

Sort of People: Considerations About the Ontogeny of Autism in the Dewey Decimal System, 1942-2023

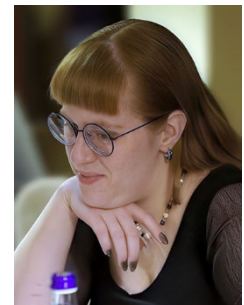
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Abstract: *Sort of People: Considerations About the Ontogeny of Autism in the DDC, 1942-2023* traces the ontogeny of autism within the Dewey Decimal System, from the 14th to the 23rd editions. This period marks significant shifts in the psychiatric understanding and societal attitudes toward autism, reflecting the broader dynamics of neurodiversity recognition, the conceptualization of autism as a spectrum, and the influential role of autistic self-advocacy. The study draws on interdisciplinary sources and theoretical frameworks, including Ludwig's 'restricted malleability' and Hacking's 'interactive types' to critically analyse how changes in scientific, political, and social landscapes have influenced the organization of literature on autism in library classification systems. Methodologically, the paper employs a detailed historical review of DDC editions alongside an analysis of literature concerning the classification of various marginalized groups as well as medical, philosophical, and disability advocacy literature to map the shifts in autism's classification. This approach highlights how the language and structure of classification systems both reflect and shape societal attitudes towards autism. The analysis also considers the impact of autistic self-advocacy on challenging and reshaping these classifications, emphasizing the importance of language and representation in the struggle for autistic integration and visibility. The implications of this study extend beyond the specific case of autism classification. It contributes to ongoing debates on the politics of knowledge organization, the role of libraries and classification systems in either perpetuating or challenging societal norms, and the importance of incorporating marginalized perspectives in the creation and dissemination of knowledge. The author is diagnosed autistic.



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"Not all of us can say, with any degree of certainty, that we have always been human, or that we are only that. Some of us are not even considered fully human now, let alone at previous moments of Western social, political and scientific history".

Rosi Braidotti, *The Posthuman*

1.0 Introduction

Language's dependence on context is made materially evident in subject headings. A long-standing classification scheme's aim is to collocate a type of resource based on interpretation of their domain (Tennis 2012). Hegemonic library classifications like the Dewey Decimal System have upheld and helped entrench marginalizing models of disability simply because they were created by certain cultural

and scientific communities. Much of the ableism of the current age can be traced back to the Western eugenics movement of the 19th-century, when perceived physical, sensory and cognitive differences were first combined into the coherent biological other that is more of a product of normalcy than an excluded part of it (Snyder and Mitchell 2015). Shaped by scientific discovery and self-advocacy, autism's ontological status has been evolving, resulting in the classificatory confusion explored below.

1.1 Literature Review

There is a rich history of critique of the disciplinary structures and subject access standards shaping the classification of resources about marginalized groups both on the descriptive and on the structural level. Both the language used to label categories of literature about groups of people and the order in which the resources are arranged has inevitably affected how users and information professionals conceptualize individuals belonging to said group. In a school library organized by the Dewey Decimal System, an autistic teenager for example would have to search for books on mental health, self-help and practical life advice under 305.9085 'People with developmental disabilities' nested under 'People with disabilities and illnesses, gifted people' and 616.85882 'Autism Spectrum Disorder' collocated with books on an array of mental illnesses and – due to the small volume of school library holdings – medical resources. Able-bodied, white, neurotypical, cisgender and straight students would look under 158.1 'Personal improvement and analysis'.

Radical cataloguer Berman's 1971 introduction to his foundational *Prejudices and Antipathies* summarily describes the users LC headings were created to satisfy:

parochial, jingoistic Europeans and North Americans, white-hued, at least nominally Christian (and preferably Protestant) in faith, comfortably situated in the middle- and higher-income brackets, largely domiciled in suburbia, fundamentally loyal to the Established Order, and heavily imbued with the transcendent, incomparable glory of Western civilization. Further, it reflects a host of untenable-indeed, obsolete and arrogant-assumptions with respect to young people and women. And exudes something less than sympathy or even fairness toward organized labor and the sexually unorthodox or 'avant-garde' (Berman 1993,15).

Within classification systems, power is expressed through naming and ordering the phenomena of the world in relation to one another. Berman aimed to remedy this by correcting perceived biases within the LCSH, while other influential thinkers, like Hope A. Olson (Koford 2014) theorize that injustice is innate or inevitable in classification schemes. Members of groups falling outside Berman's description have since made tremendous efforts to represent themselves and their unique knowledge and ways of knowing: Duarte and Belarde-Lewis (2015) shows a vision of a world where the 600 indigenous tribes within US political borders each utilized their own knowledge organisation system based on their communities' unique epistemic customs, through analysing ten years of messages on two elec-

tronic cataloguing lists. Ho (2005) showed how most patrons' want to search foreign films by languages and that cataloguers support the addition of language and production form/genre headings to enhance their browsing experience, while Wagner (2022) explored body-oriented description as a new approach to cataloguing visual information in a gender inclusive way and Furner (2007) introduced critical race theory as a framework for evaluating classification schemes.

2.0 The Neurodiversity Framework and Library Classifications

The present work aims to trace the ontogeny of autism throughout editions 14 to 23 of the Dewey Decimal System. Much like intersexuality (Fox 2016) the subject of autism is particularly suitable to showcase breakdown and scatter in a classification scheme while the process of clamouring to accommodate the rapidly increasing volume and variety of publications that are in turn trying to make room for a previously invisible people and identity. This space – whether physically on a library shelf or theoretically in a controlled vocabulary – seems to be a scarce resource.

Tennis (2012) notes that the scatter caused by the inflexibility of an ableist classification scheme is the result of interpretations made by certain agents about literary or user warrant of the domain and not by changes of semantics altering collocation. The history of allistic medical experts and classification specialists having exclusively shaped the knowledge available about autistic people can be conceptualized through Wittgenstein's (2011) 'language games' where communities decide the agreed-upon terms through practical considerations. Mai (1999) argues that a knowledge organization system is a standardized version of these language games of a given organization and that a terminology fixed in such a way is highly political and can be both a great asset and a real threat to freedom of expression. As autistic self-advocacy's visibility increases, the hope is that autistic people and our allies will be behind most of the knowledge disseminated about autism.

From a disability studies perspective, libraries can be thought of as locations of marginalization, and the social spaces where classification schemes were devised as links of a network of culture in which the divide between able-bodied and disabled was already innate and while terminology had shifted from 'degenerate', 'defective', 'retarded' and 'deficient' to 'disordered', the structural underpinnings remain mostly unchanged. Despite librarians having addressed that schemes like the Dewey Decimal System (DDC), Library of Congress Classification (LCC), and the Library of Congress Subject Headings (LSCS) fail to accurately collocate resources about groups of people lacking political or economic power (Adler et al. 2017).

2.1 Classifying Autism: an Introduction

The classification of autism as a Dewey Decimal System subject follows the rapid advancement of psychiatry over the course of the 20th-century, trailing behind the similarly recent expansion of self-advocacy of neurodivergent humans. Drabinski (2013), critiquing the disciplinary structures shaping the cataloguing of queer library materials points out how librarians have failed to properly and respectfully catalogue works on marginalized groups, but instead of placing the strain on cataloguers, invites users to engage with catalogues as biased texts. Extant hegemonic classification schemes are resistant to change because of baked-in inertia (Bowker and Star 1999) while also causing significant scatter (Olson 2008). The uncertainty about autism's location in the totality of human knowledge has resulted in books about autism shelved in medicine, self-help, biographies, mental illness and parenting. Educating library users to critically evaluate and enhance these same systems that librarians work within and against has the potential of lessening the scatter and the classificatory marginalization of disabled people.

Nearly three decades after Leo Kanner's influential report on what he called Infantile Autism, research finally agreed to treat autism as an independent diagnosis of Schizophrenia, based on an overview of symptomatic differences like age of onset, family histories and responses to treatment (Meyer et al. 2011). Another three decades were needed for the Dewey Decimal System's 22nd edition to catch up with the advancements. Further complicating the diagnostic history and hence classification of literature about autism are contemporary concepts like the spectrum and neurodiversity, medical breakthroughs like the merging of autism and Asperger Syndrome diagnoses, and the rapidly increasing visibility of autistic self-advocacy. The debates and discussions ignited by self-advocacy are underpinned by the underlying framework of neurodiversity; concepts like the Double Empathy Problem (Milton 2012) or Monotropism (Murray et al. 2005) have had genuine impact in research, practice (Leadbitter et al. 2021) and the self-understanding of many neurodivergent and autistic people. The fundamental change is merely from a focus on normality to one on prevalence. Doyle (2020) proposes a new umbrella term for atypical neural and cognitive phenotypes: a neurominority is a population sharing a particular symptom cluster and encountering similar challenges in a majority neurotypical society. According to CDC data, while in 2002 one in every 150 US citizen was diagnosed autistic, by 2020 this number has expanded to one in every 36.

3.0 History of the concept of Autism

Literary scholar Murray's (2012) monograph on autism, according to its blurb, aims to "present a rounded portrayal of

the ways in which autism is currently represented in the world" (42) yet takes a disappointingly reductive view of research into possible autistic individuals' lives, writing that to search for autism in the past is "a point about searching for definitions of it in the present" and calls for any claim about the pre-scientific history of autism "to be made with real expertise, and not left to excited or over-eager guesswork".⁴ The reluctance to centre autistic people in our own history in favour of an ever-shifting, often disgraced cast of scientists is a major setback in the way of Autistic Liberation – the implication that only the professional and medical establishment is considered "real expertise" on identifying autism is rooted in the same confused, medicalised, pathology-focused concept of autism, enabled by library classification systems over the last century.

3.1 Autism, a Conceptual History: Beginnings

Prior to a scientific understanding of disability, neurodiversity and mental illness, many cultures conceptualized autistic people as changelings, elves or other almost-human creatures, tragic and distant, sometimes uniquely useful burdens on their communities (Wing 1997). An echo of this diversity of cognitive style and ability – seen by allistic people as seemingly contradictory strengths and weaknesses of autistic individuals – is present in the collocation of disability, illness and giftedness under the class number 305.908. There is enough of an abundance of autistic voices – with diverse support needs – in online autistic groups, the arts, media and our personal lives, to know that the autistic people of today still find ourselves in the depicted near-humanness of elves, robots and aliens, while an equally large group passionately dislikes the comparisons and the ableist implications they are riddled with. It doesn't require guesswork that previous generations followed similar lines of thought. A disabled child was often thought of as a monstrous fey creature corrupted or exchanged by harmful spirits (Wing 1997). This is an enduring concept exemplified by incidents as recent as Lord's (2006) award-winning autobiographical novel *Rules*, in which the mother of an autistic child muses "Sometimes I wish someone would invent a pill so David'd wake up one morning without autism, like someone waking from a long coma, and he'd say, 'Jeez Catherine, Where have I been?'" or the 2007 Ransom Notes Campaign – in which autism, depicted as an ominous, child-snatching villain, left threatening messages to the victims' distressed parents – that in many ways signalled the beginning of the Neurodiversity Movement (Kras 2010).

The momentum of enthusiasm for scientific classification originates from the early modern period and only ran out of steam during the early 20th-century, producing traditional classification schemes tending towards a concern primarily about an often false sense of objectivity and neu-

trality (Hjørland 1998). Since the advent of psychiatry and psychology different methods of classifications have been used to organise these scientific domains' knowledge about autism and atypical neurologies in general, each system reflecting the theoretical approach and the biases, views and personal horizons of their scientific authors. Knowledge about autism generated outside institutional or scientific settings was not taken into account by existing classification schemes, some of which now struggle to include it.

In her book, *Letters to My Weird Sisters: On Autism and Feminism*, autistic scholar Joanne Limburg takes a radical, 'dishuman' approach to bypass the medical establishment's monopoly on defining autism; she addresses personal letters to a neurominority: historic women who shared the same or similar lived experiences that she had had as an autistic cis-gender woman. The 'dishuman' approach seeks to trouble established notions of what it means to be human based on Braidotti's concept of the posthuman (2013) from the stance of Disabled Liberation.³ Steve Silberman, author of *Neurotribes* was chastised by the *British Journal of Psychiatry* for identifying autism in historical figures and, according to the review's author, Lisa Conlan "It is hard to shake the feeling you are being toyed with in the name of a bigger political agenda". The agenda Conlan wants to avoid is Disabled Liberation.

Milton (2012) contests scientific methodologies' notion that the ability of neurotypical individuals to estimate the mental states, motivations and emotions of a peer is what constitutes empathy, when autistic people often see these estimates as inaccurate, hurtful or ignorant. The resulting communicational disconnect is rarer and often a brief interlude in the social and cognitive reality of neurotypicals, but is a traumatising everyday reality for autistic people. Hacking (2009) puts it: "There is a partial symmetry between the autistic and the non-autistic. Neither can see what the other is doing. The symmetry is only partial because we have an age-old language for describing what the non-autistic are feeling, thinking and so on, but are only creating one for the autistic" (1471). A 20-year-old non-speaking advocate, Noah Seback, after summarising how he considers most of his education 'warehousing' and 'babysitting' because of educators' refusal to imagine autistic students as agents, spelled out 'presuming competence' on his letterboard (Holmes 2024)^[1].

3.2 Autism, a conceptual history: pathology

Although much less known than Leo Kanner's or Hans Asperger's reports, Soviet scientist Grunya Sukhareva was the first to pathologize what we now understand to be autism (Sher and Gibson 2023). Despite her description of autistic traits being remarkably close to those expressed in current diagnostic criteria her status as a Soviet woman under Stalin

prevented her ideas from being disseminated outside of the Soviet Union (Manouilenko and Bejerot 2015).

Kanner's 1943 report examined two essential areas of autistic difference: social disconnectedness and a strong preference for sameness. He had also described autistic behaviours like echolalia and repetitive movements, and suggested that autism was innate and that autistic children often resemble their parents, a notion which under Bruno Bettelheim grew into the harmful idea that autism is caused by emotionally neglectful parenting, particularly perpetrated by mothers. Although the mid-century brought unprecedented upheaval to the field of psychiatry, Kanner's superficial association of autism and schizophrenia also hindered progress, with the 19th-century protocol of institutionalisation of non-speaking and intellectually disabled autistic individuals in inhuman, neglectful and abusive asylums (Donvan and Zucker, 2016) has been constant ever since; according to NHS England data 2045 autistic people and/or people with learning disabilities were inpatients in February of 2024 and 1075 of these patients had a length of stay over 2 years.

Autism was established as a separate diagnosis in 1980 after several competing definitions of autism had been proposed by Rutter (1978) and the The American National Society of Children (1978) and the comparisons to schizophrenia established autism as its own condition (Rutter 1972). Autism was entered into the DSM-III (APA 1980) under the new class of Pervasive Developmental Disorders and the conceptual realm of deficit, disorder and pathology. Kirk and Kutchins (1994) in their analysis of the lack of reliability of the DSM-III quote the manual stating how "It is particularly encouraging that the reliability for such categories as schizophrenia and major affective disorders is so high" (1980, 468) which is contradicted by the relationship between autism and schizophrenia being described as "controversial" by the new DSM article on Infantile Autism explaining: "Some believe that Infantile Autism is the earliest form of Schizophrenia, whereas others believe that they are two distinct conditions" (1980, 87).

The WHO's International Classification of Functioning, Disability and Health (ICF) was accepted by all the organisation's member states in 2001 as a comprehensive model and classification of disability that uses codes to capture the details of disabled individuals' functioning across various domains. The categories are flexible, but are often reduced to Core Sets – comprising only categories most pertinent for each condition – for clinical utility (Hayden-Evans et al. 2024). The International Classification of Diseases–Eleventh Revision (ICD-11) recommends clinicians use ICF categories to describe the impact of health conditions on individual functioning (Bölte 2018). The aim is to tailor services and resource-allocation to the individual needs of a disabled person, instead of providing potentially

mismatched, purely diagnosis-based care. The WHO Disability Assessment Schedule 2.0 is based on the ICF and was published in 2012, a year before the DSM-5 officially introduced the spectrum-model of autism.

Emphasizing variety over pathology, autistic self-advocates argued that disability is largely created by various barriers erected by ableist societies, as opposed to by some inherent deficit of autistic and neurodivergent humans. The spectrum-model of autism (Wing 1993) imagines autistic traits in diverse constellations, unique to each individual, resulting in a personal profile of support needs, cognitive styles, communication difficulties or preferences, and sensory differences – finally included in the DSM-V's diagnostic criteria. This more nuanced understanding of autism has led to the wave of diagnoses reported by the CDC above.

Despite the current fears about an 'autism epidemic' and 'overdiagnosis', studies have shown that early intervention improves developmental outcomes for autistic children, while caregivers are empowered to be able to support their families by accessing specialised support and community connections while reducing their own parental stress (Okoye et al. 2023). In order to reframe effectiveness in a neurodiversity-affirming way, early intervention has to centre well-being, autonomy, coping strategies and autistic-prioritised intervention targets (Leadbitter et al. 2021). In her article *What Can Physicians Learn from the Neurodiversity Movement?* Dr Christina Nicholaidis (2012), a mother of an autistic child urges her fellow medical professionals to "try to understand an individual's complex combinations of strengths and challenges, as well as the potential for wide variations in functioning". Instead of focusing on behaviours deemed impairments, autistic self-advocates seek to reframe the pathology model into one that addresses the difficulties of autistic humans informed by an Ethics of Care.

3.3 Towards neurodiversity

A useful narrative picture regarding the published usage of autism-related terms and synonyms can be derived through a Google Ngram Viewer search, showcasing instances of usages of terms within Google Books' digital corpus (Figure 1). The first occurrence of the term 'autism' coincide with Leo Kanner's mid-1940s works. His extremely narrow definition of autism can be seen in the minuscule dent 'autism' makes in the frequency of use of 'Schizophrenia', the previous only overtaking the latter a decade after the DSM-III established autism as a condition entirely separate of Schizophrenia and in the immediate aftermath of Lorna Wing's influential work popularizing the long-forgotten Hans Asperger (Wing 1981) and broadening of the concept of autism (Wing 1993). 'Infantile Autism' disappears at the same time, somewhere in the 1990s.

Despite the current fears about overdiagnosis, the evidence suggests that the largest spike in published interest in autism occurred between 2000 and 2010, not after the publication of the DSM-V. The extremely low rate of 'Neurodiversity' occurrences is a striking reminder of the discrepancies between the linguistic preferences of self-advocates versus the scientific world. The umbrella term 'Neurodiversity' was first coined by autistic sociologist Judy Singer in 1998 as a non-medical term that shifts the focus from deficit to the variety of human neurology and was quickly and enthusiastically embraced by the majority of the autistic community. It erases the need for binary medical or social models of autism. The above graph illustrates the scientific and publishing world's reluctance to follow suit.

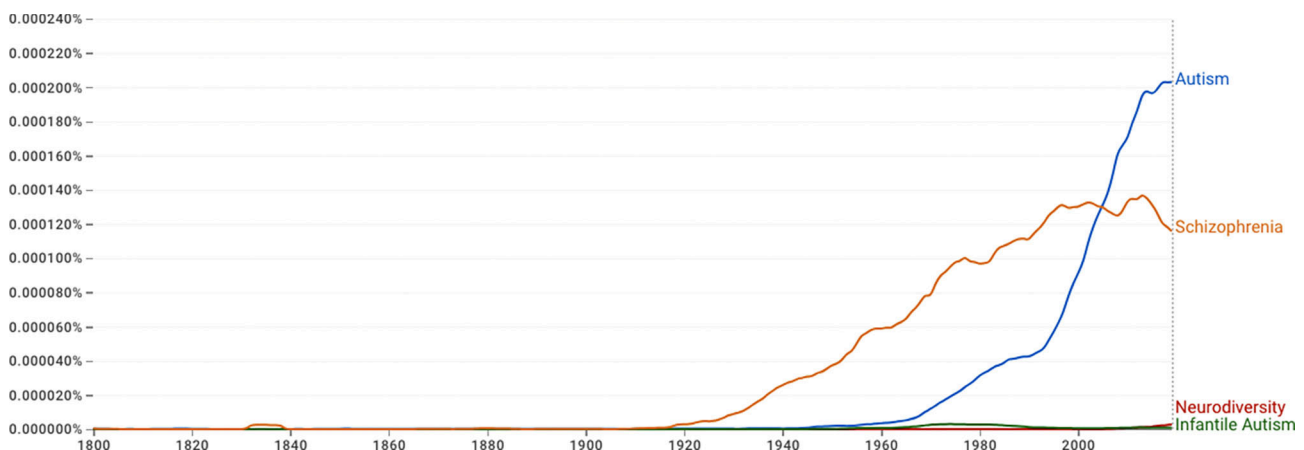


Figure 1. Google Ngram Viewer instances of competing terms to describe autism.

4.0 Theoretical considerations

A distinct characteristic of the Dewey Decimal System is its enumerative focus on disciplines. The same subject may appear under any discipline it has sufficient literary warrant in. This poses unique problems for the classification of disabilities and identities. To illustrate these problems, let’s consider the example of the topic of autistic children’s play. Lining and sorting toys in joyous solitude has been widely described as an early symptom of disordered development. Despite the hypothetical parents’ goal to seek out activity books or collections of ideas to accommodate and support their child’s style of play, they will be bombarded by lists pathologizing perfectly healthy autistic behaviours, creating confusion and distress. This is akin to classifying Anne of Green Gables under ‘abnormalities’ based on the rarity of natural red hair. Another example is that of unscientific memoirs by autistic people being routinely shelved and displayed in medical sections. Parents of autistic children looking for inspiring, empowering stories under ‘First Facts’ or ‘First Experiences’ style sections under class number 616 – common in UK public libraries – may find, nestled between infant health handbooks and specialist nutrition guides, Ma’s (2017) picture books *In My World*, in which at the mention of autism, all colour drains out of the previously depicted images of adventure, family and fun and the reader suddenly finds the main character standing on a bleak, empty page inscribed “In your world I have autism”.

4.1 Restricted malleability

Like Tennis’ example of eugenics (2002) demonstrates, subjects can wonder in and out of disciplines as human interest and published scholarship change over time. Eugenics started out in the 1910s in the realms of Science, under the

500s near Genetics within Biology and have since moved into diverse classes of mostly Social Sciences. Over time, these shifts break down the collocative integrity of the scheme; books on the biological aspects of the human eugenics movements may sit next to plant reproduction. Autism in the Dewey Decimal System has a similarly shaky trajectory emerging from obscurity through the classes of ‘Dementia’ and ‘Schizophrenia’ to reach its own term by 2003 – but remaining mostly in the realm of medicine.

A useful concept for understanding this journey is ‘restricted malleability’ (Ludwig, 2023). It is similar to Ian Hacking’s explanation of ‘interactive kinds’ (1999). Hacking’s example is of another neurodiverse condition, ADHD. He argues that the interaction between the terms used to classify things or people and the people themselves are in a discourse, both affecting the other. People diagnosed autistic differ from non-speaking, disabled or eccentric humans of the past, in the ways they are diagnosed, treated and theorised about, but in being medicalised in such ways, autistic people had also had an effect – on the concept of disability and eccentricity.

Ludwig (2023) suggests a shift in focus from naturalness to materiality in debates about scientific classifications and argues that material kinds are affected by intervention. Neither the restriction nor the malleability is confined to either dimension of conceptual or non-conceptual, and one of Ludwig’s examples is psychiatric kinds: these are restricted by the structure of their domain but also by their applicability – overly complex classifications are a hindrance to psychiatric practice. Ludwig adds that the malleability of kinds is a multi-dimensional gradient: categories like ‘biological species’, ‘chemical elements’ and ‘bosons’ are less malleable than classes of the likes of furniture, mental illness or genders and each of these can be shaped along underlying structures (see Figure 2).

Malleability	Material properties of ‘autistic person’ are shaped by changes in scientific advancements and classifications.	Classifications are shaped by changes in the material properties of ‘autistic person’.
Example	The merging of previously separate diagnoses collocated ‘people with Asperger Syndrome’ and ‘autistic people’.	Increased rates of diagnosed women and genderqueer people mean autism is not thought of as an exclusively male condition anymore.
Restriction	Material properties of ‘autistic person’ restrict and limit classificatory options.	Classifications are limited by demands towards linguistic representation.
Example	The lived experience of the sum-total of ‘autistic people’ should be the basis and entirety of what science considers ‘autism’.	Example: autistic self-advocates demanding the removal of deficit- based language.

Figure 2. The restricted malleability model of the debate and progress of the classification of autism based on Ludwig’s (2023) model.

4.2 Centring user needs

The exclusion of autistic people from the project of classifying their experiences and the resources about themselves is one of the underlying systems along which knowledge about autism has been organized. Since non-medical publications about autism and – knowingly – autistic researchers and cataloguers are a relatively new phenomenon, the literary warrant for ‘autism’ and its adjacent concepts have almost exclusively been based on medical texts. Fox (2016) demonstrates how in the case of a marginalized and poorly understood community, confusion in literature then provides the ontological basis for including terms and designing classifications, leading to even deeper marginalization. To alleviate the catastrophic levels of exclusion autistic people face in education, employment, healthcare and our social environment, this process needs to be reversed.

Rey (1995) argues that the selection of classificatory terms should depend on the explanatory work one wants concepts to perform his work must centre inclusion and an affirmative attitude towards the material realities of neurodivergent behaviours. While this pragmatism has its drawbacks – Fox’ (2016) example of Intersexuality being classed under sexual orientation rather than the facet ‘People by sex or gender’ was a pragmatic decision based on the perceived users’ needs as they are more likely to search for resources about Intersexuality near LGBTQ+ issues – controlled vocabularies could be harnessed for the work of Neurodivergent and Autistic Liberation.

5.0 14th-21st edition: Schizophrenia

The understanding of disability and attitudes towards its attendant non-normative behaviours varies greatly across time periods and cultures (Longmore 2003). Autistic traits like monotropic attention and advanced pattern recognition were sometimes highly desirable skills that helped some privileged disabled individuals to lead fulfilling and happy lives. Henry Cavendish, described as “the coldest and most indifferent of mortals” – could calculate the density of the Earth from his 18th-century home while living in near-perfect isolation and struggling to make eye-contact (Silberman 2016). Albeit community norms about acceptable behaviours have always existed – Cavendish was thought beyond eccentric when, upon encountering his maid one day, had a separate staircase built in order to avoid all human interaction (Silberman 2016) – scientific interest in pathologizing behaviour began only when psychology first distinguished itself from philosophy.

5.1 14th Edition

The 14th edition, of the Dewey Decimal System, published in 1942, a year before Kanner’s (1943= landmark report, carries a fossil from those times by classifying Schizophrenia both at 132.1982, and at 616.8982 under ‘Dementia precox and schizophrenic reaction types’. The classmark 132.1 was for ‘Insanity’ and ‘Mental alienation’ while 616.8 stood for ‘Diseases of nervous system’ and ‘Psychiatry’. During this time, in 1943, Donald Triplett was diagnosed as “Case 1” of autism by Leo Kanner. Triplett was US American, white, male, had savant abilities and was born into an affluent bank-owning family (Pallardy 2024). Temple Grandin – also white US American and affluent with savant abilities – was diagnosed in 1950, opening up the possibility for women to be considered autistic (Richter, 2014).

5.2 15th Edition

The next, 1951 edition shows the mid-century acceleration of psychiatric progress by simplifying the class and listing the diagnosis and treatment of conditions like Schizophrenia, Paranoia and Manic-Depressive Psychoses under one classmark at 616.89. 616.8 is also referenced in the notes of the 132 class titled ‘Abnormal psychology’. These read “*Includes irrational, abnormal, or deranged mental processes; their causes; mental symptoms of disease*” and “*For Medical treatment of these disorders, see Nervous system and neurology, 616.8; Psychoses and psychiatry, 616.89*”. It appears to demarcate ‘Abnormal psychology’ under 132 and ‘Psychology’ under 150. Clearly, those behind this decision had a precise work they wanted these concepts to perform; however intentional, this change has the clear impact of marking the neurology and behaviours of some humans as flawed and unnatural. Since then, ‘deranged mental processes’ like autistic humas’ need for sameness for example were proven to be linked with the anxiety and dread most autistic people feel when encountering unexpected change (Uljarević et al. 2017). Longmore (1985) demonstrates how disabled people are often viewed as mere objects of medical attention even far removed from medical settings. A consequence of this is the picture of the adult disabled patient as impaired, docile, childlike and eternally grateful to be at the mercy of medical professionals. Any autistic adult searching the internet or libraries for advice is intimately familiar with being bombarded with resources addressing exclusively allistic parents of autistic children.

The DSM’s first edition was published in 1952, simplifying the confused and varied documents used by psychiatric professionals for diagnostic practice. Since its inception in the mid-twentieth century, the Diagnostic and Statistical Manual of the American Psychiatric Association – currently in its DSM-5-TR edition – has exerted tremendous

medical and cultural influence. By providing comparable samples, the DSM helped accelerate related research. The DSM is a principal guide to psychiatry and is used by policymakers, insurance companies, researchers and some psychiatric professionals. When research had cleaned up the lack of validity about autism as an independent diagnosis, in 1980 it was entered into the DSM-III with a heavy focus on its 'infantile' nature (Volkmar and Reichow 2013).

5.3 16th Edition

The 16th edition from 1958 seems the most confused. It introduces the term 'mental illness' and superimposes it on class 132.1 located next to 132.2 'mental deficiency', the class containing topics like drug addiction and queer sexualities. Between them it also establishes a 'functional psychoses' group at 132.19 containing many types of Dementia, Schizophrenia and Manic-depressive Psychoses. This is also the first edition to mark separate classes in the 300s for services related to mental illnesses and disabilities. The medical class number for Schizophrenia remained unchanged here and in the next three edition as well with the difference of classes between 616.892-616.898 labelled 'specific psychoses'.

5.4 17th Edition

In the 17th edition of 1965, the domain of increasingly professionalizing psychology resulted in tighter collocation and the domain was organized under 150, with 130 being left behind to represent 'Pseudo-and parapsychology'. The 157s were dedicated to 'Abnormal and clinical psychologies' having previously shared the classmark 132 with the newly unscientific knowledge now under the 130s. 616.85-86 was reserved for 'Psychoneuroses' like 'Hysteria' and 'War Neurosis', Anxiety, Phobias, OCD and Epilepsy. The psychiatric domain was charted under 616.89 and seemed to contain only Schizophrenia under 616.8982 – then understood as a type of Dementia' and Dementia under 616.8983. Immediately following, 616.9 was dedicated for 'Communicable diseases'. It is immeasurable how much damage was caused by collocations like this encouraging the public to associate various neurological differences and impairments with transferable diseases.

The term 'autism epidemic' remains in use by scientifically illiterate journalists who often deliberately or ignorantly misrepresent data about autism to garner a response of shock and concern. Hill's (2024) Guardian article *What's behind the UK's increase in autism diagnoses?* writes that one of the reasons behind the increase is that in the 1980s only a quarter of intellectually disabled people were also diagnosed autistic. Hill (2024) writes "Now the NHS acknowledges that it could be as high as three-quarters."

The citation clickable on the words "NHS acknowledges" links to a 2021 news article about the NHS's Long Term Plan, more precisely about how three-quarters of intellectually disabled people aged 14 and older have received an annual health check two year ahead of targets laid out in the Long Term Plan. To round the paragraph off, Hill quotes the multiply-discredited Baron-Cohen saying "That's an incredibly steep rise". The source of this quote remains unknown. Amelia Hill has written several widely-read articles about autism.

5.5 18th Edition

The accelerating progress and social capital of psychiatry and medicine can be seen mirrored in how the 18th edition further intertwines the two broad classes by instructing the classifier to "*Add to 157.2 the numbers following 616.89 in 616.895-616.898, e.g., manic-depressive psychoses 157.25*". Non-medical books about Schizophrenia and autism then would sit under 157.282.

5.6 19th Edition

The 19th edition in 1979 instructs classifiers to place resources about both organic and functional psychoses under the medical class numbers in 616.892-616.898, further shrinking the 157 'Abnormal and clinical psychologies' group. Schizophrenia remained under 616.8982 which remains a common class number for books about autism.

5.7 20th Edition

The 20th edition, published in 1989 is the first one to mention the term 'autism', albeit not with its own number. This came after 9 years of the DSM-III's establishment of an independent diagnosis and few years into Wing's (1993) research that would establish the spectrum-model of autism. In the medical schedules it is wedged into the same class as Schizophrenia, 616.8982 and in Education it is placed at 371.94 where autistic students serve as an example of 'emotionally disturbed students'. The notes even make sure to warn information professionals not to class all resources about 'delinquent and problem students' under this number. It is also worth noting how 'autistic students' is nestled between various degrees of 'retarded' and 'gifted' students. This placement hints at what autistic self-advocates call a 'spiky' or 'uneven profile'; a result of atypical neurological connectivity. In his literature review of EEG and MEG studies of autistic brains, O'Reilly et al. (2017) identified a clear trend of long-range functional underconnectivity. This explains why autistic individuals might struggle with some seemingly basic tasks, while excelling at areas requiring deep attention and pattern-recognition. Atypical strategies for

the allocation of attention are employed by most Neurodivergent people and the framework of Monotropism (Murray et al. 2005) can help demystify autistic cognitive styles by deconstructing myths and misunderstandings about autistic life.

5.8 21st Edition

By the time of the 21st edition, published in 1996, Asperger Syndrome was formalized into a short-lived diagnosis and a Dewey Decimal System class under 616.858832. This has only recently been depreciated and then discontinued during the summer of 2023, ten years after the current DSM-V had merged the two into 'Autism Spectrum Disorder'. This delay probably contributed to the immense confusion about merging of the two diagnoses.

6.0 22nd-23rd edition: Autism

The 2000s were a turbulent time for autism-related research, with Andrew Wakefield's anti-vaccination fraud stretching from the 1998 publication of the since retracted paper on a debunked causal link between MMR vaccines and autism to the Lancet's 2010 retraction of it. In 2003 Simon Baron-Cohen's published *The Essential Difference: Men, Women and the Extreme Male Brain* in which he argues – among many disturbing and discredited findings – that autism is caused by 'extreme male brains'. It is not (van Eijk and Zietsch 2021). Around the year 2000, as seen on the above Google NGram diagram, the frequency of published mentions of autism dramatically surpasses that of Schizophrenia for the first time, indicating a dramatic increase in published material.

6.1 22nd Edition

2003's 22nd edition of the Dewey Decimal System was the first to include a separate class for the medical aspect of autism. This edition discontinued to use of 616.898 for autism and reshuffled the classification of Schizophrenia. The former was relocated to 616.85882 while the latter was moved mostly to 616.8581 where it is more tightly collocated with various personality disorders – albeit still within a grab-bag of 'Personality disorders, sexual disorders, impulse-control disorders, factitious disorders, developmental disorders, learning disorders; violent behaviour; intellectual disabilities' under 616.858. Medical, therapeutic and etiological resources remained under 616.898. Implementation of all these subtle changes across various institutions must have taken longer.

6.2 23rd Edition

Currently autism sits under 616.85882, immediately under '*Intellectual disabilities; developmental and learning disorders*', a category that neighbours a slew of extremely varied conditions and neurological variations from ADHD through APD and even homicidal behaviour. It also neighbours an intensely subdivided class of 'other congenital abnormalities' like Hydrocephalus and in public libraries with smaller collections, patrons might find themselves browsing for books about their own autism next to books about cancer or animal husbandry.

A welcome improvement is the acknowledgement of the marginalization of autistic people, and more especially autistic adults. Although class numbers for non-medical resources about autism are a bit more difficult to find. With the addition of facets, 362.196-362.198:001-009 'Services to patients with specific conditions' can be used for resources about social services and 305.9085 for works on autistic people ourselves. Removed from the realm of medicine, it is a welcome change to see neither of these containing terms like 'disorder'. The regrettable (over)use of terms like these is comparable to Fox's (2016) study showcasing how Intersexuality used to be classed under 'monstrosities' and 'sexual diseases'. A further, non-invasive improvement could be to use 'condition' in place of 'disorder'^[2] and leave the notion of normality behind.

7.0 Conclusion

Broadly speaking, the concept of autism has emerged from the total obscurity of mythic monstrosity and benign, if shunned, eccentricity, into the confused pair conditions of schizophrenia/ autism to split into two variations around perceived functioning levels and is now slowly becoming a group of people with personal profiles of a constellation of many autistic traits and abilities. Evident in this process are the competing concepts of variation versus pathology, the latter dragging with itself a long history of epistemic objectification and outright threat of extinction, but also the very real expression of barriers preventing autistic people from living fulfilling and happy lives.

Martin (2021, 294) writes that "treating people and groups with respect necessitates calling them by the names they use for themselves". Autistic activist Bonello's (2022) research included interviews with 11,211 responders, most of whom were autistic that showed that despite terms like 'disorder' following autistic people everywhere they go – including libraries – most of us don't want to be called a disorder (Figure 3). Goldberg's (2023) analysis illuminates the dialectic of malleable social norms and neurodiversity through the example of left-handedness: it is caused by atypical brain lateralisation and left-handed individuals have his-

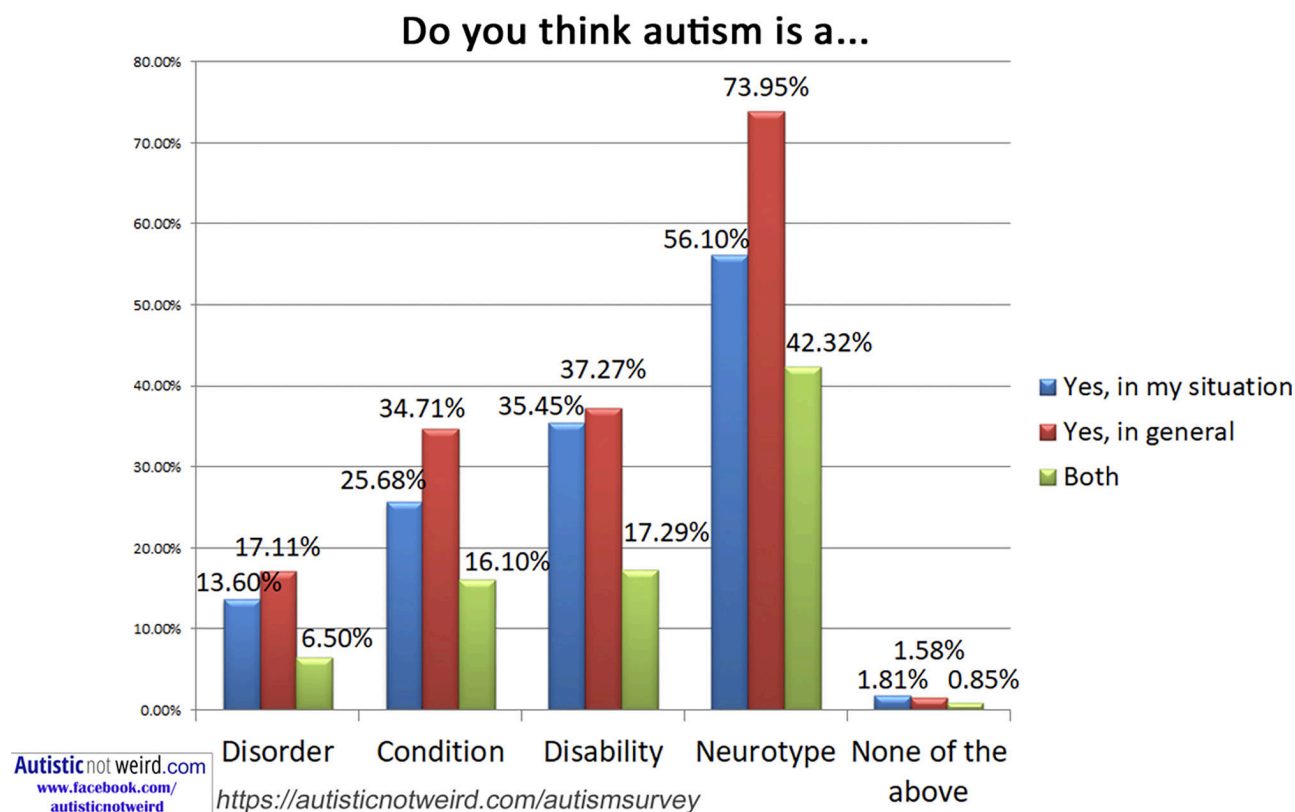


Figure 3. Chris Bonello's research showcasing preferences for autistic self-identification.

torically been discriminated against through lack of accommodations and through association with ritual impurity and undesirable qualities. Using accurate classificatory terms – placed correctly in their context – for autism would be a part of a similar normalisation process; instead of being called ‘unclean’, the term ‘left-handed’ bypasses the stigma and helps facilitate the necessary co-operation of affected individuals and providers of pertinent services. As an autistic public librarian, it is beyond jarring having to walk confused parents past bays of books listing every medical diagnosis from the bubonic plague to brain damage. Not shelving all – or the majority of – books about autism on medical shelves would help de-pathologise atypical neurology and benefit all humankind by encouraging library-users to stop othering autistic people.

On the subject of outdated terms in controlled vocabularies about queer people, Drabinski (2013) argues that trying to correct all of the terms is a secondary concern, if not outright dangerous as identities are deeply embedded in their cultural and chronological context and ripping them out of the reach of library users is destructive. The main difference between queer and autistic people in this matter however is that while the social aspects of autism has indeed changed over time, unlike queerness, autism is neurological: it results from atypical neurological connectivity. With the

exception of the medical gatekeeping of gender-affirming care, queerness is no longer medically pathologized in most of the English-speaking world, but it doesn't mean that specialized services and spaces don't exist for queer people. A gay teenager doesn't need a brain scan or a multi-occasion diagnostic process to access identity-affirming care. Drabinski's (2013) approach – projected to autistic people's position in classification schemes – steers towards the marginalization of materiality, while providing ample space for the subjects themselves to assert their presence in the catalogue. She is however less interested in finding correct terms and instead asks “*Why don't I see myself in the subject vocabulary, and what does this tell me about the other ways I feel invisible?*”. Anderson (2021) answers the above by conducting research in which autistic participants select their preferred way to communicate.

Another way to answer ‘What is autistic invisibility like?’ is based on this review of the ontogeny of autism in the ten most recent editions of the Dewey Decimal System: as agents and even as a unique people, we are at the cusp of leaving complete invisibility. The confusion of the knowledge domain is reflected throughout its literature, which then either crystallizes into confused and ever-changing classification schemes (Fox 2016) or becomes increasingly un-scientific. While the Dewey Decimal System's solutions

are less than ideal, its editors chose to follow scientific advancement, a jarring example of the opposite approach is NLM's treatment of autistic people: at WM 203.5, there is still no individual classmark for autism. This is the complete annihilation of autistic people's epistemic agency. Considering that many in the medical establishment still seek to 'cure' autism, this blank space is especially atrocious.

The author is diagnosed autistic.

Endnotes

1. See Noah's website at <https://www.thisismenoah.com>
2. A common practice in talking about Neurodivergent students in British secondary schools.

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