the spectrum experience has much more to do with the ostracism and abuse directed at them by the very individuals who are supposedly full moral agents and fully able to experience empathy than any supposed deficiencies of mental capacity on the part of autistic people.

The question of the extent to which autistic individuals can be said to be autonomous agents is taken up further in David DeVidi's chapter, "Advocacy, Autonomy, and Autism." DeVidi, who has worked as an advocate for people who meet the criteria for a diagnosis of "classic" autism (in particular, sometimes extreme language delays), starts by considering a challenge to the point of his advocacy: while it is common for people who advocate for people with disabilities to argue that we as a society should structure things so that they have *full citizenship, self-determination*, and *meaningful, reciprocal relationships* with others in the community, there are reasons to wonder whether this rhetoric can be intended in good faith for people diagnosed as autistic. Diagnostic criteria for autism include such things as a "lack of social reciprocity or emotional reciprocity" and a "failure to develop peer relationships appropriate to developmental level."

DeVidi argues that, once we understand what autonomy is, and the requirements that even neurotypical individuals need met to achieve it, we will see that individuals with classic autism are capable of realizing it. DeVidi uses as a basic definition of autonomy the following, owing to John Christmas: "Put most simply, to be autonomous is to be one's own person, to be directed by considerations, desires, conditions, and characteristics that are not simply imposed upon one, but are part of what can somehow be considered one's authentic self."

DeVidi focuses on three limitations typically faced by autistic people, and in particular, those who require *facilitated communication*, that might be seen to impair expression of this authentic self. These limitations are *inflexibility*, *poor impulse control*, and *communication difficulties*. This last would appear to make it difficult to know that authentic self, especially when it is occasionally unclear exactly how much an assistant is contributing to the communication that he or she is facilitating.

For each instance of these limitations that might call into question the capacity for autonomy of autistic individuals, DeVidi points to equivalent limitations faced by neurotypicals that are not seen to compromise their autonomy because of the existence of strategies for coping with them that are so familiar and commonplace as to go unremarked upon. DeVidi asserts that no person, on the spectrum or not, gets by without what he calls “externalizing” strategies, and that once we face that fact, and are aware of the strategies that can work for even those on the spectrum who might be considered comparatively “low-functioning,” it is possible to defend their status as autonomous, and thereby capable of full citizenship. This is not to downplay serious concerns that we might have for such individuals: DeVidi cautions that those who act as advocates must not lose the distinction between “helping someone to think something through” and “doing someone’s thinking for him.” But so long as the right safeguards are in place, he concludes that “advocating for self-determination for people with autism need be no mere rhetorical play, but can be done with a clear conscience.” All people require support to achieve autonomy: the supports autistic people require are “statistically unusual,” but justice requires that we “push for the creation of the right sorts of supports to make [their] autonomy more than potential.”

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NOTES

1. *New York Times Online*, 2010.
2. As Ed McCann has observed, if you compare the writing of the Hegelian, F. H. Bradley, and G. E. Moore, the supposed founder of analytic philosophy, it is the former who displays the clarity and precision of argument.
3. Sally Haslanger has made an admirably clear and incisive analytical contribution to the philosophy of gender, but she admits that she gets raised eyebrows when she tells fellow philosophers what she writes about.
4. To give one example: no philosophy of religion textbook fails to include extensive discussion of the ontological argument, which few even ardent believers find convincing and for effectively none of whom is a reason for belief, yet the same textbooks invariably do fail to analyze either the topic of prayer or the topic of heaven, surely two of the most basic subjects of interest to real worshippers.
5. Boucher 2009, 36.
6. APA 2000.
7. Boucher 2009, 24.
8. Kanner L. 1943. *Autistic Disturbances of Affective Contact*. *Nervous Child* 2:217–50.
9. Asperger, H. 1991. *Autistic Psychopathy in Childhood*. In *Autism and Asperger Syndrome*, trans. U. Frith, 37–92. Cambridge: Cambridge University Press.
10. If indeed it is a single theory. It could be argued that Baron-Cohen’s recent work is distinct enough from his original suggestions to be a different account altogether.
11. A couple of key early examples are *Folk Psychology*, ed. Davies and Stone (Oxford: Blackwell, 1995) and *Theories of Theories of Mind*, ed. Carruthers and Smith (Cambridge: CUP, 1996).
12. Baron-Cohen takes the term from the work of Alan Leslie, specifically “ToMM, ToBy, and Agency: Core architecture and domain specificity,” in *Mapping the Mind: Domain Specificity in Cognition and Culture*, ed. L. Hirschfeld and S. Gelman (Cambridge: CUP, 1994).
13. Baron-Cohen 1995, 51.
14. Baron-Cohen 1995, 69.
15. Baron-Cohen et al. 1985.
16. *Ibid.*, 41.
17. *Ibid.*, 44.
18. Baron-Cohen 2005; Baron-Cohen 2006.
19. Turkheimer 2010.
20. “I prefer the acronym ASC, since individuals in the high-functioning subgroup are certainly different—they think differently and perceive differently—but is arguable whether these differences should be seen as a disorder... The term ‘condition’ simultaneously acknowledges the disabling aspects of autism and Asperger syndrome, and the fact that the differences in functioning do not lead to global disability, and may in some individuals even result in talent” (Baron-Cohen 2008, 14).