

in *What to Say Next, Can You See Me*; opposing stereotypes in *The State of Grace* or *Marcelo in the Real World*). For example, in order to explain his behaviour, David gives Kit a copy of the *DSM-IV*<sup>5</sup> where he has highlighted the section on Asperger's Disorder. He also attaches a note reading:

There's a famous expression that if you've met one person with autism, then you've met one person with autism.  
 So you met me.  
 Just me.  
 Not a diagnosis. (What to Say Next 274)

Curiously, Christopher (*Curious Incident*) ticks all the boxes for the *DSM-5* diagnosis of Autism Spectrum Disorder<sup>6</sup>, yet his portrayal was heavily criticised by the autism community for being majorly flawed. I therefore suggest that fictional representations of autism are not 'accurate' in terms of diagnostic criteria, nor do they have to be. However, fictional portrayals have additionally developed their own momentum. Novels explore the lives of individuals and their normalities, whereas the medical discourse seeks to sharpen categories and labels. Fictional portrayals individualise autism whereas the medical perspective tries to generalise it, but neither of them fully encompasses the 'experience' of being autistic.

## High- and Low-functioning?

The idea of a spectrum has certainly caught on within the last decade, and yet it remains contested. Some laud it as combining diagnoses that were impossible to clearly differentiate, but many have voiced criticism over

5 Up to the *DSM-5*, editions were identified by Roman numbers.

6 He struggles with communication and social interaction (cf. 2f., 7f., 10, 19f., etc.) and displays restricted, repetitive patterns of behaviour, interests, and activities (cf. 4, 8, 14, 16f., 31f., 52f., etc.), which were present from an early age on (cf. 145) and cause impairment in differing areas of functioning (cf. 59f., 149, etc.). However, not necessarily for AS in the *DSM-IV*, at least Christopher does not appear to be independent and 'age-appropriately' skilled.

the metaphor of a spectrum. In 2013, the APA stated that the following diagnoses would be merged under the label of ASD<sup>7</sup>:

Autism spectrum disorder encompasses disorders previously referred to as early infantile autism, childhood autism, Kanner's autism, high-functioning autism, atypical autism, pervasive developmental disorder not otherwise specified, childhood disintegrative disorder, and Asperger's disorder. (APA, *DSM-5* 53)

Interestingly, not all of these labels were used in the DSM or the ICD respectively. For example, neither mentions 'high-functioning' autism.<sup>8</sup> On the other hand, some diagnoses are still used in contrast to the autism spectrum as a whole, such as Asperger's Syndrome, which is used to this day to refer to a certain combination of symptoms. The spectrum, too, has been subdivided into high- and low-functioning, an idea that appears to be simultaneously contested and accepted within the autism community, with some opposing it as a form of ableism and others having found a way of managing their identity by accepting this differentiated label. The literary discourse has certainly caught onto the change in terminology and the debate arising from it. Novels published before 2013 use the label Asperger's instead of autism to describe the protagonist, whereas newer novels (*The State of Grace*, *What to Say Next*, *Can You See Me*) have adopted the label ASD or simply refer to it as 'autism'. However, the conflict around the 'spectrum' as well as high- and low-functioning is echoed in *What to Say Next*:

One doctor thought I might have a 'borderline case of Asperger's,' which is stupid, because you can't have a borderline case of Asperger's. Actually, you can't really have Asperger's at all anymore, because it was written out of the DSM-5 ... and instead people with that group of characteristics are considered to have high-functioning

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7 Some criticise the fact that it is not simply called Autism Spectrum but explicitly classified as Disorder.

8 The term recently underwent a reorientation, or so it seems, considering that it is now also used in combination with ADHD, depression, or anxiety.

autism (or HFA), which is also misleading. The autism spectrum is multidimensional, not linear. The doctor was obviously an idiot. (3)

Essentially, *What to Say Next* touches upon the idea that a condition is defined by its label. David concludes for himself that Asperger's is a better label for his deviance, likely because the attached stigma is more manageable. In differentiation from other autism diagnoses,

[i]ndividuals with Asperger's Disorder do not have clinically significant delays in cognitive development or in age-appropriate self-help skills, adaptive behavior (other than in social interaction), and curiosity about the environment in childhood ... . (APA, *DSM-IV-TR* 81)

Individuals with Asperger's or 'high-functioning' autism respectively, appear less restricted by their autism and are therefore 'less deviant'. Put starkly, high-functioning autism appears mild enough to still be palatable for a mass audience, with a self-perpetuating effect, since, as Rozema whimsically remarks,

narrators with Asperger syndrome have become their own kind of literary trope [which] is forgivable: they are hard to resist, at once innocent and unfiltered, literal-minded and verbose. (Rozema 27)

However, David's scathing verdict ('The doctor was obviously an idiot') not only refers to the fact that Asperger's is considered to be an outdated diagnosis, as well as the misleading 'spectrum', but could potentially be read as a jibe at the medical discourse, i.e. a name- and faceless collective which has historically proven to be somewhat stuck in their proverbial ivory tower. Indeed, David voices a common critique, i.e. the fact that the idea of a spectrum is misleading:

A spectrum is intended to emphasize the previous point about variety, but the image is problematic: spectra are linear and autism isn't. The metaphor suggests that you can arrange autistic people on a line, from more to less. (Hacking, "Humans, Aliens & Autism" 47)

Ironically, this notion is reinforced by the use of the labels high- and low-functioning. While a spectrum presumably allows for easier diagnosis, it might also bar individuals from getting the help they need or, vice versa, leading to patronising treatment. A spectrum requires a more complex knowledge of a topic rather than a clear and simple definition, and while autism cannot be easily defined, subsuming all these individuals under one label will move a stereotype towards a prejudice, unless the public becomes aware of the broad spectrum of symptoms. However, what is obstructive to this development is the general lack of knowledge on autism, which pairs badly with the idea of a spectrum.

Yet again, it is those on the 'high-functioning' end of the spectrum or those previously diagnosed as having Asperger's, who reinforce the subdifferentiation of the label. I believe this is because studies on stigmatisation have shown that

autistic individuals (without accompanying intellectual or cognitive disabilities) appear acutely aware of how they are being stigmatized by others. They are able to identify societal stereotypes of autistic people that parallel literature from the perspectives of non-autistic people, such as common myths that autistic people are unempathetic, socially disinterested and potentially dangerous ... They are also able to anticipate how they may be judged, excluded or treated differently by others in ways that align with research showing that neurotypical individuals make unfavorable judgments of autistic individuals and are less likely to interact with them ... (Han et al. 20)

In other words, 'high-functioning' individuals are aware of their deviance, stereotypes, and the way they are stigmatised by others. Subsequently, stigma plays a significant role when it comes to accepting or opposing labels. For example, in a study on stigmatisation,

a university student with AS used the rhetoric of intellectual functioning to position himself as better than both his neurotypical peers and other autistic peers, carving out a narrow space for himself as an "exceptional autistic". [Moreover,] [i]n Jones et al. (2015), several interviewees also specifically identified with the label of 'Asperger's' or 'high

functioning autism', dissociating themselves from the label of 'disability' and differentiating themselves from people with more significant impairments. (Han et al. 20)

Thus, although some autists may oppose the use of high- and low-functioning, or indeed 'Asperger's', others embrace it to manage their stigma (Han et al. 21), with the latter usually referring to some kind of special abilities that 'balance out' other difficulties.

What I have here reframed in terms of a stigma are the contrasting understandings of autism which I have previously assigned to the activist and the conservative movement. The rejection of the label not only equals the rejection of being aligned with those severely autistic but also the rejection of autism as a 'disorder' in need of a cure. High-functioning signifies that these individuals are capable of participating in society with little to no restrictions. A couple of participants in autism studies even stated that they feel superior to both neurotypicals as well as neuroatypicals.

Punshon et al. ... reported that a minority of their participants framed their AS an advantage, describing themselves as being "one rung up on the evolutionary ladder" and having a "superiority complex". (Han et al. 20)

For these autistic individuals, reframing their diagnosis as a form of superiority was their way of managing the stigma attached to it and consequently (re-) building their identity. This, as well as the continuous use of the label Asperger's, can be understood as a form of reclaiming the diagnosis and consequently defining it in one's own terms. David is a good example of this. He states: "So Asperger's is no longer in the DSM. It doesn't mean it's not at least somewhat descriptive of me" (*What to Say Next* 263). He claims the label Asperger's with the restriction that he does not equal the diagnosis. However, David not only resists the label ASD but also any generalised assumptions made on the basis of this partic-

ular label.<sup>9</sup> However, accepting the label ASD may involve accepting the stigma of being intellectually impaired. Thus, “[w]hile such rhetoric may help some members of the autistic community to mitigate stigma, it may come at the expense of marginalizing others” (Han et al. 21). Consider for example the following excerpts from *Mockingbird*:

[Classmate:] *She's autistic. Like William H.*  
*My hands are shaking really fast now. I am NOT autistic!*  
 Some of the girls laugh.  
*William doesn't talk. Can you HEAR ME TALKING?*  
*Okay but –*  
*William eats DIRT and SCREAMS when he gets mad! I AM NOT AUTISTIC!*  
 I am breathing hard and I want to jump out of my skin but I grit my teeth and shake my hands harder and turn and run away and I hear screaming and I don't know if it's music class or Mia or me. (184, original highlighting)  
 [PE teacher] *Oh for the love of – Why do they give me all the autistic kids?*  
 Some people laugh. I'm not sure who all the autistic kids are. I thought William H. was the only one. (190, original highlighting)

One must bear in mind that *Mockingbird* was written in 2010, thus within the medical context there was still a clear distinction between AS and other autism disorders. Although Caitlin knows that she has some deficits, she refuses any label that hints at autism, only perceiving William H. as autistic but not herself. From her defence, the reader learns that Caitlin's definition of autism includes not talking, eating dirt, and screaming; behaviour that she does not display but that is considered highly deviant by society. Being labelled as autistic and thus likened to William consequently leads to a face loss for Caitlin. Because she is trying hard to fit in and appear as normal as possible, it is particularly humiliating for her that her efforts are insufficient.

The fight over labels is not only fuelled by different understandings of autism, which might indeed claim to refer to different conditions, but

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<sup>9</sup> On a related note, David touches upon the question whether medical classifications are bound in space and time or could potentially be applied retroactively.

also the associated stigmata, stereotypes, and prejudices. 'Being normal' and 'fitting in' is the only way to escape ostracization and subsequent harassment, thus many autists choose this road over fighting for acceptance and awareness. It is also commonly encouraged in autists, to the point where the ways by which individuals avoid stigmatisation have become their own field of research.

## **Masking and Camouflaging**

Avoiding stigmatisation could be understood as an intrinsic motivation towards appearing normal and obviating a deviant status, although it must of course be considered a consequence of pressure by society's standards. We are all part of this phenomenon by aligning ourselves according to normalities, as well as navigating and negotiating deviance. In terms of autism, this pressure towards 'being normal' manifested itself in the form of therapies and attempts to find a cure, especially before the activist movement gathered pace. For example, in the wake of Baron-Cohen's theory that autistic individuals lack a Theory of Mind, training programs were developed that aimed at educating – and training – autistic individuals to become 'normal' members of society. A well-known technique is called Applied Behavior Analysis (ABA) and relies on operant conditioning.

To put it briefly, ABA represents a suite of therapeutic modalities whose end goal involves behavioral shaping toward the normative, toward the prosocial, toward compliance. It is, in combination with aversion therapy, one of the primary methodological forerunners of what might now be termed reparative therapy. Paradoxically, it remains the contemporary autism therapy of choice, endorsed by numerous medical authorities, including the U.S. Surgeon General. (Vergeau 29)

ABA is also considered a viable option in other countries, e.g. France, the United Kingdom, or Germany, and there are schools that offer stan-