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STRUCTURE OR KNOT: WHAT PHENOMENOLOGY AND ASPERGER'S SYNDROME
CAN TEACH LACANIAN PSYCHOANALYSIS ABOUT SUBJECTIVE CONSTITUTION

A Dissertation

Submitted to the McAnulty College and Graduate School of Liberal Arts

Duquesne University

In partial fulfillment of the requirements for
the degree of Doctor of Philosophy

By

Shannon D. Kelly

August 2017

STRUCTURE OR KNOT: WHAT PHENOMENOLOGY AND ASPERGER'S SYNDROME
CAN TEACH LACANIAN PSYCHOANALYSIS ABOUT SUBJECTIVE CONSTITUTION

By

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ABSTRACT

STRUCTURE OR KNOT: WHAT PHENOMENOLOGY AND ASPERGER'S SYNDROME CAN TEACH LACANIAN PSYCHOANALYSIS ABOUT SUBJECTIVE CONSTITUTION

By

Shannon D. Kelly

August 2017

Dissertation supervised by Dr. Jessie Goicoechea

This research project examines Asperger's Syndrome (now, with the DSM 5, Autism Spectrum Disorder) through the lens of Lacanian psychoanalysis and speaks to current debates in the field regarding the structural diagnosis of autism. Framed by critiques of Lacanian psychoanalysis, the project takes up autism and treatments for the disorder from within mainstream psychological approaches, from the viewpoint of neurodiversity and autistic self-advocates, and from within Lacanian psychoanalysis, with specific attention paid to the diagnostic approach in Lacanian thinking and the assumed relationship between autism and psychosis. Four published autobiographies written by autistic adults were subjected to two types of qualitative analysis in order to elucidate the experience of autistic adults, as described by them, to consider where autism fits within the Lacanian structural system, and to determine potential treatment needs for autistic adults. In order to strike a balance between autistic and

clinical perspectives, the first examination utilized interpretive phenomenological analysis to gain a deeper understanding of the experience of autism and the potential issues at stake as they are presented by individuals on the spectrum. Following that, the second analysis compared the autobiographical material to the conceptual elements of Lacanian structural theory. The results of the analyses show that autism does not fit within the Lacanian structural definition of psychosis and also does not comprise its own, unique structural category. Using findings generated from both analyses, commonalities and divergences in lived experience as described by the authors are explored, and the potential impact of those findings on how autism is conceptualized and treated within Lacanian psychoanalysis and mainstream treatments is discussed, with special attention paid to questions of power, identity, and politics within both approaches.

DEDICATION

For Brandon, my brother and best friend.

We made it.

ACKNOWLEDGEMENT

I would first like to thank my patients at the Duquesne Psychology Clinic. I was lucky to have the opportunity there to work with adults on the spectrum who helped me to challenge my theoretical foundations and orient me to the questions I am asking in this project. I will forever be grateful to them for their generosity of spirit, hard work, and humor.

I would also like to thank Dr. Jessie Goicoechea, whose guidance through this process has been invaluable. Her infinite patience, emotional support, and willingness to help me organize what seemed like volumes of discrete information was beyond helpful. I am also extremely grateful to my dissertation committee, Dr. Eva Simms, Dr. Elizabeth Fein, and Dr. Kareen Malone, whose close and thoughtful reading of earlier drafts of this project have enriched both the final text and my own understanding of the complicated and interesting world of autism research and treatments.

Thank you to my mother and brother who cheered me on throughout the process and had faith (against all odds) that I would eventually finish.

Also, thank you to Pippi, our beloved and goofy coonhound who forced me off the couch and into the woods. Her antics helped me to maintain my humor through the many months of slow and painful writing.

Finally, and most importantly, I am deeply grateful and profoundly thankful for my wife, Rachel, whose love and support made this seemingly impossible task possible. I could not ask for a better partner or friend.

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LIST OF ABBREVIATIONS

PDD – Pervasive Developmental Disorder

NT – Neurotypical

AT – Neuroatypical

AS – Asperger’s Syndrome

ASD – Autism Spectrum Disorder

DSM – Diagnostic and Statistical Manual

CHAPTER ONE: INTRODUCTION

Perhaps we all lose our sense of reality to the precise degree to which we are engrossed in our own work, and perhaps that is why we see in the increasing complexity of our mental constructs a means for greater understanding, even while intuitively we know that we shall never be able to fathom the imponderables that govern our course through life.
-W.G. Sebald, *The Rings of Saturn*

Causation

In 2012 I sat down across from a man who had come to therapy for help with “typical male” problems. On that first meeting, I noticed that he was different. Something about the way he didn’t look directly at me, something about the matter-of-fact way that he described how his girlfriend pushed him to seek treatment and his own assessment of his problems, something about his way of taking up the intersubjective space was different than anything I had experienced before. I couldn’t read him, I wasn’t able to intuit how he was feeling or what he wanted, and I couldn’t tell how he experienced me. For almost three years that never changed. At some point along the way, after entertaining various diagnoses, including psychosis, I realized that he was autistic. It was a very high-functioning autism, and at the time, I diagnosed him with Asperger’s Syndrome.

After the diagnosis, came the question: now what? What does a psychodynamically oriented clinician do with an adult with Asperger’s Syndrome who is depressed, having relationship problems, and who desperately wants help? I was skeptical of what I knew to be the typical treatments for autism – Applied Behavioral Analysis (ABA) and Cognitive Behavioral Therapy (CBT). Although I want to be clear that ABA and CBT both offer helpful skills to address social functioning and mood/anxiety problems associated with ASD, both seemed to overtly focus on teaching autistic individuals to become more “normal,” a position that I feel

uncomfortable taking as a clinician. Further, knowing information about his genetic makeup or possible exposure to neurotoxins in childhood, areas where much of the current clinical research is focused, was less helpful to me in the immediacy of the clinical space. And, my training in psychoanalysis was impractical insofar as it either required me to work with a kind of language and metaphor that he did not seem to employ or to treat him as psychotic. Also, although we together arrived at a diagnosis of Asperger's Syndrome, the problems for which he sought treatment were not problems of autism. They were, perhaps, influenced and shaped by his autism, but they were separate. They were the problems of being human – the same ones that prompted the rest of my clients to seek treatment. And he was suffering.

In that clinical space, it felt often as though we were on our own – trying, and often failing, to make use of an array of research and treatment tools that didn't quite fit. I will forever be grateful to him, to his generosity of spirit, and to his willingness to engage with me on a journey towards the unknown – one that involved constant missteps, at least one computer model, and a few surprises. Together we created something in the clinical space that required both of us to adapt, to relate differently, and to sit with true difference, in all of its strange discomfort and exciting possibility. He was an inspiration and I will always appreciate his willingness to sit with me as we blundered toward a workable path.

The following pages present my research and thoughts on Asperger's Syndrome, now with the DSM-5 called high-functioning autism spectrum disorder. Inspired by this case, I was challenged to consider the ways that my theoretical background and clinical skills were insufficient to treat the person in front of me. I was also challenged to look deeper into and be open towards other ways of theorizing and treating AS and to realize that, even those treatments considered “best practices” often failed. I was introduced to the interesting world of “Aspergia”

(Asperger Life, n.d.), where Asperger's is the norm and everyone else is abnormal. And I was forced to consider what I most value as a clinician and how to create a space of transformation for the individuals who ask me for help. In short, I was prompted to think about what it means to be human, to be different, to craft a satisfying life, and to be in relation with others. The following pages represent one of the ways that I have chosen to grapple with this material – by turning to lived experience and exploring the space of difference.

Theories of (my) Mind

It is important for any researcher to acknowledge their own subjective position and stakes in the research – presuppositions, blind spots, hopes, etc. – as a way of noting the ways that power and intention, unconscious or not, can shape the direction and results of research in important ways. The convolutions and contortions of my project will, in many ways, give away my desire as well as my affiliations with phenomenology, critical theory, and, Lacanian psychoanalysis. However, I would like to address up front a number of personal and cultural factors that I believe are relevant, that have shaped the trajectory of this project, and that inform that way that I am taking up and interpreting information.

Perhaps most importantly, I am not autistic, or I am what is sometimes called neurotypical (NT). Although it is important to deeply consider how we assume and articulate difference, it is likely that my lived experience is in many ways different from the lived experience of the individuals I am studying. As a researcher, the divergence between my subjective position and the ones of the individuals I am studying is important to consider. First, it brings up questions of power and the dominance of neurotypical discourses and ways of life. This is particularly true as I am contributing yet another volume of research about autistic individuals by a non-autistic author. This non-autistic perspective is important to consider as it

positions me within category of “neurotypical” or “normal” – against which the perceived deficits in autism are measured. The problem of neurotypical perspective showed up for me throughout the research in the form of a kind of automatic tendency to categorize differences as deficits and to locate those deficits within the autistic person. Although I have gone through this text multiple times in order to try to identify and correct this tendency, I think it is important to point out the ways that my non-specialist, everyday perspective always already puts me in the position to make certain types of interpretations. My situated perspective limits the field and scope of my knowledge of others and, precisely because I am situated in a non-autistic perspective, it may be difficult for me to fully know that experience. Yet, in this project, I am attempting to produce knowledge about autism and about the experience of autism as it is lived. Although there are many ways that my perspective may allow certain insights, it will necessarily exclude others.

Another thing worth noting at the start is that my personal and cultural experience with and exposure to autistic individuals prior to this clinical case was slim. I had heard about and read parts of Temple Grandin’s second autobiography and read the case study of her included in Oliver Sack’s book, *An Anthropologist on Mars*. I had spent a few years working with developmentally disabled adults in my early twenties. Some of those individuals had autism diagnoses, however the autism was secondary to severe cognitive impairment or Down’s Syndrome, and was never considered as a separate and unique thing. In that setting, everyone was moderately to severely disabled and the name of their disability, or its specific attributes, was irrelevant. Looking back on my life and relationships, I cannot even say that I had friends on the spectrum and there are no autistic individuals in my family of origin that I am aware of. My minimal exposure to autism, both personally and culturally, is both a limit and a strength of

this research, in my mind. On the one hand, I lack the important interpersonal and contextual information that comes from day-to-day relationships; information that is different from the type acquired in the therapy room. On the other hand, I had few preconceptions about what autistic individuals *should* be like. In that way, I would like to believe that I was able to be attuned to what was presented rather than to what I expected to see.

Although I did not come to this project with much experience with autism, I did come in with a small amount of information about how autism was viewed in the clinical literature, both historically and currently, and with some strong opinions about how it should be taken up. I had heard the term “refrigerator mother” and I knew that psychoanalysis had historically blamed autism on a failure in the parenting role. I also knew that the current literature, like so much of current literature on disorders in the DSM, was interested in the question of causation as located in the brain. As a researcher, I began from the position, and firm belief, that both explanations are more than a little naïve and, in different ways, harmful. Both are extremes aimed at locating cause - one in the body and one in the environment. Further, although I came to this project with a firm belief that both biology and environment are at play, I also came with a belief that the question of biological cause, as it relates to psychological treatment, is useless. This does not mean that I deny biological explanations for autism, it merely means that I consider them unhelpful when thinking about questions of identity or treatment. I have struggled over the course of this project to acknowledge and challenge this bias and allow space for biological explanations and to consider the ways that they provide valuable insights into autism treatments and also offer individuals on the spectrum an important path for identity construction and political engagement.

While I am in many ways biased against biological explanations, I am biased towards environmental ones. I believe that environmental factors are extremely relevant to treatment, and are often given short shrift in current clinical and research literature on autism. That said, it is also my opinion that trying to identify one environmental cause for every case of autism misses the point. Environment – family, peers, school, media, nation, etc. is *everything outside of biology*. What influences people towards who they become is largely a constellation of chance intersections and encounters. What profoundly influences one person may not influence another and the way that people make sense of their experience is often utterly unique – in other words, every individual is particular and comes with a particular history that is meaningful to them. In this project, I am working to uncover commonalities, to identify areas of experience that are shared by autistic adults, but I am also working to note the ways that there remain individual differences that are important to consider. In terms of this research, this bias towards the shaping influence of environment on the individual is foundational and apparent in my lack of attention to questions of cause.

Following from that, I also come to this research as an individual with a particular set of theoretical allegiances and presuppositions – some of which intersect and/or prompt issues of bias and perspective discussed above. Although I sometimes don't want to be, I am a Lacanian at heart. Because of that affiliation, I come to this project with a lot of ideas about how people come into being in a complicated matrix of desire, language, and culture, regardless of the individual biological factors that may be at play. Autistic individuals, like all individuals, have histories, live in the world in relation to others, and bear some relationship, however complicated, to language. As such, I come to this project with a belief that autistic adults *speak*

(whether that be through words, gestures, silence, or the frantic flapping of hands) and that in their speech lies entry to their particular ways of desiring, enjoying, loving, and relating.

In addition to shaping my theoretical perspective on autism, being a Lacanian also shapes my perspective on treatment and how I understand the tools and purpose of clinical intervention. As a clinician, I believe it is my job to listen and allow space for the transformation of suffering, but it is not my job to force social learning or behavioral changes that are not requested or wanted. I come to this project skeptical of treatments aimed at creating more “acceptable” people, and concerned about the possibility of treatment becoming a form of social control. As a result of my theoretical and clinical perspective, this project is in no way oriented towards curing autism or even finding ways to increase social performance.

There is no avoiding the fact that I am a psychologist and a clinician, however, and that there are many ways in which being a clinician forces a position of healer and also forces a reciprocal position of sickness on the part of the patient. This shows up repeatedly throughout this text as I work to manage the transitions between psychological and psychoanalytic perspectives on autism and those of autistic self-advocates. In some cases, as a psychologist or psychoanalyst, I may see areas of individual deficit or difficulty where, from another perspective I may see instead failures in the environment or, merely, differences in style. This shifting between different perspectives shows up in a constant tension in this text between explorations and interpretations of deficit vs. ability, acceptance vs. change, and difference vs. sameness. Although I have tried to mark these shifts and to be as explicit as possible about my intentions and interpretations within the various perspectives, it is likely that there remain places where the tension appears and remains unresolved.

I think it is important to state from the outset that I do have some questions about what it means to provide effective treatment in cases of autism, despite the fact that I believe some autistic adults neither want nor need treatment. My question about treatment however, is less about treating autism and more about treating human suffering in cases where the subject is autistic. My project is framed primarily around questions about subjectivity in autism and how different subjects may require different approaches to treatment. Although I will discuss some of the pros and cons of treatments for autism, per se, this text is aimed to explore the ways that autistic subjects bring a unique subjectivity to bear on the clinical space and to ask neurotypical clinicians and researchers – how do we accommodate that difference in a way that is humanizing? This is my starting point.

Language Problems

Language is both powerful and imperfect. When it comes to autism, language is a problem on many fronts – how we talk about autism shapes how autism is understood culturally, which impacts how autistic individuals are treated, how many resources are allocated for individuals on the spectrum and even, some would argue, how autism is able to be expressed and lived by the people who are diagnosed with it.

One of the most important debates about language in autism research and studies is the debate between person-first and identity-first language. Rooted in an understanding that how we talk about people shapes how we think about and treat them, proponents of both person-first and identity-first language are interested in reducing stigma, valuing individuals, and producing a culture of respect. As Dunn and Andrews (2015) point out in their recent article about disability language, both person-first and identity-first language arose out of disability constructs aimed at addressing problems inherent in the medical model of disability. The medical model largely

defined individuals according to their disability and produced a language that often reduced the individual to status of his or her impairment (e.g. retarded, crippled, etc.).

Person-first language sought to undo this reduction and offer a linguistic separation of the disability from the person. Thus we say that a person “has cognitive decline” rather than “is demented.” As explained by The Arc (n.d.), an advocate organization for persons with intellectual and cognitive disabilities:

By placing the person first, the disability is no longer the primary, defining characteristic of an individual, but one of several aspects of the whole person. People-First Language is an objective way of acknowledging, communicating, and reporting on disabilities. It eliminates generalizations and stereotypes, by focusing on the person rather than the disability. (para. 3)

Although rooted in respect for individuals with disabilities, person-first language has been criticized by autism self-advocates and other disability rights activists as ignoring the cultural and identity factors at stake in disability. For example, Jim Sinclair (1999) makes three points in his article, “Why I dislike “person-first” language”:

1) Saying “person with autism” suggests that the autism can be separated from the person. I can be separated from things that are not part of me, and I am still be the same person... But autism is part of me. Autism is hard-wired into the ways my brain works. I am autistic because I cannot be separated from how my brain works... 2) Saying “person with autism” suggests that even if autism is part of the person, it isn’t a very important part. Characteristics that are recognized as central to a person’s identity are appropriately stated as adjectives, and may even be used as nouns to describe people: We talk about “male” and “female” people, and even about “men” and “women” and “boys” and

“girls,” not about “people with maleness” and “people with femaleness”... If I did not have an autistic brain, the person that I am would not exist. I am autistic because autism is an essential feature of me as a person... 3) Saying “person with autism” suggests that autism is something bad—so bad that it isn’t even consistent with being a person. Nobody objects to using adjectives to refer to characteristics of a person that are considered positive or neutral... It is only when someone has decided that the characteristic being referred to is negative that suddenly people want to separate it from the person. I know that autism is not a terrible thing, and that it does not make me any less a person... I am autistic because I accept and value myself the way I am. (para. 2-4)

As Dunn and Andrews (2015) note, identity-first language is based on the idea that “disability is a distinct diverse cultural and sociopolitical experience” (p. 259) that is inextricably woven through the fabric of identity and shapes the lived experience of the person.

Debates regarding person-first and identity-first language capture something important about issues of respect, visibility, community, identity, and politics within the discourses on disability. With respect to this project, I have chosen to use both methods of description, and try to remain faithful to the linguistic choices of the author or scholar who I am discussing. In this project I am making use of autobiographical texts, and for all of those authors, identity-first language was the linguistic choice most often made and so, in that context, I have tried to stay with that linguistic choice. For many of the professionals and clinicians whose research I reviewed, person-first language is more frequently used and I have, similarly, tried to mirror those choices in my own writing. In places where the intention is unclear or where I am discussing my own ideas or opinions, I have chosen to make use of identity-first language almost exclusively. Although there are valid arguments both for and against this choice, it is rooted in

my desire to acknowledge and consider autism as one way of being human and I think identity-first language better captures that position.

The debate regarding the problems and merits of person-first vs. identity-first language in disability and autism research is one example of a deeper issue with language and meaning that I believe is at the heart of all human subject research. It is difficult to speak about, describe, or interpret any human behavior or experience without drawing on a language that is laden with potentially problematic and historical meanings. Language is produced, whether in spoken or written form, by individuals situated within a particular perspective. Even when attempting to take a more critical and compassionate approach, as was the case with the introduction of person-first language, there is always a potential critique, a hidden connotation, that exists alongside the intended meaning and has the potential to alter the significance of the text in profound ways.

Although I have tried to carefully consider my language choices throughout this text and, specifically, to challenge deficit-laden language, I have found that there are many ways in which those attempts have necessarily failed. Part of this failure is particular to me, my being as a NT psychologist and the ways that my linguistic choices reflect the implicit ways that I make sense of my world. Another part is related to language itself, the ways it carries history, politics, and perspective and thus slides, sometimes problematically, constantly missing the mark.

In this dissertation, I am shifting constantly between various perspectives – Lacanian, phenomenological, critical – and am attempting to take up each from within its own history and conceptual language. These different perspectives inform my use of language in ways that may conflict with my explicit trajectory or challenge my intended interpretation. Through these movements within and between positions, I have become aware of the struggle to carefully and thoroughly describe and interpret without lapsing into the language of lack or deficit and without

lapsing into the unreflective position that assumes language can be employed with singular meaning. These various perspectives point to the ways that conceptual language has the capacity to do violence to experience – I find that this is often particularly true of psychological and psychoanalytic language. And, yet, despite the potential for violence, there is not yet another way to contend with these issues other than through the very language that attempts to erase them. As Elizabeth Adams St. Pierre (2007) writes:

...we must learn to live in the middle of things, in the tension of conflict and confusion and possibility; and we must become adept at making do with the messiness of that condition and at finding agency within rather than assuming it in advance of the ambiguity of language and cultural practice. In addition, we must be on the lookout for each other as we negotiate meaning and create new descriptions of the world. We can never get off the hook by appealing to a transcendental Ethics. We are always on the hook, responsible, everywhere, all the time. (p. 176-177)

Special Interests, Inflexible Adherence, and Self-Stimulation

At the same time that I was meeting with my patient for the first time in 2012, Lacanian psychoanalysis came under fire for its conceptualization and treatment of autistic individuals in France. Sophie Robert, in her documentary, *The Wall*, pits Lacanian psychoanalysis against Applied Behavioral Analysis (ABA) in the treatment of autistic children. Her film is a clear and pointed attack on Lacanian psychoanalysis and on what she sees as the futility of psychoanalytic treatment for autistic subjects. Robert's critique is cutting and goes beyond merely suggesting that psychoanalysis is not as useful as other forms of treatment to a critique of what she sees as a regime of psychoanalytic thinking in France – an entrenched establishment that is blind to its

own ignorance. She paints the picture of the psychoanalyst as the perverse and narcissistic ruler, holding onto antiquated ideas, and preventing children from getting the help that they need.

Her accusations against psychoanalysis and psychoanalysts are myriad, some nuanced and relevant, others surprisingly misinformed. What is most striking, however, is the way she stages the scene of psychoanalysis for her viewers – almost as a parody rather than as a true critique. She treats psychoanalysis and psychoanalysts as naïve worshippers of old and fallen gods. She advocates for French clinicians to disregard the power that psychoanalysis has had on the therapeutic community in France and move towards what is, in her view, a more relevant scientific approach common in the US and other parts of Europe. Her rhetoric, the construction of her discourse about psychoanalysis, is compelling – it pulls the viewer into a particular perspective and makes it nearly impossible to disagree with her moral position: psychoanalysis hurts autistic children, ABA saves them. In this interesting theoretical-turned-moral critique, Robert exposes the complex underbelly of autism treatment and research, which has always been inextricably bound up with values – first the values of family and, now, the values of professionals.

The critique that Robert levels at psychoanalysis is one that could, of course, be applied to other psychological schools of thought. Robert’s critique of psychoanalysis as ideologically dogmatic echoes critiques of cognitive behavioral and neurobiological approaches made by psychoanalysts, humanists, and critical psychologists. But, it is important to consider that her critique may point to some ways that psychoanalysis *has* become rigid and adherent to a theory that resists change. And, further, her need to resort to a moral, rather than logical, argument about treatment approaches, points to some ways that her preferred “scientific approaches” may,

too, suffer from areas of rigidity or a sense of God-like omnipotence. It is here, in this strange mixture of politics, theory, science, and religion that autism is situated.

This introduces questions about how to take up autism in the clinical space, while acknowledging that the discourses about autism are complex, multifaceted, and irreversibly complicate any research or theories about autistic subjectivity, the causes of autism, or how we may choose to think about and/or apply treatments. The complexity and variability in the research and in the discourses on autism leads me to be skeptical of any treatment or theory that appears to have found an answer, including psychoanalysis. Also, I am curious about the ways that theory is transformed into clinical practice and I wonder if it is not too often the case that theory determines practice, rather than practice and theory mutually informing each other. In an article on Lacanian practice, analyst Colette Chouraqui-Sepel (2004) noted, “Psychoanalysis results from a permanent journeying from clinic to theory and back to clinic again. Otherwise, it would be pure delusion” (p. 115). Sophie Robert, in her film, is pointing to the ways that psychoanalysis has the potential to become (or perhaps already has become) something like a shared delusion. This is also the case for many of the other theories and/or treatments for autism – in this field of inquiry there seems to be, in an irony that is too often missed, an “apparently inflexible adherence to” and an “encompassing preoccupation with one or more...restricted patterns of interest.” From vaccines, to heavy metals, to gut bacteria, to lesions, to genetic coding, to scientist fathers, to refrigerator mothers – the fixations abound.

Although it is fascinating the ways that shifting discourses about autism have shaped research, practice, and the politics of the self over several decades, in this project I am interested in looking at lived experience and how starting from lived experience can inform and potentially change clinical practice. As a Lacanian, I am intrigued by Sophie Robert’s critique and think it

is worth exploring the perhaps delusional, perhaps rigid, perhaps perverse Lacanian approach to autism treatment. As a Lacanian, I am also interested in exploring the possibility of a non-rigid, more flexible psychoanalysis that can facilitate transformation for autistic subjects as it does for others. As a phenomenologist, I am interested in the lived experience of autistic individuals as a starting place for any theory of autism. And, as a critical psychologist, I am interested in better understanding the ways that power is situated within debates on autism and how power dynamics influence the lives of autistic individuals and the treatments available to them.

As such, my project looks at autism through the lens of published autobiographies by adults diagnosed with Asperger's Syndrome in order to consider how a more grounded understanding of the experience of autism as it is lived may impact clinical practice. I had several goals in this project. Taking Sophie Robert's critique of Lacanian psychoanalysis as a starting point, I first explored the ways that autism is taken up from the points of view of mainstream psychology, Lacanian psychoanalysis, and autism self-advocacy/neurodiversity activists. I also further elucidated the theory of autism in Lacanian thinking, with specific attention to the diagnostic approach in Lacanian thinking and the assumed relationship between autism and psychosis. I then subjected the autobiographical material to two types of qualitative analysis. In order to avoid the trap discussed above where theory takes precedence over case material, I have avoided taking the traditional psychoanalytic approach to case studies, where one describes only the formulation after the fact and where the reader is only given access to the interpretation of the analyst. In order to strike a balance between autistic and clinical perspectives, I first made use of a phenomenological analysis to gain a deeper understanding of the experience of autism and the potential issues at stake as they are presented by individuals on the spectrum. Following that, I compared the autobiographical material to the tenets of Lacanian

structural theory, and showed that the formulation of autism as a psychotic position doesn't hold up. Using findings generated from both analyses, I explored commonalities and divergences in lived experience described by the authors and discussed the impact of those findings on how autism is conceptualized and treated within Lacanian psychoanalysis and mainstream treatments, paying special attention to questions of power, identity, and politics within both approaches.

CHAPTER TWO: DIAGNOSIS AND TREATMENT OF AUTISM IN MAINSTREAM PSYCHOLOGY

Like so much of the research and treatment for psychological illness in the United States, autism is largely understood in the mainstream literature as caused by genetic or biological error leading to impairments in functioning (e.g. Hahamy, Behrmann, & Malach, 2015; Sander, et al., 2015; Joseph, Soorya, & Thurm, 2015). Treatments are concerned with improving function or teaching compensatory strategies that improve coping (e.g. Joseph, Soorya, & Thurm, 2015; Kasari, et al., 2016; Zwaigenbaum, et al., 2015). In the following paragraphs, I will outline current standards of diagnosis and treatment as well as notable research trends within mainstream psychology.

Diagnosis

The diagnosis of autism has recently changed with the publication of the DSM-5 (2013). Whereas previously Autistic Disorder and Asperger's Syndrome were classed in the category of Pervasive Developmental Disorders (PDD) along with Childhood Disintegrative Disorder, Rhett's disorder, and Pervasive Developmental Disorder NOS (American Psychiatric Association, 2000), all five have been subsumed under the umbrella of Autism Spectrum Disorder (American Psychiatric Association, 2013).

The DSM-5 defines diagnostic criteria for Autism Spectrum Disorder (ASD) as, “persistent impairment in reciprocal social communication and social interaction (Criterion A), and restricted repetitive patterns of behavior, interests, or activities (Criterion B). These symptoms are present from early childhood and limit or impair everyday functioning (Criteria C and D)” (p. 53). Further, the impairments cannot be better explained by an intellectual disability (Criterion E) (p. 54). According to the DSM-5, individuals on the autism spectrum show symptoms that can include language impairment, disturbed motor ability, inability to use social

cues, failures in verbal and nonverbal communication, difficulty establishing “normal” interpersonal relationships, hyper or hyposensitivity to sensory stimuli, and preoccupations with what appear to others as inconsequential objects (pp. 50-51). All of the symptoms described involve or impact the interpersonal realm of functioning down to the most basic level – for some manifesting as an inability to speak and/or make eye contact or engage in typical social interaction. In terms of functioning, autistic individuals span the spectrum between extremely capable with only minor impairments in social functioning to profoundly dysfunctional – unable to use speech to communicate and with severe motor disturbances and acute tendencies to fixate on objects in the environment. Per the DSM-5 diagnostic instructions, clinicians diagnosing ASD should specify whether there is an associated cognitive or language impairment, an additional associated neurodevelopmental, mental or behavioral disorder, a medical, genetic, or environment factor involved, or if catatonia is present. Further, clinicians are asked to specify the severity of communication and behavioral impairments using a numbered system that indicates the level of support the individual is expected to need.

Asperger’s Syndrome vs. “High-functioning” Autism Spectrum Disorder

Based on research indicating that the real-world diagnosis of Autistic Disorder or Asperger’s Syndrome was somewhat arbitrary and/or based on the availability of resources rather than strictly clinical presentation (Volkmar & Reichow, 2013), researchers began to question the wisdom of maintaining separate categories of PDD. The primary distinction between Asperger’s and Autistic Disorder in the DSM-IV-TR was the absence of language impairment in Asperger’s and the requirement that those diagnosed with Asperger’s have no significant delays in cognitive development, self-help skills, or adaptive behavior (p. 84). For Autistic Disorder, it was

expected that “in most cases, there is an associated diagnosis of Mental Retardation” (p. 71) and moderate to severe communication issues or language delays (p.75).

The removal of Asperger’s Syndrome from the DSM-5 did not come without controversy. Many professionals as well as many individuals diagnosed with Asperger’s disorder disagreed with the changes. For many there was fear about the possibility of losing access to services, while for others there was concern that the changes elided an important distinction between the two groups. As Volkmar and Reichow (2013) explain:

While a case clearly could have been made for refining the Asperger’s label, the work group elected to eliminate it as a category along with childhood disintegrative disorder. In some respects both moves are controversial, particularly given the inconsistency with which the Asperger’s diagnosis has been utilized (itself a problem but potentially one obscuring a potentially important clinical distinction). (p. 3)

John Elder Robison (2013), one of the authors in my study, shared his response to the change in an article for *Vulture Magazine*:

Just like that, Asperger’s was gone. You can do things like that when you publish the rules. Like corrupt referees at a rigged college football game, the APA removed Asperger’s from the field of play and banished the term to the locker room of psychiatric oblivion. Their new and improved DSM went on sale two months ago, and shrinks everywhere lined up to buy it. (para. 7)

For Robison, as for many other self-advocates, it was not only the diagnosis that was erased, but the community and culture of the individuals holding that label. The “Aspie” culture arose from within the confines of the diagnostic border and the change prompted some uncertainty about how that culture may be transformed or eliminated as a result.

While there remains uproar about the change, many see it as an improvement as well as an important and inclusive political move. In a 2014 article for *The Atlantic*, Hanna Rosin sums up the change as one of fairness, “After much debate, the APA decided to simplify the diagnostic process, or perhaps more accurately, to complicate it in a democratic way” (para. 5). For many, the diagnostic move marks the beginning of a recognition of the spectrum of human possibility, rather than only a spectrum of autism. In this way, for many self-advocates especially, the move from Asperger’s to Autism Spectrum Disorder was politically important.

In terms of this project, I remain on the fence with regard to the diagnostic change. It seems particularly problematic to me, from a clinical perspective, that there is little attention paid to the differing cognitive profiles of individuals previously diagnosed with Asperger’s as well as the marked absence of significant language impairment. These two things seem diagnostically relevant. That said, it is also the case that cognitive ability is linked directly to developmental outcomes and it makes intuitive sense that there would be differing degrees of the same type of impairment in individuals with differing cognitive ability.

For my research, I only studied texts by individuals diagnosed with Asperger’s Disorder, who would now be considered to have Autism Spectrum Disorder, level one, or what is more often called “high-functioning” ASD. This is partly a result of the fact that I began this project prior to the change in diagnostic criteria and partly because the majority of autistic autobiographies are authored by individuals diagnosed with Asperger’s disorder. In terms of the research, this means I am assuming that there was no evidence of cognitive impairment and no significant language delays in my sample.

Research

The Medicalization of Autism

According to the Interagency Autism Coordinating Committee's (IACC) 2013 *Strategic Plan Update* on autism research, "over 11,000 journal articles on autism have been published since January, 2009, more than double the number published in the preceding 5 years. The world of ASD research has changed profoundly during this period, with increases in United States ASD prevalence estimates, changes in ASD diagnostic criteria, greater understanding of co-occurring conditions and services needs, and new insights from genetics, environmental studies, and neuroimaging into the biology and etiology of ASD" (IACC, 2013, p. vi). The IACC is a committee established by the National Institutes of Health (NIH) Office of Autism Research Coordination. The remainder of the IACC's *Strategic Plan Update* as well as its publication on advances in autism research (IACC, 2015) are clearly devoted to detailing biomedical research aimed at early identification or at locating biological or genetic links to explain the development of autism. What is explicit in the approach is the assumption that autism is the behavioral expression of a largely biological problem. What is absent from the literature, both of the IACC as well as from the literatures of other NIH funded programs, is the effect of autism on the autistic individual, or, in other words, the experience of suffering that we are trying to explain and treat. Although the IACC's literature points to some research looking into treatment and support needs, the primary emphasis of contemporary research into autism appears largely interested in questions related to biology and to cause.

The assumption that autism has its roots in biology has propelled the research in the direction of locating cause in the brain, a move that is part of a larger trend to explain psychological disorders in terms of neurobiological mechanisms. Although biomedical research

can certainly be valuable, it seems important to point out the way in which the trend towards medical understandings of autism effaces research that facilitates a better understanding of the experienced suffering of the individual who struggles with the condition. In doing so it limits our understanding of how best to intervene and support individuals on the spectrum. As Majia Holmer Nadesan (2013) nicely summarizes:

Despite its popularity and institutional support, the genetic brain-based approach has failed to deliver on its promises to explicate the “causes” of autism and has failed to lead to new autism treatments. Genes believed to increase susceptibility in one population are difficult to find in other populations. Penetration is typically uneven, as identical twins with autism do not uniformly share the disorder (Bruder et al. 2008). Unknown environmental factors and other independent variables, such as father’s age, may contribute to genetic mutations linked to the disorder as susceptibilities. The relationship between phenotypic autistic traits (such as behavioral and cognitive traits) and specific genes remains very unclear, although researchers suspect that genotype-phenotype relationships may exist (Thompson, Cannon, and Toga 2002). (p. 122)

Nadeson goes on to discuss the political aspects of genetic and biological autism research and to consider what underlies the push towards understanding causation. She goes even further to discuss the ways in which this type of research may easily align its self with a type of eugenics, particularly as it is involved in the development of “autism susceptibility” testing.

When Autistic Children Grow Up

There is a remarkable amount of research in the medical/psychological field addressing issues of genetics and biology in autism. Although not as prolific, there is also a fair amount of research into diagnostic questions (IACC, 2015). All of this research, however, is largely addressing

autism as it appears in childhood. Even in the popular media, autism is most often taken up as a childhood disorder. From medical journals to parenting magazines, autism is examined through the lens of childhood functioning and the effects on the educational system, the family system, and the mental health system. There is, however, very little scientific literature on adult autism. What is readily available tends to look at adult outcomes in order to identify prognostic indicators in childhood (Howlin, Goode, Hutton, & Rutter, 2004) or at medications that may be effective in treating some of the behavioral and sensory integration problems associated with adult autism (Hollander, et.al, 2012; Hertzman, 2003). Also available are popular media articles that address rising concerns about the potential burden on the mental health system to provide needed care to adult autistics whose families are no longer able to support them (Chen, 2011). What is not as readily available is research that explores the struggles of adult autistics as they describe them or their needs and wants for treatment. While some research has been done exploring issues of identity and community in adult autism (e.g. Bagatell, 2010; Robertson & Ne'eman, 2008; Jaarsma & Welin, 2012) much more work is needed in this area.

Additionally, although the research on the needs of autistic adults is minimal, there are several organizations either promoting or pursuing research on autism in adults. For example, The Organization for Autism Research and the Autistic Self-Advocacy Network, are both working to increase research into the needs of autistic adults and both publish an online handbook aimed at addressing transitional difficulties that autistic individuals face when entering adulthood (Organization for Autism Research, 2006; Crane, 2013). Additionally, the Academic Autism Spectrum Partnership in Research and Education is currently pursuing research on the healthcare needs of autistic adults as well as research on identity, well-being, and social support (Academic Autism Spectrum Partnership in Research and Education, 2014). While these

organizations, and others like them, are currently and actively pursuing research on autism in adulthood, there remains a shocking lack of research in this area.

Treatments

Popular treatments for autism are largely aimed at children and focus on controlling symptoms or teaching compensatory skills. There is some research on the possibility of medical interventions (Hertzman, 2003; Hollander, et al., 2012), and while some autistic children are given medication to manage specific symptoms, there is currently no standard pharmacological treatment for autism. Consequently, the majority of treatment approaches use a behavioral model to teach skills that would help the child learn to manage social situations, increase communication abilities, or reduce repetitive behaviors (Wang & Kwan, 2010; Whalen, Schreibman, & Ingersoll, 2006). There is little research available on the applicability of these treatment models to adult populations (Organization for Autism Research, 2006), although the past few years have seen large increases in research funding applicable to adult populations.

The most popular and most researched approach to autism treatment is Applied Behavior Analysis (ABA). This approach encompasses a large array of behavioral techniques aimed at increasing verbal and social behavior in children diagnosed with autism. First documented by Lovaas in 1987, most ABA methods are intensive and pair tenets of behavioral conditioning, particularly positive reinforcement, with skills training and psycho-education (Rosenwasser & Axelrad, 2001). ABA's popularity was initially gained through research that illustrated the effects of early interventions treatment on educational integration as well as the importance of language acquisition to later functioning (p. 673). Current research in ABA is largely focused on new language acquisition techniques, the development of earlier intervention strategies, and

the benefits of classroom integration to overall learning outcomes (Rosenwasser & Axelrad, 2002).

Another popular approach in autism treatment is the TEACCH method, which stands for Teaching and Education of Autistic and Related Communication Handicapped Children. This method was developed by researchers at the University of North Carolina in the 1960s and aims to integrate a structured teaching environment that focuses on visual images with a collaborative approach involving parents, teachers, and community members (Probst, Jung, Micheel, & Glen, 2010, p. 135). The TEACCH method focuses on the need of autistic individuals to have a stable and consistent environment while accounting for the tendencies of autistic individuals to struggle with auditory stimuli. The resulting treatment aims to create a structured approach that utilizes the relative strength of autistic children's ability to process visual images in the service of improving functional outcomes.

One other, lesser researched, approach to autism treatment, Floortime, utilizes a relationship-based approach to treatment. It works by educating parents and caregivers on how to meet the child where s/he is in order to facilitate the development of strong relationships. Floortime allows for a wider range of communication types and allows the child to take the lead during play, with the intention of fostering increased social development (Joseph, Soorya, & Thurm, 2015).

Finally, some treatments for autistic disorders involve utilization of cross-disciplinary interventions to address specific problems. For example, some autistic children suffer from motor disturbances and may benefit from physical therapy as a means to build coordination, balance, and muscle tone. Often, autistic individuals suffer from acute sensitivity to sensory stimuli and may benefit from occupational therapy that aims at sensory integration (Baranek,

2002). Autistic children and adults may also benefit from speech therapy and/or other forms of occupational therapy in order to address specific needs (Organization for Autism Research, 2010).

CHAPTER THREE: THEORY AND TREATMENT OF AUTISM IN LACANIAN PSYCHOANALYSIS

Autism is a problem for psychoanalysis, and for many reasons. First, of course, is the shameful history of parent blaming which, although echoed in mainstream psychological approaches of the time, found a home in psychoanalysis. Codified in the phrase, “refrigerator mother,” psychoanalysis’ public position as a viable treatment for autism died a slow death as analysts defended the parental explanation and defensively critiqued mainstream research. Sadly, although I think most analysts would explicitly deny any belief in parental causation, there remains a thread of blame in some of the clinical literature that serves to reinforce this critique of psychoanalytic approaches.

Second is contemporary psychoanalysis’ apparent lack of interest in discussing autism or offering theoretical or clinical thoughts about the course, trajectory, or treatment in cases of autism. Given the “epidemic” of autism in the US and Europe, it seems unlikely that psychoanalysts aren’t seeing autistic individuals in the consulting room, however it seems that no one is writing about it. The literature on autism from within various psychoanalytic communities is sparse and, when narrowing the search to literature about working with autistic adults, is practically non-existent.

Finally, in a move that I still find strange, psychoanalysts that do discuss autism make use of the DSM diagnostic criteria to describe the condition while also making use of the term “autistic” in its historical context as a stage within psychoanalytic developmental descriptions (which I will discuss below). While some schools of psychoanalysis have a more reciprocal relationship to the DSM nosology, psychoanalysis has historically relied on its own diagnostic system and language to describe and theorize different presentations. This is particularly true for

Lacanian who outrightly refuse to make use of the DSM and instead rely on a small set of structural categories and descriptions. However, even within the Lacanian frame, autism is different and there is a sliding between DSM descriptions and understandings of autism as a developmental concept.

All of this, the history of blame, the silence, and the lack of workable diagnostic theory contributes to the absence of psychoanalysis in the conversations about autism and about treatment – except insofar as it is constantly held up by mainstream approaches as an example of moral failure. In the following paragraphs, I will explore some of the historical trends in psychoanalytic autism theory and practice and the current issues with diagnosis and conceptualization in contemporary psychoanalytic theory. I will then introduce Lacanian diagnostic theory and practice more broadly and discuss some of the particular issues with Lacanian understandings of autism.

Autism and Psychoanalysis

Margaret Mahler's (1958) work on autism is some of the first psychoanalytic thinking devoted to autistic states. Mahler was interested in autistic phenomena both as part of normal childhood development and as potentially pathogenic. For Mahler, early infancy necessitated a normal autistic phase – a symbiosis between mother and child that ensured the survival of the child past infancy. According to Mahler, fixations at this early stage of development could lead to the formation of an “autistic type” of child psychoses later in life, however the initial lack of differentiation between mother and infant was considered both normal and necessary.

Following Mahler, psychoanalysis largely focused on autistic states as pathological and representative of an abnormal developmental trajectory and psychoanalytic thinking about autism largely looked to the family to understand the array of symptoms and developmental

delays characteristic of autistic children. This focus on the family constellations of the autistic child is complicated, but has historically been taken up both inside and outside of the discipline as a discourse of blame. Additionally, psychoanalytic theory has often treated autism as a type of psychosis, marking the difficulties with self and other as indicative of a psychotic organization. I will address each of these critiques in the following paragraphs.

Bruno Bettelheim is often cited as the most malevolent of the psychoanalysts for his assertion that autism resulted from damage done by poor parenting. He is credited with advancing the theory, initially hinted at by Kanner (1943) of the “refrigerator mother” as contributing to the development of autism (see Rhode, 2004). This theory largely understood autism as an effect of an avoidable set of practices on the part of the parents, and had a tremendous negative effect on the acceptance of psychoanalytic thinking about autism. As Rhode puts it, “It was a great misfortune that, like Kanner’s, Bettelheim’s statement was wrongly generalized by himself and others to all parents of children with autism, and in this way did an incalculable amount of harm...Parents whose children have any kind of serious problem are only too ready to blame themselves for it: the last thing they need is to feel – or to be – blamed by professionals” (p. 4).

Despite an acceptance of neurological causation in some of the psychoanalytic literature, much of psychoanalytic thought in regards to autism continues to look to the relationships with primary caregivers to explain the constellation of symptoms and behaviors typical of autism. Although a patient’s history as context will always be important in a psychoanalytic treatment, discussion of a patient’s difficulty with separation from the Other as indicative of an autistic presentation is at times presented as causative. For example, in her book on child psychoanalysis, Catherine Mathelin (1999), summarizing Frances Tustin, states, “In cases of

autism, fusion with the mother entails a lack of influence on the part of the father; since these children do not have the experience of sharing the mother with the father, their omnipotence is unchecked, and under their passive appearance they can be willful and dictatorial” (p. 126).

Although I think many analysts would argue that Mathelin is referring to the child’s experience and internalization of the mother rather than the mother herself, psychoanalytic writing about autism does at times easily lend itself to an interpretation of parental blame. Although not the focus of the proposed study, psychoanalytic research could benefit from a clear exploration of the ways that parental influence is taken up in psychoanalytic thinking about autism, in what ways it is relevant to treatment, and how parental influence can be discussed without situating blame.

Despite some remaining implicit biases, explicit focus on parenting as causative is no longer accepted by most schools of psychoanalysis. It is true, however, that even though there are not explicit attempts to blame parents, there is an interest in the complex relationship between autism as a psychopathology and client/child-parent relationships. In Kleinian circles, analysts talk about the supplemental object that the autistic subject sticks to him or herself in order to manage the fear of disintegration that arises in moments of separation from the primary caregiver (see for example, Meltzer, 2008; Rhode 2004, 2011). In more relational circles, analysts talk about the ways that there is a mismatch between the needs of autistic children and their parents that results in primary problems with attachment (e.g. Cohler & Weiner, 2011; Gould, 2011). And in Lacanian circles analysts talk about the dis-regulation of jouissance in the body that comes from a failure in the paternal function (e.g. Perrin, 2011; Berenguer & Roizner, 2011; Redmond, 2004). All of these hypotheses are extremely theoretically laden and not necessarily intended to place accountability with the parents. For example, in most forms of

psychoanalysis there is a distinction made between the actual parent and the parent in the child's mind or fantasy. However, in general, psychoanalytic theories seem to implicate the importance of family context in profound ways.

Psychoanalysts maintain the importance of the child's relation to his/her primary caregiver(s). The analyst is curious about the quality of the relationships – did the child feel loved, smothered, or abandoned? How did the child cope with, or defend against, anxiety around separation or engulfment? How did the child respond interpersonally to demands from others or limits placed on his or her body? All of these questions center on the child's responses – and his or her defensive reactions - to the interpersonal environment and the possible meanings that can be attributed to those responses. The attunement by the psychoanalyst to the familial and relationship context of the child's development is not in itself problematic. In fact, it is fairly commonplace when dealing with any other type of mental illness or disorder. Familial context and history is a rich source of material about the ways that the individual patient takes up the environment. As clinicians, we do not want to go so far as to suggest that a person's history has no impact on his or her development, but we need to consider the ways that such a focus can be limiting and also how it can appear to locate cause in the family system.

What gets lost in the (justified) critiques of psychoanalysis as parent-blaming is the potential of psychoanalysis to offer something different to the treatment of autism, something that addresses the question of the person in autism – his or her particularity – rather than his or her deficits. Psychoanalysis, unlike mainstream psychological approaches, at its best is focused on individual experience rather than on the minimization of perceived deficits. When we think only in terms of biological cause or even in more politically neutral forms of environmental stress (e.g. diet), we reduce autistic individuals to the realm of non-human – as though they are

somehow removed from the impact of relational context to which all other humans are subjected. We *know* that family and social history affects people and can either lead to or exacerbate psychological, emotional, or relational issues later in life, regardless of the presence or absence of biological or genetic problems. What psychoanalysis has the capacity to offer is precisely the ability to see autistic adults as in the context of their lived experience and to find a way to acknowledge biology and history and context in a way that is respectful of autistic individuals and their families.

Although it is certainly the case that some analysts take up psychoanalytic approaches in a technically and theoretically rigid way, it is also the case that some analysts look to the particularity of their patients' speech and articulated experiences rather than relying on an understanding of universal types. This latter approach is what provides the discipline with the capacity to constantly reevaluate and redefine its theoretical assumptions. In terms of its theoretical approach to understanding the formation of individual human subjectivity, it seems to me that psychoanalysis has a lot to offer in terms of an ability to conceptualize the experience of the autistic individual. And, through that conceptualization, psychoanalytic treatment might provide a means to imagine working at a more psychologically transformative level, rather than at a level aimed only at "coping."

Autism and Lacanian Psychoanalysis

It is not only in search of explanations for psychopathology that psychoanalysis concerns itself with development and with personality, and this is particularly true for Lacanian psychoanalysts. Within that paradigm, psychoanalysis is theorizing not only how an infant perhaps turns into a neurotic or psychotic individual, but precisely how s/he becomes an individual, or subject, in the first place – an individual who is able to "own" his or her body, speak and communicate to

others, and achieve the ability to love and work. What is at stake in psychoanalytic thinking is precisely how a person comes to be who he or she is or, in other words, how an infant comes to be a unique speaking human subject and what we can learn about development from that process. While Freud looked to history to understand symptoms, Lacan looked at history to understand the creation of subjects in language.

Diagnosis in the Lacanian Tradition

Although it can be difficult to truly capture the meaning of any of Lacan's concepts, diagnosis within the Lacanian field is by far one of the most complicated areas of his work. Many people talk about Lacan as promoting "structural diagnosis" and most people who are even slightly familiar with Lacanian thinking are aware of the various structures Lacan elaborated during the early stages of his work. But Lacan did not stop with his initial elaboration of neurotic, perverse, and psychotic structures, anymore than he stopped at his elaboration of other conceptual categories. We see in Lacan's oeuvre the development and transformation of many of his concepts over time. For example, the *object a*, *jouissance*, symptom, and paternal metaphor all move through various incarnations over the course of his work. Lacan abhorred final definitions, at least in my reading of him, and he continually rethought and reformulated his diagnostic and conceptual thinking over the course of his life.

Towards the end of his career, Lacan's "structural" clinic was subsumed by an elaboration of what is commonly called the "Borromean clinic" or the "clinic of knots." It was during this time in his thinking that he had begun to re-consider the primacy of the signifier and

to explore more deeply the functions of *jouissance*¹ and the Real in relation to the subject and to the treatment. Lacan made use of the Borromean knot, as a string knotted around a series of constitutive spaces, to explore issues related to materiality, rather than only meaning and symbol, which had previously occupied his work. In my reading of Lacan's elaboration of the clinic of knots, he is moving from a conceptualization of treatment as localized in the Symbolic to a conceptualization of treatment that, while acknowledging the importance of the Symbolic, locates the curative function in the Real.

Both Lacan's elaboration of the structural clinic and the clinic of knots are important to the conceptualization of diagnosis and treatment within the Lacanian field and, particularly, to the articulation of treatment with respect to autism. In order to draw this out, the following paragraphs elucidate Lacan's earlier structural conceptualizations, the movement from the purely structural to the Borromean clinic, and the implications of both for the treatment of autism.

Subjective structures² vs. diagnostic categories. In order to understand Lacanian diagnosis, it is important to first, situate it with respect to the most used diagnostic system (at

¹ Lacan's notion of *jouissance* refers to the singular enjoyment of the subject and is most often linked by Lacan to the Real. The word *jouissance* in French refers to both to pleasure and to the displeasure that one experiences at the point when pleasure reaches the limit of pain.

² Although the following is an attempt to briefly lay out some of the main concepts at play in Lacan's theory of subjective constitution, this is, by necessity, an incomplete account that gives short shrift to the complexity of many of these concepts. Interestingly, although subjective constitution and the various subjective structures and their "operations" are a key to Lacanian clinical work, Lacan himself does not ever lay out a comprehensive illustration of his thinking with regard to these concepts. He spends the most time working out his theory of psychosis in his seminar of 1955-1956, however his theories of neurosis, perversion, alienation, separation, paternal function, castration, etc. are not localized in only one text, nor are they static. Rather they are spread throughout his work, often implicit, and always changing. Jacques-Alain Miller (1996), borrowing a metaphor from a colleague, notes that Lacan's "grid" of mental structures is similar to wallpaper: "it is so much a part of the general background that no one even sees it anymore" (p. 241). I would argue that it is not just that no one sees it, but that it is difficult to discern and even more difficult to fully describe.

least in the US), the Diagnostic and Statistical Manual (DSM) published by the American Psychiatric Association. In the US, the fifth edition of the DSM (DSM-5) is used by the vast majority of clinicians in the mental health fields and is considered the authority on diagnosis both for practicing clinicians and within the broader medical and popular media discourses. The DSM is a classification system organized according to symptom lists. It circumscribes the constitutive elements of a problem, names it, and, especially in the most recent edition, links it to physiological processes. In the DSM system, the problem is dissociated from the person who suffers from it, the idea being that the disorders are outside of a person's control. Treatments are organized around reducing symptoms in whatever way is deemed most effective at the time (pills, behavioral training, etc.).

Unlike the DSM method of diagnosis, which leads to a treatment approach largely oriented to the eradication of symptoms, Lacan's structural approach to diagnosis asks a question about subjectivity rather than a question about symptomology. For Lacan, a person coming into treatment has, of course, a "symptom" or a set of "symptoms," however what is important to the diagnosis is the function of that symptom in the context of the subject's orientation to the world, rather than the symptom itself. For Lacan, taking a symptom on its own, separated from the subject who suffers with it, is to miss the opportunity for a true intervention – one that eases suffering through a change in the subject's relation to the Other and to his own enjoyment. For Lacan, treating the symptom alters nothing at the level of the individual and, in many ways, erases the subject's own stake in the symptom – which is effectively to erase that which makes each subject unique. Thus for Lacan, diagnosis at the structural level becomes both a clinical and an ethical concern.

In Lacanian terms, what is important in terms of structural diagnosis is the subject's relation to the Other, which is complicated by issues of lack, desire, and jouissance (not to mention, other people). During this period of his thinking, Lacan was largely focused on the primacy of the Symbolic, thus when he refers to the Other in his diagnostic schema, he is often referring to language and the subject's position with regard to it, although he is also occasionally referring to the Other as represented by the primary caregiver. For Lacan, the subject comes into being in and through Language, which is understood as the circulating of meaning and knowledge. Language is also what mediates our relationships with others and even with our own bodies. When Lacan says that the subject comes into being via language, he means precisely that, in order to be a human subject, one must be a speaking-being – one must exist in the realm of Language in order to be counted. Even for those who do not speak, whether by choice or not, their being is situated in the context of a linguistic body. They are named and, if they do not speak, they are spoken for.

Coming into being via language is complicated and, for Lacan during this time, is largely a series of developmental events, although not associated with a timeline or set of milestones, but rather associated with the particular temporality of the unconscious. For Lacan, subjective constitution is the result of an alienating encounter with language, one that provokes a forced choice with respect to language, an encounter with the desire of the Other, and a change in the experience of the body. Through these encounters, the unconscious appears and the subject comes into being in language as split. In order to further elaborate these moments, the following

paragraphs will explore Lacan's theorization of the moments³ of alienation and separation as well the function of what he calls the Name-of-the-Father.

Alienation. In his eleventh Seminar, *The Four Fundamental Concepts of Psycho-Analysis* (Lacan, 1973/1981), Lacan lays out a theory of subjective constitution. In this text, Lacan is trying to articulate the advent of the subject⁴ in the field of the Other via two moments in subjective constitution, alienation and separation, which will ultimately frame the subject's desire as well as his or her determination by the Other. These concepts are of immense importance to Lacan's overall project insofar as they seek to explain how the subject comes into being in language and, to a certain extent, how the unconscious is formed around these moments via a particular structure.

Alienation, according to Lacan, is the first moment of subjective constitution. It is the initial emergence of the subject in language and involves the construction of the subject of the unconscious via its incarnation in a chain of signifiers. According to Patricia Gherovici's (2010) reading of Lacan in Seminar 11, "Alienation derives from the structural division of the speaking subject. As "speaking beings" subjected to language, we are split by our entry to the symbolic

³ Although a lengthy discussion of time or temporality in the Lacanian frame is outside the scope of this project, it is important to understand that Lacan's formulation of subjective constitution relies on a non-linear conception of time, which he refers to as logical time. For Lacan, this is understood as a kind of dialectic of past and present and future such that each is defined and redefined according in a synchronous movement of the unconscious. It is through this movement, which has the ability to redefine the past and change anticipation of the future, that psychoanalytic practice has its effect. This is important to note in Lacanian diagnostic discussions as Lacan is explicitly avoiding a theory that relies on a series of developmental or sequential stages.

⁴ It is important to note the use of the term 'subject' in Lacanian terminology. For Lacan, subject does not equate with person or with being per se, but refers to the subject of the unconscious, which could simply be considered as a subject who is determined by the unconscious. Because Lacan understands that the subject only comes into being via language, it is not until his/her entrance into language that Lacan will consider him/her a subject.

register. This splitting concerns a choice between meaning that is produced by the signifier and is found in the Other and the being of the subject” (p. 197). What Lacan terms alienation is precisely the impossible choice the subject has to make between being and meaning insofar as s/he is forced to choose as a result of language.

For Lacan, the moment of alienation occurs when the subject is forced to take a position in language. In order to understand how this moment functions in relation to subjective constitution, Lacan refers back to the structure of language itself. He is making the argument that the subject comes into being in language via the gap that exists between signifiers and that those signifiers always belong to the field of the Other. Lacan (1973/1981) says:

...what must be stressed at the outset is that a signifier is that which represents a subject for another signifier. The signifier, producing itself in the field of the Other, makes manifest the subject of its signification. But it functions as a signifier only to reduce the subject in question to being no more than a signifier, to petrify the subject in the same movement in which it calls the subject to function, to speak, as subject. There, strictly speaking, is the temporal pulsation in which is established that which is the characteristic of the departure of the unconscious as such – the closing.” (p. 207)

If we think of this more concretely, we may say that for example my name, Shannon, functions as a signifier that represents a subject for another signifier. “Shannon” is the signifier that is a representation of me, the subject, for any signifier that would come after my name. What Lacan is highlighting here is that this particular signifier, in the example a proper name, is in itself meaningless. It is representation only and the very fact of its non-meaning is what Lacan points

to as alienating.⁵ But, it is also what Lacan points to as foundational in the construction of a speaking being, a subject who must find himself located within a system of representations that comes to him from the Other.

Separation. In Lacan's theorization of alienation the subject is split by the entrance into language as that entry introduces a loss at the level of the subject's being (Lacan would later talk about this as a loss at the level of the Real and of *jouissance*) and an orientation toward the Other. In an attempt to locate himself in the field of the Other, the subject is then confronted with the Other's desire. Lacan says:

A lack is encountered by the subject in the Other, in the very intimation that the Other makes to him by his discourse. In the intervals of the discourse of the Other, there emerges in the experience of the child something that is radically mappable, namely, *He is saying this to me, but what does he want?*

...It is there that what we call desire crawls, slips, escapes, like the ferret. The desire of the Other is apprehended by the subject in that which does not work, in the lacks of the discourse of the Other, and all the child's *whys* reveal not so much an avidity for the reason of things, as a testing of the adult, a *Why are you telling me this?* ever-resuscitated from its base, which is the enigma of the adult's desire. (p. 214)

According to Lacan, the subject attempts to answer the desire of the Other, by offering himself or, as Lacan puts it, offering his own lack to fill the lack of the Other (p. 214-219). Were this first solution to work, of course, the subject would disappear. According to Lacan, then, the subject is faced with the realization that the Other's desire exceeds his ability to fulfill it, thus

⁵ Lacan also talks about alienation in terms of the body in his work with the Mirror Stage (Lacan, 1966/2006a), which invokes the imaginary relation in a way that is absent via his articulation of alienation via the symbolic.

redirecting the subject back to his own lack. It is here that Lacan identifies the institution of the subject's desire, localized around an object that organizes the subject's desire, but that comes from the Other. Paul Verhaeghe describes this process:

Thus confronted with the nameless desire of the Other, the subject will produce a very typical answer: 'Does the Other desire me?', 'Am I the one who can fulfill his desire?'. This implies that the subject answers the lack of the Other by presenting his or her own disappearance: 'Can the Other afford to lose me?'. The lack of the Other, within the signifying chain, is answered by a presentation of the lack at the anterior level. i.e. death as a real loss. Hence, the non-reciprocity and dissymmetry, by which the process topples over into the direction of alienation again...With separation, the effect is the installation of a void between subject and Other, in which the object *a* makes its appearance."

(Verhaeghe, 1998, pp. 180-181)

For Lacan, the *object a* represents the lack in the Other and offers the subject an identification that both motors the fantasy (that one can be the object for the Other) and organizes the subject's own desire around his lack.

The name-of-the-father. Although the *object a* comes to represent the object around which the subject organizes her desire (and, in later Lacan her jouissance), the Name-of-the-Father is the signifier that bars the Other, or that prevents the Other from taking the subject as object. For Lacan, the Name-of-the-Father serves as a guarantee for the subject of a place within the symbolic order as subject. Lacan talks about the Name-of-the-Father as representing the law, or giving authority to the law – in that way it serves a protective function for the subject. When faced with the Other's desire and asking the question can I fill it, the Name-of-the-Father

signifies this impossibility for the subject, because it places a limit on the Other. Lacan (1966/2006c) says:

Desire begins to take shape in the margin in which demand rips away from need, this margin being the one that demand – whose appeal can be unconditional only with respect to the Other – opens up in the guise of the possible gap need may give rise to here, because it has no universal satisfaction (this is called “anxiety”). A margin which, as linear as it may be, allows its vertiginous character to appear, provided it is not trampled by the elephantine feet of the Other’s whimsy. Nevertheless, it is this whimsy that introduces the phantom of Omnipotence – not of the subject, but of the Other in which the subject’s demand is instated... – and with this phantom, the necessity that the Other be bridled by the Law. (p. 689)

The function of the Name-of-the-Father also has important implication for the regulation of the subject’s jouissance. The No! of the father and the guarantee of a place in the Symbolic organizes jouissance and the subject’s method of access to jouissance, as we will see in the explanation of clinical structures below.

The Name-of-the-Father goes through a number of revisions in Lacan’s work, starting as a more traditional psychoanalytic reading of the function of the literal father’s “no,” through an articulation of it as a signifier that guarantees the subject’s place in the symbolic, and, later, through a reformulation as representative of the oedipal solution - only one of the possible guarantees of the subject’s being (see Verhaeghe, 2009). In terms of Lacan’s structural diagnosis however, the Name-of-the-Father is understood as the signifier that guarantees the Symbolic and

bars the Other. His articulation of subjective structures focus on how the subject handles⁶ the Name-of-the-Father.

Clinical structures. For Lacan, the question of subjective structure is a fundamental question about the orientation of the subject with respect to the Other and the consequences of that orientation for the subject in terms of the regulation of jouissance.⁷ As we can see from the previous discussion, the subject's coming into being necessarily entails a confrontation with his or her own lack and with the desire of the Other. For Lacan, subjective structures are determined by the functioning of the Name-of-the-Father, also called the paternal function. He identifies three subjective structures that relate to the three methods of handling the paternal function:

<u>Structure</u>	<u>Paternal Function</u>
Neurotic	Repressed
Psychotic	Foreclosed
Perverse	Disavowed

In the following paragraphs, I will explore each structure.

Neurosis. For Lacan, neurosis is the subjective structure that results from the subject's instantiation in the Symbolic via the paternal function. He says:

⁶ One of the many things I find helpful about Lacan's thinking is his tendency to frame subjective constitution as dependent on a kind of choice made by the subject, albeit one with a limited set of options. Although Lacan most certainly frames this choice as contextual and limited in terms of the environment in which the child finds himself, Lacan still seems to regard it as a choosing, rather than a determination that comes from the outside. I have tried to illustrate this distinction in my writing here.

⁷ It is important to note that Lacan believes these structures to be both constitutive and permanent – one cannot move from being a psychotic to being a neurotic, etc. For Lacan, the aim of the treatment was to make movements within the structure that would allow the patient the least amount of suffering and the largest amount of freedom.

There is indeed a relationship between meaning and signifier, it is what the structure of discourse supplies. Discourse, which is what you hear when you listen to me, and it does exist – the proof is that sometimes you don't understand it –, is a signifying temporal chain. But at the level of neurosis, which brought about the discovery of the realm of the Freudian unconscious *qua* register of memory, our good fellow, instead of using words, uses everything at his disposal – he empties his pockets, he turns his trousers inside out, he puts his functions, his inhibitions inside, he gets completely inside himself, with the signifier, it's he who becomes the signifier. His real, or his imaginary, enters into the discourse. (Lacan, 1981/1993, p. 155)

Repression, for Lacan, in the case of neurosis, refers to the function by which the subject relegates a signifier to the unconscious. In the neurotic case, what is repressed is the No! inscribed by the paternal function, in other words, castration. Through repression, the neurotic is able to imagine a solution to the Other's desire as implicated in his or her being, which is why Lacan points out that the neurotic structure appears as a question. He says, "What is at issue for our subject is the question – What am I?, or Am I?, a relation of being, a fundamental signifier" (p. 170). For neurotics, the repression of castration allows a fantasy of recapturing the *jouissance* that castration forbids. For neurotic subjects, whatever the fantasy, *jouissance* is forever mediated by the Symbolic through the desire opened by the subject's lack.

Psychosis. For Lacan, psychosis occurs when the Name-of-the-Father is foreclosed, or ejected from the symbolic. The result is what we may think of as alienation without any separation – the symbolic Other is absent. In this scenario, the subject does not have protection of place or the movement of meaning that one locates in the Symbolic. In psychosis, the Other appears in the Imaginary as persecutor. Speaking of the psychotic subject Lacan says, "We get

the impression that it's insofar as he hasn't acquired or has lost this Other that he encounters the purely imaginary other, the fallen and meager other with whom he is not able to have any relations except relations of frustration – this other negates him, literally kills him. This other is that which is most radical in imaginary alienation” (p. 209).

For psychotic subjects, the foreclosure of the Name-of-the-Father removes the possibility of the symbolic mediation of jouissance and forces the subject into an imaginary relationship wherein jouissance returns to him from the outside. As Fink (1997) notes, “The body, which has been for the most part rid of jouissance, is suddenly inundated with it, invaded by it. It comes back with a vengeance, we might say, for the psychotic may well experience it as an attack, an invasion, or forcible entry” (p. 97).

Perversion. Lacan speaks the least about perversion during his career, but notes on several occasions that perversion is characterized by disavowal, or denial, of the paternal function. In this case, we have a subject whose separation from the Other is in question – which also puts into question the function of the Law. As Fink notes, “Whereas we see an utter and complete absence of the law in psychosis, and a definitive instatement of the law in neurosis (overcome only in fantasy), in perversion the subject struggles to bring the law into being – in a word, to make the Other exist” (p. 165). The pervert situates his being as object for the Other, but only in an attempt to reach a limit that is not guaranteed. Fink goes on, “Lacan plays on the French term *perversion*, writing it as *père-version*, to emphasize the sense in which the pervert calls upon or appeals to the father, hoping to make the father fulfill the paternal function” (p. 181).

In cases of perversion, jouissance is obtained directly, without the mediation of desire, by becoming the object of the other's enjoyment. In an interesting problematic, the pervert only has

access to enjoyment from the position of object – a position that has the potential to destroy him. As such, for perverts, the issue is less about obtaining *jouissance* and more about limiting the enjoyment of the Other through a forcing of a limit that would allow him to assume a position as a subject.

Treatment in the structural clinic. For Lacan, identifying different subjective structures, while partly about understanding the constitution of subjectivity, was ultimately used as a way of orienting the analyst in the treatment. As Fink (1997) notes:

At the most basic level, Lacanian theory demonstrates that certain aims and techniques used with neurotics are inapplicable with psychotics. And not only are such techniques inapplicable – they may even prove dangerous, triggering a psychotic break. Diagnosis, from a Lacanian standpoint...is crucial in determining the therapist's general approach to treating an individual patient, in correctly situating him- or herself in the transference, and in making specific types of interventions. (p. 75)

For Lacan, both the goals of treatment and its process varied based on clinical position. In treatment with neurotics, the analyst is meant to assume the position of the *object a*, the cause of the subject's desire. From this position, the analyst is able to facilitate the subject's interrogation of his or her own desire, and the fantasies that prop up that desire, via history, dreams, parapraxes, etc. – symbolic manifestations of the unconscious. The aim was to force the subject into a confrontation with what the *object a* covers – the subject's lack, or the non-sense of the subject's being, and a kind of radical acceptance of castration.

As Dany Nobus (2000) points out, Lacan devoted an entire seminar to exploring psychotic phenomena and to articulating the structural aspects of psychosis, but, although he advocated treating psychotic subjects, he said little about the specifics of clinical practice.

According to Nobus, however, other Lacanian clinicians have filled in these gaps using Lacan's outline of psychotic subjectivity. According to Lacan, the psychotic subject is lacking a symbolic space and, as such, is subjected to an invasive jouissance from imaginary and persecutory others. As such, the goal of treatment with a psychotic patient is to "epitomize a semblance of castration, which is meant to be conducive to the creation of an artificial space of desire and a socially adapted lifestyle" (p. 142). In order to accomplish this, the analyst takes the position of witness to the psychotic's suffering while simultaneously imposing limits on jouissance via rules in the Symbolic.

In terms of perversion, again, Lacan offers little direction with regards to the specifics of clinical treatment and even less than in the case of psychosis. There is also little in the way of specifics from Lacanian analysts, themselves, likely because cases of perversion in the clinic are relatively rare. In her dissertation on perversion, Swales (2011) suggests that the treatment of perversion will eventually proceed along similar lines as with neurosis, but that the initial stages of treatment require some diligence on the part of the analyst in terms of positioning. Swales suggests that the pervert will attempt to locate the analyst in the position of Other for whom s/he can make herself an object – a position in keeping with the perverts overall structure. Swales notes that it, like neurosis, the position of the analyst is as cause of desire (rather than cause of jouissance), but that unlike in neurosis, the analyst must work to locate the space of dissatisfaction in the subject, a place of lacking, in order to propel the subject from the realm of jouissance to the realm of desire (see pp.318-349).⁸

⁸ Swales seems to characterize the initial parts of treatment with perverse subjects as a kind of battle between the subject and the analyst over who will take the place of the *object a*.

Although the specifics for each treatment vary by structure, it is clear that Lacan's "structural clinic" operated largely with respect to the subject's relationship to the Symbolic. He is largely advocating a treatment that makes use of symbol and meaning in order to make sense of the subject's suffering. Although Lacan attended to imaginary phenomena and to jouissance, which implicates the Real, both the understanding of the subject and the goals of the analysis were oriented along the lines of the Symbolic. Whether to find some freedom within the signifying chain, to solidify separation and set desire in motion, or to create even an imaginary symbolic space, the Symbolic order remained at the fore of Lacan's thinking about the subject and about the clinic that treats him.

Structure vs. knot.⁹ Over the course of his teaching, Lacan's initial elaborations with respect to the structural clinic shifted into an elaboration of the Borromean clinic. In his earlier work, Lacan was focused on understanding and explaining his conceptualization of the three clinical structures, and, to some extent, the roles of the other registers – Imaginary and Real – in the formation of symptoms.¹⁰ In his later work, he begins to articulate the linking of the three registers through the topology of the Borromean Knot. This shift marked a move for Lacan from

⁹ Portions of this section were published previously: Kelly, S. (2014). Psychoanalysis as an art of madness. *Metaxu*, 1(1). Retrieved from <http://metaxujournal.com/>

¹⁰ Lacan described the three registers of the Real, Symbolic, and Imaginary as three registers of the subject's being. For Lacan, put simply, the Real refers to the materiality of the body, the enjoyment, pain, fragmentation, etc. that is experienced but not completely caught by language. The Symbolic refers the world of language and symbols – it is the realm in which we locate meaning. Lacan notes that the Symbolic also refers to structures that exist outside of the subject, but which the subject is subjected to – e.g. law, culture, religion, etc. The Imaginary is the realm of the specular image and of fantasy. It functions in the Lacanian paradigm as that which allows us to cover over and manage the gaps between the Real and the Symbolic. For a good introduction to Lacan's conceptualizations of the registers, see D. Nobus (2000). *Jacques Lacan and the Freudian Practice of Psychoanalysis*. London: Routledge.

a treatment largely situated with respect to the function of the Symbolic register to a treatment situated with respect to the function of the relationship between the registers.

From meaning to jouissance. Lacan's conceptualization of the Borromean knot was a way of articulating the manner in which the three registers are linked and interdependent in the subject's functioning. The topography of the knot – three rings linked together such that a cut or breaking of any ring would dissolve the knot completely – allowed him to show how the registers work together, but also allowed him to provide a conceptualization of the Real that could not be accommodated through his earlier schemas. To make use of a knot, rather than a drawing or other two dimensional schema, is a way of bringing to the fore both the complexity of the relations between the registers as well as the materiality of the knot itself – one can understand how a knot is formed, but that is a different thing than to create a knot or to change one that is already constructed.

Lacan used knots to show how understanding alone, at least in psychoanalysis, isn't enough to make changes at the level of the Real. What he wanted to illuminate is the failure of a treatment that stops at meaning-making or that utilizes only symbolic interventions. In psychoanalysis, one cannot get to Truth via meaning because that requires a belief in an Other that has the answer. (And, perhaps the one thing that has remained constant throughout Lacan's teaching is that there is no Other who has the answer!). If the belief in a knowing Other is a fantasy that psychoanalysis rejects, as Lacan believes it should, then the question becomes about finding a way to access particular truth rather than shared meaning. For Lacan, accessing a truth that is particular, or unique, to the subject means to work beyond the machinations of the Symbolic and Imaginary to the jouissance of the body in the Real. His question was – how do

we get there? And the answer that he proposed was to work through language rather than work in meaning.

In his 21st Seminar (1973-1974), Lacan begins to address what he sees as the difference between working through language and working in meaning with a discussion of the distinction between the dimension of meaning and the dimension of happening. What he is pointing to is how the dimension of meaning, in an elucidation of the Borromean knot, manages to make a system of knowledge of the registers that make up the knot rather than attend to the saying of the knot. For Lacan, who makes very clear in this Seminar that we “get to” the Real via the modes of the Symbolic and Imaginary in saying and imagining the knot, the saying of the knot implicates the Real insofar as it is a happening or an event that points to a spatial relationship between the nodes of the knot. In order to understand how Lacan elaborates this point, it is important to consider his articulation of the difference between the conceptualization of the knot – what it means – and the materiality of the knot – how it works.

In the beginning sections of the seminar, Lacan refers to Freud’s work in *The Interpretation of Dreams* and his distinction between material and psychical reality. In this discussion, Lacan is articulating how the borders of interpretation function in such a way as to point to the material or spatial dimension of the Real rather than to the Symbolic or Imaginary meanings that one may make via the interpretation. In particular, he looks to Freud’s method of interpreting the dream – his insistence that there is no one-to-one correlation between the dream and waking life – to point out that the deciphering of the dream also points to what the dream *pulls* in addition to its possible meaning. Lacan relates this to the jouissance contained within the dream, which he suggests is part of the structure of the dream itself. He suggests that the

dream is a process of encoding *jouissance*, and that it is the encoding, rather than the deciphering that should be the focus of the interpretation.

Traditionally, the deciphering of the dream is a working through of meaning(s) and of course, in one way, the interpretation is aimed at deciphering the meaning contained in the dream. What Lacan points to, however, is that the interpretation, as a mechanism of deciphering, has a symbolic limit - it stops. This limit is the limit of meaning –it is the point where meaning is exhausted. Lacan is interested, then, in what cannot be exhausted, or even touched, by meaning. He uses this notion of the limit of interpretation to point to what cannot be captured by meaning – what he calls “that which never stops not being written” – as indicating the Real of the subject’s enjoyment. He goes on to suggest that the interpretation must also have effects outside of meaning and that these “incalculable effects”¹¹ are effects on the subject’s enjoyment. It is these effects, their working so to speak, that he is interested in outlining via a new way of looking at the topography of the Borromean knot – a way that would not fall prey to understanding or systemization, but would instead be focused on a happening or an event that hits the Real and is thus able to impact the *jouissance* of the subject.

Lacan elaborates his new topological understanding via a painstaking process of laying out the difference between an understanding of the Borromean knot only in terms of its registers (i.e. what do we mean when we say Symbolic, Imaginary, Real; how do the registers function separately and together, etc.) and an understanding of the knot as a material thing that is created in space and where, strictly speaking, the “strings” of the Imaginary, Symbolic, and Real that

¹¹ He calls them incalculable because they are unable to be counted as they fall outside of symbolic coordinates.

create the knot are equivalent.¹² Lacan suggests that masculine knowledge, which he equates with scientific knowledge, is the string itself, believing itself as One, unaware of the knot around which it is organized and around which it is able to make its circles. If we think of this in terms of Lacan's general criticisms of other schools of psychoanalysis, it is the focus on the meaning of the strings rather than on the construction around which the meaning is created that gets one into trouble as an analyst. Instead, Lacan is suggesting that analysts attend to another way of accessing unconscious knowledge through the *jouissance* effects of the interpretations rather than through the meaning that they uncover. Lacan is asserting that what is at stake in a psychoanalytic interpretation is its ability to serve as an intervention in the Real as that is what will allow the subject to make a change at the level of enjoyment. Lacan is working here to locate a different kind of truth, one not linked to a body of knowledge but to a human body – a body that enjoys. In doing so, he finds himself developing a praxis that is not that of science but more akin to art, in terms of its process and its ends.

Moving beyond the fantasy. Lacan recognized that there is something that remains after the meaning of the symptom has been analyzed – the meaning has been exhausted, but that which required the production of the symptom remains. In Lacanian terms, the S2's are exhausted and we begin dealing with S1's – with letters¹³ that hold the subject but which, in the

¹² Lacan is not getting rid of his previous conceptualizations of the Imaginary and the Symbolic, but instead here he is suggesting that the Real itself is not only a supposition to which one can apply a meaning. Instead it is merely the fact of the knot itself and of its construction. What he makes clear is that we can only get there through the mediation of the Imaginary and the Symbolic, both of which bear a relation to the Real and thus to the subject's enjoyment.

¹³ Lacan's notion of the letter is linked to his notion of repetition and of the Real. He conceptualizes the letter as a logical function rather than as meaningful. Lacan makes this most clear in his publications on Poe's *The Purloined Letter*. In those texts, Lacan is pointing out that it is the circulation of the letter, rather than its content, that is the motor force in the story. He says, "the letter was able to have its effects on the inside – on the tale's actors, including the

symbolic, are meaningless. There are ways that one could imagine an analysis completed at this point: The symbolic meaning of the symptom has been analyzed, the fundamental fantasy revealed; however, what Lacan notes is that, structurally, the subject remains the same. Remaining the same means that the motor of repetition remains in place and the subject will continue to search for meaning in the Other, albeit in perhaps a way with less misery. For Lacan, however, the ends of analysis require that we move beyond this point to a place where the subject is able to cease attempting to locate meaning in the Other and instead locate truth in *jouissance*.

In his 6th Seminar (1958-1959) Lacan declared “there is no Other of the Other,” indicating that there is no Other that can answer for the lack in the primary Other. – there is no Other who can provide the final answer to the question of the subject’s being. He says,

This is the great secret: there is no Other of the Other. In other words for the subject of traditional philosophy, this subject subjectivises himself indefinitely. If I am in everything I think, I am in so far as I think that I am, and so on, this has no reason to stop. The truth is that analysis teaches us something quite different. The fact is that it has already been glimpsed that it is not so sure that I am in so far as I think, and that one can only be sure of one thing, which is that I am in so far as I think that I am. Certainly that. Only what analysis teaches us is that I am not the one who precisely is in the process of thinking that I am, for the simple reason that because of the fact that I think that I am, I think in the locus of the Other; I am different to the one who thinks that I am.

narrator – just as much as one the outside – on us, its readers, and also its author – without anyone every having had to worry about what it meant. “ (Lacan, 1966/2006b, p. 43).

But the question is that I have no guarantee of any kind that this Other, through what there is in his system, can give me if I may express myself in this way, what I gave him: his being and his essence as truth. There is no, I have told you, Other of the Other. There is not in the Other, any signifier which is able on this occasion to answer for what I am. And to say things in a transformed way, this hopeless truth that I spoke to you about a while ago, this truth which is the one that we encounter at the level of the unconscious, is a faceless truth, is a closed truth, is a truth which can be bent in every direction. We only know it too well. It is a truthless truth. (p. 206)

It seems that what Lacan is referring to here, in Seminar Six, is the notion of a truth in the Real – the truth of the subject’s enjoyment, his or her *jouissance* -that will occupy his later seminars and become linked the ends of analysis.

When the signifiers come to a place where their meaning(s) have been exhausted and one begins to deal only with letters, the lack in the Other becomes exceedingly apparent – and the subject must make a choice either to continue to fill the lack with more meaning (to sustain the fantasy that there is an Other for the Other) or accept the lack and find a way to identify with the symptom rather than with the lack in the Other. More prosaically one comes to terms with one’s own life as itself not being tethered to anything but the choices one has made. Perhaps choices made under duress, but choices nonetheless. For Lacan, this means that the subject works to accept his or her truth insofar as it is the truth of his or her own particular *jouissance*. In his formulation, this identification with the symptom produces a new subjective configuration – as the letters that emerged in the symbolic have been tied up in the real via the *sinthome*. Paul Verhaeghe & Declercq (2002) nicely describes this process:

This neosubject is a creation of the analytic process: it becomes a possibility once the analysand has reached the point where the interpretations have revealed the final non-sense of his symptoms. The condition for this is that both the analyst and the analysand “fall” from their belief in the Other. It is this process that Lacan constantly tries to grasp from Seminar XI onward, with expressions such as “separation,” the “traversal” of the phantasm, or “subjective destitution.” As a creation, it is indeed a creation *ex nihilo*, that is, one not based on any previous identity, which in one way or another would be tributary to the Other. (p. 11)

It is at this point in his theorizing that Lacan most explicitly addresses the differences between science and psychoanalysis insofar as he is seeking to show how psychoanalysis, as a praxis, cannot fail to renounce the fantasy of a transcendent Other and instead must rely on a different way of knowing. One that would perhaps be linked with this earlier formulation of “truthless truth.”

Lacan was faced with at least two difficulties in this formulation. The first was a difficulty in conceptualizing the way that one could articulate the move from producing understanding via analysis to subjective constitution via non-sense, or perhaps more aptly called un-sense. The second was the manner in which one could talk about the experience of this process. In both instances, he relied on metaphors of artistic and creative processes to attempt to get close to the articulation, not just of an encounter with the Real, but an encounter that creates a tie or a binding between the registers.

The end of the treatment as a creative act. Whereas previously, the registers were organized around the object that stood in for the lack in the Other, in his later work Lacan was forced to reconceptualize how one imagines a move that allows the object to fall without also

causing the subject to disappear. In other words, he wanted to conceptualize the moment of movement when the object falls and yet something we may call a “one” of the subject remains via the *sinthome*.¹⁴ In his elaboration, what is left of the subject as *sinthome* returns via a creation, a working of art that moves through the Symbolic to the Real.

In reconceptualizing the ends of analysis in this way, Lacan moves the process of psychoanalysis away from that of science – as science ultimately aims towards objects – to an art that treats the Real. For Lacan, it seems, the end of analysis is the moment that a subject becomes a subject of jouissance rather than a subject who is ultimately fending off and sublimating his place as object of the drive—or a being subjected to the drive. Although somewhat imprecise, another way to conceptualize this is to imagine the end of analysis as the moment that the subject is able to assume responsibility for the particularity of his or her modes of enjoyment as located in the Real, rather than in the Other. Lacan talks about this end of analysis as identification with the *sinthome*—the *sinthome* being that which organizes the subject’s jouissance in the Real. For Lacan, the *sinthome* works as a signifying formation, but one that is not a formation of meaning but rather a formation of function. In other words, it “works” as a tie or knotting that binds, but it does not “mean.” It is, to quote Lacan again, “a supposition [that] undoes with language what is done by language” (1977, p.80)

¹⁴ This is a difficult move to clearly articulate, but what Lacan is trying to understand and articulate is the difference between a subjective position where one’s sense of identity is located in the Other via meaning and a position where one’s sense of identity is located in one’s own access to an enjoyment that cannot be spoken (and so cannot be shared as meaning). Lacan discusses in other seminars his understanding of the *sinthome* as both a creative and an ethical construction.

It is important to note that the *sinthome*, for Lacan, is always a creation, insofar as it exists outside of Symbolic and Imaginary coordinates, and that it is always particular to the individual subject. According to Verhaeghe & Declercq (2002):

Lacan specifies that this new signifier, just like the Real, has no sense (*sens*), which implies that it cannot be exchanged with other subjects. Not only would it not 'fit' another subject, worse still, this new signifier cannot be formalised. It belongs to the field of the orthodox: it is a particular way of handling a particular *jouissance*. In our reading, this explains why Lacan in his last seminars repeatedly returns to the idea of creation and the act. In this, the accent is not so much on the result of the creation than on the fact that creation is highly individual, particular (p. 16).

So, the question then arises, how does one conceptualize a treatment, a psychoanalysis, that aims at artistry rather than science. Lacan took up this question in earnest in his 23rd Seminar on James Joyce (1975-1976). He says:

In as much as the *sinthome* makes a false hole with the Symbolic that there is some kind of praxis. Namely, something which is related to saying, to what I will call moreover on this occasion the art of saying, indeed which slides toward ardour.

Joyce, to end, did not know that he was making the *sinthome*. I mean that he simulated it. He was unconscious of it. And it is by this fact that he is a pure artificer, that he is a man of know-how. Namely, what is called moreover an artist. (p 44)

Joyce was an artist who produced a *sinthome* and Lacan was able to trace the creation of his *sinthome* through attention to the *action* of Joyce's writing rather than through the writing itself. Rather than attend to its meaning, Lacan attended to its work.

Lacan notes that Joyce knew what to do with his symptom, which is also how Lacan formulates the ends of an analysis as well as the formation of an analyst. For Lacan, psychoanalysis must be a knowing-how rather than a knowing-*what*. *Such* an praxis, which Lacan links with the ability to work in a way that allows the production of a new signifier in the Real rather than a new chain of signifiers in the Symbolic, is one that *affects* rather than *means*. It is a way of working that suggests an ability to work *through* rather than to work *in*.¹⁵

Structures and strings. For Lacan the move into the Borromean clinic was important in that it allowed him to articulate a treatment whose cure aimed beyond meaning, however Lacan did not completely abandon his earlier structural categories. Brousse (2007) nicely summarizes the transition:

The Freudian and Lacanian clinic, a structural clinic, rests on the structural opposition between neurosis, psychosis, and perversion... Yet, in the mid-1970's Lacan ceases to take his bearing solely from the differential clinic and introduces the perspective of the Borromean knots, with the consequent production of new statements on the symptom.

Lacan even reverts to an ancient spelling, that of "sinthome," to conceptualize what of the symptom cannot be reduced to a structural determination – that is, to a determination of language. (p. 83)

While the later Lacan is focused on the creative act of the sinthome, he continues to make use of the structural categories, referring to them often, but he begins to consider options other than the Name-of-the-Father as constitutive. In her text on hysteria and the sinthome, Brousse lays out

¹⁵ Lacan showed us this way of knowing-how rather than knowing-what in the working modes of his seminars. In his seminars, we listen as Lacan works – while he works *through* the texts of psychoanalysis, philosophy, and science rather than working *in* them. There is a way his seminars were, themselves, moments of an analysis of psychoanalysis that provoked, for some, an encounter that produced an effect.

the ways that the move from the structural clinic to the Borromean clinic does not destroy the structural categories, but instead points to a “relativization of the very strict opposition between foreclosure and repression” and the need to “vary our models to account for certain aspects of the clinic of neurosis and psychosis” (p. 86). Brousse’s clinical case is interesting as she is pointing to the potential of a foreclosure of the signifier Woman resulting in “foreclosing effects” that show up as hallucinations for the subject, managed through an act of writing – a *sinthome*.

What Brousse’s case shows is a loosening of the understanding of subjective constitution as linked solely to the paternal function and an opening of the possibility of more than a singular operation in the constitution of a subject. Although this does not dissolve the structural clinic, it suggests that the operations that Lacan identified as part of that clinic are perhaps only one part of a more complex event – one that attends to incarnations across registers. Such a complexity points to a singularity of subjectivity – a *sinthome* does not mean and, as such, cannot be shared with others.

Structure, *Sinthome*, Autism

In terms of autism, it seems to me that Lacan’s later work offers more possibility for the theorization and treatment of autism, as it opens the door to the possibility of a more complex articulation of the *work* of autistic symptoms. Additionally, it offers the possibility to examine autism outside of the lens of psychosis, which I will discuss below, and to consider the need, as Brousse says nicely, to “vary our models” to account for the wide array of autistic phenomena. This is what I hope my research can contribute.

In order to take up a different approach to autism in Lacanian psychoanalysis, however a couple of things need to be addressed. First, an exploration is needed of the possibility that the biological/neurological designation of autism or autistic is perhaps referring to something

different than the designation of autism within psychoanalysis. Second, of particular importance, is the question of subjective structure. Does autism constitute its own structure or is it a subset of psychosis?

In terms of the latter, most Lacanians make a conscious effort to separate biology from psychology in a way that is sometimes useful and other times questionable. The distinction is made in order to allow the focus on the intricacies of subjectivity rather than on the brain. The focus is on what psychoanalysis sees as the complexity of a subject's coming into being as a social subject, whether or not they come into being with a body that is considered damaged. As Eric Laurent (2012), a well-known Lacanian analyst, states:

To proclaim the error of treating autism through psychoanalysis in the name of supposed genetic determinants is no less erroneous. A subject does not stop being a subject if his body is "disabled." It is necessary to adapt psychoanalysis to his case. It is a question of working with the facts, including eventual biological data, as a tool for the application of psychoanalysis to the case, and not of considering this to be of no consequence to the constitution of the subject himself. As Lacan noted, psychoanalysis does not suppose, in this sense, a psychogenesis of mental illness. It states the dimension of the body for the subject of the language parasite, which is another matter. (p. 13-14)

Here we see an explicit attempt to separate the question of cause from the question of subjective constitution. Laurent is pointing out that "mental illness" is not within the purview of Lacanian psychoanalysis; that instead it is dealing with a more radical question about the creation of subjectivity. The diagnosis of autism as a neurobiological illness, in this paradigm, is distinguished from autism as a subjective position. In this explanation, we see a separation of the question of subjectivity from the question of biology that is characteristic of a Lacanian

approach. For Lacanians the question in the treatment is always about the child's relationship to the Other, to language, to desire, and to jouissance – not about the child's brain or underlying neurobiology. While not denying neurobiology's potential impact, the treatment is organized around a structural diagnosis based on the subject's position in relation to these categories.

This is why, in Lacanian approaches, the question of placing autism within a structural position becomes necessary. To identify a structure – which, put simply, means to understand a patient's position in relation to the Other – is the primary mechanism through which one conducts a treatment. Within a Lacanian frame, the Other is used to designate the alterity of the symbolic sphere, which includes language and the law, and also points to the irreducible differences between individual subjects. With autistic patients, the question is about how they orient themselves in relation to the Other. Here one can also see some overlap with mainstream diagnostic categories in autism, which are also pointing to the ways that the subject orients himself, or does not, in relation to others. Lacanians largely take the position that, regardless of cause, autistic children all seem to struggle with difficulties at the level of their relation to the Other, specifically with separating from and establishing a self in relation to the Other.

According to Lacanian theory, this places autism squarely within the structural category of psychosis. The treatment becomes similar to a treatment for psychotics and largely focuses on allowing the autistic child to use the analytic space to begin the process of separation and to begin to master what was previously an overwhelming jouissance. As Myriam Perrin (2012) explains,

The analyst's position in the autistic transference takes the position of a non-desiring double, bearing a certain emptiness, so as to allow the subject to grasp him as a channel towards his inventions and his Other of supplementation, that is, we suggest, a channel

from i(a) to I(a): the clinician's act being oriented by the use (the subject's use) of the double *towards* capital I. The psychoanalytic treatment of infantile autism is therefore oriented towards the temporization of *jouissance* so that autistic objects may emerge (if they are not there at the outset), allowing the subject to treat the drives by moving towards a mastery of libidinal energy. (p. 99)

Here one can see the ways in which the Lacanian approach is working from a conceptualization of autism that is structurally linked to psychosis and, most importantly, is suggesting a treatment trajectory that is about "creating" a subject rather than about curing a symptom.

For some Lacanians, however, the question of subjective structure in autism is taken up differently. As Jean-Claude Maleval (2012) pointed out in his essay, "Why the hypothesis of an autistic structure?," although some psychoanalysts continue to understand autism as a subset of childhood psychosis, a small group of analysts are beginning to consider autism as a separate and unique structure. Robert and Rosine Lefort were the first to discuss the possibility of such a structure in 1992. Since that time, other analysts, including Maleval, have followed suit (Laurent, 2012). Although the conversation about a unique autistic structure is growing in psychoanalytic communities, it does not have the support of the large body of clinical and theoretical material available for psychotic states and disorders. For many analysts it is of little value to attempt to understand the difference, rather it is taken for granted that the underlying issue in autism is the same as with the other psychotic disorder. In his argument for recognizing autism as a separate structure, Maleval describes:

Of course, the symptomology of autism presents disorders of language, of identity and of *jouissance* belonging to the clinic of the foreclosure of the Name-of-the-Father. It is this that allows one to consider autism as a form of psychosis; however it is so different from

all the others that it leads one to question the strictness of the link between the foreclosure of the Name-of-the-Father and psychosis. Rosine and Robert Lefort did not hesitate to loosen it by making autism a fourth subjective structure. The most important thing inciting one to extract autism from the field of psychoses resides in a major clinical fact, too often absent from expositions in the manuals of psychiatry, the existence of a psychotic structure independent of the clinical pictures that might be associated with it. A schizophrenic can develop toward paranoia, then fall into a state of melancholia, have a manic episode, then present a delusional paranoia again, and finally end up in a paraphrenic appeasement... Subject's with psychotic structure can get out of clinical psychosis and report on it, some are capable of providing a critique of their past delusion; on the other hand, those with the most stable forms of high-functioning autism never consider themselves to have escaped from their autistic functioning; all insist on the fact that it persists in attenuated form. (pp. 34-35).

As Maleval goes on to point out, what appears to be the most significant structural difference between autism and psychosis is the mechanism through which the child deals with the Other, for example through manipulation of objects in the environment versus the use of delusional constructs (Maleval 2012). He believes that autistic subjects make use of the object as an invention (read *sinthome*) that allows them to prop up their desire by literally creating a barrier to the Other (pp. 43-48)

Maleval's explanation of the unique structural determinants of autism are interesting and, in my opinion, point to some of the critical elements needing additional attention in Lacanian theory – particularly the possibility of alternative mechanisms to fulfill the paternal function and the centrality of the *sinthome* in non-neurotic patients. What Maleval's description does not

accomplish, in my opinion, is a separation or explanation of the differences between DSM autism and psychoanalytic autism. In fact, in a description of the progression of autism, he notes, “Autism develops from Kanner’s syndrome to Asperger’s” (p. 35). I am curious about this seemingly unreflective use of a completely foreign diagnostic system and what it may reveal about some of the issues with both theory and practice in psychoanalysis when it comes to autism.

In the following chapters, I will address the issues of structure and lack of diagnostic specificity in the Lacanian sphere. First, making use of the autobiographical work of adults on the spectrum, I will attempt to discover whether there is evidence of a truly unique structure for autism. Following this I will discuss the ways that diagnosis of autism in Lacanian could benefit from specific clarifications and additionally discuss what I see as the potential utility of Lacanian approaches to autism treatment.

CHAPTER FOUR: CHALLENGES TO THE MAINSTREAM THROUGH AUTISM SELF-ADVOCACY, THE NEURODIVERSITY MOVEMENT, AND CRITICAL AUTISM STUDIES

Outside the world of autism research, questions of cause and cure, and directives about appropriate treatment interventions are a number of emerging discourses on autism that challenge mainstream views and open up the worlds of identity and politics as relevant to a fuller understanding of autism for the people who live it. There are several variations of what we may call challenges to the mainstream discourses on autism – autism self-advocacy, the neurodiversity movement, and critical autism studies. Although each is a unique subset of individuals with particular goals, these groups confront conventional models of autism that minimize autistic experience in favor of deficit models and a push towards cure or eradication.

Autism self-advocacy grew out of the disability rights movement in the 1990's in an attempt by some autistic individuals to increase their representation in conversations about the rights of and services and supports available to autistic individuals (Autistic Self Advocacy Network, 2017). At present, there is a nationwide organization, Autism Self-Advocacy Network, located in Washington DC, working at the national level to increase awareness and promote policy change to improve the lives of individuals on the spectrum. Autism self-advocacy at the local level includes autistic individuals who seek to have their voice and opinion heard about policies, supports, and research on autism. Autism self-advocacy is broad and includes an array of local and national policy positions, education and advocacy services, and programming to support individuals on the spectrum. On all levels, however, autistic self-advocates argue against what has become known as “cure culture” – the focus on research and treatment aimed at “curing” or eliminating autism. Instead, autism self-advocates focus “on empowering and

supporting autistic people and all people with disabilities to live the lives we wanted” (Autistic Self Advocacy Network, 2017).

Arising within and alongside autism self-advocacy is the neurodiversity movement. Taking “cure culture” on directly, the neurodiversity movement understands autism as one of many expressions of neurological self-hood, which should be valued and respected for its unique perspective and gifts. According to Silberman (2015), “Neurodiversity advocates propose that instead of viewing [autism] as an error of nature – a puzzle to be solved and eliminated with techniques like prenatal testing and selective abortion – society should regard it as a valuable part of humanity’s genetic legacy while ameliorating the aspects of autism that can be profoundly disabling without adequate forms of support. (p. 470). The neurodiversity movement embraces the biological and brain-based discourse so prevalent in mainstream autism research in order to promote the recognition of autistic identity or autistic personhood as a different way of being. As Ortega (2013) writes:

One function of embracing the vocabulary of the brain, what Singer described as “neurological self-awareness” (1999), is to remove the stigmatizing weight of psychotherapeutic discourses on autism. Turning to the brain-based explanation as an alternative, however, does not lead to the adoption of the deficit model underlying the neurocognitive theories such as “mindblindness” (Baron-Cohen, 1997), “weak central coherence” (Pellicano et al. 2006), and “executive dysfunction” (Hill 2004). Rather, autistic self-advocates draw on these theories involving the brain (often imprecisely) to substantiate the notion of a natural difference instead of evidence for pathology. (pp. 79-80)

Neurodiversity advocates often go one step further to link neurological diversity with the construction of identity resulting in what Fein (2011) refers to as the neuro-structural self. In many ways, the neurodiversity movement is situated as a political movement aimed at increasing acceptance of difference based on immutable biology. But, it is also a discourse on identity and the self, aimed at creating and maintaining a discourse on personhood that understands the self as a material production, while simultaneously delimiting the cultural space where the neuro-structural self circulates.

Critical autism studies are interested precisely in the issues of power, politics, and personhood that are brought to the fore by autism self-advocates and the neurodiversity movements. Largely contained within the academic sphere, critical autism studies draws on critical theory to examine the multitude of conflicting and power-laden discourses on autism to ask questions about how autism as a category is constructed and maintained. As Orsini and Davidson (2013) note, critical autism studies seek to examine power relations within the field of autism, to challenge dominant deficit models of autism as well as to critically consider celebratory models, and commit “to develop new analytic frameworks using inclusive and non-reductive methodological and theoretical approaches to study the nature and culture of autism” (p. 12). Critical autism scholars seek also to better understand autistic experience as it is lived and to explore the ways that certain models of autism or discourses on autistic identity shape the possible cultural expressions of autistic selfhood (e.g. Hacking, 2009a, Ortega 2013).

Autism self-advocacy, the neurodiversity movement, and critical autism studies, although distinct in some ways, all highlight the politics and power dynamics of the field of autism and seek to express, in varying ways, the impact of these dynamics on the lives of autistic individuals. The wealth of conversation, theory, personal experience, and critical examination is

too expansive to explore in detail for this project, however the following pages will highlight some of the insights and challenges to the dominant autism discourses that are relevant to the current project.

Cure Culture: Erasing Autism

One of the primary targets for autism self-advocates, the neurodiversity movement, and critical autism studies is the mainstream focus on cure. The central criticisms leveled at what has been called “cure culture” are the implicit messages of social control and the devaluing of autistic subjectivity.

As pointed out by these three fields, one first has to ask who is the cure for? Although it is difficult to trace precisely, much of the current push to uncover the cause of autism, its genetic variance, and potential psycho-pharmaceutical cures is a push started by the parents of autistic children desperate for answers (see Silberman 2015). This understandable push by parents to help their children was then taken up by political, medical, and psychological institutions that benefit socially and financially from emphasizing pathology and deficits in functioning. As such, we have seen a dramatic increase in research on autism and proliferation of explanations, treatments, and drugs aimed at eliminating the disorder or ameliorating what are considered its most problematic symptoms. This focus on “cure” is problematic in that it positions autistic individuals as somehow damaged.

For individuals interested in questions of autistic advocacy, “cure culture” also brings up questions surrounding social control and the need to for individuals to conform to social stereotypes and norms. We can read ABA as an expression of this discourse of social conformity or control - the treatment is explicitly aimed at normalization. Its goal is to produce a citizen whose autism or autistic tendencies are reduced to an imperceptible level. The question for

autism advocates and critical autism scholars then is – what do we lose when we succumb to these types of discourses? This treatment, while perhaps helpful to some, produces a separation between normal and abnormal, acceptable and unacceptable, which requires autistic individuals to conform in order to be considered tolerable.

Of equal importance is the question of financial incentive and the disparities in research funding. As Nadesan (2013) points out, “The emphasis on inborn susceptibility has implications for people with autism and their families, as the search for genes may be prioritized over research and spending related to support, therapy, and accommodation in an economic context of public-spending cuts” (p. 117). Additionally, research funding in many ways shapes the discourse of autism by suggesting that certain areas of study are more worthwhile than others. At present, genetic research into cause and susceptibility receive the most funding with research into environmental contributions receiving the least. Research into the efficacy of various types of supports receives little to no attention (p. 121). The flow of the money in many ways shapes the flow of information and, more importantly, of power. For individuals on the autism spectrum, this helps reify an environment where a deficit model prevails and uniquely autistic ways of being are minimized or all together erased.

The Primary Deficits: Theory of Mind and Empathy

As mentioned in an earlier chapter, one of the primary mechanisms through which autism is understood and defined in the mainstream literature is through the lack(s) of empathy and theory of mind. Simon Baron-Cohen (1997) was one of the first to talk about these deficits in his book, *Mindblindness: An Essay on Autism and Theory of Mind*. In that book, he maps out the ways that human beings evolved non-conscious cognitive mapping systems that allow them to make sense of and interpret the behavior of others. He argues that theory of mind and later

(2004) empathy are essentially human characteristics and necessary for the development of society and of the good of the species. Patrick McDonagh (2013), in his essay on autism and empathy notes:

Such a formulation positions “autistic people,” broadly understood, as a contrast group, something less than fully human, who occupy a space outside the empathic society where their presence assures the majority of their capacity for empathy (just as, at the start of the twentieth century, the presence of people segregated in institutions for the “feeble-minded” assured those outside these institutions of their own status as rational and intelligent beings. (p. 32)

McDonagh is pointing to a discursive positioning of the autistic subject and the ways that this discourse of empathy and theory of mind are embedded within a power dynamic that privileges one side - reducing the other to something less than human. He goes on to talk about the ways that empathy itself is an ill-defined construct tied to embodiment and intuition in ways that exclude other methods of making sense of or interpreting the behavior of others.

Melanie Yergeau (2013), an English professor who self-identifies as autistic, questions these notions of lack as defining of autism, taking the notions to their logical end, where the autistic subject, lacking the ability to know his/herself, becomes a mindless body. In an autobiography where she describes a forced hospitalization, she writes:

Humans are human because they possess a theory of mind, and autistics are inhuman because they do not.

As Baron-Cohen postulates (1997, 4): "The gulf between mindreaders and the mindblind must be vast."

As I focus on this gulf, this vastness, my lack—I am drawn to the movements of my body and the office space in which I currently dwell. In these moments, I call to mind a decades-old Adrienne Rich essay entitled "Notes Toward a Politics of Location" (1985). In the essay, Rich draws attention to the ways in which locations reflect ideological standing points, to the ways in which theoretical spaces and the physical environment abstract certain (raced, gendered, classed, dis/abled) bodies in their very designs... There is something about the body and theory of mind. Rhetoricians have often conceived "the physical body as the place where theory is actualized" (Vandenberg, Hum, and Clary-Lemon 2006, 12). A theory of mind is one of the quintessential abilities that makes "us" human. Without a theory of mind, then, what is a body? What is an autistic body? As an autistic person, I am well aware of the ways in which my "neurological disorder" manifests itself in and through my muscles and sinew, the ways in which autism rolls off my tongue, transforms my gait into autly bounce, stiffens the contours of my face as my eyes survey a room. Autism is embodied; my embodiment is autism. As Jim Sinclair (1993) describes, autism "colors every experience." If the body is where theory is actualized, and autistics lack a ToM—under whose domain must our embodiment fall? What of my tic? What of my purpose? What of the humanity of my flapping fingers?... The body, I argue, brings visibility and materiality to the abstractions of theory and, most notably, to the abstractions of theory about theory of mind. What does it mean, in practice, in real life, beyond the pages of a book or medical chart, to deny the autistic's capacity for empathy, for perspective-taking, for self-reflection? "We" have abstracted bodies and minds both from real autistic humans and, in the process, have rendered them inhuman. (Admittance, para. 11-17)

Here we can see Yergeau draw out the logical absurdity of this deficit understanding of autism and forcefully assert the existence of the autistic subject as subject – embodied, self-reflective, and human.

These two authors, two among many, point out that empathy is not (only or even) a cognitive capacity that a person has or does not have, but it is also a concept, embedded within a discourse that defines humans as those that have it. Additionally, they point to the ways that this discourse, focused on mind, forgets to consider the body – both as the site from where empathy works and as the materiality of the subject – the vehicle through which one interacts with and comes to know the world. This critique of autism points to the need to consider concepts like empathy and theory of mind as complex constructs, rather than real things, that rely on a taken-for-granted understanding of embodiment and humanity that don't allow room for difference.

Autistic Selves: Making Up People

Another important issue brought to light by neurodiversity advocates and critical autism scholars is the question of identity, or the question of autistic selfhood. As we can see above, the primary model of understanding autism through deficits, positions autistic individuals in a problematic subjective space – a non human or less than human position. We hear echos of this in some of the popular media portrayals of autistic individuals as robots, machines, and aliens or, on the other end, as animals lacking language and the full cognitive capacities of their human counterparts. We see similar positionings in the discourse of children “lost” to autism or “stolen” by autism (Silberman, 2015; Chen, 2011). These go one step further to suggest that what is “real” – the being of the desired “normal child” – has been removed, suggesting that what is left is an undesirable, wrong, or worthless shell. In this instance, the autistic individual is not only non-human, but also unwanted.

As Yergeau suggests above, this positioning of autism as outside of human, as wrong or unvaluable, impacts the individuals who are autistic by forcing them to occupy a position characterized only by what is lacking. Instead, she and many other self-advocates point to the need to explore autistic experience as it is lived by autistic individuals and to acknowledge the ways that autism is not a disease, or even merely a collection of deficits, but is instead an aspect of identity. As Ortega (2013) points out:

...autism-rights activist Jim Sinclair explains the expression “person with autism” – compared with “autistic person,” where autism is an integral part of personhood – suggests that autism “is something *bad* – so bad,” he says, “that it isn’t even consistent with being a person” (1999). Michelle Dawson comments that characterizing someone as a “person with autism” is an inadequate as defining a woman as a “person with femaleness” (quoted in Harmon 2004).” (p. 79)

In this way, autism can be understood as constitutive – it creates a subjective position with its own unique phenomenology, much in the same way as gender, sexuality, and race. What is at stake, what the neurodiversity movement is pointing to, is a need to create a discourse on autism that would allow a space for an autistic subject to come into being – to have agency, experience, self-awareness, etc. – regardless of how different that way of being may be from what is currently considered typical.

Ian Hacking, known for his theory of the “looping effect” and ideas about the ways that historical and emerging discourses create new ways of being and new languages to express being, takes up autism and the neurodiversity movement as allowing the creation of modes of autistic being. Hacking (2009a, 2009b) is talking about how the autobiographies of autistics (including what is published as well as what is shared in online forums) are starting to produce a

language to describe the lived experience of autism whereas previously there was none. These descriptions, produced in and through a language not yet equipped to describe autistic experience, are creating opportunities to constitute the modes of being autistic. Autistic adults are sharing with each other, and with non-autistics, the experience of autism. In doing so, they create a new knowledge and discourse, and a new community of subjects that have forged an existence through shared modes of being.

We can see how this has begun to play out in the emerging discourse of neurotypical (NT) versus atypical (AT) – a way of describing non-autistic and autistic individuals, respectively – and in the discourse of neurodiversity as a spectrum. Brownlow and Odell (2013) describe this movement as situating autism as a type of biological citizenship. They argue that a discourse of biological citizenship allows autistic subjects a position with respect to the changing and newly emerging discourses on autism that allows them to creatively constitute, describe, and understand their identities. They also note the political expediency of some discourses over others (e.g. the dualism of NT versus AT more easily accommodates arguments of oppression and demands for accommodations than does the spectrum argument), thus underlining the multiple facets through which autistic identity can be constructed within the biological frame.

Ortega (2013), on the other hand, cautions that discourses that rely on biology and neurology dangerously mirror deficit-model understandings of autism and may falsely limit subjectivity (and the resulting political economy of identity) by equating personhood with the brain. As Fein (2011) also points out:

Exemplifying this model of the psyche provides the opportunity to lay claim to moral innocence, a uniquely self-determined identity, and a special relationship with the power and prestige of technoscience. Such absolution, acceptance, and admiration are often rare

and precious commodities in the lives of individuals whose behavior is frequently out of sync with the expectations of others. However, this exemplary status comes with a cost. In particular, the aspects of their behavior that are most machine-like come to characterize their entire being, in the eyes of others and sometimes in their own. The facets of subjectivity – and life experience – that are interpretive, intersubjective, and socially contingent are at risk of dropping out of this strategic picture. Meanwhile, the cycle of moral blame for mental disorder is perpetuated in the rhetorical ‘othering’ of psychiatric conditions, through heightening and highlighting the opposing – and negatively valenced – characteristics of those so diagnosed. (p. 47)

Both Fein and Ortega are pointing to the tension between the explicit pull of the neurological discourse and the implicit influence of culture, both of which are in play in the construction and articulation of autistic identity and change the ways that selfhood is experienced and expressed.

Critical autism scholars, many of whom are interested in emerging discourses of autistic identity and selfhood, point to the need to further explore, challenge, and critique emerging discourses of autism from all sources in order to avoid reifying explanations of autism that erase subjectivity all together.

Autistic Experience

The emerging discourses of autistic selfhood or autistic identity imply a unique subjective experience. Autistic self-advocates, individuals within the neurodiversity movements, and critical autism studies scholars talk about autistic identity and point to the notion of the autistic self as one that comes into being through a uniquely autistic experience of the body, the world, and the other. Descriptions of autistic experience, however, are all too frequently missing from the literature. Recently, there is an increasing number of autistic individuals writing

autobiographies or narrating their experience online through various communities. Prior to that, autistic individuals were most often written about, by caregivers, siblings, professionals, etc.

Mark Osteen (2013) notes the difficulty in narrating autism and the ways that, all too often, narratives about autistic experience fall into tropes where the autistic subject gets erased. He discusses what he sees as the traditional themes of autistic narratives in fiction writing – 1. The autistic individual must be a savant (but not too disabled), 2. They must serve as a way to measure the moral growth of NT characters, and 3. They must be cured or have overcome their disability in some way. For Osteen, these tropes work to organize and articulate autistic experience for neurotypicals in a way that misses the mark – but yet, he points out, one can still see something of the autistic experience in the ways the text resists attempts to fully organize it. In describing the ways that autistic autobiographies both succumb to and resist traditional narrative forms, Osteen says, “they resort to strategies of bricolage – echolalia, imitation, fixations, alter egos – to construct a self by assembling spare parts...Perhaps autistic creativity and identity are paradoxically synthesized through the arduous process of self-effacement... yielding an emergence that is also a submergence. The authors don’t exactly disappear; instead they exist on two planes simultaneously – both the autistic and the neurotypical” (p. 274).

Osteen points to something that, although often implicit, is woven into the texts of autism self-advocates, neurodiversity supporters, and critical autism scholars – the language used to describe experience is often a neurotypical construction. Because of this, the concepts we have created to define autism – concepts of deficits in theory of mind and empathy, concepts of rigidity and inflexibility, concepts of modes of communication – all of these are based on the experience of a neurotypical subject and may be inadequate to describe a truly different human position. Dawn Eddings Prince (2013), an autistic anthropologist, speaks to this difficulty:

For me, language is blended inextricably to context and memory. Even when I was a child, this melding represented the most important thing in the world, and everything, from bathrooms to snails to dogs, had language. If a thing existed, it existed as a living part of language and I had a deep understanding of its place in the vibrations of speech, in the vibrations of existence. This whole cloth of speech and living things made my world a magical place.

I learned very early, however, that for most people, language was a kind of weapon rather than an amorphous mist of the birth waters of reality. It seemed that for most speaking humans, language could be considered a violent activity, in that it cut up the world and its use also cut groups of people one from another...In this way, I knew that language was as important to other people as it was to me, but in a dangerous way.

The silence between their words as just as full of cutting as the silence between my words was a place of connection. (p. 319-320)

In this description, Prince shares her sense of the ways that her experience is different from the experience of a non-autistic person. She is speaking of language as a vehicle for a profound type of connection – different from the more alienating or separating way that we traditionally understand language. For Prince, language appears to be experienced as living and contextual in a way that is clearly profoundly important to her, but yet her experience of language as it is used by others is both violent and alienating. This disparity between her experience of language and her experience of language in others points to one of the ways that descriptions of autistic experience may get lost in translation – particularly when taken up by non-autistic audiences.

One could argue that no human experience, NT or AT, is fully captured by language. In fact, Lacan posits this idea as the basis for his theory of subjective constitution. Language, by its

nature, separates us from things and organizes lived experience in a way that is alienating at best. However, language is also the mode through which we develop community and construct identity. In many ways, it is what allows the production of the self. This production happens in the intersubjective space – language links us to others. What Mark Osteen is pointing out, and what is echoed by Dawn Eddings-Prince, is that autistic experience(s) may not be fully conveyed through the same type of narrative process that we take for granted in everyday communication. That type of narrative process, or organizing of experience according to a certain type of grammar, in many ways relies on shared understandings of time, of objects, and of others. In the context of autism, however, communication practices among individuals on the spectrum vary widely and frequently also include non-linguistic forms of communication. Although there is a proliferation of online forums and autobiographies suggesting that at least some autistic individuals desire to share their experiences and, to some extent, desire to form a community of sorts, there remains some questions about how and whether it is possible to talk about or describe “autistic experience” as having any claim to uniformity or as composing a type. Instead, it seems that what is captured in the difficulty with articulation is the possibility that traditional narrative forms of communication are perhaps impossible, or at least inefficient, when used to describe or articulate a specifically autistic experience precisely because that experience may be singular.

If the problem of communication lies in the intersubjective space, whether this be between NT and AT or AT and AT, this points to a difference at the level of experience – a difference that traditional language is unable to cover over. For me, this brings up questions about true difference and what it means to allow a space for subjectivity, for the other, even when s/he is truly Other. Kristina Chew (2013), in an article describing her attempts to understand and translate what she experiences as the incoherent sounds of her son’s language

attempts, points to the demand to translate despite awareness of its necessary failure. She lovingly describes her realization that her son, rather than failing to speak, is speaking differently and that she must recognize his speech as other rather than as an inferior form of the same. She describes her change in relation to her son: “It is, in short, a shift into a position of respect.” (p. 312).

CHAPTER FIVE: READING AUTISTIC AUTOBIOGRAPHY – METHOD AND RESULTS

Perhaps one of the most valuable and relevant developments in the literature on autism in the past twenty years has been the increase in autobiographies (e.g. Robinson, 2008; Saperstein, 2010, 2014; Grandin, 2006). Although each is unique, they all attempt to provide a description of life as it is lived with autism. Most are written by individuals who are considered “higher functioning” or who would have previously been diagnosed with Asperger’s Syndrome. Perhaps most importantly, the majority of the autobiographies are written by adults, thus offering a window into adult functioning and experience that is largely absent in the scientific and psychoanalytic literature.

For my study, I made use of published autobiographical material in order to explore the lived experience of autism as it is articulated by the authors. I chose to use published autobiographies for my data set as I believe they offer an excellent resource for understanding autistic experience. Unlike therapy cases, which are implicitly guided by the therapist and in line with an already established treatment method, autobiographies articulate experiences that the author believes to be relevant to his or her identity as an autistic adult.

In order for any treatment to be effective, or for any theory about a diagnostic or structural position to have any credence, the relationship between theory and the patient’s experience has to be articulated. And this is precisely what is missing in the literature on autism. While there is an abundance of information of the experience of families, educators, and treatment providers, there is little research on the lived experience of autistic adults. Published autobiographies offer a rich description of the world of the autistic adult that is relevant for psychological theorization of the disorder.

Research Method

The method consists of three parts. The first is a phenomenological approach that works to uncover the thematic elements present in the autobiographies. The second is a psychoanalytic interpretive framework that locates the structural elements of a Lacanian diagnostic category within the autobiographical material. And the third is a comparative analysis that will seek to identify commonalities and differences between the phenomenological and psychoanalytic interpretive approaches. The results of the analyses are explored in detail in the discussion, which addresses the various elements that emerge in the phenomenological and psychoanalytic analysis, the implications for treatment within mainstream and psychoanalytic approaches, and the contribution of critical autism studies and insights from the neurodiversity movement in further elucidating the lived experience and treatment needs of individuals on the autism spectrum.

Data

I analyzed four published autobiographies of adults with high-functioning autism spectrum disorders as my data set. I used the following set of criteria for selection of autobiographical material. First, I used only autobiographies written by autistic adults. Second, the autobiography had to be explicitly focused on the experience of autism. And, third, the autobiography had to include information about both childhood and adult experiences so as to provide an overview of the history of interpersonal relationships and social functioning.

IPA Analysis

I used a phenomenological approach for the first step of my method. My approach draws largely from the Interpretive Phenomenological Analysis (IPA) methodology, although I adapted it to accommodate my particular data set. While IPA is typically utilized as an approach to interview

data, its focus on a particular kind of experiential data was relevant to the type of analysis that I was interested in pursuing. It is an idiographic, hermeneutic approach that seeks to uncover individual experiences in their meaning-making context. According to Smith, Flowers, and Larkin (2009), IPA can be used to analyze data other than interview protocols in the event that the method of data collection allows for the “participants to offer a rich, detailed, first-person account of their experiences” (p. 56). Rich data is gathered by allowing participants “an opportunity to tell their stories, to speak freely and reflectively, and to develop their ideas and express their concerns at some length.” (p. 56). Published autobiographies certainly meet these criteria, as the texts were created by the authors for the purpose of narrating important life events and experiences.

There are, however, two differences between using published autobiographies and interview data that are important to note. First, using published works rather than in-person interviews means a lack of actual dialogue between the author and the researcher. Smith, Flowers, and Larkin point out that an interview format allows researchers to clarify issues and seek additional information, which is an opportunity that is missing with published accounts. Autobiographies do not allow direct collaboration with the researcher and, as such, foreclose on the possibility for clarification as well as the possibility for deeper or more nuanced attention to specific details that may be relevant to the research question. On the other hand, autobiographies offer a wider view than one could typically acquire from an interview, or even a set of interviews. Autobiographies often provide information that covers a large span of time and that focus in on experiences that the author, rather than the researcher, deems important. For this reason, despite the limitation on potential dialogue, autobiographies are well suited for this project.

A second difference between published autobiographies and interview data lies in the distinct forms of mediation. With interview data it is always the case that the material is collaborative and, in many ways, constructed between the interviewer and participant throughout the course of the interview and that the record produced is a transcript of this interaction, rather than a polished or coherent narrative. The flow of questions, answers, clarification, etc. produces a text that is obviously and clearly mediated – the text or transcript betrays the presence of the interviewer as interlocutor. Autobiographical texts are purposefully clean, appearing to represent only one voice when, in fact, the publishing process itself requires the presence of several intermediaries- publishers, editors, reviewers, etc., all of whom may also have a voice in the construction of the narrative. Additionally, one has to consider the ways that the choice to publish autobiographical material may itself be reflective of important cultural and political voices that can impact the telling of the author’s story. The question of mediation is an important and complicated one for this data set and it will be addressed in more detail in the discussion.

Although my data set may differ some from typical interview data used by IPA researchers, the IPA process itself is well suited to provide a rich description of the important themes in the autobiographical works. I followed relatively closely the IPA process for analysis outlined by Smith, Flowers, and Larkin (2009, pp. 82-107). The following is a brief outline of the process of data analysis:

1. I worked with one autobiography at a time and moved on to the next when I was finished with the entire IPA analysis.
2. I first read through the autobiography several times as a way of “entering the [author’s] world” (Smith, Flowers, & Larkin, 2009, p.2). This part of the process was about gaining

familiarity with the material contained in the text and beginning to develop some initial impressions about the content of the work.

3. I did a loose textual analysis, or “exploratory commenting” (p.90). As Smith and Osborn (2003) note, this part of the analysis allows the researcher to comment on what is initially striking in the text. The exploratory commenting may take the form of paraphrases, noted impressions, linguistic idiosyncrasies, as well as preliminary interpretations (p. 67). The purpose of this part of the analysis was to produce a commentary on the text that addresses descriptive, linguistic, and conceptual elements of the narrative that can later be used to identify themes.
4. I shifted the focus from the text of the autobiography to the exploratory notes, referring back to the text for specific information or clarification as needed. Using the exploratory notes, I worked to identify emergent themes, which are meant to capture an understanding of the aspects of the participant’s experience that were identified as centrally important.
5. Once I identified and labeled emergent themes, I began to look for the ways that those themes were connected or the ways that similar themes clustered together. I looked for patterns and relationships between thematic elements in an attempt to develop a sense of the ways that themes were interconnected within the author’s experience.
6. I completed steps one through five for each autobiography and then looked for patterns across cases. During this step, I looked for common themes and connections between the autobiographies. I compiled a table (see p. 86) for the group that showed common themes, demonstrating how some themes were nested within or connected to larger themes.

7. As a final step, I wrote a descriptive account of the emergent themes across autobiographies. The descriptive account was written according to thematic headings and included relevant examples from the autobiographies to illustrate themes.

Psychoanalytic Analysis

Following the IPA analysis, I returned to the autobiographical texts in order to do a Lacanian psychoanalytic analysis. The purpose of this analysis was to address the question of structural position in cases of autism. Although I was not following any specific methodological approach for this portion of the analysis, I was attempting to utilize a psychoanalytic lens, rather than a phenomenological one, as I read through the autobiographies. Using a ‘psychoanalytic lens’ has the potential to mean many things and refers just as much to the way of seeing as it does to what is seen, or even looked for. In the discussion section of the dissertation, I address in more detail the ethical and practical complexities of utilizing psychoanalysis in its status as both a clinical position and as a research methodology. However, for the purposes of identifying and discussing structural elements of a diagnosis, which rely on conceptual and theoretical categories, it was important to utilize a research approach that was able to explore both experiential and theoretical elements in the autobiographies. As such, the intent of the psychoanalytic analysis was to pull out instances in the text that illustrate typical Lacanian psychoanalytic concepts so as to be able to discuss whether the accounts of autistic experience meet the Lacanian diagnostic criteria for psychosis. In order to accomplish the analysis, I followed these steps:

1. I developed a list of Lacanian concepts relevant to issues of diagnosis with accompanying definitions.
2. I again worked with one autobiographical text at a time and moved to the next when I completed the psychoanalytic analysis. I read through the text and commented on the

presence of instances, enactments, conversations, etc. that appeared to be illustrative of a given concept.

3. Much like in the IPA process, I then shifted my focus to my notes to identify emerging themes within each concept.
4. Once I identified and organized themes within each concept, I focused on identifying the relationships between and across concepts, noting both areas of convergence and divergence. The lines that separate one psychoanalytic concept from another are not rigid, and although I had to separate them in some way in order to perform the initial analysis, I made an effort to indicate the ways that the conceptual themes bled into or implicated each other. In order to make this clearer, the psychoanalytic analysis is organized by author rather than by theme or conceptual category.
5. I wrote a descriptive account of the conceptual themes within each autobiography. The descriptive accounts were written according to conceptual headings and provide relevant examples from the text as illustration. Each account also includes a short summary discussing the conceptual elements in each case and how they point to a particular structural position.
6. As a final step, after completing steps one through five for each autobiography, I then compared concepts across cases. I compiled both a group summary and table (see p. 224) that summarizes and compares conceptual themes across autobiographies.

Comparative analysis

As a last step to the method, I compared and contrasted the results from the IPA analysis and the results from the psychoanalytic analysis, noting areas of convergence and divergence.

The Authors and their Texts

- A. Wendy Lawson, *Life Behind Glass: A Personal Account of Autism Spectrum Disorder* (1998). Wendy was diagnosed with Asperger's Syndrome at the age of 42.
- B. John Elder Robison, *Look Me in the Eye: My Life with Asperger's* (2007). John was diagnosed with Asperger's Syndrome at the age of 40.
- C. Jesse A. Saperstein, *Atypical: Life with Asperger's in 20 1/3 Chapters* (2010). Jesse was diagnosed with Asperger's Syndrome at the beginning of high school.
- D. Jen Birch, *Congratulations! It's Asperger's Syndrome* (2003). Jen was diagnosed with Asperger's Syndrome at age 43.

IPA Analysis

Table of Themes

- A. Being an Outsider
 - 1. Mistreatment prompts confusion and withdrawal
 - 2. Feeling deeply misunderstood
 - 3. Even therapists don't "understand"
- B. Dealing with Emotions
 - 1. Emotional experiences are not easily symbolized
 - a. Stress makes everything worse
 - 2. Learning empathy
 - 3. Finding emotional safety through sameness
- C. Communication Problems = Relationship Problems
- D. Withdrawal from the World
- E. Issues of the Self: Identity and Diagnosis
- F. The Strengths and Limitations of Asperger's Syndrome
- G. Communicative Style and the Experience of One Neurotypical

Narrative Description

The following is a narrative description of the clustered themes that emerged during the IPA analysis. For ease of reading and to ensure that each author's experiences are represented, I have organized each theme by presenting an overview and interpretation of the theme as it appeared across narratives, followed by a description of the ways the theme showed up in each author's account.

Being an outsider.

Mistreatment prompts confusion and withdrawal. Each author talked about the experience of being bullied or rejected in childhood as a result of his or her differences from other children. The intensity of the mistreatment varied, but not one of the authors escaped ridicule or mean-spirited rejection during his or her school years. As adults, mistreatment continued for most but showed up in less direct ways, such as through manipulation and exclusion. For the women authors, in particular, there was a theme of sexual manipulation and abuse that played on the social vulnerabilities of the women. For all of the authors, the experiences of mistreatment and rejection, in childhood and adulthood, had lasting impacts on their sense of safety and desire to engage with others.

It is difficult to tease out all of the ways that bullying and other forms of mistreatment impacted the authors as those experiences span decades and are interwoven with issues of self and the individual wants and needs of each author. It is fair to say, however, that for all of them being mistreated is experienced in the context of a being unable to fit in or to find a 'safe' place. The authors discuss experiencing others as rejecting, cruel, and distant, while simultaneously experiencing themselves as outsiders who are helpless, confused, and, sometimes, angry. For many of the authors, the experiences of mistreatment often prompted partial or complete withdrawal from social situations and relationships and often had negative psychological consequences, both in the short and long term.

Wendy experienced extreme bullying at school during childhood and was often the target of ridicule and pranks from the students in her class. She experienced the interpersonal space in general as confusing, the intimacy and complexity of relating to others was alien to her in her insular world. She notes,

...school was fraught with other problems. The biggest difficulty was relating to the other students. They soon tired of my repetitive stories and apparent lack of sensitivity to their needs. Throughout my school life I was spat at, kicked, mocked, and terrorized, and when I was teased or laughed at, it seemed best to pretend not to notice. I was totally unaware of the effect I had on other people or of their responses towards me. Intimacy and genuine care frightened me because I could not understand what they meant.” (p. 56)

Wendy describes her relationship to the other children almost as if she is literally, as the title of her book suggests, behind glass, watching from somewhere else, disconnected from the interpersonal sphere of meaning and relating that was at play in the bullying. She notes that the experiences of bullying left her feeling intimidated and insecure, uncertain of why things were happening or what would come next.

In addition to the mistreatment at school, as a 9 year old Wendy was raped repeatedly by an adult man in her town. She describes the scene of going with him to his home as one where she, as the child, responded to the demand of the adult – she did what she had been taught to do, what the rules told her was the correct response. Again, she describes a feeling of confusion, rather than fear, following the assault and a desire to leave that was frustrated by her inability to put the request into language. Because she lacked the ability to understand the complexity of a situation that differed from the rule she learned (children do what adults tell them), she became an easy target for repeated abuse by this man. For Wendy, the interpersonal space is experienced as somewhat alien or enigmatic. She is confused by the other, uncertain what to expect, and has recourse only to the few explicit rules of interpersonal communication that she has been taught, which do not allow her to understand or interpret the implicit aspects of human language.

As a teenager and an adult, Wendy noted an increased desire to make friends, but again experienced repeated rejections in her attempts to connect with others. For her, the effect of so many years of rejection and mistreatment shows up in her characterizations of relationships as “risks” – risks that take a gamble on the possibility of rejection and emotional pain. It also shows up in the pull she feels to withdraw into her own world, where she is guaranteed a sense of safety that is not always available in the world she shares with others.

For John, the experience of rejection began in early childhood and continued throughout high school, although he notes that the experiences waxed and waned as his social abilities evolved. He describes his struggles as a young child, desperate to make friends:

All my attempts to make a friend had failed. I was a failure. I began to cry. Alone in the corner of the playground, I sobbed and smashed the toy truck into the ground again and again and again, until my hands hurt too much to do it anymore.

At the end of recess, I was still there, sitting by myself. Staring into the dirt. Too humiliated to face the other kids. *Why don't they like me? What's wrong with me?*

(Robison, 2007, p. 10)

John worked hard to figure out the correct way to interact with the other children in order to make friends, but his attempts often failed leaving him confused, lonely, and angry. John equated his struggles to connect with other children with his inability to engage empathetically with others – he worked on the assumption that other children were like him, would like and appreciate the same things he did. We see John reaching out, desiring connection, but ultimately misunderstanding the other. He was frequently both rejected and taunted for his genuine efforts to connect with others. He interpreted the rejections he experienced at the hands of the other children as indicating that there was something wrong with him and, this sense was confirmed by

many of the adults in his life. In a different type of mistreatment, teachers, therapists, and other adults referred to him as damaged, defective, and a sociopath. This type of name calling and rejection by both adults and peers led John to feel insecure around others and he talked about choosing to seek solace in machines – to lose himself in the world of objects, which he was able to understand, rather than the word of people, which was both confusing and harsh. Unlike Wendy, however, John talks about the ways that the bullying, rejection, and mistreatment he experienced ultimately led to an intense anger that prompted some acting out behaviors in his adolescence and early adulthood. He says, “Any child will tell you that even the kindest and gentlest of dogs will bite if you yank its ears and pull its tail long enough. There is a dark side to Asperger’s, and it comes from our childhood dealings with people who do not treat us the way they would like to be treated” (p. 69). As a result of years of mistreatment, John became skilled at pranks that placed him in control of events and, often, involved the mistreatment of others. John describes many instances of his pranks, even admitting that many took on a “nasty edge” (p. 76), but perhaps most notably in the text is the clear sense of enjoyment and power he feels as a result of his actions. Throughout his descriptions of his pranks, you get the sense that he is driven by anger, but also by a desire for revenge and, in some ways, a desire for recognition.

Jesse tells a similar tale of bullying and rejection, withdrawal and anger throughout his text. For him, bullying also began in early childhood and continued into adulthood. He describes being ridiculed by his peers, being purposefully excluded, and being physically assaulted as a result of his differences. In one particularly malicious event, teenagers from his school staged an elaborate 6-month long online scenario to trick him into believing that he was in a relationship with a girl he was attracted to. In that instance, as with other instances of bullying, Jesse’s response to the bullying was to withdraw into isolation, becoming depressed

and harboring thoughts of hurting himself or others. Similar to John's experience, Jesse had many encounters with teachers and other adults who blamed him for causing the bullying, leaving him feeling unprotected and often uncertain about how to proceed or how to create a safer social environment.

Jesse's response to bullying and rejection, like John's is often a mix of withdrawal and anger. He notes relying on television and his special interests to "buffer the chronic isolation" (Saperstein, 2010, p. 31). Jesse's description of his withdrawal throughout the book, however, is tinged with depression and a sense of failure. Unlike John and Wendy, he does not seem able to become completely absorbed in other activities or withdraw completely into a world of sensory stimulation. Instead, for Jesse, the bullying, rejection, and mistreatment leads towards an isolation that appears to feel more like a prison than an escape. Although he clearly feels angry about his mistreatment and, on occasion, fights back, his retaliation most often finds its outlet in revenge fantasies rather than in action. But, unlike John or Wendy, Jesse talks at length in his book about his attempts to understand his tormentors and to make sense of the actions of the bullies and others who mistreat or reject him. His attempts to understand seem to be one way that he works to make sense of his experiences of mistreatment but they also come across as an attempt to find connection and commonality with others – even others that are purposefully hurtful.

Jen's experience with bullying in childhood is less easy to explore as she devotes little time to descriptions of those experiences in her book. She notes early on in the book that she has "been bullied and taken advantage of by various persons during my life" (Birch, 2003, p. 68), but she does not elaborate much on that statement. What is clear from her recounting of her school years is that her apparent lack of social relationships and interactions made her an easy target for

aggressive and/or manipulative friendships, but that she was otherwise largely isolated. She described herself as someone who “involuntarily attracted” “bullying and manipulative types” who would later try to “dominate” her” (p. 74), and it was attempts at domination that were the primary vehicle for her experiences of mistreatment throughout adulthood. This type of bullying occurred for her in friendships, romantic relationships, with therapists, and at work. She often stayed in these relationships for extended periods of time, suffering from escalating abuse and mistreatment.

For example, after going to visit a man she met through a personal ad, she finds herself trapped in his home, forced to sleep on the floor with his dogs, and manipulated into giving him all of her money. Additionally, he was sexually abusive towards her. Jen’s experience with this man is an extreme example, but one similar in tone to many of her other romantic encounters where she is taken advantage of, feels trapped, but lacks the skills to leave or make meaningful changes to her situation. Jen seems to experience these events foremost in terms of confusion – she does not understand both what is happening and what is supposed to happen. Her difficulty in making sense of the situation leaves her feeling helpless to change it. She says:

The problem was, and is, not simply one of being too cowardly to stick up for my own rights: I sometimes did protest, and did try to break free, but the more dominant individual knew how to thwart my attempts, how to “run rings around me.”...my timidity was only part of the issue. The other part was that I genuinely did not have the social know-how to understand what was going on and what to do about it.” (p. 73)

For Jen, in the instances where she is bullied or mistreated, she largely describes her experience as one of confusion and anxiety. In some instances, she becomes overwhelmed by a sense of being unable to change the situation and acts out by punching or otherwise hurting herself. In

those moments, Jen's description of her internal state suggests that her acts of self-aggression are the only way she feels able to control the feelings of being overwhelmed by the other. For Jen, the long term effect of the experiences of bullying and rejection is a felt sense that being bullied is "normal relating" leading her to a pervasive and continuous sense of confusion and helplessness in a variety of social situations.

Feeling deeply misunderstood. Linked with experiences of being mistreated, each author discussed a sense of being misunderstood by others. For most of them, the experience of being misunderstood occurred in several situations and relationships and reinforced a feeling of being different from others. In some cases, it confirmed a sense by the author that there was something wrong with him or her. The sense of being misunderstood, coupled with the mistreatment described above was a major contributor to the isolation and loneliness that each author experienced.

In my reading of the autobiographies the theme of feeling misunderstood wove its way through each narrative and, even when not explicitly addressed, served as a background to a profound array of negative and devaluing experiences with others. For all of the authors, being misunderstood is experienced in the context of being identified as different or defective in some way. Each of the authors experienced others as judging them, often harshly, and as rejecting them from participation in the social world. For most of the authors, the experience of being misunderstood contributed to a sense of being different and to isolation and loneliness that became very difficult to overcome, sometimes leading to depression and suicidality. For many of the authors, the experience of being misunderstood changed how they experienced themselves – leading to, as Jen called them, "existential issues" in adulthood.

For Wendy, feeling misunderstood occurred both in situations where she unsuccessfully tried to convey her lived experiences and in situations where her behavior was taken to mean something she did not intend. She links her struggles to make her internal experiences known to others with her own struggles to understand herself. She said, “Throughout my life I have been unable to identify, understand and express my emotions, and so have always felt misunderstood and alienated from those around me” (Lawson, 1998, p. i). She goes on later to describe the ways that her sensory landscape, which is deeply captivating and emotionally rich for her, often leads her to intensely focus on an experience that “most people” would ignore or, at least find less captivating. Wendy’s sense of living in a different world comprised of a distinct sensory landscape is intimately linked to her feeling of being misunderstood and isolated. Her sensory experience, which is for her profoundly important in the construction of her sense of self, is not something she is able to share with others. Her captivation by the sensual world is often experienced by others as strange or non-sensical. For Wendy, the inability to share these experiences coupled with her awareness that people find her engagement with the world abnormal produce and maintain her sense of being misunderstood.

For John, the first experience of being misunderstood occurs in childhood when he is criticized for not looking people in the eye when they are speaking. He describes his reasoning for looking away – so as to better hear what is said to him without distraction – and his confusion when his behavior is interpreted negatively. Following the confusion, he notes a profound sense of hurt at people’s assumption that he was ‘defective’ without ever trying to figure out, or ask him, the reasons for his behavior. He notes the effects of those experiences of being misunderstood:

I came to believe what people said about me, because so many said the same thing, and the realization that I was defective hurt. I became shyer, more withdrawn. I began to read about deviant personalities and wonder if I would one day “go bad.” Would I grow up to be a killer? I had read that they were shifty and didn’t look people in the eye.

(Robison, 2007, p. 2)

For John, the experience of being misunderstood repeats itself throughout childhood and early adulthood in his relationships with his parents, teachers, peers, and acquaintances. Like Wendy, he notes a feeling of not understanding his own behavior when he was younger, leading him to accept what others told him about himself. Also like Wendy, his sense of being misunderstood, and labeled “defective,” leads him to withdraw, increasing his sense of isolation and loneliness.

For Jesse, the feeling of being misunderstood pervades his autobiography via his constant pleas to the neurotypical public to give him, and others like him, “the “radical” courtesy of *a chance*” (Saperstein, 2010, p. 50). For him, the experience of being misunderstood is characterized by a sense that the other makes assumptions about his character based only on his initial behavior. In other words, Jesse feels trapped in a perpetually negative first impression. For Jesse, the experience seems to be linked to his sense that while some of his behaviors may be annoying or difficult, his intentions should be considered and appreciated. Being judged based only on negatively interpreted behaviors, prompts feelings of failure, isolation, and, ultimately, anger. Like John, he feels not just misunderstood, but judged as defective in some way. He said, “My bitterness towards the neurotypical public derives from a lifetime of constant rejections and lack of chances. Their contempt for me comes from misjudging the AS as a character flaw to be corrected” (p. 4). Jesse’s contempt for neurotypicals appears in the context of feeling chronically

misunderstood, which for him leads to a sense of forced isolation and a feeling that his ability to participate in the social world is limited by forces outside his control.

For Jen, the experience of being misunderstood begins as a child in school and continues in various ways throughout her adult life. Included in her autobiography is a short story she wrote as a young adult, which she states is reflective of some of her experiences in childhood. The story tells the tale of a young boy living with an Aunt and Uncle and describes a series of events where he is repeatedly misunderstood, misjudged, and then punished, often severely. She describes in rich detail his thinking processes and the intentions behind his actions, but in the story he is unable to convey these to his family – in part because the rich, lived, sensory experience is not fully captured by linguistic descriptions but also in part because his family is uninterested in listening. For Jen, this experience of being misunderstood, and the combination of difficulty describing her experience and the lack of interest in hearing it by the other, is repeated many times throughout adulthood in relationships with friends, colleagues, and mental health professionals. The sense of being misunderstood, for her, was also linked to a sense of the precariousness of her sense of self. She describes the consequences of being misunderstood by the therapists during an inpatient stay:

Entering the ward, as I had, with differences in cognitive processing, communication, and many other areas, I soon realised that I was at the bottom of the world's hierarchy. I felt more and more powerless, and mentioned this in a group meeting. I did not want power in order to dominate others; I wanted it simply so that I would be able to hold my own space. I felt so annihilated in such a place that I could not achieve the feeling of simply "being." This rekindled existential issues as to whether, for instance, I was even actually alive, or living in the same dimension as other people. (Birch, 2003, p. 116)

For her, the sense of being misunderstood contributed both to a sense of isolation and to a series of experiences of depression and mental health problems, exacerbating a pre-existing struggle with identity and self-worth.

Even therapists don't understand. All of the authors had experiences with mental health professionals before they were diagnosed. Few of those interactions were considered helpful and some, even, were experienced as harmful. For most of authors the initial interactions with mental health professionals led to incorrect diagnoses and, also perpetuated negative self-image.

At the times of their experiences all of the authors seemed to have accepted the views of the professionals and came to understand themselves as flawed in some way – John as a sociopath, Jesse as full of “negative energy,” Wendy as psychotic, and Jen as “attention-seeking.” They also all, to varying degrees, continued to identify ongoing mental health or emotional issues that were then incorporated into the already negative self-view – perpetuating a problematic cycle where every issue or problem faced by the author can be explained by a personal flaw, rather than contextualized and explored. For all of the authors, the later learning of the diagnosis led to the ability to better understand their particular struggles and their emotional consequences (which I discuss in greater detail below). However, the initial interactions with therapists remain critical to their stories as important to the ways that each developed a sense of themselves prior to the diagnosis.

For all of the authors, interactions with mental health professionals prior to diagnosis were experienced as largely negative and led to increased, rather than decreased mental health issues. What was most striking, and consistent across narratives, was the sense of being invalidated and labeled as flawed in the context of asking for help. Although consistent with other experiences of being misunderstood that the authors discussed above, which led to ongoing

problems with self-perception and isolation, being misunderstood by those with the power to provide help not only exacerbated issues with self-perception, but resulted in the absence of any real assistance and, often-times, the minimization or erasure of the emotional conflicts the authors were experiencing. It is not surprising, then, that most of the authors noted a largely negative view of psychology, psychiatry, and other helping professions¹⁶.

For Wendy, interactions with mental health professionals began as a young adult when she suffered a breakdown resulting from stress at school. According to her description, she became overwhelmed by fear about not being able to keep up with the demands of her nursing program and she began suffering from hallucinations. She was hospitalized on an inpatient ward and medicated to relieve her symptoms. She was hospitalized again, a few years later, after a suicide attempt stemming from a depression over the status of her marriage and the loss of a good friend. The specifics of her presenting concerns and symptoms are not completely clear from Wendy's writing, but she was diagnosed at least once with schizophrenia and she talks about her depression as though it, too, was officially diagnosed. Wendy has additional involvement with mental health professionals following the birth of her son when she was diagnosed with post-natal depression and required to attend group therapy. Her interactions with the mental health system are complex and varied; however, preceding every intervention is a period of heightened stress that she feels ill-equipped to manage. In all of her descriptions of treatment experiences, it is worth noting that Wendy does not mention ever talking about or telling anyone how she is feeling or what her experiences have been. Instead, she discusses the

¹⁶ The exception to this is Wendy, who does not ever say anything either explicitly positive or negative about her psychiatric experiences. One gets the sense from her descriptions of her experiences in the inpatient wards and her insistence at never returning, however, that her view of the experiences was less than positive.

experiences in terms of what she was told about herself and what she was required to do. She describes her second hospital admission:

Unfortunately, I did not know then how to find help or even what kind of help to look for. After 14 months of marriage, I entered the institution for the second time. I was considered to be having “another schizophrenic episode”. Completely withdrawn and feeling I had fallen into a bottomless pit, I was placed on a program of medication. The ward life continued around me and without me. Sucking the roof of my mouth and rocking myself kept me sane. (Lawson, 1998, p. 76)

Wendy does not speak at length about the ways that the hospital experiences affected her, but it seems clear from her descriptions that her interactions with the mental health system had little impact on her day-to-day experience or her ability to manage increasing levels of stress.

Additionally, Wendy seems to feel somewhat alienated by the experience, resorting to self-stimulating activities in order to maintain her “sanity” and sense of self. For example, Wendy tells herself after her last hospital admission, “Never again, never again will this happen to me. If they think I am mad, then I must prove them wrong” (p. 77).

For John, experiences with therapists began in early childhood, during a time when his mother became concerned about his “inappropriate [facial] expressions” (Robison, 2007, p. 29). John’s initial interactions with mental health professionals were largely invalidating and hurtful. He notes, “Mostly, they made me feel worse than I already did, dwelling on my so-called evil and sociopathic thoughts” (p. 30); “[r]ather than take a close and sympathetic look at me, it proved easier and less controversial for professionals to say I was just lazy, or angry, or defiant. But none of those words led to a solution for my problems” (p. 90). His experiences in therapy, rather than helping him, seemed to confirm some of the negative characterizations of his teachers

and peers. As with many other people in his life, John's interactions with mental health professionals led to a sense of being misunderstood as well as contributing to a sense of himself as "defective" or broken in some way.

For Jesse, early experiences with psychotherapists followed a similar pattern where he was assumed to have characterological problems. Jesse devotes an entire chapter to his thoughts on and experiences in therapy. As the chapter title, "Psychobabble," suggests, his experience of the helping professionals was often less than helpful, although there is an important tension in his descriptions between psychology as useless and potentially harmful and psychologists as sometimes both helpful and necessary.¹⁷ For Jesse, much like for John, his initial interactions with therapy lead to characterizations of his behaviors as personality defects. It seems from his description that Jesse only met with one therapist during childhood, a psychologist, but continued to see him for several years. Jesse notes that his therapist characterized his behavior as related to "negative energy." It is unclear if the therapist made any specific interventions or used any specific techniques in the treatment, and Jesse largely suggests that he was not inclined to make any behavioral changes as the result of his therapy. However Jesse does indicate some benefit from the therapy. He notes, "I visited the psychologist almost every Tuesday for five years, and the anemic office plants are etched in my memory. These visits were extremely necessary during transitional periods, when the dark side of Asperger's erupted with a vengeance" (Saperstein, 2010, p. 99). Again, however, Jesse provides little information about

¹⁷ Although not directly relevant to Jesse's lived experience of therapy, his ambivalence towards the helping professions and professionals apparent in this chapter is very nicely captured in his pronouncement, "I have never actually believed in psychotherapy and am convinced the majority of professionals need a couple dozen sessions themselves" (p. 95). While suggesting that psychotherapy is not worth believing in and that psychotherapists themselves are crazy, he is simultaneously suggesting that psychotherapy would be a beneficial treatment for the therapists.

what made therapy necessary during transitional periods and in what way it was helpful for him. He does suggest that therapy was necessary during one transitional period where he was struggling with self-injury and inappropriate sexual behavior, leading us to believe that the therapy was perhaps somewhat helpful to Jesse in terms of behavioral changes (although how is completely unknown).

Jesse' thoughts about therapy, which he spends much more time discussing in this chapter, suggest that it should focus largely on teaching compromise and acceptance. His thoughts perhaps betray something of his experience, as he seems to understand therapy as devoted to forcing changes rather than acknowledging unique struggles and finding reasonable workarounds and solutions.

For Jen, like the other authors, therapy was largely a negative and devaluing experience. Jen describes several experiences of seeking mental health care during periods when she was feeling emotionally overwhelmed. She sought outpatient treatment several times, with varying success, and was hospitalized on an inpatient ward on three occasions. She described those experiences as largely unhelpful because it felt like no one was interested in listening to her or she was made to feel that her personal experience wasn't worth understanding. Her attempts at explaining her needs and limitations were taken as "attention-seeking" behavior and routinely punished. She describes her longest inpatient stay:

Feeling hounded, every day, because I was communicating differently from others – and, moreover, because my differences were responded to as though they were wrong and undesirable – I misguidedly put all my efforts into learning to speak as other people did (Birch, 2003, p. 128)

Jen's experiences with the "helping" profession were, overall, largely experienced as invalidating and, in some instances, harmful. She describes the outcome of her inpatient admission, "As I could not, therefore, obtain the understanding and help which I needed, I was on a downhill slide into depression and other mental health problems, perpetuated and compounded by my "farm ward" admission" (p. 129-130). Jen's other experiences when attempting to get help are all similar, leading her to feel ongoing despair and, in at least one instance, worsening depression that lead to suicidality. Additionally, Jen notes that being exposed to that type of mistreatment during what was meant to be therapy led her to develop the belief that being bullied and "overpowered" was "normal relating" (p. 128) – leading to increased difficulties developing and maintaining desirable relationships.

Dealing with emotions.

Emotional experiences are not easily symbolized. Learning to acknowledge and manage felt emotion showed up as a struggle for all of the authors, although the extent and type of the perceived difficulty varied widely between individuals. For some authors, the process of learning how to speak about emotions, or translate a felt sensation into meaningful language, was by far the biggest hurdle. For others emotional struggles showed up in the form of overwhelming physical sensations that led to acting out behaviors. While still for others, the absence of expressed emotion is linked to both physical and interpersonal problems.

For all of the authors, the emotional world is difficult to manage. For Wendy and Jen, emotions are often experienced as overwhelming and unclear, leading to an experience of themselves as "unable to cope." For John and Jesse, anger serves as the primary and most comfortable vehicle of emotional expression, while other parts of emotional life provoke detachment. For all of the authors, emotional life seems to border on overwhelming in both a

mental and physical way and with many of the authors we see this lived out through the eruption of acting out behaviors. As is often the case with acting out, one can assume that these behaviors occur in the context of the absence of other coping skills – particularly, for these authors, an inability to participate in the meaning-making aspects of emotional expression.

Wendy’s struggles with emotions and emotional management seem to be the most profound. The language that Wendy uses to talk about emotions betrays a sometimes overwhelming and undifferentiated experience. Early in her book she says:

I find emotions interchangeable and confusing. Growing up, I was not able to distinguish between anger, fear, anxiety, frustration, or disappointment...Emotions are not concrete structures that can be seen, held, and organised. They can be likened to being locked in a maze that has no exit: all paths look the same and lead to the same place. (Lawson, 1998, p. 8)

For Wendy, for most of her life, it seems that emotions were experienced almost exclusively in the body and lacked symbolization and meaning in language. She described emotions as either “comfortable” or “uncomfortable,” rather than as differentiated into distinctive states representing different meanings. This lack of meaning-making related to her emotional experiences seems to have contributed to both her general sense of confusion about the world and her tendency towards avoidance and fear based responses. It also makes it difficult for her to understand and relate to the emotions of others.

Rather than symbolize her emotions via language, which would produce meaning that could be shared with others, Wendy links her emotional experiences to objects and sensory stimuli in the environment. For her, sensory experiences, particularly color and sound, are profoundly emotional, helping her to “connect” to “life and to feelings” (p. 2). And, objects help

her to hold on to a sense of constancy during emotionally difficult situations – they contain the emotion for her in a similar way that naming does for others. Through her own unique method, she is able to manage the sometimes overwhelming physical experience of emotion, but she is unable to participate fully in the shared meaning-making process of managing emotions symbolically. Although, on the one hand, Wendy’s personal process for managing emotions seems to work for her most of the time, it separates her in some important ways from connecting to others with whom she does not share a common emotional language.

In his book, John talks directly about emotions. However, he rarely describes his emotional states with any detail, he merely names them and moves on. What is evident in the women’s autobiographies that is largely lacking in both John’s and Jesse’s is an overt struggle to manage emotions, to name them, and to make sense of them. For John, there is less of an explicit issue with emotional management in his text. For him we see, instead, a learned detachment that, although helpful to him in the short-term, seems to underlie some difficulties with emotional connection that he alludes to later in the book. In sharing an experience of wanting to fit in with co-workers, he describes his emotional withdrawal, “I watched it all with the same detachment I had learned to feel when I was excluded from playing with kid packs when I was five. No one made fun of me, but I still could not integrate myself into the groups around me. I wanted to make friends, but I didn’t want to engage in the activities I saw them doing. So I just watched” (Robison, 2007, p. 175). It seems that, for John, the ability to emotionally detach allows him the potential to manage negative feelings such as loneliness and isolation. And it is those types of negative feelings – sadness, hurt, loneliness, etc. – that John tends to avoid exploring in his book.

However, in John's story, there is a strong thread of anger, largely anger at being mistreated and misunderstood, that he does not shy away from and that drives a number of behaviors. The sadness and shame he mentions early on in relation to his social isolation turns into anger in his adolescence and leads to a number of acting out behaviors, largely in terms of pranks he plays on unsuspecting children and adults. For him, the pranks seem to function as a way for him to express his anger through actions rather than through words. It is unclear if he was able to make the link between his acting out behaviors and his anger at the time, but he does make the link in the book, suggesting a learned awareness of his emotional states and the effects of emotions on his behavior. And, he does note later in the book that his ability to talk about and deal with emotions has evolved over the course of his life, suggesting that he did struggle with emotional expression previously. He says, "Papers I wrote back then are flat and devoid of inflection or emotion. I didn't write about my feelings because I didn't understand them. Today, my greater insight into my emotional life has allowed me to express it, both verbally and on paper" (p. 209). And John is able to see some clear benefit to his improved emotional facility:

No one would have looked at me thirty years ago and foreseen that I'd have the social skills I have today, or the ability to express the emotions, thoughts, and feelings you read in this book. I would never have predicted it either...My life today is immeasurably happier, richer, and fuller as a result of my brain's continuing development. (p. 209-210)

Similar to John's, Jesse's narrative is strong on anger (and a felt sense of injustice) and light on exploration of other aspects of his emotional life. In Jesse's narrative there is a lack of discussion or sharing of emotions or emotional life not related to his Asperger's diagnosis. However, he does seem comfortable sharing the emotions he feels in connection to his diagnosis – being frustrated by limitations, being angry at the bullying and isolation, and feeling ashamed

about social blunders. He seems to be largely aware of these feelings and able to identify them. That said, particularly when it comes to anger, one gets the sense that his experience of the emotion sometimes exceeds his capacity to make sense of or deal with it. There is an undercurrent of anger and resentment throughout his autobiography that, even though he acknowledges these feelings, borders on overwhelming. Because of the overwhelming aspects of the emotion, we see in Jesse a tendency towards acting out, depression, and, in at least one case, suicidality, as a result of his difficulty working through emotionally fraught situations and transitions. In one example, Jesse describes his behavioral choices while trying to manage an emotionally and physically taxing work environment:

Some nights were tolerable because I listened to a five-disk collection of classic Disney while the 720 minutes melted away. Other nights were miserable....causing me to spout a dissonance of gibberish and obscenities. (“Fucking, gimlet-eyed, Scotchguard, motherfucking douche bag!”). My coworkers sometimes caught me hitting myself, jumping up and down, or mumbling nonsense. Most of the time, they even gave me an *undeserved* break when I neglected bathing during the precious hour and a half of free time between sleeping and rushing back to work. Not only did I smell like rancid Stilton cheese, but I also neglected to change my clothes 90 percent of the time. (Saperstein, 2010, p. 148)

In this example, Jesse acts out his dissatisfaction, anger, and frustration, which is a theme for him throughout his autobiography. The acting out seems to allow him some release from the emotion, at least in the immediate experience, but what he lacks is the ability to handle the emotion in a way that feels productive to him.

Linked to his acting out, Jesse's talks about difficulties with "letting go" of emotions and resentments and it seems that this particular difficulty in letting go impacts his emotional experience in some significant ways. Specifically, Jesse seems to understand "letting go" as giving up or giving in – and he spends some time in his text sharing his anger at people who have suggested that he "let go." This points to what seems to be Jesse's biggest emotional hurdle – once an emotional state becomes overwhelming, it sticks around, even after the acting out episodes have ceased. What Jesse doesn't address, and what seems to underlie some of his perceived problems with emotional management, is an idea of being able to let something go after having worked through it. In other words, he seems to lack a vehicle for managing emotions that would allow him to move on from them.

Like Wendy, Jen's struggle with emotions seems to be largely related to managing emotions that quickly become overwhelming and, in some instances, interpreting the cause of negative emotions. Jen's several interactions with the mental health system betray her difficulty with emotional management and a tendency towards becoming overwhelmed and "unable to cope" (Birch, 2003, p. 123). For her it seems that fear and anxiety play a large role in her emotional life and are often at play for her during times when she feels unable to cope. Like Jesse, she notes a struggle to 'let go' of emotions once they occur. She says, "Once a feeling (e.g. pain or fear) is in the mind, it is an extremely long and difficult process to get it out again. It gets stuck in there, replaying over and over, sometimes for life" (p. 207.)

Like many of the other authors, once an emotional experience becomes overwhelming, Jen sometimes resort to acting-out behaviors as a primary coping mechanism. For Jen, these behaviors include tantrums, self-injury, and quitting (e.g. quitting school, swimming lessons, etc.

as a way to manage fear/anxiety). Like Wendy, her acting-out behaviors serve as a message that indicates ‘too much!’ in the absence of an ability to identify and find a resolution to the situation.

Stress makes everything worse. Because emotional management is already a source of difficulty for the authors, periods of stress tend to exacerbate both emotional struggles and other symptoms related to AS. The problems faced by the authors vary by individual; however, there is a clear theme of stress as a precursor for increased difficulties with functioning. For all of the authors, stress exacerbates already existing struggles with emotional management leading to additional physical and mental health problems. For John and Jen, stress situations are lived as ‘sickening’- literally causing them to suffer from physical distress. For Wendy and Jesse, stressful situations are lived as a kind of mental overload, leading to a loss control over one’s self. For Wendy, Jesse, and Jen, the stressful world is lived as an overload without outlet or solution.

Like many of the authors, Wendy’s felt difficulty understanding and containing her emotions make it difficult for her to cope during times of high or chronic stress. For Wendy, especially during early adulthood, her inpatient and outpatient psychiatric admissions were always precipitated by periods of stress. For Wendy stress is experienced as situations of intense confusion, heightened or overwhelming emotion, and a felt sense of threat and resulting helplessness. For her, stress is the result of those situations in which she lacks the skills to adequately deal with or resolve. For example, prior to her first hospitalization, during a time of family discord, she was also struggling with a shift in her nursing education from a student position to a position with more authority. Her felt lack of skills to manage both her emotional life and the pragmatics associated with a role change, left her in a state of psychological distress and unable to cope. She describes that experience:

In spite of the family discord, for the first few months I seemed to succeed with the demands of the student nursing course. Then responsibility loomed. My success had been in my ability to enter into the routine of ward life – this was something I could do well. Of course, this didn't last – decisions were required to be made and I was required to make them! I found myself forgetting the instructions I was given, or getting them confused. I still didn't sleep well and in the darkness lived all sorts of monsters.

I was afraid: afraid to be around people, afraid of not being able to keep up the performance. I crashed! (Lawson, 1998, p. 66)

Wendy's crash under the stress resulting from fear and a felt sense of helplessness foreshadowed other crashes she would experience when faced with stresses related to role changes and relationship issues. Largely, Wendy seems to experience the stressful situations as unresolvable, or herself as confused and unable to resolve them, leading quickly to psychological distress.

Although less severe than Wendy, John too experiencing difficulty coping during times of stress. For John, like Wendy, stress appears in the context of situations where he feels helpless. For John, however, the majority of the stressful situations that he describes involve an experience of increasing frustration at how he is treated and, particularly in childhood, a sense of being ineffective in changing either himself or his situation. One of the reasons he notes for dropping out of high school was the exacerbation of some of his motor symptoms resulting from the combination of stress from an abusive home environment and from feeling harassed at school – both situations where he was treated unfairly and felt unable to make lasting changes. Later, John explicitly talks about the effects of stress on his physical health and notes that, during a particularly stressful time in his career, he was diagnosed with asthma:

I had come to accept what my annual performance reviews said. I was not a team-player. I had trouble communicating with people. I was inconsiderate. I was rude. I was smart and creative, yes, but I was a misfit.

I was thoroughly sick of all the criticism. I was sick of life. Literally. I had come down with asthma, and attacks were sending me to the emergency room every few months. I hated to get up and face another day at work. I knew what I needed to do. I needed to stop forcing myself to fit into something I could never be a part of. A big company. A group. A team. (Robison, 2007, p. 205)

Although John clearly experiences stress-related illness, what is also clear from this passage is that he also seems equipped to eventually realize the impact of stress and make choices to lessen it. So that, while there is clear exacerbation with stress, John does not seem to suffer from the types of acting out behaviors that some of the other authors struggle with.

For Jesse, periods of stress can lead to significant emotional distress. For Jesse, stress is experienced both in the context of unpredictability and in the context of loss. In situations where stress is acute and with a clear trigger, he suffers from acting out episodes that occasionally lead to self harm. He describes a situation during college when he thought he had lost his DVD collection:

...I was in uncontrollable hysterics.

I ran through the house slapping the staircase wall and even hitting myself a couple of times. My neck muscles emitted a crackling snap like my grandfather's arthritic knees when rising from an orthopedic chair. For the next week I would pay a terrible price when the simple act of checking my blind spot while driving would produce sharp pain. My temper tantrum escalated as my parents frantically searched for the DVD collection.

Nothing else could diffuse the escalating tantrum other than a possible fainting spell.

(Saperstein, 2010, p. 27)

In this situation, Jesse describes an experience of becoming so overwhelmed that he loses control over his behavior. The stress, in this situation, is linked to sudden loss. He talks about the experience in terms of it feeling like “the end of the world” – a profound loss that he clearly experiences as taking over both his mental and physical processes. He never names an emotion or talks about what the loss meant for him emotionally– he frames it entirely in terms of a “temper tantrum,” leading to a description of his behavior rather than his emotional state. For Jesse, the stress of the unpredictable is an assault on his ability to cope.

In stressful situations where the stressor is less direct, Jesse also struggles with emotional management, although less with “temper tantrums” and more with issues of depression, although self-injury still plays a role. For Jesse, it seems that the transitional spaces – spaces that follow the ending of something or the achievement of a milestone – are the most emotionally fraught and lead to the type of stress he finds most difficult to manage. One such situation was the transition after completing his Appalachian Trail Hike, which also coincided with the end of college and the need to transition into “adulthood.” Jesse notes a three-year long period of increasing anger, frustration, and depression during a time when he seemed unable to move forward and find a life path that would acknowledge his strengths and accommodate his identified struggles. He describes:

For at least three years after my hike ended, I was filled with such rage that I walked around with an occasional black eye from punching myself during spasms of frustration.

Staring into a mirror had the effect of resurrecting painful memories followed by brief fits

of self-abuse. My “weirdness” was no longer an asset I could use to justify myself, unlike when I was on the publicized 2,174-mile hike. (p. 144)

Jesse goes on to describe a spiral into a depressive state where he stopped bathing, spent countless hours watching TV, and endlessly contemplated his life’s failures. As with the example of a “tempter tantrum” above, in this instance Jesse describes his behaviors rather than his emotions. We know he is depressed, and he names that, but he never delves into why, explores what he wants, or considers any of the other potential emotional issues at stake in his depression. He stays acquainted with his anger – at both himself and at others – but his experience of what he calls the depression remains largely unsymbolized.

For Jen, increasing stress seems largely to translate into increasing emotional turmoil and physical illness. Jen’s experience of stress is most often linked to interpersonal conflicts, sudden changes, or to a sense of failing at work or at school. When she experiences these situations, she becomes increasingly anxious, prompting a feeling of being overwhelmed and unable to cope effectively. Jen suffers from a number of physical health problems, which seem to be linked to ongoing anxiety and, perhaps a tendency towards somatization. It is important to note that she does not make a direct correlation between her health problems and her emotional experiences, however in her writing periods of high anxiety and stress often appear hand in hand with physical health problems. For example, she describes a highly stressful working environment:

Every morning when I arrived at work on the train, I made straight for the public phone in the foyer, and, in tears from high anxiety, phoned my Mum. This was a necessary ritual in order for me to get enough courage to enter the office. By now I was suffering from severe bilious attacks every second Monday: the combination of a painful right eye,

avoidance of light, great desire to lie down, diarrhea (and sometimes vomiting) marked these out as a form of migraine...(Birch, 2003, p. 142)

In another example, she describes increasing anxiety about a proposed class trip:

Again, I tried to adapt to the situation, but felt anxiety about the change of plans, as well as about the trip and the pet-minding implications.

Over these years I was developing irritable bowel syndrome, which entails having extremely temperamental “guts,” and frequent discomfort...(p. 151-152)

In both of these examples, Jen links (through proximity rather than cause) in the writing an experience of stress, a sense of being overwhelmed, and a physical illness. For her, the physical symptoms seem to express some of the emotional turmoil she feels in times of stress.

Learning empathy. All of the authors explicitly talked about difficulties with empathy and/or learning to recognize and interpret the emotional landscape of others. For most of them, empathy was characterized as a learned behavior rather than a felt sense and at least two authors referred to their style of empathy as “logical.” For all of the authors, although the felt sense of joining with the other was sometimes elusive, they experienced moments of caring and compassion that allowed them to feel connected to others. The experiences of compassion and caring described by many of the authors are explicitly linked to empathy and rely on the author’s own embodied experiences.

For all of the authors, empathy is taken up either as a logical evaluation of the other’s behavior in order to identify the other’s emotions or as an experience of compassion for the other with respect to situations that the authors have experienced themselves. For Wendy, John, and Jesse, there is a clear experience of feeling required to respond in the context of emotional events and also feeling ill-equipped to respond appropriately. Additionally, many of the authors also

seem to experience being judged harshly for their apparent lack of empathy, leading them to work towards what John calls a “logical empathy.” This “logical empathy” is a behavioral response, though, rather than a felt experience, and betrays its use as a vehicle to fit in.

The desire to fit in by feigning empathy, though, coincides with a sense of being accused of insensitivity or not “caring” about others, which many of the authors noted. For John and Jen, this helps explain why they define empathy as caring about others. Although none of the authors talk about experiencing empathy as an embodied or intersubjective experience, they all speak of the ability to experience a sense of connection to others through similar experiences. For many of them, the writing of their autobiographies is an attempt at connection and caring through shared experience with others who are diagnosed with Asperger’s or autism spectrum disorder.

Wendy struggles not just to understand her own emotions, but to understand the emotions of others as well. Particularly because her own emotional experiences are not well symbolized, it is also difficult for her to understand or recognize the emotional experiences of others. She talks about learning to make sense of emotions via observational learning:

By studying an individual’s posture, actions, voice tone and facial expression, I can now usually work out what they are feeling. The hard work of studying the reactions of others and recognizing that people react differently to different emotions has been very beneficial to me. I can now feel fairly confident with those who know me. (Lawson, 1998, p. 9)

The process that Wendy describes is a conscious effort focused on reasoning through the available data set (posture, actions, tone of voice, etc.) to come up with a probable conclusion. Much different than the type of spontaneous empathy that is often take for granted as a part of

typical emotional communication, Wendy is describing a process that is much more logical – not something she feels into but instead something she deduces from external evidence.

Although Wendy often describes a felt inability to recognize other people’s emotional states, in instances where she has shared a similar experience, she seems well-equipped to recognize another person’s emotional response. For example, at the end of many of her chapters, Wendy shares advice about interacting with autistic individuals. In one of these sections, she discusses her emotional struggles with change and her need for constancy and reliability and goes on to share:

A mother of an autistic 12 year old boy once asked me why her son screamed when the railing he had been following and holding onto came to an end. I tried to explain this same concept: the concept of familiarity and change, of gaining a sense of security and of self, as perceived through the railings. (p. 109)

Wendy relies on her own emotional experience to make sense of the possible emotional experience of another – an emotional experience she believes she shares with this young boy. This is a compassionate response, one that is tied closely to an experience she has had and assumes she can understand in the other. In this example, Wendy is using her own experience and history, which is both embodied and intersubjective, in order to understand the other. But this strategy fails for Wendy when she is faced with experiences in which she has no previous experience and/or relates differently thus necessitating a reversion to the more logical, or practiced deduction of the emotional experience of the other.

John talks very little in his book about his attempts to understand other people. He notes that he often is confused by people’s responses to conversation or events, however even in discussions of his relationships he rarely mentions the emotions of the other person or identifies

any specific problems he has understanding or figuring out the emotional landscape of others. He notes early on in the book that he has “logical empathy,” meaning that he is able to reason through why another person may be having an emotion, but in his description of logical empathy, he does not himself experience what it is he recognizes the other person describing. He makes it very clear, in fact, that he often finds other people’s empathic responses disingenuous because he cannot understand how they would feel what someone having the experience would feel. He says:

I have what you might call “logical empathy” for people I don’t know. That is, I can understand that it’s a shame that those people died in a plane crash. And I understand they have families, and they are sad. But I don’t have any physical reaction to the news. And there’s no reason I should. I don’t know them and the news has no effect on my life. Yes, it’s sad, but the same day thousands of other people died from murder, accident, disease, natural disaster, and all manner of other causes. I feel I must put things like this in perspective and save my worry for things that truly matter to me.

As a logical thinker, I cannot help thinking, based on the evidence that many people who exhibit dramatic reactions to bad news involving strangers are hypocrites. That troubles me. People like that hear bad news from across the world, and they burst into wails and tears as though their own children have just been run over by a bus. To me, they don’t seem very different from actors and actresses – they are able to burst into tears on command, but does it really mean anything? (Robison, 2007, p. 32)

John also talks about the ways he thinks that he does experience empathy with people that he cares about. He makes a distinction between the empathy he had to learn and the true empathy he experiences:

Caring – or pretending to care – about other people is a learned behavior. It's one of several kinds of empathy, I suppose. I have true empathy for my family and close friends. If I hear of something bad happening to one of them, I feel tense or nauseous, or anxious. My neck muscles cramp. I get jumpy. That, to me, is one kind of empathy that's "real." (p. 31)

John equates "real" empathy with caring about someone, and he goes on to describe a situation with his mother where he "felt a need to help" because he knew she was "in trouble." In those descriptions, John seems to be talking less about an empathy that involves knowing the other's emotions and more about attachment – it is clear that he cares and has a desire to respond, despite not understanding the emotions that the other is feeling. However, like Wendy, John does seem to have some ability to recognize the emotional response of someone when they are confronted with situations that he has previously experienced. For example, when discussing his own struggles to avoid withdrawing as a child, he clearly experiences compassion for other children who may choose to withdraw, despite his sense that he cannot speak for them:

As a functional Aspergian adult, one thing troubles me deeply about those kids who end up behind the second door. Many descriptions of autism and Asperger's describe people like me as "not wanting contact with others" or "preferring to play alone." I can't speak for other kids, but I'd like to be very clear about my own feelings: *I did not ever want to be alone.* And all those child psychologists who said "John prefers to play by himself" were dead wrong. I played by myself because I was a failure at playing with others. I was alone as a result of my own limitations, and being alone was one of the bitterest disappointments of my young life. The sting of those early failures followed me long into adulthood, even after I learned about Asperger's. (p. 211)

Like Wendy, John seems able to experience caring and compassion for individuals who are experiencing situations that he has previously experienced. However, like Wendy, John is forced to resort to “logic” rather than a more spontaneous empathic experience, when faced with an other whose experience differs from his own.

Like John, Jesse talks about having to learn about and practice empathy, rather than feeling it implicitly. He is quick to point out that he does not experience true empathy, but instead recognizes the importance of displaying empathy in certain social situations. In order to learn how to act empathetic, he exposed himself to different types of situations and practiced pre-determined responses. He says:

The fine art of artificial empathy has been refined over the course of my adult life, as I have learned to function like a human computer. Like a cerebral Microsoft Word program, I have stored separate files for funerals, weddings, job interviews, first dates, etc. These files may be accessed at a moment’s notice and compensate for my deficiencies with generalization...(Saperstein, 2010, p. 36)

Like both John and Wendy, however, Jesse demonstrates compassion in situations where he has personal experience. It is most striking in his discussion of his experience of working with teenagers at Camp Teens Living a Challenge. There he seems to be able to identify with the campers on the basis of life struggles. He says:

As an adolescent, I viewed my life as a tapestry of nuisances – Hebrew school, Sunday school, abusive peers, apathetic teachers, acne, impromptu erections, loneliness, severe sensitivity to the sounds of nail biting and foods containing artificial cheese. Even character-building rites of passage, such as braces and my Bar Mitzvah studies, were part

of a conspiracy to create unnecessary misery for me. But, as I would soon discover, my grievances paled in comparison to the hurdles these kids faced. (p. 120)

Jesse goes on to talk about the struggles faced by the children and the ways that the campers used their time to bond over shared difficulties and to enjoy the time together despite their diagnoses. Jesse was able to identify with their emotional pain and also was inspired enough by the children's kindness towards each other and towards him that he hiked the Appalachian Trail to raise money for the charity.

Like John, Jen does not spend any time talking about the emotions of other people in her book. Nor does she talk about any attempts by her to understand how others were feeling. She does note, in one section of her book devoted to implications of being diagnosed with Asperger's later in life, that some clinicians believe that AS individuals lack empathy, but that she is different. She says:

There is still one major area in which I differ (perhaps) from the majority of others who have Asperger Syndrome. (Of course, in order to be sure of that, a very large survey would have to be done, ensuring that sufficient respondents with the relevant life experiences were included.) It seems to me that the "known fact" of people with Asperger Syndrome lacking empathy leads even some autism professionals into erroneous thinking. This "fact" then lets them believe that people with Asperger Syndrome do not grieve, or not as much as "normal" people. In other words, this "known fact" is untrue and even dangerous, because then people with Asperger Syndrome cannot get the help they need, if major grief hits them. (Birch, 2003, p. 206)

In this example Jen, like John, defines empathy as caring for someone. For her, the experience of grief relies on the ability to empathize. In Jen's description of her own experience of grief, it is

hard to glean the ways that she understands that emotional experience as an example of empathy, however, like the other authors, Jen does seem to be able to recognize the emotional experience of others, based on an experience she has had. And we can see this somewhat in the quote above, she voices concerns for other adults with Asperger's who may be experiencing grief and who are not taken seriously or are invalidated by professionals. This has happened to her and so she is able to imagine how someone else might feel were it to happen to them.

Finding emotional safety through sameness. All of the authors invoke issues related to safety in their writing and many talk explicitly about desiring a safe place or finding a felt sense of safety in objects or behaviors. For most of them, feeling unsafe is a common experience and characterized largely in terms of a felt sense of exposure or lack of belonging. Although it appears largely to be experienced in the body, the authors seem to be describing issues related to a felt sense of emotional rather than physical safety. In fact, when talking about safety most of the authors don't consider safety in terms related to potential bodily harm and often talk about entering into dangerous situations without fear.

For all of the authors, safety is lived as an emotional experience of consistency, familiarity, and freedom from change. The lived experience of safety occurs in the context of a sense of control and predictability. For many of them, other people are experienced as threatening and as contributing to a felt sense of vulnerability and lack of safety by the authors, largely because the behavior of others is often unpredictable. The authors seem to experience themselves as vulnerable and threatened in the context of an unsafe world where control and predictability are often elusive

Wendy talks about the importance of feeling safe throughout her autobiography. For her, safety is tied to her ability to maintain emotional calm and to the ability to cope in her day-to-day

life. Wendy seems to experience the feeling of safety largely in terms of familiarity and sameness and the feeling of being safe is also a feeling of being alive and connected to something. For example, Wendy describes the feeling of safety in terms of her bicycle:

I turned my new bicycle upside down and spun the wheels round and round and round. The light gleaming from the silver mudguards seemed to go on forever. It was so intoxicating and I felt so alive...I felt a sense of connection as I watched the shiny mudguards. I felt safe, almost as if I were a part of the bike. It belonged to me and I to it. (Lawson, 1998, p. 2)

In that example, Wendy describes an experience that is repeated several times throughout her text – she finds connection with an object, which allows her to feel related and secure. This sense of being in relation to an object, or event as she later describes, seems to also be experienced as an achievement of a coherent self for Wendy. In a later section of the book, Wendy describes her experience of connection to safety and self through objects as “gaining a sense of security and of self” (p.109).

This sense of safety, or the type of safety that Wendy seeks out and discusses throughout her book, seems to be different than what is typically discussed as safety. She’s not talking about safety as protection from bodily harm and, while apparently tied to emotional safety, it seems to be more fundamentally about the safety inherent in the establishment of the self. Wendy’s experience of the object as coherent and secure allows her to sustain a cohesive sense of self in the moment of the experience. And, for Wendy, that the establishment of the self, as I will discuss later, is less an internal cohesion than something that must be constantly reproduced from the outside. She says, “while the event is occurring, I feel part of it, but when it ceases than I cease to be too” (p. 107)

John speaks obliquely about safety, but it is also a theme for him. He notes a feeling of safety around machines because they were “never mean” to him (Robison, 2007, p. 12). He describes feeling safe when “sleeping in piles” (p. 257) with his wife. And he describes his decision to be self-employed as one that led to a feeling of safety: “For the next fifteen years, I built myself a world of machines, a world in which I was securely positioned in the center...I had finally made myself a place where I could feel safe and secure” (p. 216). It seems that the experience of safety for John is rooted in both a connection to loved ones and in feeling in control of his environment. Differing from Wendy, John’s sense of safety does not seem to be linked as closely to his sense of self, but rather to a sense of control and predictability.

Like Wendy, however, John seems to be speaking largely about emotional safety rather than physical safety. In fact, throughout John’s narrative there are descriptions of situations where one would expect some fear for his safety, but, if it is there, he doesn’t mention it. For example, in a long description of a time when he found a large, highly poisonous snake outside of his hotel room (pp. 159-162), John walks the reader through his knowledge about snakes in general and that one, in particular. He includes information about the likelihood of attack, jump radius of the snake, effects of the poison (including death), and the best way to kill a snake (including what type of ammunition is most effective). He describes killing the snake, but not once in this several page long description, where it is clear that he was at risk of severe injury, does he mention feeling fearful or unsafe. John’s discussion and concerns about safety are squarely centered on emotional issues related to finding safety in the interpersonal rather than physical world.

Like John, Jesse talks about safety in terms of familiarity and sameness. He notes that change, for himself and for many individuals with Asperger's, is jarring and difficult to accommodate. Safety occurs in the spaces that remain the same. He says:

My father has this expression. "The sooner you decide to make friends with change...the easier your life will become." But for children with autism, change is a viscous poison known to provoke temper tantrums and distress. Abrupt deviations in my routine always felt like phantom limb syndrome for a recent amputee. I would reach down and immediately become distressed when a jarring absence replaced the comfortable insulation...that familiarity. With this in mind, my early childhood was stable and relatively free of earth-shattering changes. I also had one constant that made me feel safe until I approached early adulthood. Millerton. (Saperstein, 2010, p. 63)

Jesse goes on to talk about the ways that his grandparents' home, Millerton, was a place of constants, where nothing ever changed, and life was predictable. Jesse was able to find safety and security there through the repetition of sameness. He talks about a similar sense of security when engaged in his special interests. He says, "My special interests have the ability to both imprison and sustain me. They monopolize time that should be delegated toward friendships, employment, and other adult priorities. On the other hand, they have given me a predictable stability that I often haven't been able to find elsewhere" (p. 12). For Jesse, like John, the feeling of safety seems to be largely an emotional one, linked to his experiences of familiarity and sameness.

Jen does not often explicitly talk about safety, however there is an implicit theme of feeling vulnerable and fearful that betrays a feeling of needing safety and/or security. She does talk about safety explicitly at one point in the book in terms of the loss of her father:

My despair was total: I knew from this moment that three-quarters of my soul had been wrenched away, never to return; and that now I was unprotected and unsafe in a frightening, dangerous world. I knew that only with my Dad alive could I possibly remain protected; that my Mum could not, despite her love for me, fulfill this role, and, therefore, I was henceforth totally vulnerable. (Birch, 2003, p. 38-39)

We see this vulnerability both in expected situations like her treatment at the “farm ward” or her abusive relationships, and in unexpected ones such as her fears related to the changing schedules at school (p. 204), fears about being criticized (p. 158), and the fear that she experiences in any situation in which she feels confused. In most situations, it seems that Jen feels emotionally vulnerable, unable to protect herself from distressing situations, and experiences herself as lacking the skills to effectively identify and, subsequently, handle threats when they arise. Like John, Jen’s fear speaks of a need for safety in the form of predictability and control.

Unlike the other authors, Jen does mention threats to her physical safety, although they are taken up as an afterthought rather than as lived in the moment. In discussing the ways that her communication style makes it difficult for her to interpret social cues in dating relationships she says:

I was also “slow on the uptake” in these matters, and unable to learn what had gone wrong from one time to the next. I usually had to make the same mistake a number of times before I could work out that it was a bad idea, which meant that I was getting into risky situations over and over again. I was lucky to escape most of them relatively unscathed... (p. 82)

For Jen, like the other authors, her issues related to finding safety and security are located primarily on the emotional rather than physical plane. Jen equates safety with emotional security

and lack of safety with emotional vulnerability and distress. Her concerns about physical safety, while important, do not seem to occupy as central a place in her experience.

Communication problems = relationship problems. For all of the authors, reading social cues and communicating with others is an area of perceived difficulty. Each author tried various strategies to help him or her improve communication or the ability to read social cues (or both), however this part of interpersonal functioning proved enduringly difficult for everyone. For all of the authors, perceived problems with communication led to isolation and difficulties establishing and maintaining relationships, despite a strong desire and, often, a dogged persistence to forge connections with others.

For all of the authors, the non-verbal aspects of language are challenging to recognize and interpret. The authors experience typical social interactions as confusing and feel ill-equipped to participate fully. They experience others as opaque and, sometimes, unwelcoming. Each author devises his or her own strategy to assist in developing conversational skills, however they each continue to experience themselves as lacking the ability to fully participate in social interactions. This lack of ability leads to difficulties in establishing relationships and, most importantly, each author experienced a desire for relatedness that makes these failures in communication seem at best frustrating and at worst traumatic.

For Wendy, communication with others was a major struggle in childhood and early adulthood and, although improved, remains difficult for her as an older adult. Wendy notes a difficulty reading body language and understanding subtext, leaving her to reason through conversations in order to determine the most appropriate response. She describes her experience:

There are days when just trying to make sense of the rules for social interaction is too difficult. It is especially so when we take into account that individuals often write their

own rules! For example, it's fine to take off your clothes to have a bath, but only a model takes off her clothes for the photographer; or you can laugh at that story, even though it's about the fat lady, because it's a joke. (Lawson, 1998, p. 98)

As an adult, Wendy notes that courses she took at university in active listening helped her to improve her communication skills, as did closely observing conversations between strangers in public. Although Wendy values the skills she learned at university, she also notes the ways that she continues to rely heavily on conscious deduction rather than intuition, to interpret the more subtle aspects of language.

Wendy's struggles with communication are intimately linked to her struggles to make and maintain relationships. From her account of early childhood, Wendy was largely content being alone and happy to live mainly in her "own world." By high school, however, that changed. She describes her experience:

As I approached my teenage years I began to want friends, to share my life with others. I realised that people seemed to enjoy company and appeared happier when they were not on their own. I understood friendship was valuable and I did not want to be different any more.

However, I lacked social skills and the "know how" of friendship building. Most people felt uncomfortable with my egocentric and eccentric behavior. I wanted things to go by the rules – and my rules at that! My clumsy efforts to socialize usually ended in trauma... (p. 16)

For Wendy, the experience of taking social risks for the first time, choosing to leave her singular world and join the world of others was negative and, in her words, traumatic. Like many of the authors, however, Wendy continued to try. Especially as an adult, Wendy made numerous

attempts at friendship, however, she often met with failure and there is a clear tension in her writing between her desire to pursue relationships and her desire to withdraw, where she feels safer.

Although Wendy doesn't talk about this explicitly, it seemed to me throughout her book that one of the important ways that her communication style proved problematic was through the absence of speech— either because she didn't know what she was feeling (see the section above on emotional management) or because she lacked the skills to communicate it directly via language. One clear example of this is Wendy's attempts to make friends as an adolescent and into middle adulthood. Many times in the book she talks about being drawn to a woman and wanting a relationship. But rather than asking for friendship, she communicates literally by acting out her intention. She describes her attempts at friendship as “attaching [her]self to certain women” (p. 91) and becoming someone's “shadow” (p. 63). These attempts, not surprisingly, often ended in failure for Wendy and additional confusion about how to participate in the interpersonal world.

Wendy's return to school following her divorce allowed her to take a course in active listening, which Wendy credits with helping her to improve her communication skills and help her to better understand other people. Towards the end of the book, Wendy talks about how she has improved her communication skills and, especially, how that has helped her to make and maintain friendships, talk about her emotions, and enjoy professional success. She notes that she continues to struggle in some important ways – specifically in understanding humor and remembering to consider the needs of others – but she has developed strategies to help her manage, for example by asking her friends to be very concrete with her about their wants and needs in order to accommodate her difficulty with inferring or reading subtle nonverbal cues.

Like many of the authors, John experiences the complexities of human communication as somewhat mysterious. In one of the early scenes in his book, John describes trying to befriend a girl on the playground at school (Robison, 2007, pp. 8-10). He first tries to pat her on the head – she hits him. He next tries to pat her on the head with a stick (so that he’s far enough away if she tries to hit him again) – he gets in trouble with the teacher. He next tries to show her how to play with trains by taking hers away from her – she cries and tells on him. And then, after failing three times, he tries talking to her about things he knows about dinosaurs, at which point she is presumably frustrated, and she ignores him. John is confused and upset by her reactions to him, and doesn’t understand what he did wrong.

There are many stories in John’s book about his failed attempts to make friends as a child and his felt inability to understand how to participate in ‘normal’ interactions with others. His attempts at communication, both verbal and non-verbal, often end in failure and he notes the long lasting effects of the rejection he experienced and his utter confusion about how to effectively interact with his peers. John notes later in his book:

Many descriptions of autism and Asperger’s describe people like me as “not wanting contact with others” or “preferring to play alone.” I can’t speak for other kids, but I’d like to be very clear about my own feelings: *I did not ever want to be alone.* And all those child psychologists who said “John prefers to play by himself” were dead wrong. I played by myself because I was a failure at playing with others. I was alone as a result of my own limitations, and being alone was one of the bitterest disappointments of my young life. The sting of those early failures followed me long into adulthood, even after I learned about Asperger’s. (p. 211)

Like the other authors, John's experiences of rejection caused some measure of retreat from relationships. For John, he noted that for some time he "stopped trying" (p. 11) to make friends because of the hurt associated with rejection and instead retreated to the solace of machines. His relationships with machines were void of the rejection he experienced with other children and allowed him to feel in control of his environment. Communication with machines avoids the confusing subtleties of human communication.

John's notes that, although it would have been easier for him to retreat into a world of machines, his desire for human relationships remained very strong and pushed him to try harder to learn how to communicate with others. He developed some skills over the course of his life that allowed him to avoid many of the mistakes that he made as a child, however he continues to lack a full understanding of the more intuitive aspects of language. As an adult, he likens himself to a computer – learning how to communicate using logic to figure out the appropriate response – however even this strategy fails sometimes as people are often looking for an emotional, rather than logical, reaction. He explains:

It's clear to me that regular people have conversational capabilities far beyond mine, and their responses often have nothing at all to do with logic. I suspect normal people are hardwired to develop the ability to read social cues in a way that I am not.

Small talk – or any kind of talk that goes beyond a simple exchange of information – has always been a challenge for me. When I was young, I learned that people would not like it when I uttered the first thought that entered my mind when they approached. Since making that discovery, I have slowly taught myself how to succeed at conversation – most of the time. I have learned to begin conversations with a question, like "How are you?" I have learned a range of questions that are socially acceptable. But

my inventory of questions is limited, and it seems other people are a lot more flexible. (p. 191-192)

John realizes that his particular struggles with communication could lead to isolation and to people labeling him as “weird.” He experiences some conversations as a trap – there does not seem to be any appropriate logical response – and it is in those moments when his communication style appears to him as impairing and when he begins to fear being judged negatively by others. John works very hard to learn strategies to ease his communication handicaps – largely because he wants so desperately to fit in. He says:

Thinking about conversations like the one I had with Laurie make me mad. People approach me, uninvited, and make unsolicited statements. When they don’t get the response they expect, they become indignant. If I offer no response at all, they become indignant at *that*. So there is no way for me to win.

Given that line of reasoning, why talk to people at all? Well, many autistic people don’t, possibly for that very reason. I want the Lauries of the world to like me. To not think I am weird. I can be eccentric, but I don’t want to be weird. So I persist. I try to say things like a normal person would say. (p. 192)

For John, communication problems are explicitly linked to difficulties in forming and maintaining relationships and he experiences himself as ill-equipped or lacking in some way. Like Wendy, he notes a gradual improvement in his communication skills over the course of his life as he learns from previous mistakes and refines his conversational abilities. However, like Wendy, John’s communication struggles persist, particularly with respect to the nonverbal aspects of social interactions, and sometimes interfere with his ability to relate to others.

For Jesse, perceived problems with communication form the backdrop for much of his story, but he does not often directly address or describe these explicitly in his book. He makes clear from his writing that his “weirdness,” shows up for others through his various ways of communicating and that his struggles with dating and social interactions often have to do with failed first impressions, which are also linked to his communication style. Like both Wendy and John, Jesse seems to struggle most with the nonverbal aspects of communication. In describing his experiences in grade school he says, “Like an incompetent anthropologist, I would lethargically pick up the social graces relevant to each new environment during transitional periods. By the time I finally “got it,” the damage was usually irreversible because too many doomed first, second, and fifteenth impressions had already transpired” (Saperstein, 2010, p. 46).

Jesse mentions that letter writing is one form of communication that he uses frequently and his letter writing seems to capture well his struggles with communication as well as the effects of those struggles on his ability to form relationships. Jesse described writing letters inside of birthday cards to women he was interested in during college:

My contact with female acquaintances was also initiated by delivering birthday cards containing three pages of nonsensical ramblings. And if she were God-forbid-not-home, that supposedly gave me the right to plant my ass next to her door like a demented groupie until the young woman hopefully returned by midnight. One of my birthday targets later admitted, “What you did on my birthday really creeped me out. Nobody sends long cards to people they hardly know. You talked about weird things in your card, too. I did not need to hear about how our ‘final exams will engulf us like a demon until we expunge them from our souls!’”

I replied, “Exactly! That was the whole point! And if you don’t like strangers sending three-page birthday cards, you should have told me before I did it.” (p. 90)

Jesse writes similar letters in his Christmas cards each year. In his descriptions of his letter writing, Jesse seems to be aiming for connection with others and for recognition of his effort and the care with which he crafts each unique communication. However, he seems to lack an understanding of what is typically expected in a card or a letter. He considers what he wants to say (and one gets the impression that a lot of what he wants to say is said in an effort to sound impressive in some way) but fails to consider how he may be perceived or what the other person may want or need in a communication. Like John, he misses the intuitive piece and is frustrated when his attempts at communication fail. Like John, Jesse notes a trajectory of failures and learned lessons that helped him improve his communication skills, however he continues to struggle with the non-verbal aspects. As a compromise, Jesse now includes a disclosure in his letters, “I have something called Asperger’s syndrome and this is how I choose to communicate with people. If you do not wish to receive future cards, please give me the courtesy of telling me this yourself” (p. 90).

In Jesse’s descriptions of his struggles with communication and establishing relationships there is a clear tension between his desire to relate to others and his frustration that there seems to be little room for the types of communication that he is able and willing to participate in. Unlike John and Wendy, who are both explicitly working towards developing “normal” communication skills, Jesse is working towards understanding how to be non-offensive in his communications, however he is also seeking the freedom to communicate in ways that others may experience as “weird.” In other words, although Jesse makes a good deal of effort to learn more typical ways of communicating (and learning when not to communicate) in order to

improve his ability to form relationships, he is also asking ‘neurotypicals’ to “give him a chance” and try to look beyond his differences in communication.

Like the other authors, Jen speaks to her difficulties in understanding the complexities of communication. Jen talks about having to learn to speak “English as a foreign language” (Birch, 2003, p. 73), despite the fact that she grew up as a native speaker. In her experience, her communication difficulties were the result of her struggles to understand social skills coupled with tendency to think in pictures rather than words, thus slowing her processing speed. Her need to learn English as a “foreign language” indicates her attempts to memorize phrases and patterns of the language in order to make up for the felt deficits in spontaneous communication – namely the inability to read non-verbal cues or assume non-literal meaning.

Jen’s struggles with communication impact her ability to develop and maintain intimate relationships as well as her ability to manage relationships with co-workers, therapists, and acquaintances such as classmates. Jen portrays herself as less desperate for companionship than some of the other authors, emphasizing instead the tension between her desire to be alone and her desire to belong. She does note several times in her text, however, her experience of loneliness and isolation and how, at least in one instance, led to feelings of suicidality:

Now...alone for most of the time outside work hours – my mood was more often down than up. I felt desperate for friends and for other people, but I knew that I could not cope with people when I had them. This caused me to feel that there was no solution to the loneliness I felt; and my failure at relationships of various kinds had caused my self-esteem to plummet. I arrived at the space where I did not want to live any more and I had thoughts of ending my life. (p. 53)

Like the other authors, Jen's desire for connection propels her to continue seeking relationships, however, also like the other authors, her struggles with communication often leave her ill-equipped to handle the more subtle aspects of non-verbal cues. In one particularly sad description, Jen describes a moment when she is ostracized from a friend group after choosing to go out with a friend's ex-girlfriend:

A few weeks later, there was trouble in my flat. The house-owner, Vanessa, was angry that I was going out with Jessica. She now let it be known that it wasn't true that "I've finished with her – I don't want her." Another of the flatmates remarked to me, "People don't always say what they mean, you know! You shouldn't have assumed she meant it." I felt confused, as well as upset; because if people could mean the opposite of what they said, how could I be expected to know that they really meant?

Relations in the household now took a downward turn; at least where I was concerned, for I was the one who had misbehaved. (p. 51-52)

These communication concerns are echoed in her descriptions of her experiences of her "farm ward" admission, of her participation in friend relationships (particularly with women), and in her various work and school environments. Like the other authors, her inability to "decipher the code" (p. 120) of indirect communication impacted her relationships and her ability to participate fully in the interpersonal spheres of life.

Unlike the other authors, Jen's communication struggles did not tend to improve over time and it was not until she was diagnosed with Asperger's that she was able to make sense of her struggles and begin to understand the ways that her difficulty with communication impacted her relationships. She says:

My difficulties with relationships – tending to worsen as I progressed through adult life – had a lot to do with Asperger Syndrome, especially undiagnosed Asperger Syndrome. I had problems with recognising people’s faces, if I had met them only once or a few times; let alone working out their facial expressions as well, which was a further obstacle. As I did not even *know* that I had difficulty reading facial expressions and body language (except for the most blatant ones: smiles and frowns); as I did not *know* that I often could not detect sarcasm, double meanings, hidden agendas, and deceptions; and as I did not *know* that I could not pick up social cues (understand what was going on with other people) most of the time, I could not do anything to assist myself. If you know that you have a cut finger, you can put a band-aid on; but if you are unaware of the cut, you can’t do anything about it. (p. 205)

Withdrawal from the world. Although it showed up in different ways, three of the authors talk about withdrawing or retreating into their own world as an important part of their experience¹⁸. Some of the authors talk about withdrawal into an ‘inner world,’ while others talk about withdrawing into special interests or other non-interpersonal experiences. For some, withdrawal is experienced as a form of self-preservation in the face of overwhelming social demands, while for others it is preferred as a method for dealing with social isolation.

It seems that for all three authors the experience of choosing withdrawal appears in the context of interpersonal situations that are experienced as overwhelming or impossible to solve.

¹⁸ Jesse does not talk about withdrawal into his own world in his text. Jesse talks some about involving himself in singular activities in order to handle social isolation, however he does not describe it as a withdrawal, but rather as a “buffer” (p. 31). In the face of social rejections and social confusion, Jesse seems to do the opposite of the other authors and instead seeks out attention in any form. From negative attention through acting out and clowning in class, to theater performances and public speaking, Jesse seems to be actively avoiding the withdrawal that the other authors talk about.

They experience themselves as already somehow separate from the world, or having their ‘own world’ and withdrawal is understood by them as a retreat into that more comfortable world of their own. Although comforting, for all three authors, the choice to withdraw also has the potential to further feelings of isolation, in essence reinforcing the distinction already felt by them between their worlds and the worlds of others.

Wendy talks about withdrawal throughout her autobiography as a method she uses to avoid situations that are uncomfortable or confusing. Wendy already experiences herself as separate from the world and unable to participate in some important ways – hence the title of her book, “Life Behind Glass” – however her withdrawal is an additional layer of purposeful retreat into her own world. Wendy withdraws when social situations are difficult, when she is confused by her surroundings or by other people’s expectations, and when she is afraid. While Wendy talks about ‘withdrawing into her own world’ many times in her book, she provides little description of her inner experience during these times. Oftentimes, it seems that when she is talking about withdrawing, she is referring to withdrawal from the interpersonal sphere and a hyperfocused engagement on sensory experiences. She provides one description from early childhood, that seems to capture her experience well. In this passage, she is describing her withdrawal into the world of “dots” in her visual field as the result of being cross-eyed at birth:

My blurred vision enhanced my first views of the world. I enjoyed having double vision and seeing dots dancing in front of my eyes. The dots became very familiar and were a constant source of comfort to me – if I squinted my eyes, I could even make them change shape and colour. As a toddler, I used this as a retreat into my own world, until at age three I was encouraged to wear glasses.

I don't remember my eyes troubling me but they must have been a source of concern for my parents. The prescription glasses helped correct both my squint and long vision. It was great to be able to see more clearly but also very confusing. I had enjoyed playing with the round dots dancing before my eyes. I could lose myself with them and feel content as colours and sparkles merged into each other before me. (Lawson, 1998, p. 20).

For Wendy, often withdrawal into her own world seems to center on an immersion into a sensory experience that excludes awareness of other things and people.

When Wendy talks about withdrawal into her own world, she couches it in terms of a choice she is making, but also in terms of its inevitability for her. For example, she describes withdrawing following a medical procedure:

Maybe the doctors had tried to explain the procedure to me, or perhaps they thought it was too complicated a task and decided to take each even as it happened? What I *am* sure of is that I did not understand what was happening, and felt lied to and cheated. I decided those doctors and nurses could not be trusted and withdrawal into my own world again was my only option. (p. 47)

Wendy's withdrawal seems to be experienced as something like a forced choice, although one that provides an extreme relief from fear and discomfort in the outside world. She talks about withdrawal as the "only option," throughout the book, but notes that as an adult she has been better able to avoid withdrawing completely. She notes an awareness that withdrawal, while in many ways experienced as the safest option, also exacerbates her sense of isolation and depression over time.

For John, withdrawal also tends to occur in the context of difficult social situations. John talks about playing by himself because he failed at forming friendships and that, in some ways, his withdrawal into computers and machines was an attempt to avoid interpersonal struggles. His withdrawal tends to be into isolation and into special interests (engineering, etc.) rather than to the ‘inner’ world of sensory experiences described by Wendy. Like Wendy, however, John couches withdrawal as a choice. He notes that he made a choice to engage rather than withdraw as the result of his family situation:

Even at 16 years of age, it would have been easy for me to retreat from dealing with humans and move into the world within my own mind. Looking back, I can see a path that might have led somewhere far away, perhaps to autism, perhaps to the place where the savants who can multiply ten-digit numbers in their minds live. After all, I got along well with my circuits, and they never ridiculed me. They presented me with tough problems to solve but they were never mean. Around the time I dropped out of school, it was almost as though I stood in front of Door Number One and Door Number Two, as perplexed as any game-show contestant and with much more at stake, and was forced to make a choice.

My crazy family situation and my need to run away from home and join the working world in order to survive kept me from making that choice. So, I chose Door Number One, and in doing so moved farther away from the world of machines and circuits – a comfortable world of muted colors, soft light, and mechanical perfection – and closer to the anxiety-filled, bright, and disorderly world of people. As I consider that choice thirty years later, I think the kids who choose Door Number Two may not end up able to function in society. (Robison, 2007, pp.210-211)

John's experience of withdrawal seems to be largely about navigating the competing desires of wanting to be connected to others and wanting to feel safe and in control. For him, life circumstances pushed him towards one choice, but it seems to be a literal and conscious choice.

For Jen, withdrawing seems to occur both in the context of getting involved in her special interest and in the context of avoiding interpersonal interactions that she finds difficult to manage. Jen experiences a tension between 'her world' and the world of others and often seems to feel as though the two worlds are incompatible. Although Jen doesn't ever use the word "withdrawal" directly, she describes moments of retreat from difficult interpersonal situations that are similar to those described by John and Wendy and also describes her special interests as a comfortable retreat from the 'normal world.'

In most of the job settings that Jen describes throughout her book, she feels ill-equipped to manage the social environment and the negative experiences with interpersonal relationships and interactions with co-workers eventually compel her to leave. Although this type of withdrawal is a more literal version of what is described by John and Wendy, there seems to be a similar experience of becoming overwhelmed by what seem to be impossible situations and eventually fleeing. For example, Jen describes one situation at a relatively new job where she felt punished after asking for additional work. She describes:

The next thing I knew, my boss – Stanley – told me that I should not have done that, as it made out department look bad. Stanley started to show me some of his own work, to teach me extra skills. Before this could progress far, the other assistant took me aside and flew into a fury – I was not supposed to be learning Stanley's job, etc., etc.; I was supposed to be learning my own job – which, I now realise, I probably was not learning adequately. The fact that this assistant obviously disliked me, and, therefore, did not

spend the necessary time teaching me, did not help my learning process. This situation created stress and dislike of my job, and I began to succumb to nausea attacks. It was a great disappointment, for a bookroom would ordinarily be my ideal place. The fact that my job was going wrong added to my other concerns about fitting in to the world – where could I be successful, where could I make friends. Again, I dealt with the problem I the only way I knew, by handing in my notice after one year. (Birch, 2003, p. 62)

For Jen, the discomfort and the questions about fitting in build over time, often leading to physical illness, and resulting in a feeling that the only solution is to quit, or withdraw from the situation. Jen's special interests, poultry raising and books, in particular, seem to provide her a space to withdraw when life in the 'normal world' becomes overwhelming. Like John, she notes that her special interests provide a feeling of comfort that helps her to manage overtly stressful situations. She says, "if I did exactly what I wanted to all day (indulging in my special interests), I would only ever mess around with my poultry and go to the library! Anything else which I do is an acknowledgement by me, that I have to live in the "normal" world" (p. 257).

Issues of the self: Identity and diagnosis. For all of the authors issues of identity show up as a theme. Issues of identity range in felt severity and include questions about the construction of a self, the continuity of the self through time, and issues of where the individual fits in a world of others. For many of the authors, issues of identity seem to be linked to struggles with emotional expression and vulnerability as well as with issues of isolation and the negative feedback received from others.

For all of the authors, issues around the "self" and around identity intersect with the diagnosis in important ways. For John, Wendy, and Jen, the diagnosis seems to have offered both a name and an explanation that fit well with their lived experiences. All of them, in various

ways, experienced life as confusing in the context of a lack of adequate explanation for their lived experience. The diagnosis offered a new opportunity to make sense of their lived experience, both historically and in the present. For those authors, too, the diagnosis seemed to change their experience of others and helped them better understand how they were viewed by others – leading to insight about past and future relationships. For Jesse, issues of identity also intersected with his diagnosis, but in a different way. For him, the diagnosis seems to have over-organized his experience, leaving little room for individual identity. In the context of his diagnosis, Jesse experiences frustration at the limitations he feels with respect to his abilities and to other people's perceptions of him. For all of the authors, the work of the diagnosis (whether containing or restricting), points to an underlying difficulty with self-definition and self-understanding and a striking discrepancy between the lived experience of themselves and the descriptions of themselves given to them by others.

In her text, Wendy both discusses her struggles to establish a coherent sense of self and also demonstrates those struggles through her stories. As discussed above, we see this identity struggle initially in her discussion of safety and consistency – that her very being is tied up with objects and events that exist outside of the confines of her body. She describes her experience:

It's very hard to learn the lesson that things don't and can't last forever. Something that has taken me a long time to grasp is the idea of mortality. I am always surprised when something comes to an end. This is true in relation to special outings, holidays, shop leases, friendships, semesters at school, seasons of the year, blossoms on the fruit trees or just a wet windy day.

Sometimes my surprise can turn into sadness or even terror. While the event is occurring I feel part of it, but when it ceases then I cease to be too.

When I was a child of two, I sat under our round living room table during a storm. I did this because the floor was beneath my body and the table over it. This gave me a sense of myself as being separate from the thunder and I felt safe. If I left the safety of the table, then I feared the thunder would scoop me up and I might be lost in its roar. (Lawson, 1998, p. 107)

In this example, Wendy describes a self that feels almost permeable, and one that is contingent on the objects and events that occur outside of it.

We also see Wendy's struggles to construct a coherent identity or "self" in her lack of self-awareness, especially in childhood and early adulthood. Her lack of knowledge about herself – her strengths, limitations, desires, etc. – often left her feeling confused and unable to make decisions. Her position is often a passive one – acted upon rather than acting. This passivity is clear in the situations she describes in her text - such as getting married because 'people do it', rather than because she wanted to. Or, in this sentence from the first page of her book, "According to the impressions of those around me, my experience of living with autism is like being a written sentence that is incomplete." Even her own experience of living is defined according to the impressions of others. In fact, throughout much of the book, you get the sense that Wendy is drifting through life, confused, and unable to make sense of herself, and of the world and the people around her. She often takes no active role and finds it difficult to articulate to others what she wants. But she is driven by a need for connection through constancy in order to feel alive. Her "self" is achieved through the objects and events, and later the people, with which she forges a connection. A poem she included towards the end of the book captures some of the struggles to maintain a sense of self in the face of change:

Change, change and more change
Of context, place and time.

Why is it that life's transient stage
Play's havoc with my mind?

You said, "We'll go to McDonald's"
But this was just a thought.
I was set for hours,
But the plan then came to naught.

My tears and confused frustration,
At plans that do not appear,
Are painful beyond recognition
And push me deeper into fear.

How can life be so determined?
How can change be so complete?
With continuity there is no end.
Security and trust are sweet.

So, who said that change would not hurt me?
Who said my "being" could not be safe?
Change said, "You need continuity
In order to find your place."

For change makes all things different.
They no longer are the same.
Was that what you really meant?
All I feel is the pain. (pp. 106-107)

Towards the end of the book, Wendy talks about the ways that writing has helped her to make sense of her experiences and to begin to integrate them into a bigger picture. She says:

The written word has a form all its own. The pen between my fingers feels solid and tangible. It moves with me and allows the symbols of my pain or ecstasy to reveal themselves. Words express my distress through the pen and onto the paper and back to my mind. I can see them on the paper; they talk to me and help me to make sense of my life. (p. 97)

Wendy's desire to learn more about herself was prompted by the end of her marriage and led her to begin researching her mental health diagnoses – again looking outside for information about

herself. For Wendy, the late diagnosis of Asperger's disorder helped her to make sense of her experience and to begin to articulate a more organized sense of self, and her autobiography in large part seems to be a way for her to organize her experiences around Asperger's as an identity. However, although her autism diagnosis provided her with a way to make sense of experiences and her writing allowed her to create a symbolic articulation of them, Wendy's lived day-to-day experience of herself continues to appear as organized externally. In other words, while she has been able to begin to achieve a sense of identity through the label of Asperger's and the writing of her experience, she continues to live a self that relies on external events for cohesion and constancy. For Wendy the object, or the thing, rather than the other, presents itself as stable and constant. It is almost as though, through her literal attachment to the thing, she is able to make use of that stability, the inertia of the non-living thing, to supplement or sustain a feeling of being. For Wendy, although the diagnosis provides some important supplementation for her in terms of symbolic identity, her lived experience, her sense of herself as a living being, is sustained in and through the things around her.

For John, issues of identity are less severe and seem to center largely on self-definition rather than self-construction. John's identity conflicts seem to have begun when he was labeled as "defective" as a small child. Although John doesn't explicitly focus on issues of identity, his story meanders through a lifelong struggle to figure out where he fit and why he was different from other people. He works hard as a child to understand why the other children didn't want to befriend him and, as a teenager, tries for a time to inhabit the label of "misfit," as a way to begin to understand himself. We see him find some sense of pride in his work as a musical engineer, but then watch him struggle with the feeling that he is somehow a fraud and undeserving of the praise he receives for his work. And, throughout the book, he mentions his worries that perhaps

he really is the sociopath that people assumed him to be in his youth. For John, the issues of identity center on an experience of feeling unable to find a self-definition that adequately fits both his experience of himself and others' experience of him. He doesn't feel like a sociopath, but others see him as such, he doesn't feel defective, but is told he is, etc. The message from the outside conflicts with his lived experience and, for John like many others, he questions his own experience of himself first and only later begins to question the labels given to him by others.

He describes his experience:

I came to believe what people said about me, because so many said the same thing, and the realization that I was defective hurt. I became shyer, more withdrawn. I began to read about deviant personalities and wonder if I would one day "go bad." Would I grow up to be a killer? I had read that they were shifty and didn't look people in the eyes.

I pondered it endlessly. I didn't attack people. I didn't start fires. I didn't torture animals. I had no desire to kill anyone. Yet. Maybe that would come later, though. I spent a lot of time wondering if I would end up in prison. I read about them and determined that the federal ones were nicer. If I were ever incarcerated, I hoped for a medium-security federal prison, not a vicious state prison like Attica. (Robison, 2007, p. 2)

Like some of the other authors, John's sense of identity solidifies upon gaining the diagnosis of Asperger's later in life. He notes that it helped him to understand himself and to make sense of some of his choices and struggles. It also helped him to shed some of the negative views of himself acquired during childhood and young adult hood. He describes reading the diagnostic criteria for the first time:

It was like a revelation. I realized that all the psychologists and psychiatrists and mental health workers I had been sent to as a child had completely missed what TR had seen...

The realization was staggering. *There are other people like me. So many, in fact, that they have a name for us....*

Just reading those pages was a tremendous relief. All my life, I had felt like I didn't fit in. I had always felt like a fraud or, even worse, a sociopath waiting to be found out. But the book told a different story. I was not a heartless killer waiting to harvest my first victim. I was normal, for what I am. (pp. 237-238)

For John, the experience of being diagnosed helped him to make sense of his struggles and to reorganize his history into a meaningful narrative – one that accounted for his developmental disability in a way that the label “defective” did not. Like Jen, the diagnosis also helped him to pinpoint some of the particular issues he faced with communication and to work in a more focused way to overcome them.

John comes to know himself as an “Aspergian” and throughout the book he notes not only the struggles, but the gifts individuals with Asperger’s possess. John’s experience of himself was changed by the diagnosis, allowing a more coherent and stable identity to emerge in the place of confusion about himself. He says, “It took a long while for me to get to this place, to learn who I am. My days of hiding in the corner or crawling under a rock are over. I am proud to be an Aspergian” (p. 5).

For Jen, identity issues show up in both her embodied experience of self and in her desire to understand where she belonged. Jen captures well her identity struggles in her description of life as a young adult:

In my teen and young adult days, a popular saying was “Be yourself.” There was a problem, however, if you could not work out what your “self” was; and an additional difficulty if your “self” was something which other people found too weird. (Birch, 2003, p. 49)

Jen explicitly identifies a number of identity issues, which she frames as questions: ‘Am I a boy or a girl?’, ‘Am I an earthling or an alien?’, and ‘Am I possessed?’ ‘Am I a monster?’ (pp. 45-55). Her struggles with identity seem to be complicated not just by questions of who she is, but by a lived experience of having a body that contained two or more beings. The following excerpt describes the complexity of her issues with identity and begins following a description of feeling frightened of the dark and fearing that a monster, that she refers to as “The Unwanted Possession” was waiting to attack her:

Worn out by the fear, I would beg it to come and do its worst and get it over with. Its refusal to do so proved to me that it was more interested, for the moment at least, in intimidation and mental cruelty: in *scaring* me to death. Its name – after I reached my (chronologically speaking) adult years – became known to me as Jenny Pierson. Therefore, if I could kill Jenny Pierson, I – the real me, Aquila – would be set free to realize my potential...

Added to the identity questions were boundary questions, that is: If I am possessed by another entity, where does it leave off and I begin? Does Jen exist at all – apart from providing the convenience of a physical body for something/somebody else? If somebody else wants to do something to me or with me, where does he/she end and I begin? I often felt “taken over” by a more powerful individual – and every other individual had more power than I did. (pp. 47-48)

For Jen, “The Unwanted Possession” names the fear that she experiences and gives form to her lived experience of being overly vulnerable and seeking safety. Although she fights the fear, she also wonders whether it will consume her, taking over both her sense of her “true self” and her body.

Jen’s embodied struggles with identity play out for her through a constant searching for an identity that both fits her embodied experience and that would allow her to participate in interpersonal relationships. In one example, she adopts the identity of lesbian because it seems to both fit her sense of being different as well as allow her to belong to a group of women with whom she had developed friendships. After realizing that being gay did not adequately capture her identity, or explain her differences, Jen becomes increasingly depressed and suicidal over the concern that her differences and her confusion about her identity could lead to a permanent state of isolation.

Like Wendy and John, it was the diagnosis of Asperger’s later in life that allowed Jen to begin to make sense of her experience and to explain her differences in a way that felt true to her lived experience. The diagnosis brought a sense of understanding as well as some relief. She says:

To say that this discovery was a bombshell would not be an exaggeration: it was a life-changing event. It reinterpreted most of my life in a new, understandable, and logical way. As with everything else in life, I would rather know the truth about things, the reason why something is happening in a certain way: and now, for the first time, I could understand why things had happened in certain ways. Even though I still have some of the difficulties associated with Asperger Syndrome, it helps 100 per cent to know why I

am different – instead of having to think, as I did before meeting Angela Arnold, that I was “crazy,” “stupid,” “not able to get it all together.” (p. 199)

For Jen, the diagnosis serves as something like an organizing principle, providing her with an avenue to begin to make sense of her identity and experiences through the lens of Asperger’s disorder. Although we do see some minor continued identity struggles in Jen’s story following her diagnosis (e.g. her trouble recognizing herself on film (p. 226)), the label of Asperger’s seems largely to have allowed her a name under which to organize and make sense of her identity. As she says in a description of issues related to late diagnosis:

Another mental health scenario which is possible (and which happened to me) is the following misdiagnosis – Persons with AS typically process and understand concepts in a concrete way, for example abstract concepts are typically put into a “visible, tactile” form so that we can think about them more easily. This is allied to picture thinking and can be a very original, creative way of thinking. An undiagnosed AS adult can go even further with this process, until the various parts of his or her own personality are partitioned into separate personalities, with separate names. Before my own diagnosis, I, too, saw myself as being inhabited by different entities, both good and bad. *Now I understand why this happened* [emphasis added]. (p. 239)

Although the other authors struggled with identity issues that were widely helped by the diagnosis of Asperger’s, Jesse’s issues around identity seem to instead result from the diagnosis. Unlike the other authors, Jesse doesn’t have as many issues related to a coherent self – he has constructed a stable identity that is consistent through time and that through which he is able to make sense of his life and consider his future. But, in reading Jesse’s text, it seems that his sense of identity, rather than being saved by the diagnosis, is somewhat restricted as the result of it.

Jesse's conversations about himself are framed almost exclusively within the context of his Asperger's diagnosis. He understands most of his behaviors, choices, and even interests as resulting from the diagnosis. He often seems to have a difficult time articulating the ways that he is a particular individual outside of the context of Asperger's disorder. For example, Jesse talks about his "weirdness" throughout the book, sometimes in the language of its problems and sometimes in the language of its gifts. He is alternatively proud of his weirdness and constrained by it. But, the weirdness doesn't really belong to Jesse – it is an artifact of his diagnosis. In a paragraph describing how he felt following the completion of his Appalachian hike he says:

The Asperger's syndrome allowed me to succeed where so many others (with or without a disability) have failed. Therefore, I felt vindicated by the fact that every mile was hiked with Obsession, Perseveration, Anger, and Weirdness – aspects of my personality that were once perceived as demons, not assets. Instead of sabotaging my progress, they were employed as tools to conquer what is arguably the most treacherous footpath in the world. (Saperstein, 2010, p. 139)

In this quote we can clearly see the slide from the symptoms or traits listed in the diagnosis of Asperger's to Jesse's sense of his own personality, his identity, as defined by those very traits and symptoms. It seems almost as though Jesse understands himself *as* Asperger's syndrome and his singular subjectivity, the unique personality of Jesse, gets subsumed under the diagnostic label.

Jesse's identified struggles in the book such as his difficulties finding a romantic partner, finding acceptable employment following college, or navigating the transition following his trail hike are described largely in the language of frustration. His frustration is both with himself, "[My friends'] successes were in stark contrast with my failures and aimless life" (p. 150) and

with others, “I hated women for the simple reason that they constantly reminded me of how different I was” (p. 151). I interpret some of Jesse’s frustration with a felt inability to figure out who he is outside of the diagnosis of Asperger’s. He is frustrated with other people largely because he feels that they don’t give him a “chance,” and instead only see his weirdness or, what he sees as the negative aspects of his diagnosis. He says, “My bitterness towards the neurotypical public derives from a lifetime of consistent rejections and lack of chances” (p. 4). Jesse mentions the “lack of chances” given to him by others repeatedly throughout the book and also notes several times that, were he to be given a chance, people would see what he had to offer. However, in the book, most of what Jesse offers the reader about himself – his strengths and weaknesses – are situated as part of the diagnosis and not specific to him. There is very little about Jesse as particular human being with a unique set of characteristics, experiences, and desires. While the other authors struggle to find a way to understand and make sense of who they are and where they fit, Jesse seems to have an overabundance of self-definition through the diagnosis that makes it difficult for him to define himself in other ways. And we see more frustration as a result, evident in his rage after a friend suggests that he limit himself to dating women with autism. He says, “I knew it was an insult when I knew how much I had to offer anyone who gave me a chance” (p. 150). For Jesse, the “insult” seems to hit at something fundamental about his experience of his identity – Asperger’s has become his identity, despite what appears to be his own desire to offer something more.

The strengths and limitations of Asperger’s syndrome. For each author, their book was largely dedicated to discussions and descriptions of the problems they have faced due to the limitations resulting from Asperger’s disorder. For most of the authors, the narrative focused on adaptive measures that helped them learn to overcome or better manage some of their limitations

as well as their acceptance that certain struggles may be lifelong. For each author, there is a very clear theme of feeling limited by the disorder, however each author mentions a sense that some of their limitations are also, or have the potential to be, strengths that set them apart for neurotypical individuals.

For example, Wendy notes a sense that AS adults may appreciate sensory experiences more fully than other people. After being called crazy for standing to watch a cicada shed its shell on a very hot afternoon, Wendy says, “I think it is they who are crazy. By choosing not to stand and watch, they missed out on sharing and experience that was so beautiful and exhilarating. A miracle can be happening all around us and no one is aware of it” (Lawson, 1998, p. 115). Or, as John says, “[I]n recent years I have started to see that we Aspergians are better than normal! And now it seems as though scientists agree: Recent articles suggest that a touch of Asperger’s is an essential part of much creative genius” (Robison, 2007, p. 240).

In her book, Jen makes a play on her title, *Congratulations! It’s Asperger’s*, to introduce a list of 17 positive attributes of individuals with Asperger’s, which includes things like picture-thinking, honesty, commitment, focus, memory, creativity, and the ability to notice details that others miss (Birch, 2003, pp. 208-209). She makes an explicit plea for individuals diagnosed with the disorder to recognize that there are strengths that accompany the limitations inherent in the disorder. Similarly, Jesse points to honesty, directness, and integrity, as some of the many positive traits of Asperger’s syndrome that should be acknowledged.

For each of the authors, there are aspects of the diagnosis that s/he views as an ability rather than a limitation. This is clear in the texts of every author, however these asides about strengths appear in the context of a narrative largely devoted to the exploration of limitations and difficulties and ways to overcome, adapt, or, as Jesse puts it, “justify [his] weirdness” (p. 61). It

seems that, for the authors, living with Asperger's is largely experienced as a series of struggles or limitations that require the work of adaptation and each seems to experience others as noticing only the authors' limitations. Each author, however, seems to experience him or herself as having some abilities as the result of having Asperger's disorder and there seems to be a universal need to have those abilities recognized and appreciated.

Communicative style and the experience of one neurotypical. Although not exactly a narrative theme, I want to mention a similarity in writing styles that I saw across autobiographies. While on the one hand writing style speaks to many of the other themes (e.g. emotional dysregulation, issues with sense of self, difficulties with social cues and interpersonal interactions, etc.) discussed in this section, my experience of the writing styles of the authors points to something potentially important about the neurotypical experience and, particularly, of potential difficulties with non-autistic researchers seeking to understand and reflect on the experiences of individuals living with Autism Spectrum Disorders. It also brings to the fore the ways that communication is embedded within a complex and multi-dimensional system of social expectations that influences the types of interpretations we make about both the content of the work and about the person identified as the author.

For all of the authors, the method of organization of the narrative and consideration of audience was different than what is often seen in autobiographical writings. Ranging from highly idiosyncratically organized in places to largely traditionally organized, with some tangentially related asides, all of the authors wove the narrative thread(s) differently, and often in a way that was not clear to me as a reader (one who expected a clear narrative focus organized around identified themes or topics). For me as a reader, this was often maddening, as it forced me into an unfamiliar position. Wendy's autobiography was the most difficult for me to follow as it often

felt as though it was slipping around in terms of time, content, and trajectory. In some places she moved from one topic to the next between paragraphs, or occasionally, within and between individual sentences. Jen's narrative was crafted in a similar way. She also organized her text differently than I expected, and I experienced her narrative as largely 'out of order' as it meandered through stories that were not specifically organized by theme or in the context of an historical account. For Jen, the major organizer of her text was the chapter titles, however as a reader, it was sometimes difficult to discern how the text of the chapter held together for her around the theme identified in the title, as many of the stories or information contained within seemed only tangentially related. For both John and Jesse, the overall organization of the book was clearer for me, however each tended to introduce information at times that appeared only loosely related to the theme of the current chapter, which was often disorienting for me. Additionally, both tended to provide exquisitely detailed descriptions of events, objects, or fantasies, which often left me feeling bogged down and unable to absorb all of the information provided.

For all of the authors, it seemed that the organization of the text betrayed something of their own experience in living with Asperger's and with the difficulty in trying to convey those experiences to others. For me, reading the texts was often frustrating, but it was difficult to pinpoint why. In many respects, each author provided all of the elements of an interesting story. On reflection, part of the issue was related to my inability to fully empathize with the authors or to feel that I was able to fully enter into the experiences they were describing. I found it impossible in some cases to intuit or sense the emotional or sensual content and found myself, much like the authors themselves describe, trying to logically intuit, based on context and my own personal experiences. My expectation of what an autobiography should be, too, shaped my

experience and I found it difficult not to make judgments about the author's abilities or to assume impairments when faced with a text that challenged my pre-conceived ideas.

In order to be clear, I believe the difficulty of conveying their experience works two ways: clearly each author understands voice and audience differently than we would usually expect of an author and this may point to some of the issues at stake for individuals on the spectrum. However, as a reader, my annoyance and frustration at the ways that each author's narrative sought to make sense in an unfamiliar and different way points to an impairment that does not just belong to the individual on the spectrum, but instead is one that is co-constituted in the intersubjective space. It felt to me like an experience of radical difference - similar to trying to decipher a code without the key (and with the suspicion that a key may not exist). My reaction to that aspect of the texts may mirror a more fundamental issue faced by the authors in communicating their experiences – it may not only be difficult to capture and describe the differences in experience but, more importantly, it may be hard for non-autistic audiences to acknowledge and accommodate differences that exist at the level of lived experience and to accept responsibility for the co-constitution of “issues with social communication.”

Psychoanalytic Analysis

Lacanian Concepts and Definitions Used in Analysis¹⁹

- Other: for Lacan, the Other is the ‘locus of the signifier’, representative of the Symbolic and the Law. The Other represents that which is completely different from the subject. In clinical practice one is interested in whether the Other is barred, or limited in its ability to take the subject as an object, and to what extent the Other shows up in the subject's fantasy.
- others: this refers to other people. For Lacan, the relationship to others is largely an imaginary one – based on identification and the fantasy.

¹⁹ Please see the previous section on Lacanian diagnosis for a fuller description of these concepts. Additionally, I found Evans (1996) dictionary of Lacanian terms helpful as I was working to briefly define the complexity of these terms.

- Alienation: this is the first moment in Lacan's theory of subjective constitution. The subject is forced into the sphere of language, producing a division between the experiential gestalt of bodily existence and the world of representation through language.
- Separation: this is the second moment in Lacan's theory of subjective constitution, occurring in conjunction with the paternal function, when the subject is forced to contend with the desire of the Other. In this moment the *object a* is produced and holds open the space for desire.
- Paternal function: For Lacan, the paternal function is what bars the Other and secures a place in the symbolic for the subject. It is linked with the Law and is the operation by which the Other is both shown to be desiring and prevented from taking the subject as an object to fill that lack. The handling of the paternal function via either repression, disavowal, or foreclosure corresponds to the three subjective structures of neurosis, perversion, and psychosis, respectively.
- Desire: most easily understood as a type of wanting, desire requires a lacking (e.g., you must not have something in order to desire it) and can never be completely satisfied (e.g. you can always want more).
- object a: Lacan defines this as the object cause of desire – it is what is produced during the process of separation around which the subject organizes desire and jouissance. It is not an actual object however, but a place-holder for desire and, as such, you see it only through the succession of literal objects in the subject's discourse.
- Jouissance: this refers to an enjoyment that is outside of symbolization. Jouissance can refer to an enjoyment that is satisfying in some way, but it also refers to an enjoyment that is “too much” and becomes painful. Jouissance is linked to Freud's notion of the drives and persists in many ways as a leftover of the process of subjective constitution – the little (or not) piece of bodily enjoyment that circulates but cannot be captured (or controlled) by any language. Jouissance is highly particular to each subject and cannot be shared – it works but does not speak.
- Unconscious: For Lacan, the unconscious is produced as an effect of the constitution of the subject in Language and is the ‘discourse of the Other.’ You see the unconscious in the return of the repressed (slips, jokes, etc.) and in repetitions.
- Symptom/Phenomena/Act: Lacan talks about the symptom as what brings the subject into treatment insofar as it causes suffering. For Lacan, symptoms are produced by neurotics as a sort of opaque message about desire. In psychosis, rather than symptoms, Lacan talks about language disturbances, delusions, hallucinations etc. as phenomena. Whereas symptoms are located largely in the symbolic, psychotic phenomena are linked with the imaginary. Finally, in perversion, Lacan usually refers to the acts of perverts – which are largely about obtaining jouissance and also producing a limit via the Other. Perverse acts are most often linked with the Real.
- Symbolic: refers the world of language and symbols – it is the realm in which we locate meaning. Lacan notes that the Symbolic also refers to structures that exist outside of the subject, but which the subject is subjected to – e.g. law, culture, religion, etc.

- Imaginary: is the realm of the specular image and of fantasy. It functions in the Lacanian paradigm as that which allows us to cover over and manage the gaps between the Real and the Symbolic
- Real: refers to the materiality of the body, the enjoyment, pain, fragmentation, etc. that is experienced but not completely caught by language
- Sinthome: a creative construction by the subject that produces subjective consistency in the absence of or in addition to the paternal function

Organization of Conceptual Analysis

Because each autobiography represents a unique subject, I have chosen to organize the results of the psychoanalytic analysis by author rather than by concept. First is the psychoanalytic analysis of each autobiography, which explores each conceptual element in that author's text and provides a diagnostic summary for each author. Following that, I have included a table of conceptual themes that represents similarities and differences across authors for each conceptual category as well as a summary that briefly explores the commonalities and differences between the texts.

Analysis

John.

Brief family history. John is the eldest of two children born to middle class parents in the Midwest. His family history is a difficult one, full of chaos and abuse. John's father was a professor who struggled with severe alcoholism and who was physically violent towards both John, his mother, and his younger brother. John's impotence with respect to his father's violence was an important aspect of his childhood. John's mother suffered from a psychotic break during pre-adolescence and engaged in increasingly bizarre and paranoid behavior throughout his high-school years and after he left home. His parent's marriage was volatile and the home environment was not predictable for most of his childhood. John speaks some of his resentment towards his parents in his book, but his anger towards them is clear throughout his text. John had

a close relationship with one set of grandparents whom he visited in the summer and who seemed to have been a source of support for him in an otherwise tumultuous home life.

Relation to the Other. John's relation to the Other is complicated – in his text he addresses the Other as absolute enigma. He seems to recognize, in some ways, that the Other desires, which suggests a barred Other, but John experiences the desire as confusing at best and impossible at worst. In fact, one way to characterize John's approach to the Other is as an attempt to avoid dealing with desire completely. We can see one example of this in his focus on "Logic vs. Small Talk" – the title of a chapter in his book (Robison, 2008, pp. 189-194). In it, he discusses his frustrations with conversations where he is uncertain what the other person wants from him. He is aware, and demonstrates in the chapter, how his use of logic to determine the 'correct response' to the other person fails, because they want something else from the communication. The 'something else' is what confounds him – and he feels ill-equipped to provide an adequate response. He considers himself unable to participate in conversations like "normal" people, but he notes several times that he tries to "say the things a normal person would say" (p. 192) in order to avoid seeming "weird." His description of his behavior suggests that his choice to 'act like' normal people is a conscious one, and that he has some success learning how to communicate by learning certain rules explicitly rather than intuitively.

John's struggles with language seem to play out in two ways, both of which he is aware of and describes in his text: he feels unable to read facial expressions and body language, and he is unable to process the undercurrent of desire that is present in conversation, instead focusing on more literal interpretations. Overall, though, John's use of language is pretty unremarkable. He uses metaphors well throughout the text, which suggests a relation to language that acknowledges its incompleteness, although it is possible that he also learned these metaphors by

rote (which would problematize that interpretation.) His descriptions of his life and events are clear and descriptive, and he demonstrates a good facility with language such that he is able to bring certain scenes to life for his readers. His overall story telling ability is somewhat tangential, veering often into descriptions of objects and events that do not always appear as central to the overall theme of a chapter or of the book in general. This latter tendency appears to reflect some difficulty in understanding or interpreting the desire of the Other – although he is aware that the Other desires something from him, he seems constantly at a loss as to what it could be. We see this most explicitly in his chapter, Logic vs. Small Talk, where he gives voice to his process of using logic to figure out what is desired in a conversation.

Relation to others. John's relation to other people is also complicated – largely because he seems to struggle to identify with others. As a child, his descriptions of his interactions with others, and his attempted interactions, come across as though he was treating other people as objects rather than as people. He reiterates repeatedly in the text that the internal states of other people do not naturally occur to him, and we see over and over in his interactions that, despite studied effort throughout his life, the other remains relatively opaque to him – and frustratingly so.

John considers himself 'different,' but his struggles to fit in betray a desire to be included. John's relationships, and attempts at relationships, in childhood and early adolescence were often met with ridicule and bullying. Despite that, John's characterization of other people does not take on a persecutory tone – he notes the injustice, but does not demonstrate any belief that people are out to get him, and we do not see a repetition of persecutory figures in his narrative. His retreat from relationships into objects, during these times, is characterized in terms of his own failure. The safety of machines is a safety from ridicule.

One point of interest in term of John's relationships with others is his description of his relationship with his second wife. He devotes an entire chapter to that relationship, but it is organized almost exclusively around what his wife does for him. He attributes the stability of their marriage to her ability to soothe him and help him navigate social spheres. In this relationship, in particular, there seems to be something of an attempt to reduce his wife as a subject to the status of an object – a tool to help John cope. That said, however, we also see in the chapter his worry about the stability of his own status as beloved. He notes:

...she is patient when I ask the same questions over and over. For example, at noon most days I phone her and say, "Woof! Do you like your mate?"

"Yes, I like you," she reassures me.

An hour later, I must have forgotten the last call because I call again and say, "Woof! Do you like your mate?"

"Yes, I still like you," she says.

This may go on four or five times in the course of a day. By the fifth time, she might say, "No, I don't like you anymore," but by then I know she is just teasing. She really does like me. So I feel safe.

I have no idea why I ask the same thing over and over, but I do. If I am made to stop, I often become very anxious. (p. 255)

In this passage, John is positioning his wife as an other who desires and asking about his place with regard to her desire. His repetition of the question, and his anxiety when he is unable to ask enough times, suggests a sense of instability with respect to his position in relation to the other.

Alienation. John's alienation in language is clear in his ability to question the Other and to question who he is, with respect to the Symbolic. Although he does not say this explicitly,

John's descriptions of his life in the text suggest that he was seeking an answer to the question, "who am I?" Starting with the labels of misfit, defective, criminal, etc. that he received during childhood, John spends a lot of time working to figure out where he fits and what type of person he is. In childhood, we can see the alienation in the symbolic in his questions to the Other – "Why don't they like me? What's wrong with me?" (p. 10). We see a similar type of question later during his time spent working as an engineer. During that time, he notes a repeated sense of feeling like a fraud, which can be read as a more sophisticated form of "what's wrong with me?" To ask these types of questions requires the experience of a lack in the Symbolic and suggests alienation.

Separation. There is a question for me about the extent to which separation has occurred for John. On the one hand, he does seem to be functioning in relation to an Other who is barred – suggesting an awareness of an Other who desires – but the desire of the Other seems to be something of a problematic. John is aware to some extent that other people want something, but he experiences desire as wholly enigmatic and, without a fantasy to support a solution, he is left rather clueless. John's solution, in part, is to avoid the question of the desire of the Other, and we can see this in his retreat into machines and away from people. But we also see a pull towards people, despite his discomfort, that is suggestive of a split subject faced with the desire of the Other. He says, "I want the Laurie's of the world to like me. To not think I am weird. I can be eccentric, but I don't want to be weird. So I persist. I try to say things a "normal" person would say (p. 192). He is describing here a desire to be something – "normal" – for the other, which suggests at least some awareness of the Other's desire and some interest in answering to it.

Paternal function. In John's case, because there seems to be both a split subject and a barred Other, it would seem that the paternal function was not foreclosed, at least not completely.

Similarly, John does not demonstrate any behavior suggestive of disavowal – his relation to the Other does seem to be at least partially mediated by desire. We do, however, see a kind of perverse jouissance (discussed below) in the tricks that John plays during his adolescence. These suggest some ability to purposefully arouse emotional turmoil in the other and could be seen as an attempt to provoke a limit. However, this behavior seems to have been short-lived and John’s ability to move away from it suggests that it is not a structural component. On the other hand, I do not see much indication of repression, either, insofar as there is little evidence of an organizing fantasy that would provide an answer to the desire of the Other.

In terms of what we see in John’s writing, it is the failure of the imaginary coupled with a largely functioning symbolic, which is most striking (leading to issues with identification, lack of an organizing fantasy, lack of gestalt of the body). None of the three actions Lacan articulates for the paternal function can fully explain this configuration.

Desire and the object a. The extent to which John is mobilized by desire is unclear from his descriptions in the text. On the one hand, we have, throughout his book, expressions of wanting: “I want the Laurie’s of the world to like me” (p. 192), “I had started imagining a future for myself in music” (p. 94), “And that’s what I dreamed of being. A craftsman. An artist, working in automotive steel” (p. 49), “I wanted Cubby [his son] to get along better than I had” (p. 222). Additionally, we see John make a number of career moves based on his sense of what it means to be successful, which suggests that, at least to some extent, he is mobilized towards recognition, which is a way of desiring.

John’s relationships with objects, however, particularly his machines, perhaps are the most telling with respect to his handling of desire. John is almost aggressively interested in machines – in the book it is musical instruments, electrical equipment, and cars. He says many

times in the book that he is attracted to machines because they are safe and will not hurt him, which suggests that his attraction is about an avoidance of the Other's desire. However, his attraction is also about control – learning how to manipulate the machines, creating new sound effects, or knowing how to fix a complicated engine are all about a “compulsion to know everything” (p. 214) about the machine in order to control it. Machines do not desire and, because of that, they are easier to understand and control than are people. John's wanting, at least in the ways it shows up in the text, appears in some important ways to be a want-to-avoid with respect to the desire of the Other.

At the same time, John devotes an entire chapter of his book to becoming “one with the machine” (p. 151). In this chapter he details how he is able to fully control the machines by acting as their “brain.” In this section of the book, John's own desire for control, and to some extent power, becomes clear. In this section he is talking about building and running sound systems and describes his role as like the Wizard of Oz – invisible but with the power to control everything. He says:

You've taken thousands of lifeless individual parts – light bulbs, reflectors, circuit breakers, dimmer packs, power cables, clamps, and trusses – and turned them into a living thing. And you are its master.

You've designed it and built it, and now you've become a part of it. It's come alive. Electricity is its food, and you are its brain. You have become one with the machine. As long as you remain part of it, it's alive. Without you, it will revert to its component parts. (p. 153)

Desire in this instance appears as a desire to create life out of what is lifeless and to be in control of the life that you have created. This is a theme for John that repeats from early childhood

through late adulthood, although his creations change form and, as he gets older, become less complex. Here we can see something like *object a* in John's discourse insofar as this desire for creation and control seems to organize *jouissance* for John around particular interactions with machines. However, in Lacanian theory, *object a* comes from the Other and, in John's narrative, it is unclear how the object is linked to the Other in his fantasy. There is a clear thread of imagining himself as powerful, which is perhaps one clue, but it is a weak thread in his narrative, making it difficult to discern how the fantasy of power is situated for him.

Jouissance. As mentioned above, John is able to obtain some enjoyment via his interaction with machines. John also is able to obtain *jouissance* via his "functional naming" practice, which I describe below. Both of these experiences of *jouissance* seem similar in structure to a neurotic type of enjoyment that is obtained via "the inverse scale of the Law of desire" (Lacan, 2006c, p. 700).

The most striking instances of *jouissance* in John's text, however, occur when he is "playing tricks." In what appears largely as a perverse type of enjoyment, John's "tricks" usually involve provoking fear and the *jouissance* he experiences is related to the sense of power and control he obtains in these moments.

In terms of *jouissance* that would be associated with psychotic phenomena, John does not ever describe experiencing anything like a psychotic type of *jouissance* – which would come from the outside and be experienced as invasive. Instead, we see something more akin to a neurotic type of *jouissance* – somatic symptoms, worry about being a fraud, disgust, etc. – in addition to the manipulative, or perverse series of acts described below.

Unconscious. John does not mention slips of the tongue in his text and, although he does mention having bad dreams, he does not provide enough detail about his dream experiences to

allow exploration. One clue to unconscious phenomena in John's text is via the repetitions he describes – his playing tricks, his “trouble with names,” and his repeated failures with social interactions. Others are his complaints regarding stress-related illness, his worry about legitimacy at work, and of his feelings of disgust with regard to his father (see below). A third is John's discussion of the “negative voices.”

John talks about hearing voices in his head that tell him negative things about himself such as “*You're no good., You failed at school, and you'll fail at this., You're just a screw-up*” (Robison, 2008, p. 271). These types of thoughts are common in neurotic individuals and are explicit illustrations of Lacan's notion that the unconscious is the discourse of the Other. In neurotic cases, these thoughts are internalized and are experienced by the individual as coming from their own mind. In psychotic cases, these types of thoughts also occur, but are experienced by the individual as coming from the outside. In John's case, it would seem that he experiences these voices internally, but he does not ever completely own them. In his text they maintain a sense of otherness for him and he experiences them as attempting to derail his success. In this sense, they seem to straddle a space between symbolic and imaginary within the unconscious.

Symptom/Phenomena/Act. In his text John does not demonstrate or allude to anything that would constitute psychotic phenomena. There is no delusional construct, no hallucinations, and his experience of *jouissance* appears to be reasonably mediated. We do see a tendency to try to ‘act like’ “normal” people, which is sometimes a psychotic strategy (see Verhaeghe, 2008), however in a psychotic ‘acting like’ one would expect to see a total assimilation where the individual is not actually “acting” but becomes the other, whereas in John's case he is purposeful and aware that he is acting.

We do see several instances of what we could call perverse acts in John's story, as mentioned above. John's tricks suggest a purposeful attempt to provoke anxiety or fear in the Other. One gets the sense that he is skilled at producing an encounter with what is impossible to symbolize and that he then enjoys watching as the other is overwhelmed. In one example, he convinces his mother that her youngest son, John's brother, has been kidnapped:

Look Park was a supposedly safe place close to home. She [his mother] went off to the bathroom, and to get us some snacks. She was gone less than five minutes.

Varmint [his brother] was six, and I was fourteen. I had a sudden flash of inspiration.

"Quick, Varmint, hide in the shed before Mom gets back. We'll trick her."

I pointed to a small building where they stored maintenance tools and supplies. Varmint slipped in and pulled the door shut, but opened it a crack so that he could see what would happen...

Now ten minutes had passed with no sign of the Varmint. I was proud of him, staying quiet in the shed all that time. He was doing very well. Our mother was getting really upset. It was time to spring the trap.

"John Elder, I'm getting worried about your brother."

Yes, it was definitely time.

"Why are you worried? He's with your friend Paul. He's fine."

My mother did not have a friend Paul. She turned white.

"John Elder!! What are you talking about?"

"Varmint went with Paul. They went to find you and ride the train."

We had her now. She was panicked.

"I don't know any Paul. Who is he?"

“How should I know? He’s your friend.”

That was just the right thing to say. I was getting really good at thinking on my feet.

“Oh my God. Wait here.”

She ran off.

I decided we might have trouble if she came back with the police and they went looking for Paul. I motioned Varmint out. (pp. 37-38)

In this example, John is purposefully provoking his mother’s terror, and he is clearly enjoying the sense of control both over her and over his little brother. For the most part, the tricks that John describes in his books mirror this type of situation – he figures out what will produce a response, creates a situation, and enjoys himself while watching it unfold. John continues to “trick” people into adulthood, however he seems to enjoy it less and less over time. Other than his tricks, there are no other instances of perverse acts in John’s text.

While John mentions several typically neurotic complaints such as stress related physical illness and worry about being a fraud, there is one repetition described in the text that seems to be structured as symptom – his difficulty with naming and his insistence on naming people himself. John brings up this struggle several times throughout the book, but he never indicates what the “difficulty” comprises (e.g. does he have trouble remembering or does the representation fail for some other reason?). What we do know, is that John chooses names for the people in his life, regardless of their desire with respect to their name. He talks about his naming practices as “functional naming” (p 12); however, this seems to most often mean that he replaces the name of the person with the name of an object or animal. He talks about it in terms of locating a more accurate representation of the person; however, his naming is largely about

him and his impressions with respect to the individual. John says the following about his naming practices:

Names have been a source of difficulty for me as long as I can remember because the names I use [chose] are often not the names that people expect. In some cases, people object to my use of names, and they occasionally get angry. Complaints like, “I’m not Chubster! I’m Martha!” are all too familiar to me. But familiar or not, Martha will always be the Chubster, unless I adopt a different name for some reason, like her order of appearance among her sisters... To be considerate, I have tried on many occasions to use a name other than the one I’ve chosen. I just can’t do it. When I try to call the Chubster Martha, I choke on it. Martha does not work for me. But *you* can call her Martha if you want. I won’t mind. I don’t impose my name usage on others. (p. 241)

John re-names most of the people in his life, and in all of the examples he gives in the book, he re-names them with a word that he considers to be “functional,” which he defines as descriptive and reasonable, although we can see from the example above that the new, “functional” name may be experienced by the other as neither descriptive nor reasonable. This strikes me as a symptom of sorts in that it is a move that both erases and provokes desire in the other. He is, essentially, reducing the other to an object by refusing to acknowledge his name, while also provoking the other’s desire for recognition. Additionally, throughout the text, John refers to his “trouble with names,” which suggests that it causes him some suffering, however he also enjoys his naming process and feels driven to do it. This two-part process of provoking desire and the experience of *jouissance* is suggestive of a neurotic symptom in its structure. However, it is also an aggressive act, in some ways, and carries a tinge of perverse enjoyment with it as well.

Finally, there is one description in John's book that is worth mentioning here as it seems to illustrate well the ways that much of what John describes in his book fall somewhere between a neurotic symptom and a perverse act. John discovered post-hole diggers at his grandmother's house one summer when he was about thirteen. For a short period, he became obsessed with digging holes and, according to his book, he spent the entire summer filling his front yard with holes. At first, he covered the holes with paper to see if he could trap anything, but when that didn't work he chose to use the holes to scare neighborhood children during Halloween by wiring them to explode when the children walked by. There are many ways that the digging of holes and attempts to trap something can be interpreted as a metaphor for John's struggles to understand (or trap) the desire of the Other; however, at some point the holes become something he can use to frighten or provoke the other, which he experiences as enjoyment. Again we see a mix of the neurotic and perverse that seems to characterize the landscape of John's unconscious experience.

Symbolic. As mentioned above, John's relation to language is largely unremarkable. He seems to exist linguistically, although there is always a question of recognition lingering in the background of his discourse. We see this in his concerns about legitimacy and also in some of his "tricks" which were, at least in part, an attempt at recognition.

John's relationship to the Law is less clear. On the one hand, he seems to be drawn to logic and machines in part because they follow strict rules that he is able to understand and that make him feel comfortable. On the other hand, some of the aggressive nature of his actions – his changing of people's names, his tricks – could be interpreted as an attempt to challenge the Law or illustrate the failure of the Law in certain moments.

Imaginary. For John, the ability to make use of fantasy seems to be restricted in some ways. In particular we can see this in his interactions and relationships with other people, as well as in the minimal amount of fantasy material throughout his autobiography. Although there are certainly some elements of the imaginary in John's narrative, the imaginary does not seem to function in an organizing way – it does not serve its purpose as propping up an ego that can handle the Other.

The veritable absence of fantasy material in John's text is striking. Throughout his book, John questions the Other – who am I? am I a sociopath? Am I a fraud? – however we see very little evidence of the development of fantasies around those questions. John occasionally mentions imagining himself as powerful or in control and those moments seem to point to some fantasy material for him; however, these fantasies do not seem to function outside of the very limited situations where they occur. For example, John imagines himself as like the Wizard of Oz while controlling the lighting system that he built, but that fantasy is fleeting and we do not see it organizing John's experience outside of that event. Outside of similar moments of fantasizing, John does not seem to make use of a fundamental fantasy that situates desire and constructs an identity for him. What is lacking seems largely to be about an image of himself that is organizing for him and that allows him to make sense of himself through time. Additionally, in terms of his relations with others, we can see a failure of the imaginary in John's struggles to form identifications, which are, for Lacan, the basis of interpersonal relationships, requiring an image of self as a starting point.

There is also the absence of fantasies that help him explain other people's behaviors towards him – e.g. persecutory fantasies. John, while sometimes angry with others for

mistreatment or confused about what people want from him, has no fantasy about the Other, persecutory or not, that would help him to make sense of his experience.

Despite the absence of imaginary dynamics in most of John's autobiography, there is one instance where the imaginary comes to the fore in John's description of a beating he suffered at the hands of his father:

Whack! The belt would come down... I might sob or I might be quiet. It depended on how hard he hit me. I thought of the knife my grandfather had given me for Christmas. Solingen steel. Eight inches long. Sharp. I could roll over and jam it into him, right to the hilt. Right in the belly. But I was afraid. What if I miss? What if it doesn't kill him? I had seen the movies, where they just keep on coming. They didn't die like they were supposed to. He might kill me for real, then.

So I never did. But I thought about it. Many nights. (p. 53)

In this example, the fantasy is of an immortal, homicidal father – who desires to annihilate his son. In this fantasy, John is helpless in the face of his father's desire to destroy him; although he has a tool to limit the other, the knife, he does not have faith that it will work. This fantasy, as John recounts it, seems to mirror his sense of helplessness and uncertainty in the face of the Other's desire in other areas of his life and is in some ways an apt metaphor for John's interpersonal experiences (the tools he has available to deal with the other do not reliably work). This fantasy, for John, seems to hold a space that is similar to what we would expect from a fundamental fantasy in a neurotic subject, however in this fantasy John is not an agent – while not completely objectified, he maintains his place only by not acting from it. This is suggestive of a more perverse fantasy than of a neurotic one, but John is also not wholly in the place of the object, either. In many ways, while this expression of fantasy seems to represent something like

a fundamental fantasy for John, it fails to provide a fundamental position for him with respect to the Other.

Real. The Real does not make much of an appearance in John's narrative, other than through some of the means of his enjoyment that have been discussed above. He does not speak much about his body, although we do know that he seems to lack a gestalt or coherent image of his physical body and is often unaware of his body's movements. He does not, however, talk of feeling fragmented in his body or of any invasive physical experiences.

There is one example of the appearance of the Real in John's brief discussion of thinking in pictures; although this example also contains some elements of the Symbolic. John describes:

When I saw a wave in a book, it was printed next to an equation with symbols I didn't understand. When I saw a wave in my mind, I associated it with a particular sound. If I concentrated hard, I could almost hear the waves. There were no symbols at all. I could not figure out how to relate the two. (p. 63)

John is describing an image that he cannot translate into language. This corresponds to Lacan's notion of the Real, because John is referring to something that he cannot symbolize and thus cannot share with others. However, although his experience of thinking in pictures is perhaps partially experienced as a phenomenon in the Real, he considers it as a different type of language and his ability to make use of that language in his work, which often involved collaboration, suggests that it was at least partially symbolizable.

The Real also shows up in a moment of disgust John experiences in childhood. In this example, John is faced with the Real of his father's body and is disgusted. He describes:

...my father began to fall apart. First, he got psoriasis: nasty white scabs all over his body. I had thought the cigarettes were disgusting, but those scales were worse. They

fell off constantly, clogging the drain in the tub. He left a trail of white flecks wherever he went. On the floor. On the rugs. On his clothes. The worst concentrations were in his bathroom and in his bed. I kept well clear of those places.

My mother had to wash our clothes separately, because if any of mine got mixed up with his, they came out with little white bits of scale on them and I wouldn't wear them. It would take three or four washings to get them clean enough to wear again. (p. 54).

For Lacan, affect almost always refers to the symbolic because it signals something with respect to the subject's relation to the Other; however, in this instance, John's disgust is also associated with a piece of the body that he cannot seem to avoid, which captures something of the Real as well.

Sinthome. John's creations and work with machines constitute something like a sinthome for him. In Lacan's definition, the sinthome provides a subjective consistency either in addition to or as a replacement for the paternal function. It is not clear to me the extent to which the paternal function is installed for John, but he does seem to have some struggles when faced with the desire of the Other. John's work with machines and his ability to create within the world of objects provide him with a space where he is able to mediate the desire of the Other via the machine. John's work with machines is done at the request of others – whether in his music career, his engineering career, or in his most recent career working as a mechanic, he does his work for other people. He is producing something for the other, but by working through the machine, he is able to create a space where the desire of the Other is not confusing, enigmatic, or impossible.

Summary. In terms of structural diagnosis for John, an argument could be made for both neurosis and perversion. Although the Other does appear to be barred for him, the barring seems to be unstable and we see him repeatedly provoking the limit of the Law through his tricks, which is suggestive of perversion. In other ways, however, John seems to have some relation to the desire of the Other, however fraught, and some questions with respect to his position in relation to that desire, which is more in line with a neurotic position.

For John, issues of separation and paternal function seem to be most important in terms of understanding his subjective constitution. While John seems to have the ability to recognize that the Other desires, he feels ill-equipped to understand or make sense of that desire. Typically, we would expect the fantasy to provide an imaginary answer to this riddle that also creates a space for John in relation to the Other. However, this fantasy is what is missing in John's account, which points to a failure of the Imaginary and suggests that repression is not operating, or not operating fully. What we don't see in John's account, however is anything suggestive of foreclosure, which would appear in the form of an invasive and persecutory Other.

In terms of perversion as a differential structural diagnosis, John clearly experiences enjoyment by provoking the limit of the Law or, in other words, by pushing people to the point where they feel exposed or unprotected. He enjoys the power in this position and it allows him a certain safety with respect to the Other's desire. Here, we can see how disavowal may be at play for him insofar as he is refusing to acknowledge castration and is instead assuming a position motivated by jouissance rather than by desire. For John, however, this position is not consistent and we see him just as often withdraw from the Other into machines as we see him situate himself as instrument of jouissance. It is this movement between the perverse and the neurotic

that seems to characterize John's unique subject position and also make structural diagnosis difficult.

John's relation to machines provides the best way of understanding his subjective position as well as points to a sinthomatic supplement that allows him to function as a subject in relation to the Other. For John, the machine seems to offer a space free from the immediate experience of the Other's desire, without the need for a mediating fantasy. John makes use of the logic of the machine as a type of supplementary Law, it provides an organization to his experience and he is able to assume a place as a subject with respect to the Law of the machine – and he uses this as a way to mediate his relation to the Other. The logic of the fantasy is replaced by the logic of the machine. This way of creating and maintaining a subjective position by making use of a supplement or artifice cannot be understood fully within the confines of the structural clinic.

Jesse.

Brief family history. Jesse is the eldest of two children born into an upper middle class Jewish family in the northeast. His describes a fairly stable childhood with no evidence of major family conflict. His relationship with both parents is described as stable and he seems to feel secure and loved within the context of his family. He has strong relationships with extended family, including both sets of grandparents, aunts, uncles, and cousins. Jesse describes a couple of times where his younger sister appears frustrated with the amount of leeway Jesse is given with respect to his behavior, but overall his family is characterized as explicitly supportive and generous, helping him to make changes to his behavior on some occasions while also being sensitive to his needs and making space for behaviors and choices that were sometimes uncomfortable for them.

Relation to the Other. Like John, Jesse's experience of the Other is one of mystery or enigma. However, unlike John, Jesse does not seem to be avoiding exposure to the desire of the Other, but rather he seems to be making a concerted effort to provoke it, ostensibly in order to understand it. His book is a testament both to his seemingly inexhaustible need to understand the Other and to his constant frustration over his inability to embody the object of desire of the Other. At the beginning of his book, Jesse shares his lifelong experience of "pushing against a mysterious force." In my reading, the mysterious force is precisely the desire of the Other – the enigma against which Jesse situates the questions of his being. We see this in his sense of being constantly judged by the Other, but continually making attempts to be recognized. In his childhood, he describes acting out in school as a way to gain attention, his addiction to the thrill of attention that he received when performing, and his constant demand that he be "given a chance" by a neurotypical public. Unlike John, Jesse craves the desire of the Other, but feels ill-equipped to command it consistently, and, as such, experiences the Other overall as harsh, opaque, and unforgiving.

Jesse's relation to language, like John's, is fairly unremarkable on the surface. His descriptions are rich and he seems to have a good grasp of the use of metaphor – suggesting an awareness of the lack in language around which desire circulates. But Jesse's awareness of this lack does not appear to be wholly functional and he struggles with the nuances of language, specifically with nonverbal communication. We see this in Jesse's anger over the use of silence by "neurotypicals" to make a point. For Jesse, silence seems to represent desire at its most enigmatic and impossible. He says, "It is mystifying and maddening to watch neurotypicals communicate by ... not communicating" (Saperstein, 2010, p. 6). For Jesse, the silence is uninterpretable, although he knows that it is saying something. Although Jesse, unlike John,

seems to be capable of rich fantasy (see below) it is in the confrontation with the silent Other that his fantasy fails him. This is also where Jesse's symptom appears (see below).

Relation to others. For Jesse, the relation to others in his life is complicated and, in many ways, contradictory. In some ways we see Jesse as capable of identification with others and able to act as caring and empathetic (e.g. in his work with teenagers living with HIV/AIDS) while in other ways we see him routinely ignore the desire of the other in order to pursue his own interests (e.g., his rambling Christmas cards). In both cases, however, Jesse is seeking recognition and admiration, and his anger towards neurotypicals, mentioned several times in his text, is related to his sense that they do not recognize his gifts or contributions.

Like John, Jesse indicates a desire to have relationships with others, but unlike John, Jesse does not really try to "fit in" with the neurotypical world. In a strategy that is somewhat confusing, he characterizes neurotypical others as persecutory, shortsighted, and rude, while also chronically seeking out their approval of his differences. Because of this, Jesse often describes his relation to others as a type of forcing – he "imposes" himself on others in an attempt to force a relationship of sorts. Unlike John, Jesse does not avoid relationships, but instead compulsively seeks them out, "imposing" himself on others in the hopes that this will somehow generate the recognition that he is so desperately craving. He says, "it is often necessary to impose yourself upon the lives of those who come to knee jerk conclusions about you. Show them who you are and do not be modest about your accomplishments. It would be naïve to assume the demons eventually go away, but they may be utilized to one's advantage" (p. 219). Often, however, these relationships are based on what the other can provide for Jesse, namely approval and recognition, rather than what he may provide in terms of reciprocity. Jesse's tendency to impose himself

betrays a relation to the other that is in many ways nonreciprocal and, more importantly, points to Jesse's uncertainty with respect to his place in the other's desire.

Alienation. Alienation, for Jesse, appears in the struggle to define himself within the context of Asperger's. Unlike John, Jesse does not frame his subjectivity as a question; rather, he frames it in terms of a fight for recognition. Jesse notes his difference from others – his “weirdness” – and it is through this difference that he positions himself in the symbolic. Making use of the label of Asperger's – a label that comes to him from the Other – he locates a symbolic space and it is from that space that he is able to speak to others about himself. But, for Jesse, that symbolic space is alienating insofar as it constantly highlights the ways that his subjectivity is determined via identification with a definition provided by the Other. We see Jesse in a perpetual struggle to make use of this identity in a way that is not stifling – he works effortfully to try to tease out his singularity without letting go of the label that identifies him. We see this in his willingness to claim the space provided by Asperger's – even going so far as to call himself “Aspergian,” while simultaneously chiding the Other for not seeing him as an individual with unique gifts and abilities (e.g., p. 41).

Separation. Jesse clearly has a relation to the Other and is in a position to question the desire of the Other. Like John, Jesse seems to experience the lack in the Other as enigmatic; however, unlike John, Jesse does seem to have a fantasy that he can fulfill it. We see this in his frequent demand that the Other just “give him a chance.” Jesse seems to have some sense that he is what the other wants...they just don't know it yet. This positioning with respect to the Other, the consistent pleas and the persistent resentment, suggest separation as well as the presence of what Lacan would call a fundamental fantasy. Jesse is functioning as a split subject in relation to the desire of the Other.

Paternal function. The paternal function is operating for Jesse – we see a split subject, the development of a fundamental fantasy, and a circulation of desire. As such, we know that, at the very least the paternal function has not been foreclosed. We also do not see any evidence in Jesse’s narrative of a paternal function that is disavowed. While Jesse may sometimes push the boundaries in relationships and may be perceived as “creepy” on occasion, he is aware of the limits of the law and is largely respectful of that. We do see some tendency to push the limit, so to speak, for example in his “forcing” of relationships, however this seems to be driven more by frustration (read desire) than about jouissance. And he is not ever, at least in the descriptions he provides, provoking an encounter with the limit in the Other. Instead, what we tend to see with Jesse is a much more neurotic style, indicative of repression. He has a fantasy of recognition, of being seen and desired by the Other. Such a fantasy places him in the position of object for the Other, pointing to repression of castration that would prohibit such a position. Although Jesse does not necessarily always behave in the way that we might expect of a neurotic, the presence of repression suggests the instantiation of the paternal function for him structurally.

Desire and the object a. If we can say nothing else about Jesse, we can say that he is perpetually frustrated. In the Lacanian frame, frustration comes directly from desire. And, it is precisely Jesse’s desire that leads him to his continual “pushing against a force,” his “forcing” of himself into relationships with others, and his demand that people “give him a chance.” Jesse wants something from the other and we can see throughout his narrative the ways that that desire animates and propels him. Unlike John, it is clear that Jesse’s desire is organized through a fantasy that involves the Other and stems from his own lack.

While in John’s narrative we see a clear series of literal objects in machines, Jesse’s narrative lacks a focus on literal objects and instead focuses on others. For Jesse, as noted above,

desire seems to be organized around the question of recognition or approval of the other. His desire to be “given a chance” by the neurotypical public is one example of this. But what we also see in Jesse’s narrative, is the theme of failure to achieve this recognition, and my sense is that it is in the push to recognition and its ultimate failure that he is able to organize his jouissance.

If we take the example of the Christmas cards, we can see on the one hand Jesse’s desire for recognition and approval. And we can see it in various ways – through the participation in a social ritual, through the act of personalizing each card, and through his use of “Aspergish” as a way to impress with his uniqueness. On the other hand, we can see the literal enjoyment in the “overbearing randomness” of his writing in the cards, a choice that undoes the implicit social pact of holiday cards, and his awareness, both conscious and unconscious, that he is sending a message that is both unwanted and unable to be received as intended. He knows he will fail on some level, but maintains the fantasy that he will succeed and will be recognized for his creativity and particularity. It is in this push-towards-failure that we can place the *object a* as it seems to characterize the circulation of desire and the organization of jouissance for Jesse.

Jouissance. Jesse’s jouissance makes its appearance in the text in a few consistent ways. First, we see it in his enjoyment with respect to language. Throughout the text, we follow him through a series of puns and purposeful misspellings that bring out both the materiality and the polysemy of words, and in a way that allows Jesse to show off his ability to use language beyond meaning. For example, Jesse purposefully appropriates the words “hypocrite” and “hypocritical” several times throughout the text: “hyppocwit” (p. 6), “the fantastical Krit from the Land of the Hippos (gibberish for hypocrite)” (p. 51), “hipochritical” (p. 35), “hypokritical” (p.92). The enjoyment that he gets from this control over the spelling is palpable in the text – he does not

seem to be able to stop himself from both using and changing this word repeatedly, pointing to an enjoyment that is beyond the production of meaning in the text, what Lacan might call *jouissance*.

We also see *jouissance* in Jesse's "pushing against a force" and "forcing" of himself in relationships. In those instances, there seems to be *jouissance* both in the attempts to force as well as in the failure that results (see above). For Jesse, these experiences of *jouissance* occur in relation to the limit of the Other and involve a fantasy of transgressing that limit. In a Lacanian framework, this is a neurotic type of *jouissance*. And, for Jesse, the types of *jouissance* we see in his text are consistently of a neurotic quality. We do not often see the invasive or overwhelming *jouissance* typical of psychosis nor do we see the type of perverse enjoyment that accompanies attempts to situate oneself as the object of the Other's enjoyment.

Unconscious. Like John, we do not see instances or descriptions of parapraxes in Jesse's text, nor does he share dream images. We do see, however, several elements of repetition that point to unconscious content. On the one hand we have the repetition of the plea, "give me a chance," which could be seen as a plea for love as well as an attempt by Jesse to situate himself in the place of the other's desire. We also see repetition in the content of the fantasies that Jesse describes throughout his book (see below). And finally, we see repetition in the periods of angst during transitions where Jesse is faced with the question of what to do next, which can be read as a question regarding his own desire.

Symptom/phenomena/act. For Jesse, we largely see a series of symptom formations, rather than psychotic phenomena or perversions. Most prominently, the repetition of his "forcing himself" can be read as a symptom. In a neurotic symptom, we can expect to see an attempt at resolution of an unconscious conflict. In Jesse's case, one conflict seems to be

between wanting and not wanting to be desired by the Other. We see this in his “Christmas Card Obsession” (p. 29). On the one hand, Jesse has some awareness that his choice to send Christmas cards “filled with handwritten ramblings” (p. 25) to people that he barely knows is not likely to make him friends, but he feels compelled to do it, every year, with the fantasy that people will be delighted with his thoughtfulness. We see this again with his choice to send similarly rambling birthday cards to female acquaintances as a way to get dates (p. 90). This rises to the level of a symptom because of the felt insistence of the repetition, which points to the presence of *jouissance*, and also because it provides a solution to the conflict – he can imagine himself as desirable while making it impossible for himself to be actually desired.

Like with John, we do not see any psychotic phenomena in Jesse’s text. His fantasy life is rich and he certainly entertains some fantasy of being persecuted; however, it seems that the persecution, for Jesse, is protective rather than invasive. In psychosis, we would expect to see a delusional construct that explains the persecution via an Other that is not lacking. Jesse imagines an Other that is persecutory because it is lacking the knowledge of all that Jesse is able to offer.

Similarly, we don’t see much that rises to the level of a perverse act. Jesse does seem to have experienced some moments when he enjoyed making others feel uncomfortable, and we can certainly read something like his “Christmas Card Obsession” in that way, but it seems from his description that the *jouissance* he experiences via that obsession occurs largely in the writing of the card rather than in the response of the Other. He finds the response of the other irritating or frustrating rather than satisfying or enjoyable (e.g. p. 90).

Symbolic. Jesse’s relation to language is suggestive of a neurotic structure. He is able to make use of language to produce meaning and is also able to make use of language beyond meaning – to enjoy its materiality, for example in his gleeful misspelling of hypocrite (e.g. p. 6).

Jesse is also situated in language, both in terms of his proper name as well as in terms of his diagnosis. Jesse's relation to the Law is also relatively clear. His pushing or forcing of himself is, in some ways, as push against the limit of the Law, but it is also recognition of it.

Imaginary. Unlike John, Jesse seems to have an imaginary that functions to situate him with respect to the Other. Jesse's text is, in large part, both a narrative about his life and a series of fantasies told as fictions woven through the text. The fantasy material in Jesse's narrative is woven into the text through asides. Jesse begins by telling about an experience, event, encounter, etc. and somewhere in the middle the reader is taken on a bypass through the fantasy before the story can be completed. We can see this trajectory in the following example. Jesse is telling a story about tasting a flavored condom during a sex education class:

Not understanding what she meant by "taste it," I popped the latex sphere in my mouth as a little girl clasped her hands on her freckled cheeks like a female version of Macaulay Culkin on the Home Alone poster. "Oh my God!" she groaned. "He put the entire thing in his mouth!" As with a stick of fresh bubble gum, I experienced a sharp burst of flavor and blew a phallic bubble. In a moment of panic, yanked the condom out of my mouth. What if I propelled it to the back of my mouth and swallowed it? What if it caused me to choke, lose consciousness, and force the hospital to surgically remove it from my throat? The doctors would probably save my life, although the oxygen deprivation would result in a lifelong vegetative state. They would keep me alive at the taxpayers' expense so I could inadvertently serve as a morale booster. My tragedy would lift the spirits of new paraplegics or patients recently diagnosed with terminal pancreatic cancer. These tragic souls, forced to come to terms with their grim realities would react with either heaving sobs or catatonia. The nurses would have a ritual of wheeling melancholy patients past

my room and pointing. “You think you have it bad! Wait until you hear what happened to that poor bastard!”

They would abandon all sense of decorum and forget that a soul once occupied this barely living shell – someone with dreams. They would laugh until tears rolled down their cheeks...drowning out my respirator’s hum. Their mirth would intertwine with an excruciating truth – that life (or at least its essence) could potentially be extinguished forever by accidentally choking on a flavored condom! For a short while, they would forget they may never walk again or had only four months to live. (pp. 122-123)

In this example, Jesse’s fantasy allows him to imagine himself as desirable in some way, even when reduced to nothing more than a body. He seems to organize his enjoyment around holding a position of power through ridicule in some ways. Many of his fantasies are organized in a similar way – he makes a mistake or chooses to do something unusual, is ridiculed or punished, but ultimately gains adoration and/or recognition in the end. See for example his description of the cat shit bag fantasy (pp. 30-31), the fantasy of giving his corpse to the school to display (p. 86), or the fantasy of scaring teenagers straight (pp. 204-205). In all of these examples, the fantasy is working to answer the question of who I am for the Other in a way that maintains desire and regulates jouissance.

Real. The Real makes its appearances in Jesse’s text largely through the jouissance that he appears to experience with respect to failure as well as through his manipulation of language in the text, as noted above. Jesse does not speak directly about his body much in the text and he seems to treat his body much the way one would expect from a neurotic. He doesn’t talk about feeling like his body is fragmented or disjointed. He is aware of his body and seems to take it for granted, noting when it does not work the way he wants it to, but assuming that he will be able to

make use of it as needed. The Real does show up for Jesse in relation to his body in his descriptions of stimulation (stimming) and in some instances of self-injury.

Lacan talks about the Real as that which is unsymbolizable but that persists in the subject. It seems that for Jesse, encounters with the Real produce a need to discharge *jouissance* and we see this in stimming or in self-injury. For example, Jesse describes a reaction to the perceived loss of his DVD collection – a loss that was unsymbolizable because he could not language why he was so drawn to the disks in the first place – where he repeatedly slaps the staircase and hits himself. In another example, when forced to take a job he hates after his Appalachian hike has ended, Jesse copes by “hitting myself, jumping up and down, or mumbling nonsense” (p. 149). In both instances, Jesse is faced with an experience that he is unable to language, an encounter with the non-sense of the Real. He experiences that non-sense in his body and we can see in his self-injury and stimming behavior an attempt to discharge that energy.

Sinthome. For Jesse, it seems that desire and *jouissance* are managed for him via a symptom rather than a *sinthome*. His perpetual frustration and plea for a chance, coupled with the push towards failure suggest a symptomatic formation – which includes a persistent suffering for the subject. That suffering is present in Jesse’s text and his questions about his own suffering take the form of a questions about identity and his relation to others, typical of a neurotic symptom. Jesse sums this up well in a description from a public speaking engagement:

Regardless of whether my audience is composed of Asperger’s students or neurotypicals, I usually don a candy cane-colored court jester hat with jingle bells affixed to each fabric branch. And, of course, the ensemble would not be complete without my Homer Simpson slippers. The nonsensical costume is meant to prove a point. Individuals with Asperger’s struggle with flexibility and (in my case) feelings of entitlement. If my

intentions are good, then I lack empathy for the comfort zones of others and feel entitled to overstep my bounds. Survival among the neurotypicals requires relentless compromise, overanalyzing the situation, and making life just a little more complicated in order to solve the simplest problems.

In my costume, I am pretending to be a gross exaggeration of my inflexible, egocentric self – someone who always flaunted his flamboyant uniqueness and paid a horrific price. My character becomes clinically depressed from watching others enjoy the breaks associated with career advancement and romance. And yet...he continues to fail miserably. (pp. 183-184)

It is possible that Jesse's speaking career, which is mentioned towards the end of the book, may serve as something like a *sinthome* for him insofar as it allows him to address the other from a secure position, identified with his diagnosis, and receive recognition while also being allowed to be as unique or "weird" as he desires. Such a *sinthomatic* position would allow Jesse to experience the *jouissance* of being "weird," freeing his desire for recognition from the need to continue to fail.

Summary. In both the structural clinic and the clinic of knots, Jesse falls squarely in the category of neurotic and, most likely, in the position of hysteric. As any Lacanian hysteric, he desires the desire of the Other and his *jouissance* is organized around occupying the place of the object, but never becoming it.

For Jesse, the question of structural diagnosis is relatively clear. He occupies a symbolic space, one provided by both his name and by his diagnosis, and is negotiating questions of identity from within that symbolic space. For Jesse, the Other is barred and the Law functions well to secure his subjective space – he does not feel threatened by the Other and we do not see

any concerns about being devoured, destroyed, subsumed, erased, etc. either in his relationships or in his fantasy. Jesse's fantasy functions as an imaginary solution to the enigma of the Other's desire and is evidence that the paternal function is operating and that repression has occurred.

Jesse's *jouissance* is well contained within the symptom formation – the repetition of failure produces a *jouissance* that is at least somewhat satisfying for him. Jesse does seem to struggle with certain elements of his experience that he cannot language and that appear in Real, prompting a return of *jouissance* that is sometimes overwhelming. This is not inconsistent with a neurotic presentation and Jesse has a series of methods, albeit sometimes destructive, that allow him to negotiate and manage this *jouissance* when it occurs.

Jesse's symptom *works* for him in the way that is typical of a neurotic – it solves an unconscious conflict while also producing both suffering and satisfaction. The introduction of his public speaking career may mark a move to a *sinthome*, or perhaps a move more towards something like sublimation. Jesse does not need a supplement or a type of artifice to stabilize his subjective position – his symptom does that work for him - however he does need a way to minimize suffering. The move to public speaking may allow him to make use of his symptom, to identify with it, in a way that removes the impetus to fail.

Wendy.

Brief family history. Wendy was the oldest of four children born into a working class family in rural England. Her description of her early family life suggests that both parents were frustrated with her challenging behavior and both were inclined either towards ignoring her or punishing her for her unusual choices. Wendy does not speak much of her mother, other than to suggest that as an adult she has tried to improve the relationship and talk to her mother more openly about her diagnosis. Wendy seems to have struggled in the relationship with her father,

who seems to have been disappointed in her. Wendy wanted his approval, but was unable to figure out how to get it. She was deeply hurt by his lack of interest in relating with her. Wendy's family moved fairly frequently during her childhood and she was often in a new educational setting. She also suffered from some childhood injuries and illnesses requiring prolonged hospitalization, during which time she was separated from her family. She does not talk much about her siblings, although she does mention as a child wanting to take the place of a brother who died in infancy. Her parents divorced when she was an adult and there is some suggestion of ongoing conflict in the family during her childhood, although she does not provide details of this.

Relation to the Other. Wendy says on the first page of her book, "What I cannot do is fully participate in the complexities of apprehension, interpretation, communication, and comprehension" (Lawson, 1998, p. 1). The trajectory of her book gives us perhaps the clearest picture of her relation to the Other. Wendy is speaking about herself, but she is not telling a story. Her autobiography jumps sometimes incomprehensibly from one experience to the next, loosely organized by time, but often moving back and forth through the timeline without explanation. Wendy clearly does not have a sense of her audience – which suggests a blindness to the desire of the Other. She indicates in the opening that she hopes her book will be valuable to parents, healthcare workers, and other "interested readers" and there are points in the book where she is clearly speaking to those individuals. But, she is not providing much by way of typical knowledge. Instead, she is most often providing only idiosyncratic information, which is not organized to provide the types of advice that one usually expects from those types of books.

For Wendy, the myriad functions of language really do seem to be outside of her ability to comprehend and participate, although she makes a lot of effort. Like John, Wendy struggles

with the non-verbal aspects of language as well as with its polysemy – she is confused as to how language can mean something other than what it says. For Wendy, however, this seems to point to an Other that is not lacking, that does not desire. It is an other than is not barred, in the Lacanian sense, but it is also not an Other that Wendy experiences as invasive. Instead, her relation to the Other as it appears in her book is largely one of absence. In a relation that is markedly different from both John and Jesse, Wendy almost seems to forget the Other. She spends her time in something like a fusion with objects and her experience of the Other appears only in moments of unwelcomed interruption. We see this begin to shift over the course of her life. As an older adult, she seems to have been able to develop an awareness of the Other and to anticipate the interruption; however, her overall relation to the Other seems unchanged.

Relation to others. Wendy's relation to others changes form over the course of her text. In her descriptions of childhood and early adulthood, Wendy either treats others as a type of object or she withdraws and avoids interactions altogether. In her descriptions of her family, Wendy shares a sense of suspicion and a desire to withdraw. She says, "On reflection, I think my family tried to include me in things that were happening, but kindness and affection were emotions I did not understand. I so often felt suspicious and frustrated – Why is this person talking to me? I would think. Other people seemed to be there just to interrupt and disturb me, or demand from me. I responded with withdrawal or anger" (p. 15). Wendy shares similar reactions to other relatives, children at school, and other people who tried to engage her. Her suspicion suggests some awareness that people may want something from her, while her withdrawal suggests a position of avoidance with respect to the others' desire and/or demands. It is unclear from Wendy's descriptions of her interactions with and withdrawal from others whether she developed a fantasy about what people wanted from her, but she gives the

impression that her discomfort was not about what people wanted, but that they wanted at all – the experience of being subjected to the desire of the other, whatever it may have been, was to be avoided and Wendy’s decisions to withdraw into her “own world” allowed her to completely ignore the interlocution.

There were people with whom Wendy did want to have a relationship; however, she dealt with those others as though they were objects. She notes, “Sometimes at school, especially during my early teens, I formed strong attachments to certain girls, following them everywhere just to be close to them. The tone of someone’s voice or the shape of their smile could lull me. Sometimes it was simply the length of their hair that attracted me and how it shone when the light touched it” (p. 40). Wendy is describing here a relation to the other that takes the other as an object of enjoyment rather than another subject.

This relation to the other as object remains central for Wendy throughout the text; however, we see emerge something like a desire for love and recognition for a select few. I say “something like a desire,” because it is unclear if Wendy truly wants these things or if this articulation of wanting is merely another way to objectify the other. For example, Wendy describes her experiences with the nurses during a hospitalization at age 10:

In the hospital, the nurses had been different. They tried to reach me and capture my attention; their acceptance and pleasure were high on my agenda. I became their little helper, performing a number of minor chores, but if one of them came too close to me I’d freeze. Sometimes a nurse would try to hug me or tickle me. This just sent me into a panic attack and I’d madly suck the roof of my mouth or reach for the sheets to wrap around me.

I did not understand why I was afraid of touch but now I think it just caused lots of sensations that were overwhelming for me. It also called for some form of response, which meant having to make a decision. Decisions were confusing for me and it was easier to play it safe and stay with what was familiar. (pp. 40-41)

For Wendy, wanting something from the other – recognition, etc. – feels safe enough, until the other wants something from her. Touch seems to signal that desire for her and you can hear it in her concerns about having to make a decision when touched, which can be read as a need to respond to the other. It is at that moment, that Wendy, panicked, withdraws to the safety of her own world. These interactions suggest that Wendy is able to briefly tolerate the other as subject – the other can desire, just as long as that desire does not “touch” her. Later in the text, in a curious reversal, Wendy comes to crave the touch of the other and begins to demand it – again transforming subject into object of enjoyment (p. 113).

To some extent, Wendy is aware of this tendency, referring to it throughout the book as her “egocentrism” – and we hear echos of Jesse’s self-professed ‘entitlement’ – suggesting that it is, in some measure, a choice, albeit an unconscious one. She says about her demands to be held, “Of course, it’s important to learn how to consider others, but all I could feel was my need. I still find it very difficult to put myself “in the other person’s shoes”. I can only feel my needs and myself – everything else is foreign and alien to me” (p. 113). Wendy’s relation to the other, overall, does seem to be a relation based largely on egocentrism insofar as Wendy is largely unable to sustain the other in the position of subject for very long. She seems better able to manage this as she gets older; however, other people still remain things she makes use of, rather than people with whom she engages.

Alienation. It is unclear to me the extent to which Wendy has experienced alienation. On the one hand, she does begin to wonder about herself around the time of her divorce – but that wondering seems to be more about the accuracy of the labels she had been given rather than a wondering about who she is, where she fits, etc. And we do not ever hear her ask anything about who she is for the Other. In fact, Wendy does not wonder about her place or ask many questions about who she is at all. Instead, Wendy talks about the ways that her body and her physical experience produced a space of constancy for her that allowed her to be alive. She says, “I always needed to be on the move. Even when I was made to sit still on a chair, I had to rock it. If I sat on the floor, I needed to rock myself and suck the roof of my mouth – the rhythm and the movement meant I was alive and kept the music going. I think I believed that if I ended the movement, then that would be the end of me” (p. 24). This sense of self-continuity through physical sensation is the closest that Wendy gets to something we can call a self, but it is not a self that exists in language. It is not an identity.

Later in the book, Wendy describes her confusion when she realizes that other people may perceive a difference between her personal and professional self – she says:

The following dichotomy is very interesting to me: There are times when I am in “professional” mode and the person I am with would probably never believe I was autistic. They might think I am younger than I am or a little eccentric but otherwise perfectly “normal.” I felt really mystified by this and so I talked to my friend, Ruth. She explained to me that we are all different with different people. “Some of us even have ‘telephone voices’ that we employ when we speak over the telephone.” I didn’t get it.

“Well, it’s not that you are different people, but rather that different aspects of Wendy, the same person, are revealed at different times and with different individuals.”

Her response opened another concept for me. My confusion lessened each time this happened and as Ruth continues with me today, I know I will keep “growing up”. Becoming more adult and less child-like is quite a challenge and one I am glad I do not have to attempt alone. (pp. 110-111)

In this example, we see Wendy’s confusion with respect to her “self” – how can she come to know it if it is always different? Of course, this suggests that Wendy does not already possess a sense of identity in the way her friend Ruth does, for example. On the other hand, it is important to note what she says about what makes this less confusing for her – she notes that the repetition makes it less confusing, but it is that “Ruth continues with me” that allows her to continue to grow up – read exist in time. Again, we see a need to hang on to something outside in order to maintain constancy of the self. Had alienation occurred, we should see a space for Wendy – one that may come under attack or feel insecure to her, but one that should be there for her nonetheless.

Separation. There is not much evidence of separation in Wendy’s text. Rather than motivated by desire, she seems most often motivated by jouissance. This is consistent with what appears to be a poorly circumscribed subjective space. We do not see an abundance of the invasive type of jouissance – which may be the result of a lack of complete alienation in the symbolic (see above), but we do see an abundance of jouissance and the relative absence of desire as a motivating/propelling force.

Paternal function. It seems likely, given Wendy’s description of her life, that the paternal function is not operating for her. There is clearly no repression – we do not see any evidence of a neurotic structure through Wendy’s text and she does not take a subjective position with respect to the desire of the Other. Because of this lack of relation with the Other, we also

fail to see anything like disavowal in the text. Wendy's enjoyment is singular and does not rely at all on prohibition or the Other. There does seem to be something like foreclosure – although my sense is that it may be even prior to what is understood by foreclosure in psychosis. We do see some elements of a psychosis emerge in the hallucinations and the voices Wendy describes, although there does not seem to be a delusional construct. Perhaps the most relevant element is Wendy's failure to participate in the social contract, which suggests foreclosure or the absence of a paternal metaphor completely.

Desire and the object a. For a neurotic, desire takes the shape of a propelling or motivating force. And, for a neurotic, desire is organized around a lack or an absence. In Lacanian terms, the *object a* represents the absence around which desire is organized (and the series of objects that come to briefly inhabit that space). In a neurotic structure, the lack comes from subjectivization through alienation and separation – the lack is produced concurrently with the subject as she comes to occupy her symbolic space. For Wendy, it does not seem as though the neurotic subjectivization has occurred. Instead, we see her struggle over and over again to maintain a sense of consistency of existence in the face of change – there is no room there for desire in the way that we might understand it via neurosis.

Instead of a more neurotic desire, it reads more like a push towards being – Wendy works hard to find strategies that will help her continue to exist, to stay the same, when faced with difference. In Lacanian terms, we may say that Wendy exists at the level of the Real, but she has not fully achieved being at the level of the Symbolic. We can see this in the disorganizing effects of being faced with a decision, which forces a confrontation with lack. She describes:

For reasons I do not understand, everyday decisions can be very traumatic. As a child, everyday occurrences could be very frightening.

To help with these decisions, I had favourite clothes to wear, favourite eating utensils and a habitual, structured routine. Of course, there were times when this structure came apart at the seams and bedlam occurred. When this happened, I experienced a feeling of terror and insecurity. Distress and emotional chaos followed thus. To regain myself, I would talk out loud, pace up and down, flap my hands and try to focus on something familiar. At times, I could hum or sing softly to myself. This acted as a distraction and the fear inside me lessened. (p. 102)

Wendy has to do something in order to “regain herself,” and it is in this process that we can see the way that the Real allows her to organize her experience. In my sense of the text, although it is difficult to describe, is that Wendy is dealing with a sense of disorganization via action rather than sense making. She uses her body, her voice, to regain a sense of security – she does not try to make sense of the situation, either through fantasy or delusion. Wendy does not look first to the Symbolic, but rather to the Real, and, as such, we cannot speak about Wendy’s desire or the relation to the *object a*, because they are not present.

Because there is no consistency of subjective space for Wendy – she has to reinvent it over and over – she needs a literal object in order to help her maintain through time and change. This is different from the *object a*, which is itself not an object but a place-holder and the cause of desire. Wendy’s objects are literal and are the condition of her existence, although not the cause of her desire.

Jouissance. It seems that for Wendy, jouissance largely seems to function by propping up her existence. It does not appear to be experienced by her as overwhelming or painful, except when it is contaminated by the Other. The absence of jouissance equals death for Wendy in the absence of an adequate Symbolic space for her. Jouissance shows up for Wendy primarily in her

relationship to objects. Wendy enjoys the consistency that objects bring, but she also enjoys the sensual elements of the objects. She talks about becoming transfixed by the mudguards on her bicycle:

I turned my new bicycle upside down and spun the wheels round and round and round. The light gleaming from the silver mudguards seemed to go on forever. It was so intoxicating and I felt so alive. To have that feeling interrupted by so much as a word or an action evoked extreme irritation and anger in me. I hated being disturbed or interrupted when I was involved with some repetitive action that gave me delight. I felt a sense of connection as I watched the shiny mudguards. I felt safe, almost as if I were part of the bike. It belonged to me and I to it. (p. 2)

For Wendy, it is jouissance rather than desire that organizes her existence and her relation to others and objects. She is able to make use of jouissance in order to maintain a sense of self, and in this way the experience of jouissance for Wendy seems to be different from what we would expect from a neurotic or psychotic individual. In the text, Wendy often speaks about jouissance using a language of connection and of satisfaction. However, we can also read her sense of being overwhelmed by interruptions and by touch as an experience of jouissance that is “too much.”

In the instances when Wendy becomes overwhelmed, it seems largely linked to the interruption of her communion with the object where she then experiences an overload of jouissance and has to act to manage it. For example, she describes her experience if she is not allowed a break from interaction:

If things become really bad and I suffer what I call sensory overload, then I close out all the sounds and noises of the world. I could sit somewhere quietly or put my hands over

my ears and enjoy the quieter sounds of life. Somehow to just sit and close off gives me space and time to recover from being anxious. It helps me to calm down. If I cannot find the room to do this, then the overload can build into an explosion!

In November 1995 I went into overload. I covered my ears, walked around in circles and then the screams came up from within me. I walked out of the lounge room, through the corridor and into the bedroom. There was no way out. I simply created one by attempting to walk through the closed bedroom window. The window cracked along one side. I just had to get away from expectation. (pp.100-101)

In this description, we can see that Wendy's experience of *jouissance* through the object is markedly different from the type of overwhelming *jouissance* she experiences as a result of the interruption by the Other. This overwhelming type of *jouissance* appears disorganizing for Wendy, almost as though it threatens her very existence. When overwhelmed by *jouissance*, Wendy typically resorts to objects to calm and sustain her – she neutralizes the overwhelming *jouissance* with the objects that provide her with a consistency and remind her that she exists.

Unconscious. It is unclear if Wendy has an unconscious in the way that it is typically understood in psychoanalysis. Because, in order to have an unconscious, one has to achieve being via the Symbolic and it is unclear the extent to which Wendy has achieved this. Certainly, by the end of the text we can start to see her begin to ask some questions about herself, which suggests that she is perhaps working to circumscribe a space in the symbolic that she could occupy; however, there is no evidence of unconscious phenomena in the text. Wendy does not make slips, jokes, etc., and the only repetitions that we see are repetitions in her relation to the object. While, in some ways, we could see her relation to the object as unconscious because it is outside language, that misses an important point about the work of the unconscious – as a space

that holds leftovers from the alienation/separation. The unconscious only exists after the fact – *après-coup* – and because Wendy has not achieved being in the Symbolic, she has no need for an unconscious.

Symptom/Phenomena/Act. In Wendy’s description of her life, we see little evidence of symptom formation. It is possible to argue that Wendy’s chronic depression may constitute something like a symptom; however, she does not seem to identify with that symptom – in fact she talks about how the diagnosis does not accurately describe her. Wendy describes a withdrawal into her own world, an avoidance of the social space, but she experiences that as a largely satisfying space, rather than one of suffering, which we would expect with a symptom. Similarly, we do not see any evidence of perverse acts, or even of a perverse type of enjoyment in Wendy’s text. Wendy’s fascination and enjoyment of objects could arguably be classed as a perverse type of enjoyment, however it never rises to the level of an act and never involves even a fantasy of the Other. Her attachment to objects seems to serve a constitutive rather than jouissance function.

What we do see in Wendy’s texts are a series of phenomena – the hallucinations of “Dark hooded figures” (p. 66), her decision to imitate characters on television (and the subsequent felt loss of self) (p. 51), and the presence of paranoia about people’s intentions (pp. 79-80). All of these could easily be understood as psychotic-like phenomena and we most often see these phenomena appear for Wendy in the context of a struggle with identity or a loss of self in some way. There is no delusional construct, however, and there is also the lack of an abundance of invasive jouissance that we would typically expect to see in a psychotic structure. The phenomena Wendy describes seem to occur exclusively in the context of a significant sense of being overwhelmed or feeling “disconnected” (p.66). In those instances, she talks about

disappearing into herself or into her own world, where she can feel safe. While it is possible to suggest that Wendy's lack of secure subjective space and the presence of psychotic phenomena are indicative of a psychotic structure, I strikes me as strange that we do not see much evidence of imaginary phenomena, which is typically prevalent in a psychotic presentation.

Symbolic. Wendy's relation to language is particular and at times fails in its communicative function. While, on the one hand, she is somewhat able to make use of language in the service of communication, she struggles with some of the more implicit aspects of language, such as organization, metaphor, etc. We can see some of this in Wendy's struggles to maintain a storyline in her book. She fails to maintain a consistent organizing thread that can hold the narrative for her – her book jumps confusingly through time and with little clarity about why certain stories are interjected. It is as though she is speaking to herself rather than addressing an audience – one gets the sense while reading that the book is speaking, but not to the reader. This aspect of language, or communication, which is closely linked with the Law, breaks down for Wendy. It suggests a relation to language and the Symbolic that is ordered idiosyncratically and that Wendy makes use of to create herself, rather than to communicate to the Other or to others. At one point in the book, talking about writing, she says, “The written word has a form all its own. The pen between my fingers feels solid and tangible. It moves with me and allows the symbols of my pain or ecstasy to reveal themselves. Words express my distress through the pen and onto the paper and back to my mind. I can see them on the paper, they talk to me and help me make sense of my life.” (p. 97). This nicely captures what appears to be Wendy's relationship to language as idiosyncratic – she is neither speaking, nor spoken, but creating, and re-creating herself through the act of writing.

Imaginary. There is very little imaginary content in Wendy's articulation of her history. There is no organizing fantasy, as one would expect with a neurotic, nor is there delusional/paranoid/persecutory content that one would expect with a psychotic. Wendy does mention hallucinations, "shadow figures" who offered to "relieve [her] of [her] life and disconnect [her] from the pain" (p. 66). However it is unclear how these figures functioned for her psychically and it does not appear that they offered her any type of solution with respect to the self/Other relation. She mentions them only in passing, which makes it difficult to discern their role in her experience.

There is one instance in the text where Wendy seems to at least be attempting an imaginary identification, although one that ultimately fails. As a child, she tried to copy the identity of television characters in order to create an acceptable self. She says:

By becoming an adventure hero I hoped to gain an acceptable identity. With the hero's identity, I would perform for people – I dearly wanted to be more popular. I could play the clown or the beggar, act educated or dumb, always using someone else's identity and not my own. The real "me" was kept to myself as it was not acceptable.

Sometimes performing was helpful in my social interaction with others and enabled me to feel both human and part of "the gang." There was a cost though: Wendy went underground and continued to avoid facing the reality of emotional pain and disability.

I was often confused and my sense of "self" was very muddled and frightening. I could go to the local shop and then forget why I was there. I got lost easily and even forgot my own name. Some days it was too difficult to make even the smallest of decisions, such as whether to eat one sandwich or two. (p. 51)

As we can see from this passage, Wendy's imaginary solution ultimately fails, although it is unclear why. Wendy does not seem able to construct a stable subjective solution through the imaginary, which requires a sustained relation to the other, in the way that she is able to via the object.

Real. The Real shows up in Wendy's text through her body and her relation with objects. Wendy's experience as she describes it in her book is bound by physical sensation and connection with objects rather than with people. Much of her experience appears as unsymbolizable, particular, and satisfying. What is striking about Wendy's autobiography is that she is describing a life lived largely outside of symbolization – a life lived through the Real rather than through language. The world of language, symbol, law, and others is often disrupting and disorganizing for her.

Sinthome. We can understand writing as something of a sinthome for Wendy. Although her writing is sometimes difficult to follow, in many ways it does provide a window into the world that Wendy's experiences and, I would argue, serves as something like a construction for her. It seems to me, after reading the book through several times, that Wendy is writing to make sense of herself for herself. She is produced as a collection of discrete experiences held together, albeit loosely, through the text. She articulates herself there. Through the book she is creating a self with which she can identify and that can endure through time.

Additionally, the poetry in the book is working in a similar way, to create and sustain a subjective space for her – the poetry helps her to capture her experience and allows her to speak to others. The poetry also seems to serve an additional function of capturing the Real for her in a way that her regular narrative does not. The final poem of her book demonstrates the unique mixture of real/symbolic/jouissance that characterizes her work:

“You’d think the buses would run on time”
The lady says out loud.
“You mark my words, it will be fine,”
The man yells from the crowd.
I stared at each, in disbelief,
What is it that they mean?

The words we use to speak each day,
Should say the things we need to say.
But when in doubt I’ll leave it out
And choose instead another way. (p. 118)

I find it very hard to articulate how I understand the working of her poetry in the text, but it seems to be something like the creation of a word-object – something that allows her to use language in the way that she has previously used objects to hold consistency for her, while simultaneously allowing her to participate in the world of symbols and others.

Summary. Using Lacan’s structural categories, Wendy appears psychotic. Although there is the marked absence of a delusional construct and invasive jouissance, the paternal function seems to be absent and the Other is not barred.

For Wendy, the desire of the Other is experienced as overwhelming and largely unsymbolizable, which is consistent with a psychotic organization. What we don’t see, however, is the type of imaginary explanation of this experience that is typically the psychotic solution. Although she does mention hallucinations at one point in her text, these are transient and do not seem to be structurally relevant. Wendy’s solution to the desire of the Other seems to be found through the Real and the object rather than through the imaginary. Wendy first seems to take a position of indifference or unawareness to the desire of the Other unless it gets too close or becomes pointed at her in a way that she cannot avoid. Her primary strategy, especially in childhood, appears to be withdrawal into herself and into the sensory world of her own body. Her secondary strategy is to make use of the object through a method that reads to me like a

temporary barring – the object plugs up the lack in the Other thus barring desire or, in cases where she is dealing directly with another human being, transforming them into an object limits her experience of their desire.

Wendy's strategies work well to limit her experience of overwhelming *jouissance*, or *jouissance* that feels disorganizing for her, but do not provide her with a sense of subjective consistency. This is the primary mechanism of the delusional or other imaginary constructs in psychosis – they are meant to function similarly to the fundamental fantasy in neurosis, to limit and organize *jouissance* and to provide a more stable subjective space. In psychosis, however the *jouissance* is experienced as largely coming from outside, from the Other, whereas in neurosis it is experienced as coming from within. Wendy's relation to and experience of *jouissance* is different and is the point at which she does not quite fit into the structural definition of psychosis. Wendy is motivated by *jouissance* (rather than by desire), but her *jouissance* is largely satisfying and necessary for her sense of subjective consistency. Her experience of *jouissance* seems to be an experience that comes from within but relies on an external object for production. Her use of the object, which she describes as helping her to maintain through change as well as that which produces profound sensory enjoyment, seems to be the mechanism through which she stabilizes her subjective space, while her *jouissance* is where she locates her consistency through time. In other words, Wendy does not make sense of her experience, either through imaginary or symbolic creations, rather she makes use of the Real of her body which, attached to the object, allows her to continue to be. This method is tenuous, however, constantly threatened by change and by the Other's interruption of her relation with the object.

For Wendy, her use of the Real and the object and her relation to *jouissance* challenges the traditional notion of psychosis. For Wendy, the imaginary seems to be of little use and does

not assist her in stabilizing her position or in dealing with the invasion of the Other. Wendy has her own unique solution, though, and the later Lacanian work on the sinthome and the clinic of the knot better explains Wendy's subjective positioning. We could say that Wendy's struggles are better represented as the absence of S1s – letters that would constitute and hold her space. Wendy's writing, particularly her poetry, seems to be a way of producing herself in the text and, through her unique style of writing, to produce a Wendy with which she can identify – constructing a subjective space that can endure through time.

Jen.

Brief family history. Jen was the eldest of two, born into a two-parent household in rural Australia. She has one younger brother. She was raised on a farm that her parents shared with her grandparents and she had routine contact with her extended family. She does not describe strife or regular conflict in her family and she seems to feel secure in the environment during early childhood. She is able to remember and describe positive relationships with relatives and seemed to enjoy spending time family, especially when they were willing to indulge some of her more repetitious play requests. She is closest with her father, although she relies heavily on her mother to assist her in managing some of her sensory difficulties. Her mother is described as a patient woman who is extremely supportive of her daughter throughout childhood and adulthood. Her father is described as patient, strong, and with a soft spot for animals such that he could sometimes not bring himself to slaughter their hens for food. Jen's father died suddenly when she was 10 years old and she experienced this as extremely traumatic. The family did not speak much about her father's death and she suffered additionally as a result of the silence and inability to mourn his death. That loss is the only piece of her family history that comes up continually in her story.

Relation to the Other. Compared to some of the other authors, Jen's relation to the Other appears more secure, although there is definitely an element of suspicion in her text. Jen asks questions of the Other, questions about what the Other wants from her, but she also seems to have at least developed something of a fantasy to help mediate her experience of the Other's desire (see below). In my read of Jen's account, the Other is barred for her, but that barring feels somewhat unstable. As such, we see a fair amount of suspicion from her, but nothing that rises to the level of paranoia or delusion. And, she establishes a fantasy that enables her to make use of her suspicion in the service of establishing and re-establishing her difference from the Other. We can see this in the following excerpt. Jen is talking about her experience of not fitting in with her peers in adolescence and adulthood:

Later on in life, I was again exhorted to "be yourself," but, paradoxically, this was by persons who did not respect what my "self" was, and who seemingly wanted me to be their version of what my "self" should be. So these were empty words uttered by shallow thinkers. When I hear these words, or similar, nowadays, I season them with a few pinches of suspicion. Before I take them seriously, I try to observe (over a period of time, if possible) what kind of a person the speaker is: does he or she really mean those words, or are they just glibly repeating a common saying? (Birch, 2003, p. 50)

We see Jen, in this example, asking the question: what does the Other really want from me (or, who am I for the Other) and her awareness that the demand of the Other can mean something different than what it says. These things together, suggest an Other that is lacking, that can want something, and that Jen is aware of this lack, but uncertain of her position with respect to it.

Overall, Jen's language abilities are unremarkable. Although she voices some struggles with non-verbal skills, there are several portions of the text where she seems highly attuned to

the implicit messages in language. It is unclear to me the extent to which she finds body language, facial expression, and tone of voice difficult to determine as her reported lack of skills in the text are sometimes contradicted by her behavior. She also seems to have a good grasp of sarcasm and good ability to use metaphor, both of which suggest an awareness of the lack in language. Jen does struggle in some areas of the text with attending to audience and flow of her narrative, a problem faced by all of the authors in this sample. Unlike Wendy, however, Jen is speaking to her audience, and it is clear that she has an intention with respect to her writing.

In terms of the Law, Jen seems largely to accept the limits of the Law and to take some solace in clearly defined boundaries and rules. Like the other authors, she struggles with sudden changes and relies on routines in order to manage her day-to-day life. Jen, however, seems more flexible in her ability to manage changes in routine and, if given enough notice, seems to have little trouble making accommodations. Jen does seem to struggle somewhat with doubt about the working of the Law to limit the Other, seen in her fears and nightmares of being overpowered or killed by the Other as well as in her struggles with interpersonal boundaries. She describes: “If somebody else wants to do something to me or with me, where does he/she end and I begin? I often felt “taken over” by a more powerful individual – and every other individual had more power than I did. I wanted power, not so that I could dominate others, but just so that I could “hold my own space”” (p. 48). For Jen, although the Law works to some extent to allow her the space from which to fear, it does not seem to afford her a full measure of protection from the overwhelming experience of the Other’s desire.

Relation to others. Jen’s relationships to others are complicated. On the one hand, she has a clear ability to empathize and the wants/needs of others often factor into her experiences. As an example, Jen describes her concerns about her lack of skill in a partnered sports game in

school: “This caused me to feel bad on behalf of my partner, who could not participate in the exercise whilst I was off chasing the ball – and, as the other girls appeared to enjoy this exercise, I was inadvertently spoiling my partner’s fun” (p. 86). In several other instances in the book, seemingly unprompted, Jen voices a concern for the other (e.g. p.138, p. 141). This requires the ability to see things from the perspective of the other, suggesting an awareness of difference/lack as well as an awareness of the other’s desire and an attempt to take a position with respect to it.

On the other hand, Jen frequently positions the other as victimizer, often interpreted as purposefully hurtful or intentionally demeaning her experience. In this characterization of the other, my sense is that Jen’s fantasy is organized around a position as victim, one that she needs to re-establish continuously via the other and which can be understood as an unconscious repetition (see below) aimed at inscribing difference. As such, Jen’s literal relationships with others are often conflictual and she struggles to establish and maintain long-term, meaningful relationships. (The exception to this is with her mother and brother, who are presented in the book as endlessly supportive, and a relatively new partnership with John, who is presented similarly).

Jen’s struggles with respect to relations with others are clear in the following excerpt. She both wants to engage in and wishes to avoid relationships with others due to her chronic sense of victimization. She describes her experience following a complicated break-up and decision to move into her own living space:

Now, though, without my flatmates and without Jessica – and alone for most of the time outside work hours – my mood was more often down than up. I felt desperate for friends and for other people, but I knew that I could not cope with people when I had them. This caused me to feel that there was no solution to the loneliness I felt; and my failure at

relationships of various kinds had caused my self-esteem to plummet. I arrived at the space where I did not want to live any more, and I had thoughts of ending my life. (p. 53)

This description captures well the complicated pattern of relations with others that characterizes Jen's autobiography. She has a genuine desire to have relationships, while also needing the other to help her articulate and maintain her subjective position. But her constant sense of feeling misunderstood can be overwhelming, pushing her to withdraw. The back and forth of seeking out relationships, feeling victimized/misunderstood, and withdrawing characterizes most of the relationships Jen describes prior to her diagnosis.

Toward the end of the book, after she has received the diagnosis of Asperger's, Jen's position with respect to others seems to shift. Following the diagnosis, Jen has a word to describe her difference from others and we see her begin to make use of this designator in her building of relationships, almost all of which revolve around her diagnosis in some way. At this point, however, Jen begins to address the professional community of clinical providers, pointing out her differences from others who may share her diagnosis. Again, we see a need to make use of the other in order to inscribe difference and secure her subjective space. The diagnostic label seems to have increased her subjective stability somewhat, but we continue to see her make use of the other as a vehicle to establish difference and maintain her space.

Alienation. Jen's ability to question the Other suggests alienation. She devotes an entire section of her book to what she calls "identity issues," to asking the question, "who am I?" For Jen, these questions show up in the context of gender, "Am I a boy or a girl, or something in between?" (p. 46), and also in the context of human-ness, "Am I an earthling or an alien?" (p. 46). Jen's experience of her "identity issues" is bound up for her in the question of difference (from others and the Other) and plays out via an internal landscape of anxiety about establishing

a coherent and stable self. To ask these types of questions suggests an awareness of or experience of lack, pointing to alienation in the Symbolic.

Jen also seems to have experienced alienation at the level of the image, although her accounts of her bodily experience are sometimes at odds. She suggests some tendency towards clumsiness, difficulty with learning motor skills at a young age, but later goes on to talk about her appreciation for walking/running and she has some good physical ability when it comes to managing her poultry. What is perhaps more telling with respect to her sense of her body is a description of her experience watching herself on film:

I watched, with growing horror, as the person they called Jen appeared on the screen.

Yes, I had been filmed boarding the bus, visiting the library, catching the rooster, so I

knew that it had to be me. Without these clues, however, this person was difficult for me

to recognise. I began gripping John's hand with enough ferocity to risk stopping the

blood supply. For months afterwards, I spent an unprecedented amount of time in front of

the mirror, trying to reconcile the person I saw there with the person on the programme. I

would try to catch out this impostor by surprising it with a mirror confrontation. (p. 226)

Jen's reaction to her image on the screen – her sense of being startled and asking the question, who is that? – is as similar to her experiences of attempting to locate an identity. In Jen's case, alienation is clear, but the resulting anxiety and distress points to a problem at the level of separation, seemingly with a failure of the fantasy to stabilize and secure a more permanent subjective space.

Separation. Jen's description of her identity issues also includes a description of her struggles to "hold [her] space," (p. 68) including chronic nightmares where she is endlessly chased and fears she will be overpowered by more dominant others, as well as fears that

something may come to destroy her in the dark. While separation has likely occurred for her, the fantasy is not fully functioning as a solution to the enigma of the Other's desire (see below). On the one hand, Jen appears overwhelmed by the desire of the Other, and this shows up in her constant fears, nightmares, and interpersonal struggles. Her fears of being overpowered by the Other are telling of a felt insecurity in terms of her subjective space. On the other hand, Jen appears to occupy the position of split subject who is able to ask the question of what the Other wants, and also to desire for herself. Jen's fear of being devoured requires a separation from the Other in order to function – without separation there would not be fear; rather, we would see something like a literal devouring – an invasion by the Other.

Paternal function. Jen's position as split subject and what appears as a barred Other in her account suggests the absence of foreclosure. While there are a few instances in the text that could be read as psychotic phenomena, they do not rise to the level of structural elements. She struggles with anxiety and a fear of losing her space, but she is able to keep the Other at a reasonable distance. Similarly, there is no evidence of disavowal in her account. In fact, there is nothing suggestive of perversion at all. Her ability to acknowledge and accommodate the Law is clear, and her jouissance, while occasionally overwhelming, is largely regulated. Structurally, Jen appears to be operating within a neurotic structure, though there does seem to be some impairment in the role of the imaginary. The Other is barred for her, despite her fears to the contrary.

Desire and the object a. Desire shows up in Jen's text in a variety of ways: her passion for poultry, her pursuit of romantic relationships, her ongoing appeals for help to mental health professionals, and her persistent academic interests in language and culture. For Jen, desire

seems to be mobilized, and we see her, despite many failures and challenges, continue to want more.

For Jen, the loss of her father produced (or perhaps reiterated) a lack around which her desire was organized. Her passion for poultry, which she shares with her father, can be linked to that loss, as can her desire for (and struggles to establish) a romantic relationship. For Jen, these two seemingly disparate desires, poultry and romance, seem to converge for her and allow her to sustain a position as care-taker. Following a break-up, she says, “I got the craving again. In hindsight, it was probably due to the shock of failing at relationships again, being on my own again, and wanting the comfort of my special interest – which included the tenderness of looking after living creatures” (p. 166).

Although I do think that Jen is a desiring subject and that the *object a* is at play for her, I am left with some questions about the organization of her subjective structure, the inscription of lack, and the emergence of the *object a* for her. Jen seems to need to reproduce lack or loss for herself, and we see this in the repetition of victimization (see below) and in the fears of disappearing, which is not typical of a neurotic organization.

Jouissance. There are a couple of ways that Jen consistently describes obtaining jouissance. The first is in relation to auditory stimuli. This appears to be a consistent source of enjoyment for her from early childhood and her descriptions of these experiences evoke Lacan’s discussion of feminine jouissance. Jen describes her experience of the sounds in a library:

The rustling of pages, and the scuffling of people rummaging in their pencil-cases, makes my hair tingle in the most pleasurable way. I suppose this is how a cat feels when it purrs...As long as I don’t have any urgent reason to leave, I can just bliss out to these

sounds. My brain unfocuses and my body goes weak. It's the best way I know to unwind from stress! (p. 98).

In this description and others (e.g. p. 17, p. 24), the *jouissance* Jen experiences is both satisfying and wholly outside of language. It is also singular. We see a similar experience in her description of visual stimuli (e.g. p. 14, p. 51), although these are not as frequent. What is worth noting, in comparison to some of the other authors, is that Jen does not ever speak of the end of these *jouissance* experiences as a negative. In fact, she doesn't speak of the ends at all, seeming able to accept the cessation of *jouissance* without issue. This suggests something in terms of the function of *jouissance* for Jen, insofar as it appears as supplementary rather than constitutive for her.

The second is Jen's description of her occasional bouts of self-harm or, as she calls them "self damaging acts" (p. 32). In this instance, *jouissance* appears in two ways: first, it appears as an overwhelming emotional state which requires some type of release and, second, the action she takes to provide release contains its own excess of *jouissance*. She describes this phenomenon:

I still have to watch, though, for the first signs of pulling out eyelashes: once I've pulled one out, the urge becomes stronger and stronger to keep going until they are all out, which I have done many times. These behaviours seem to be responses to stress, and sometimes excitement. And when major frustration or upset occurred, I would sometimes (until recently) bash my legs with my fists until I was covered with bruises; next day, I would feel pain on walking. This would give me some kind of release, but I am glad that I seem to have (touch wood) overcome that particular behaviour. The fact that my last few years have seen major improvements in my life, e.g. having the understanding of friends and family, has helped very much in this respect. (p. 32-33)

In this instance, Jen is describing a type of jouissance that we may consider symptomatic, or contained within the structure of a symptom. Here we can also place Jen's perpetual anxiety, which also contains a kernel of jouissance and which is implicated in her symptom, as I will discuss further below.

Unconscious. Like many of the other authors, Jen does not share parapraxes. She does describe frequent nightmares, both in childhood and adulthood (p. 46, p. 148), with content related to being chased, overpowered, and/or killed by an unknown assailant. The nightmare content is consistent with the other unconscious material that appears in the text in terms of Jen's repetitions. Primarily, we see a repetition of the question, who am I? and/or what is wrong with me? coupled with a repetition of perceived (and occasionally actual) victimization, which I believe comprises the main components of Jen's symptom formation. Alongside this, we see a repetition of Jen's dissatisfaction with the other and a repetition of the articulation of her difference – a combination that serves to maintain the separation that feels insecure but that also points to a desire for recognition.

Symptom/phenomena/act. For Jen, it seems that we are primarily dealing with symptom formations rather than with psychotic or perverse phenomena, although there are a couple of instances that do not fit well within the neurotic sphere. In a neurotic symptom, we should see a repetition that serves as an attempt to resolve an unconscious conflict and to regulate jouissance. In Jen's case, I believe the repetition of victimization allows her to negotiate the desire of the Other by establishing herself within the fantasy as undesirable in some way. I would like to preface this by saying, however, that I do not want to minimize the ways that Jen was actually victimized for her differences. Those instances are many, likely more numerous than she describes in her book, and I am not suggesting that she brought these attacks on herself. Instead,

I want to point out the way that she constructed a fantasy that resolved an unconscious conflict for her in that it allowed her to consistently view the Other as a victimizer, which allowed her to sustain a position in relation to the desire of the Other that did not threaten to destroy her (as in her nightmares).

This symptom seems to appear for Jen only after the unexpected death of her father, around age 10. Jen talks about the loss of her father as leaving her “unprotected” and “vulnerable” and, in my reading of her story, that experience of loss seems to be the traumatic kernel around which this symptom circulates. There are many descriptions of this symptom in Jen’s book, of which the following provide merely a sample:

- *Describing her grief following the death of her father:* Therefore – and as it was the sixties, in rural New Zealand – we were forced to join the conspiracy of silence: the assumption that if something is not mentioned, it does not exist...Over the months and years – eventually to become decades – there was no recognition that I might have been suffering, and no opportunity to be helped. (pp. 39-40)
- *Describing her experience taking a dance class:* The teacher did not seem able to understand that I was, in fact, trying very hard to learn the dance, and became impatient with me. Over time, I was unable to cope with the teacher’s frustrated reactions to me, which were by now causing me stress. Therefore, I ended up leaving the dance group, feeling sad, disappointed, and with a feeling of having failed again. (p. 90)
- *Describing her experience of writing her true feelings in a treatment journal (while on an inpatient ward):* From this one written comment, I recall three layers of suffering: first, I had symptoms which meant that I could not fit in with what was expected of me; second, these symptoms “caused” other people to react harshly to me, thus inflicting more

suffering; and, third, I was also “to blame” for all of this, which produced confusion, fear and misplaced guilt. (p. 119)

- *Describing her experience seeking mental health care after her inpatient stay:* From that moment on, it would be a case of being treated abruptly, being told that they could not help me, and being told to go away and stop disturbing the unwell people with my presence. Due to this happening several times, I can only surmise that something very negative seems to have been written in my previous hospital records by the “farm ward” staff; for why else would the appearance of my previous records trigger such a change in attitude? As I could not, therefore, obtain the understanding and help which I needed, I was on a downhill slide into depression and other mental health problems, perpetuated and compounded by my “farm ward” admission. (p. 129)
- *Again, describing her experience seeking mental health treatment:* A Day Clinic of the Auckland Hospital Board: I described my developmental delay (no crawling, late walking, slow growing, looking very young for my age as a child, thyroid disorder), and said I thought there could be something in this; these facts were ignored. At another time, seeing the same therapist, I said that I thought a girl’s sexual development is affected by the presence or absence of her father. At this, I was angrily met with “But you don’t have sex with your father!” Thus, I was invalidated, humiliated, and had my comment turned into something dirty, which I did not intend. (p. 131)
- *And, finally, another attempt to get help:* Then, in small groups, we had to recall memories of each parent; the grief burst out and I was sobbing uncontrollably; no one, including the leader, seemed to know what to do. I maintain that this type of workshop may sometimes be harmful, as they can stir up a person’s most painful memories, and

then leave the person stranded without proper support. If a leader is going to have such a workshop, then they should be careful what they do to participants, and be properly prepared for what can happen when they rekindle a person's trauma; otherwise, the leader is acting irresponsibly. (p. 132)

This repetition, like any symptom, produces a tremendous amount of suffering for Jen, and, in my reading, the fantasy does not fully provide a solution in the way that we would expect to see in a neurosis. Later, the diagnosis of Asperger's seems to allow Jen a way to establish her difference from the Other while also allowing her a more positive subjective space to occupy. Although, even following the diagnosis, we see the repetition continue in the context of Jen's dissatisfaction with some of the characterizations of Asperger's adults:

There is still one major area in which I differ (perhaps) from the majority of others who have Asperger Syndrome. (Of course, in order to be sure of that, a very large survey would have to be done, ensuring that sufficient respondents with the relevant life experiences were included.) It seems to me that the "known fact" of people with Asperger Syndrome lacking empathy leads even some autism professionals into erroneous thinking. This "fact" then lets them believe that people with Asperger Syndrome do not grieve, or not as much as "normal" people. In other words, this "known fact" is untrue and even dangerous, because then people with Asperger Syndrome cannot get the help they need, if major grief hits them. I am leading into the area of childhood trauma, caused by the death of my father when I was ten. This double phenomenon (Autistic Spectrum plus major bereavement in childhood) falls outside even most Autistic Spectrum experts' knowledge, and, as such, it seems I am on my own in writing my own theory about this. (pp. 206-207)

What appears as different in this iteration of the repetition, is her ability to hold a space of difference that is not only defined via victimization – here she can also be an expert and theoretician.

Although the majority of Jen’s description of her experience points to symptom formation, there are also some phenomena she describes that could be interpreted as psychotic, although I do not think they necessarily refer to a psychotic structure. Two instances in particular stand out. The first is Jen’s description of the “Unwanted Possession”:

So it went on into my twenties and thirties. Even after I no longer lived at my mother’s house, sometimes I had to sleep with the light on – when living alone, no one would need to ask me why. The nightly sounds of floorboards creaking meant, surely, that an intruder was approaching my room. I would shut the bedroom door, because then, at least, there was no dark gaping entrance-way in which someone or something could be lurking, ready to come in. Since the door would have to be opened first, this would give me an extra second’s warning. I developed a relationship of sorts with this monster, “The Unwanted Possession.” Worn out by the fear, I would beg it to come and do its worst and get it over with. Its refusal to do so proved to me that it was more interested, for the moment at least, in intimidation and mental cruelty: in scaring me to death. Its name – after I reached my (chronologically speaking) adult years – became known to me as Jenny Pierson. (pg. 47-48).

In her description of the “Unwanted Possession,” it both seems to be part of her as well as outside of her. It follows her and, on at least one occasion in the text, she seems to refer to it as though she believes that it is real (p. 48). The “Unwanted Possession” seems to be at least somewhat related to Jen’s difficulty negotiating her position with respect to the Other’s desire

and with the nightmares that she describes, but in this instance her description carries a sense of paranoia that borders on delusional. My thinking is that this phenomena points to the fragility of the fantasy as a mechanism for Jen to sustain adequate separation from the Other.

The second instance in the text that perhaps points to a more psychotic type of phenomena is a singular episode of what appears to be something like an hallucination, although it also seems to contain a metaphor. Jen begins by describing an experience in childhood following her father's death. Her grief was extreme at this time and she was tormented by community members who were speaking ill of her father's technique of docking cow's tails by cutting off circulation to the appendage and letting it 'fall off' (hear the echos of castration). Jen states that, as a child, she was made to feel so anxious and distressed by these stories (and her anger at her father for taking such "controversial action" and then dying) that "each time, [she] could feel her stomach and entrails shrivelling up into something the size and shape of a raisin" (p. 189). As an adult, while telling this story to her boyfriend during a car trip, she describes the rawness of her emotion and her need to "scream her pain out" during the drive. Upon arriving home she describes her experience in the bathroom:

To my amazement, out of my body poured a yellow substance like partly-chewed whole kernel sweetcorn – though I knew I hadn't eaten any sweetcorn for a long time.

Alternatively, it was like yellow shrivelled raisins – the raisins which, I felt, had taken the place of my insides so many times...And why did it suddenly decide to come out? – I could see no triggering factor except for the screaming attack, the clearing of a chunk of mental suffering, right before the yellow flux; and this seemed to me, on a psychological and a gut level, to be the correct answer. Perhaps my life was saved by the removal of this pain, which had been stored inside me as "yellow raisins." (pp. 189-190)

In this description, Jen's psychic pain appears in the Real linked to the signifier of raisins. While, on the one hand, we could understand this as a type of metaphor, linked to castration, the presence of the hallucinatory element suggests a more imaginary solution to the Real and jouissance, again pointing to more psychotic organization of the experience.

Jen's combination of neurotic symptoms and psychotic phenomena points to a subjective space that is not completely secure. As indicated previously, it is my formulation that separation for Jen was somehow incomplete or inadequate, producing a subjective space that feels threatened. The occasional intrusion of psychotic phenomena can be understood in this vein as an attempt to regulate the surplus jouissance/anxiety that appears as her fear of being overpowered or destroyed.

Symbolic. Overall, Jen's relation to language is suggestive of a neurotic structure, she has a good a facility with language and seems to be able to grasp well enough the use of metaphor and to accommodate the polysemy of language. Although her text is somewhat disorganized, Jen is speaking to an audience about herself. Jen is also situated as a subject within the Symbolic, although it is here where her struggles with identity become most relevant and it is unclear the extent to which her name holds the subjective space for her. Later in her life, the diagnosis seems to secure her position, providing both an individual and a cultural identity.

Imaginary. The function of the imaginary in Jen's text is somewhat unclear. Jen does seem to be able to make use of fantasy in her interactions with others, and we can see this in her interpretation of the others' intentions (see examples from the Symptom section above) as well as in her clear ability to empathize, or to imagine herself in the place of the other.

Additionally, Jen does seem to have something like a fundamental fantasy that is at least attempting to regulate jouissance and to provide a solution to the question of the Other's desire.

This fantasy is problematic, however in that the space it provides for Jen is a negative one (e.g. the place of absence, of ‘not-that’). The fantasy also places the Other in the position of extreme power and leaves Jen with little opportunity for action other than withdrawal. And, this is where the fears related to being overpowered or disappearing come into play. This is different, for example, from the fantasy that we see at play for Jesse, who is also establishing a situation where he will fail to be the object that the Other desires. For Jesse, however, the enjoyment lies in a failure that is also a success – his fantasy allows him to be admired precisely because he is a failure. For Jen, the ability to occupy a space, despite failing, doesn’t seem to exist and the fantasy does not provide an answer for her.

The death of Jen’s father seems to be at play in the development of much of her fantasy life and, in particular, in the development of her sense that it is impossible for her to really understand herself or reach her full potential after sustaining that loss. She says,

the worst thing I could imagine – the death of one of my parents – was not only possible, but had actually happened. Therefore, my child’s mind reasoned, the worst possible things can and do happen – anything, no matter how terrible, can happen at any time. This fact ripped away any vestige of confidence I had about living in the world. The world – the universe – God – is ready and willing to destroy anybody and anything at any time. I was to live with this feeling for the rest of my life. (p. 42).

Here we see the development of her fear and profound sense of vulnerability, but Jen goes on to share her sense that, as a result of the loss of her father, she would be unable to meet developmental milestones related to sexuality and gender. Somehow, that loss to her meant that her ability to assume sexual difference was lost as well (pp. 41-42). This trauma seems to have had an effect on Jen in terms of the production of her fantasy – with her father gone, the question

of her subjective space became even more tenuous. It is my sense that she was unable to find an imaginary solution to the Real trauma of the loss of her father.

Real. For Jen, the Real shows up primarily in terms of her anxiety and her experiences of jouissance. Jen does not talk much about her body. She does note some issues with gross motor skills; however, she seems largely able to rely on and use her body as needed. She does not talk about experiencing her body as fragmented or disjointed, although she does seem to struggle to ‘inhabit it’ completely (see for example pp. 91-92) and is often confused by the ease in which others are able to move their bodies through space.

Although we do not get much by way of description of Jen’s experience of anxiety, this is what prompts her many demands for help from mental health professionals. This experience appears as overwhelming for her and beyond symbolization. For Lacan, the encounter with the Real, or the close encounter, provokes anxiety and, potentially, an abundance of jouissance. We see this in Jen’ account, particularly in terms of her descriptions of self-injury and of stress-induced illness (pp. 32-33, 142, 151-152).

Sinthome. It is possible that the diagnosis of Asperger’s may serve as a sinthome for Jen. In the text, there is a clear shift for her following the diagnosis and we see her begin to inhabit a subjective space that is much more secure. Her relationships become less conflictual and she is able to pursue interests and social relationships without experiencing the level of anxiety she encountered previously. There also appears to be a cessation of “asking for help” following the diagnosis, suggesting that her suffering was somehow contained or reduced. For Jen, the diagnosis allows her to fully achieve a subjective space, to assume an identity, which provides her some freedom from the previously symptomatic relation to the Other. She is able to move from the position of victim to the position of narrator.

Summary. Using Lacan's structural model, Jen appears to be neurotically structured. Her symptom points to felt insufficiency at the level of separation and the construction of a fundamental-fantasy, however Jen clearly occupies a subjective space that is largely symbolically secure and from which she is able to desire. Her desire is never in question; she has the ability to want and we see this play out in her pursuits with poultry, her persistent search for romantic relationships, and her passion for language and culture. We can also see it in her frustrations when she is unable to satisfy her desires. This suggests that both alienation and separation have occurred and that the paternal function is operating to secure the subjective space from where Jen is able to desire. It suggests that the Other is barred and that a fantasy has evolved to make sense of the relation to the Other and to regulate jouissance. With Jen's case, though, the presence of certain psychotic-like elements points to a failure in the regulatory mechanism of the fantasy – it does not fully regulate her jouissance and, instead, we see that enjoyment return in sometimes unbearable or overwhelming ways.

For Jen, although the Other is barred, it seems that the barring is unstable or, at the very least is experienced as unstable by her, which we can see in her suspicion of the motives of others as well as in her fears related to the security of her physical and psychic space. The phenomena of the nightmares and the construction of the "Unwanted Possession" point to a failure of the Law to fully limit the Other and a return of a jouissance that can be overwhelming. In the Lacanian structural theory, this points to a failure at the level paternal function, however it does not appear to be a complete failure and we can see some elements of repression operating through the repetition. It's as though repression is incomplete rather than as though foreclosure or disavowal has occurred. In a typical neurosis, we assume that the paternal function is operating by presence of a fundamental fantasy that addresses the question of the subject's lack

and attempts to reclaim lost jouissance. For Jen, the fantasy is organized around a position as victim, so although it provides a position for her with respect to the Other it is a position that is objectified. Her fantasy places her in the position of object rather than subject. The repetition for her seems to function as a re-production of the moment of separation – where an unsafe subjective space is produced for her, one that could easily lapse and allow the Other to use her rather than want her. The repetition produces the fear and suspicion that keeps the Other at bay. I suspect that, for Jen, this partial failure of the paternal function is linked to the literal loss of her father and the ways in which she experienced that loss in the Real and understood it to mean the end of her subjective safety.

What seems to have not been wholly repressed for Jen is a signifier that would establish sexual difference. And, this is also linked to the loss of her father, who not only kept her safe, but from whom she imagines she would learn who she was as a woman. The jouissance that returns for Jen is almost exclusively linked to questions of sexual identity and the establishment of difference. While on the one hand, the repetition of victimization produces at least a partial space for her, she is still left without an identity that would allow her to fully assume that space. The diagnostic label in some ways seems to secure that space for Jen, halting a kind of sliding of her identity and does seem to be, in many ways, consistent with Lacan's definition of a *sinthomatic* construction. However, even after she adopts the Asperger's label, she continues to work to establish her difference. What is different is that the work becomes work to establish difference at the symbolic level of understanding with the other rather than work at the level of the Real/Imaginary to establish her own identity.

For Jen, while in many ways structured neurotically, something failed at the level of separation and the fantasy, which did not allow her to assume a satisfactory position with respect

to the other or establish a workable imaginary answer to the question of the Other's desire and her own identity. Although some psychotic phenomena are present in her descriptions of her experience, these phenomena are localized and do not appear to be indicative of a psychotic structure. With Jen, it seems that while the strictly structural model of Lacan diagnosis does not fully explain the organization of her psychic experience, there may be a way to understand it singularly in terms of her methods for managing excess *jouissance* and the ways that the diagnosis provided her with a method of identification outside of sexual difference through which she was able to construct a sustainable identity.

Table of Concepts by Author

	John	Jesse	Wendy	Jen
Relation to the Other	Other as enigma	Other as enigmatic and unforgiving	Other as non-desiring/complete	Other as punishing
Relations with others	Desired but frustrating; often retreats to objects	Desired but frustrating; engages by forcing	Avoids interactions by withdrawing into self or treats others as objects	Desired but experienced as invalidating; often withdraws into self or objects
Alienation	Yes	Yes	No	Yes
Separation	Incomplete	Yes	No	Incomplete
Paternal function	Unclear – presence of barred Other, but no evidence of repression, disavowal, or foreclosure	Functioning – evidence of repression	Absent – some evidence of foreclosure	Functioning- evidence of repression
Desire and the <i>object a</i>	Desire for creation and control	Desire for recognition	Absence of desire/object; evidence of push-towards-being	Desire for care-taking; status of object <i>a</i> appears unstable requiring repetition of (re)production of subjective lack
Jouissance	Neurotic and Perverse	Neurotic	Some evidence of psychotic <i>jouissance</i> in relation to Other; <i>jouissance</i> through	Neurotic and psychotic

			the object provides something like subjective consistency	
Unconscious	Present in repetitions	Present in repetitions	No evidence of unconscious material	Present in dreams and repetitions
Symptom/ Phenomena/ Act	Mixture of neurotic and perverse symptoms/acts	Neurotic symptoms	Psychotic phenomena; absent delusional construct and persecutory Other	Mixture of neurotic and psychotic symptoms/ phenomena
Symbolic	Exists linguistically; function of the Law questionable	Exists linguistically; Law functions	Idiosyncratic relationship to language and the Law	Exists linguistically; function of the Law questionable
Imaginary	Restricted-little imaginary content	Functions to regulate desire/jouissance	Unstable; little imaginary content	Restricted; fantasy content does not adequately manage gaps between Real and Symbolic
Real	Restricted – little emergence of Real	Appears via jouissance (self-injury/stimming)	Prevalent – appears in relation to physical sensation and communion with objects	Appears via anxiety
Sinthome	Creation of and working with machines	Possibility of sinthomatic construction/sublimation via public speaking career	Writing	Possibility of sinthomatic construction around the diagnostic label
Structural Position	Unclear (neurotic and perverse elements)	Appears Neurotic	Unclear (psychotic elements)	Appears Neurotic

Summary of Conceptual Analysis

To repeat the saying of autistic self-advocates, “if you know about one autistic person, you know about *one* autistic person” (Hacking, 2009b, p. 46). The results of the psychoanalytic analysis, above all else, point to the ways that autism both doesn’t fit well within the structural clinic and doesn’t seem to hold together well as its own diagnostic category, either.

For each of the authors, issues of subjective constitution were comprised by different problems. For Jen and for John, there were clear questions related to the success of separation and the paternal function, but these questions were aimed in distinct directions. For John, the question was about whether repression or disavowal was operating and, if neither were, what was holding the subjective space for him. For Jen, the question was about whether repression was operating fully and, if not, how psychosis was avoided. For Wendy, the question of foreclosure was at the fore leading to further questions with respect to her ability to construct a subjective space without the use of the Imaginary. For Jesse, unlike the other authors, there were few questions related to subjective structure at all. The ways that the conceptual elements of the analysis appeared for each author were unique and comprised a particular constellation of psychic and unconscious phenomena.

One element that did appear across most of the author's accounts was a failure in the function of the Imaginary and the construction of fantasy. With the exception of Jesse, all of the authors seemed to have some type of impairment in the ability to use fantasy as a way to manage the relation to the Other. For John, Wendy, and Jen, this impairment seems to have led to a need to construct a supplement that would work in the place of fantasy. For these three authors, the need for a supplementary construction is shared, although each author's construction is unique and makes use of different psychic elements to create the subjective space.

The marked differences in the conceptual analysis of the autobiographies points clearly to the absence of any one particular structure of autism and to the problems with assuming that the diagnosis of autism reflects similar patterns of subjective or unconscious experience. At least in this analysis, there were no conceptual patterns that would point to a structural position shared by autistic individuals, whether that is understood as a psychotic position or one that is specifically

autistic. What was evident, instead, was the need to make use of Lacan's later theory to understand subjective constitution for most of the authors, which may point to something worth further exploration in the Lacanian field.

Comparison of IPA and Psychoanalytic Analyses

In conducting both the IPA and the psychoanalytic analyses, I was attempting to gain insight and understanding about the experience(s) of the authors and their psychological functioning. I chose this dual approach because phenomenology and psychoanalysis, while both seeking to gain understanding, ask questions from distinct perspectival positions. Phenomenology, in an attempt to be as true to the experience as possible, seeks to know the other as it presents itself to be known. There is an attempt to make explicit and reflect on preconceived ideas and notice what is before you, without having to grasp or control it. Psychoanalysis, in an attempt to alleviate suffering, seeks to understand the unconscious context from which the other's suffering emerges and is maintained. There is an attempt to grasp the forces at play in the other's world for the express purpose of changing the other's relation to them. Both perspectives offer something important, in my mind, and there are ways in which what they are able to notice is similar. In other ways, they diverge, noticing particular things with little overlap. And then there are ways that they both fail, in similar and dissimilar manners, to truly capture experience, suffering, difference. I will discuss these issues below.

Commonalities within the Analyses

There are several areas of overlap in the types of phenomena captured by the IPA and the psychoanalytic analyses. First, both were able to highlight issues of identity and the curative function of the diagnosis. Through the IPA analysis, it became clear that issues of identity and understanding oneself were primary for most of the authors and closely linked to struggles with

communication, difficulties in establishing and maintaining relationships, and problems with self-awareness. That analysis was also able to elucidate the ways that the diagnostic label allowed the authors to better understand their own experience and to obtain a more thorough grasp of their own strengths and limitations and to experience a greater sense of agency. The psychoanalytic analysis also picked up issues with identity, and similarly to IPA, linked them largely to issues at the level of the self/Other relationship. In the psychoanalytic analysis, issues of identity appear either in the absence of a secure Symbolic space for the subject to emerge or in the absence of adequate separation from the Other. In that read, the diagnostic label creates a more secure subjective space and, similar to what the IPA analysis showed, the increased stability of identity allowed the subjects more freedom to engage in relationships, pursue goals, and understand their own experience. In both analyses, the diagnostic label emerged as that which shores up an unstable identity or subjective space.

Secondly, both the IPA and the psychoanalytic analysis were able to capture the importance of objects and predictability for these authors, although they point to different functions in some cases. In the IPA analysis, the object emerges for most of the authors as that which provides safety and refuge in a world that often feels harsh or unwelcoming. The IPA analysis captures the retreat into the world of objects in response to emotional pain and rejection for many of the authors. It also points to the role of predictability, often obtained through objects, in the feeling of safety. The psychoanalytic analysis is also able to capture a similar sense of safety and predictability, although the psychoanalytic read assumes a more fundamental relationship between the subject and object for some of the authors. Rather than only an opportunity for refuge, the object also becomes a site for control or for the creation of a needed

self-consistency. In both analyses, however, the relation to objects emerges as a central theme implicated in issues of identity and emotional well-being.

Finally, both the IPA and psychoanalytic analysis are at least able to point to or notice the profound differences in the accounts of these authors and allow a space for reflection on the singularity of each case. The IPA analysis, in particular, does well at drawing out the similarities in the lived experience shared by the authors. The IPA analysis, though, also is able to highlight differences, permutations, or singularities in each authors experience that allow us to see the individual in the context of his or her own way of being. The psychoanalytic analysis shares this ability to notice differences within the accounts. Although it is perhaps not as attuned to picking up elements of lived experience, the psychoanalytic analysis allows us to observe the differences in enjoyment and in relations with others, in their conscious and unconscious presentations, that comprise the most intimate elements of being human. Both the IPA and psychoanalytic analyses allow us to see across sameness and acknowledge differences both within and between accounts.

Divergences with the Analyses

There are also several ways that the psychoanalytic and IPA analysis diverge, capturing different phenomena or interpreting experiences differently. First, to start with the latter, I was struck by the ways that the material appeared to me differently when completing the two analyses.

Although the books remained the same, the stories identical, the lens through which I was exploring the autobiographies shifted and, as a result I saw new, different, and sometimes contradictory things. One example is in Jen's text. In the IPA analysis, her stories of being taken advantage of/misunderstood/victimized came across to me as pure mistreatment and bullying - ignorance and lack of empathy on the part of the individuals she was dealing with. In the psychoanalytic analysis, they appeared to me as a repetition, one in which her desire was also

implicated, and in which she was involved as (unconscious) agent. Is it both or neither? This is simultaneously the problem with and the strength of this multi-perspective approach, but it is helpful to acknowledge the ways that these differences only showed up through the shift in perspective – neither would be able to capture those things alone.

In terms of the ability to capture divergent phenomena, the IPA analysis provided a better window into embodiment, the role of empathy, and the ability of the authors to demonstrate love and compassion. Particularly in terms of the complexities of embodied subjectivity, the IPA analysis was able to paint a more nuanced picture of the intersection of body, language, experience, and emotion that was sometimes missed by the psychoanalytic analysis, which largely takes up language and body as forces typically opposed to one another. For example, using the IPA analysis, it is clear the ways that Wendy's experience of the sensual world is a profound physical and emotional experience, fully embodied, and bound with her sense of herself and her connection with the world. And it is also evident that that experience resists translation into language and that Wendy struggles in part because language does not capture her experience in ways that allow her to share it with others – despite a clear desire to relate. Going further, we can also see the ways that Wendy's embodiment finds its limit in the experience of change and that her ability to maintain her sense of herself, physically and psychologically, is threatened in those moments. Her relationship to herself, to her body, and to the world of others is both complex and contradictory. The complexities of the authors' conscious experiences, the movements toward and away from the other, and the conflicts both internally and externally, are revealed through the IPA analysis in a way that allows space for both the consistencies and contradictions to emerge as valuable.

Not surprisingly, although the IPA approach was more attuned to the complexities of conscious experience, the psychoanalytic analysis was able to capture or provide some insight into the presence of non-conscious or unconscious phenomena and issues of motivation, enjoyment, and desire that were not as present in the IPA analysis, as for example with the questions of Jen's repetition discussed above. The psychoanalytic analysis also captured the creative aspects of the author's composition of his or her world – the ways that they made use of objects, labels, and language as tools to aid in the production of a more stable construction of self and ability to relate to others. We see this in John's use of machines, Wendy's use of writing and poetry, and Jen's use of the diagnostic label as ways to situate themselves in the world more securely. What the psychoanalytic analysis points out is that these acts, while largely unconscious, comprise a type of freedom, that they are creative, and that they are the profoundly particular productions for each author.

Another important area of divergence between the analyses, lies in the issue of translation. There is a distinct difference between the two approaches in terms of the language used to describe and understand phenomena. In IPA, as with most phenomenological explanation, the descriptions of lived experience are presented largely within the context of everyday language, making liberal use of the participants' own words rather than conceptual or technical language. Although there is certainly analysis and interpretation within the framework of results, the language remains accessible to most readers, regardless of background or specialization.

The psychoanalytic analysis both requires translation and is resistant to it. Psychoanalysis, particularly Lacanian psychoanalysis, relies heavily on a technical language that has evolved over time. As a result of that evolution, concepts carry with them traces of previous

theoretical elaborations and, for each analyst or clinician, theoretical elaborations are linked with the lived experience of conducting the treatment and with the various constellations of subjective construction s/he has experienced through clinical work. The intricate relationship between the praxis of psychoanalysis and the conceptual-theoretical framework is difficult to fully articulate even among psychoanalysts, especially more so for those not familiar with that theoretical framework. As such, the psychoanalytic analysis, unlike IPA, requires a fair amount of translation and/or definition of the conceptual elements and, even then, may prove difficult for non-specialist audiences.

Where both Analyses Fail

Although both the IPA and the psychoanalytic analyses were able to develop insight about the experiences and subjective positions of the authors, there were two ways that both failed to capture something important about the experience of individuals diagnosed with autism spectrum disorders.

First, both analyses failed to capture the profound and true difference in subjective experience described by the authors. Both analyses seek to understand something about autistic experience and, in doing so, attempt to translate what may resist translation, thus missing something important in the very resistance itself. I do not think this is an error of intent, but rather a result of the methodological positions themselves. The inherent assumptions about humanity and subjectivity within both the phenomenological and psychoanalytic position, seem to preclude the full recognition of difference within the authors writing. For example, the IPA analysis required a position as reader that relied on the assumption of a shared intersubjective space. This space, which is largely the space of empathic listening/sharing, requires an ability to sense into the authors' experience in some ways. While there are certainly similarities in

experience that can be shared, part of what is at stake for these authors is a difference at the level of embodied intersubjective experience. As such, it may not be possible for me to empathize fully or to make use of that intersubjective space as the exclusive space of shared understanding. In other words, empathy may reach its limit and, beyond that, certain experiences are lost. Similarly, psychoanalysis relies on some assumptions about the nature and function of the Real with respect to the construction of subjectivity. It does this precisely because it takes for granted that subjectivity is embodied in and through a particular process. As such, like the position in IPA, the psychoanalytic position makes it difficult to notice the ways that a shift in embodied experience may impact the development of the subject. Here again, the method reaches a limit. For both the IPA and the psychoanalytic methodologies, what cannot be reasonably translated is excluded from the analysis. On the one hand, this is reasonable and, as phenomenologists often point out, knowledge is always perspectival, situated, and incomplete. On the other hand, in this particular instance, it seems that the experience of autism resists traditional forms of knowing and that that resistance – evident within both analysis, but grasped by neither – is worth acknowledging as an important and confounding element in the research.

Second, neither the IPA nor the psychoanalytic analysis was able to capture or explore the potential (and likely) impact of the social construction of the diagnosis on the individual. This came up for me most profoundly in Jesse's case, as he was diagnosed much younger and came of age in a time when Asperger's and Autism Spectrum Disorder was the subject of increasing social discourse. It seems likely that what is said about the diagnosis, which is informed by the social discourse on it, would have an impact on the development of the subject's identity and relation to others, however neither the IPA nor the psychoanalytic analysis is able to account for the function of social discourse in that way. As I plan to address in the discussion, it

is here, at the intersection of discourse and identity development that insights from critical theory and from the neurodiversity movement may prove most helpful.

CHAPTER SIX: DISCUSSION: AUTISTIC SUBJECTS AND CLINICAL PROFESSIONALS

My goal in this dissertation has been to explore the possibility that autism represents a unique subjective structure within the Lacanian theoretical framework and the implications for subjective constitution in that context. In order to better ground my research and claims about autism in Lacanian psychoanalysis, I sought to understand autism as it is lived by individuals on the spectrum through phenomenological inquiry from the perspective of autistic autobiography. Making use of insights from within the autism self-advocacy, neurodiversity, and critical autism studies communities, I also consider what is at stake in the treatment of autism spectrum disorders and point to the ways that Lacanian psychoanalysis may be a beneficial treatment approach for some adults on the spectrum. In the following pages, I will discuss the limitations of my study and my approach to this project, consider some of the themes that emerged in the literature and in analysis of the autobiographical data, and draw out what I see as this implications of this research for individuals on the autism spectrum.

Limitations of the Study

To begin with, it is important to identify limitations to this study as well as limitations implicit in my approach to the material. The following represent what I see as the primary limitations of this work.

Sample Size and Characteristics

In this study, I analyzed four published autobiographies. Although in some ways the amount of data collected across those four published works was immense, it still represents only four points of view, making it difficult to generalize the findings. Additionally, the autobiographies I chose were predominately written by adults who were not diagnosed until adulthood, making it impossible to explore questions related to childhood treatments and their effect on adult

functioning. This is particularly relevant given trends in the neurodiversity movement suggesting that some childhood treatments, like ABA, are actually harmful (Devita-Raeburn, 2016). Finally, there is a decided lack of racial and cultural diversity in the autobiographies I analyzed – all of the authors are white and most identify as heterosexual, are middle class, and are educated. Two are from the United States, one from England, and one from New Zealand, countries that, although different, share many similar cultural characteristics. The homogeneity of the data set limits what we can explore about the ways that diverse cultural discourses intersect with and shape identity construction in autism. Finally, although I intended to study only individuals diagnosed with Asperger’s Syndrome, since the inception of this project Asperger’s has been subsumed under the Autism Spectrum Disorder umbrella, meaning that the authors in my study are now considered to have “high-functioning autism.” Although there are questions about the utility of the high/low functioning distinction, it is the case that my findings cannot likely be generalized to all individuals on the spectrum or even to all of those now understood to have high-functioning ASD.

Mediated Data

I chose to use autobiographical texts for this project, rather than interviews or case studies, as I believed it would allow a window into the lived experience of autism across the lifespan, offering an excellent resource for understanding autistic experience. Unlike case studies or planned interviews, which are explicitly guided by the clinician or interviewer and in line with an already established theoretical framework, autobiographies articulate experiences that the author believes to be relevant to his or her identity as an autistic adult. It was, and is, my opinion that published autobiographies offer a rich description of the world of the autistic adult that is relevant for psychological theorization of the disorder.

That said, it is important to recognize that, although autobiographical texts may appear to be a direct communication from the author to the audience, autobiographies are shaped by a kind of invisible mediation. If we take interview data as a comparison, with interviews it is always the case that the material is collaborative and, in many ways, constructed between the interviewer and subject throughout the course of the interview and that the record produced is a transcript of this interaction, rather than a polished or coherent narrative. The flow of questions, answers, clarifications, etc. produces a text that is obviously and clearly mediated – the text or transcript betrays the presence of the interviewer as interlocutor. Autobiographical texts are purposefully clean, appearing to represent only one voice when, in fact, the publishing process itself requires the presence of several intermediaries- publishers, editors, reviewers, etc., all of whom may also have a voice in the construction of the narrative.

Because issues of narration and questions surrounding communication impairments are a central theme in autism spectrum disorders, it is even more important to consider the ways that autobiographical texts may represent a translation or collaboration, rather than a direct communication from author to audience. Francesca Happé (1991) discusses these concerns in an article on autistic autobiography and suggests that, given the types of deficits inherent in autism, we should be careful about assuming that the content of the autobiographical material is a direct representation of experience. She also cautions researchers to consider the possibility that autistic authors may require the assistance, sometimes substantial, of editors or co-authors whose influence may shape the content in ways that are decidedly non-autistic. Happé points out that “autistic writers may not be interested in, or capable of writing on those subjects which we should most like to hear their views” (p. 212) and she goes on to encourage researchers to be suspicious of the content of autistic autobiography when it is in clear contradiction to empirical

research on autism, for example, when an author demonstrates theory of mind or empathy. She also notes a need to be critically aware of the ways that writing can mask a tendency for autistic individuals to parrot, rather than truly understand, which may make certain authors appear more socially able than they actually are. Happé suggests that one way to manage the issue with mediation in autistic autobiography is to focus on style rather than, or at least alongside, content. What she is noting is that rather than placing the emphasis on what the person is talking about, it may prove more valuable to focus on how s/he goes about talking about it and what is left out of the narrative. For Happé, making use of style rather than content helps avoid the potential of drawing questionable research conclusions and offers an approach to using autistic writing that is able to demonstrate trends across writing in a more reliable way.

Although Happé points to some critically important issues with using autobiographical texts as data, Happé's challenging of autistic autobiography rests on the assumption that someone with autism is unable to construct a readable narrative and must rely heavily on outside support in order to produce an autobiographical text. Happé's account has been challenged by autistic authors and bloggers, all of whom point out that Happé is reading these texts through the lens of deficit and taking note of the presence of things like empathy and imagination that she believes should be absent in an autistic subject (Wexler, 2016) rather than attending to the experience articulated in the text itself.

The tension between the professional and psychological understanding and the point of view of autistic self-advocates when it comes to autobiography is important to bear in mind with respect to my research. Although most of the autobiographies I chose were not read widely by non-autistic audiences, they were all published by independent publishing houses and likely involved editing and perhaps even ghostwriting. It is important to weigh the possibility of

external influence with respect to the writing with the value of the story that the author clearly wanted to tell. However, the question of purity of voice may be a limitation for this study.

Furthermore, the question of mediation via the autobiography brings up important issues about the social construction of autism and the sociocultural context in which these autobiographies are produced and distributed. In this project I am analyzing published autobiography and am assuming that there is a relationship between the text and the author's experience. I am not treating the text as only text or as a conversation with the larger public, which is important to bear in mind when considering the results. In addition to the process of publication and the mediation involved in that process, there is the larger context of autism as a discursive production, situated in complex relationships to various political, caregiver, and professional groups. In many ways, these texts are situated within a broader conversation about autism that also shapes the author's choice of material as well as the editor's input and decisions. These books are intended to be sold, and in order for that to occur they must contain something that the readership wants. Although I have made an attempt in this project to entertain the ways that autism is both a diagnosis and a social discourse embedded in a matrix of power dynamics, I could not account for this as easily in the actual analysis of the autobiographies themselves. As Iain Hacking (2009a) has noted, autistic autobiography both articulates autistic experience and creates new ways of being autistic. The work of these texts is inextricably linked with a cultural production that is both constituting and constituted. My research, too, is situated in that space.

Using Psychoanalysis as both Praxis and Research Method

For this project, I made use of, along with a phenomenological approach, a Lacanian psychoanalytic conceptual framework to analyze each autobiography. My intent with this approach was to find a way to examine the extent to which Lacanian theoretical understandings

of autism bear out with respect to the articulation of lived experience. Although I align myself with psychoanalysis as a theoretical perspective and find psychoanalytic clinical work deep and transformative, I am sometimes skeptical of the case studies I read where the case is presented as already formulated – it comes pre-interpreted, often with little space for alternative explanations. Because of this, I fear that a weakness of psychoanalytic approaches to research is that the theory has the capacity to take on a life of its own, divorced in some ways from the case material that is supposed to inform it. For those reasons, I wanted to take a different approach to this research, starting with the case material to see how well the theory aligns. In this way, I could take the theory and test it against the case, with the expectation that the theory may not be sufficient.

Psychoanalysis has a long and storied history as a clinical practice, but, although it is often overlooked, it also has a long history as a research method. In fact, one could easily make the argument, as Fred Wertz and Charles Olbert (2016) do, that Freud was first and primarily a researcher—developing psychoanalysis as a research method that only later became a specifically clinical practice. In their article, Wertz and Olbert point out the similarities between Freud’s approach to psychological phenomena and the development of psychoanalytic praxis and Husserl’s approach to the natural world and the development of phenomenology. Although certainly different in some important ways, both start from a position of observation and a desire for description over pure theory. As Freud, quoted in Wertz and Olbert, states:

One dislikes the thought of abandoning observation for barren theoretical discussion...[which] would in the first place require as its basis a sharply defined concept. But I am of the opinion that that is just the difference between a speculative theory and a science founded upon constructions arrived at empirically. The latter will not begrudge to speculation its privilege of a smooth, logically unassailable structure, but

will itself be gladly content with nebulous, scarcely imaginative conceptions which it hopes to apprehend more clearly in the course of its development, or which it is even prepared to replace by others. (Freud 1914/1957, 77). (p. 259)

For Freud, psychoanalysis has its roots in a certain orientation towards psychological phenomena – an orientation that seeks to bracket presuppositions in order to more fully explore psychological experience as it appears in the context of history, culture, language, etc. Like phenomenological methods, psychoanalysis began by a return to the foundations of human experience in order to ground psychoanalytic knowledge in its meaning-making context. The practice of psychoanalysis for Freud was as much a research method as it was a clinical practice.

That said, psychoanalysis since Freud has moved away from research and is usually understood as one of many theoretical orientations to clinical practice. In the Lacanian frame, particularly, it is primarily considered a clinical and ethical praxis relying on an analyst who is able to leverage his or her desire in the service of the unconscious. It is understood, and perhaps taken for granted, that one cannot simultaneously conduct psychoanalysis and do research – the former is interested in particular truth while the latter is interested in academic knowledge. As such, I want to be clear that while I invoke the theory of psychoanalysis throughout this project and make use of conceptual elements from within the Lacanian frame, I am not conducting psychoanalysis. I am doing psychoanalytic research.

What is the difference? In boiling down Lacanian theory to a series of concepts, I remove those concepts from their contextual and living expression within the space of analysis. In many ways, as Freud noted above, the concepts are constructions – not real things, but tools through which the analyst understands what is at stake in an analysis. They are a way of talking about a practice, rather than a way of describing the truth about a human subject. Lacanians,

though, diagnose subjects, and in doing so make use of a theoretical and conceptual scaffolding to categorize human subjects. Understanding those categories, which make a claim to universality, is not just an issue of praxis, but also an issue of shared (academic) knowledge and, thus, an issue of power. Although I believe that the psychoanalytic space is in many ways the space of a profoundly intimate and unique relationship, it is also a space that is produced and maintained according to a shared theoretical knowledge. My question in this dissertation is about whether that knowledge bears any relation to the lived experience, to the articulation of lived experience in cases of autism. In order to explore that question, I have chosen to make use of psychoanalysis as a theoretical construct rather than as only a clinical praxis. I have tried throughout the discussions of the cases to balance this blunt divorce of theory from practice, by exploring and pointing to the ways that conceptual/theoretical categories are woven together uniquely for each subject. However, one important limitation to this study is the possibility that the knowledge generated through this type of examination may not fully capture the unconscious movement and particular temporal patterns that characterizes the analytic space.

Limitations of Perspective

Although I discussed my situated perspective as a researcher and clinician in the introduction, I want to also note the ways that my particular perspectival position may serve as a limitation of this study. In some ways, one could make the argument that all research is limited by the perspective of the researcher, but this may be particularly true with respect to human subject research. I entered into this project with some ideas about autism, what it meant diagnostically, what “treatment” should look like. Although I would like to think that I left space for new perspectives and ideas to emerge during this project, I also know that the shape and scope of the project was in many ways predetermined by my personal history, theoretical background, and

clinical interests. This is important to note, particularly because I am not autistic. Although I may be able to sympathize and think critically about the wants and needs of adults on the spectrum, I suspect that I, like any non-autistic individual, suffer from an array of blind spots that limit my ability to see certain aspects of autistic experience and thus encounter limitations to what my research can contribute. I want to acknowledge that in many ways, my research represents a problematic trend in autism research where a non-autistic clinician or researcher is producing knowledge about autistic experience.

Discussion of Results

The Problem of Empathy

There are many issues with the deficit-model of autism, but perhaps the most problematic is empathy. For all of the authors in my study, the question of empathy comes up, and for each of them it is a sticking point. They are frustrated that people think they are incapable of empathy. However, most of them equate empathy either with logic or with affection (or sometimes with both.) For example, John says, “I have true empathy for my family and close friends. If I hear of something bad happening to one of them, I feel tense or nauseous, or anxious. My neck muscles cramp. I get jumpy. That, to me, is one kind of empathy that’s “real” (Robison, 2008, p. 31). Or Jen describing her struggles to get help to deal with her grief:

It seems to me that the “known fact” of people with Asperger Syndrome lacking empathy leads even some autism professionals into erroneous thinking. This “fact” then lets them believe that people with Asperger Syndrome do not grieve, or not as much as “normal” people. In other words, this “known fact” is untrue and even dangerous, because then people with Asperger Syndrome cannot get the help they need, if major grief hits them. (Birch, 2003, p. 206)

Or Jesse describing his logical empathy:

The fine art of artificial empathy has been refined over the course of my adult life, as I have learned to function like a human computer. Like a cerebral Microsoft Word program, I have stored separate files for funerals, weddings, job interviews, first dates, etc. These files may be accessed at a moment's notice and compensate for my deficiencies with generalization. (Saperstein, 2010, p. 36)

These understandings of empathy are distinctly different from how it is usually defined in the literature. For example, Simon Baron-Cohen, as quoted in MacDonagh (2013), defines empathy as

...the drive to identify another person's emotions and thoughts, and to respond to them with an appropriate emotions. Empathy does not just entail the cold calculation of what someone else thinks or feels ...Empathizing occurs when we feel an appropriate emotional reaction, an emotion triggered by the other person's emotion, and it is done in order to understand another person, to predict their behavior, and to connect or resonate with them emotionally (2003, 2)...you do it [i.e. empathize] because you can't help doing it, because you care about the other person's thoughts and feelings, because it matters. (p. 34)

Scott Churchill, a phenomenologist, describes the experience of empathy as "I am wondering what the other is experiencing, and all my powers of perception are driven towards this other whose first-person experience remains just out of reach, accessible only insofar as I have this capacity for a deeper "bodily felt" awareness in which the other's experience takes possession of me" (p. 92). Both authors go on to link empathy with compassion or with caring and all seem also to base empathy on a basic capacity for self-awareness. All of these things – empathy,

compassion, self-awareness – are often considered absent in autism, by mainstream researchers and by clinicians diagnosing and treating the disorder (Attwood, 2015). Despite the clear association of autism with deficits in empathy (and associated phenomena) in the research literature, the authors in my study largely disagree and bring up the possibility that empathy as a conceptual category may need redefinition.

There is a clear tension between the professional and autistic perspectives when it comes to issues of empathy (and theory of mind) in autism, which points to a need to further explore and ground both how we understand empathy and how we come to know and understand it's apparent absence. In my research, there was a clear theme of difficulty with social communication – all of the authors talk about struggling to read social cues, understanding shifts in tone of voice, as well as difficulties processing sensory information during interactions. Most of them talk about issues of identity, of failing to understand themselves or come up with an explanation for why they are different. And, their descriptions of empathy do tend to be more like descriptions of caring or compassion, suggesting that the authors may struggle to fully understand the embodied and intersubjective experience of empathy as it is usually understood. At the same time, theorists and clinicians (who appear to all identify as non-autistic) who suggest autistics do not have empathy seem to also be suggesting that they do not have the capacity to care about others...which is perhaps overstepping, and points to a need to better ground the definition of empathy²⁰. We need to ask, what is empathy and what is its purpose? Does empathy require a particular kind of embodiment or ability to relate or can it be achieved via

²⁰ As an aside, during the time that I was completing this project, I had occasion to administer several intellectual/cognitive testing batteries. In at least one of the measures, compassion and empathy are considered synonyms - further evidence that there is some conflation in both the cultural and professional imagination between caring/compassion and empathy.

alternate ways? And, if it can be achieved through different means, is it still a deficit? Further, does the ability to love or care about the other rely on the ability to adopt an empathic position?

Most theorists situate empathy as an embodied-intuitive process, a knowing through sense experience rather than a knowing through language or cognition. For both Baron-Cohen and Churchill, it is a “human” experience, suggesting, as indicated by Yergeau (2013), that the autistic adult is then non-human. In this construction of the human/autistic binary, I am struck by the ways that the otherness of autistic individuals is taken up in a one-sided way – without much consideration for the experience of otherness by the autistic individual. Thinking through issues of empathy in this research led me to reflect on my experience with the autistic adults I have worked with and how, although I am a clinician who relies heavily on my embodied intuition of the other, I struggled to “read” my autistic patients in the ways I have so easily read others. In thinking about this, I wonder about the all too common understanding of autistics as lacking the ability to read or understand social cues, their lacking of a theory of mind, and I wonder about whether the assumptions underlying theory of mind, empathy, and social intelligence, are perhaps taking for granted a familiarity with “humanness” that is misguided. Is it possible to understand empathy differently? And, with respect to autism, do we need to?

Although I do not have any answers, I am interested in several aspects of what appears to be the problem of empathy in autism, and I believe it is one area where additional research is needed. First, does empathy rely on an embodied, sensate experience or can empathy instead be logical, as John suggests? Second, if empathy is in fact an embodied intersubjective experience, is it culture bound? In other words, whatever this process of “sensing in” is comprised of, it seems to rely in large part on some kind of resonating intuition about the other, and, I wonder, to what extent that other needs to be familiar in order for empathy to work, so to speak. Third, I

wonder, if empathy is culture bound, is it possible that within the communities comprised of autistics, “Aspergia” for example (Asperger Life, n.d.), empathy is more possible. I am thinking particularly of some of the autobiographers descriptions of their sense of what another autistic individual was experiencing. It is possible that one could argue that they are not empathizing, but sympathizing based on their own experiences, but I wonder about the possibility that it is a form of empathy that is perhaps missed in research.

Autistic Bodies

Although there is a growing body of research (e.g. Park, 2010; Donnellan, Hill, & Leary, 2010; Soloman, 2012), questions of the body and of embodiment are not taken up as frequently within autism research. In my analysis embodiment came up with respect to the experience of objects and was, for many of the authors, tied into questions of self and identity. It also showed up in the questions about empathy and in mainstream deficit-model understandings of autism, many of which point to embodiment, but do not discuss it directly. Like empathy, embodiment is sometimes difficult to truly define, but in terms of this project, I understand it as the physically situated experience of human consciousness.

Yergeau (2013) points out that, if one follows Baron-Cohen’s argument about the structure of empathy to its conclusion, then autistic individuals become a sack of skin – only a body. In this understanding, embodiment is no longer at stake, as in many ways it seems as though the body is understood as animal-like, unrestricted by language and social rules, and subject only to drives. On the one hand, given some of the descriptions of the sensory landscapes of autistic individuals, including the ones in this study, it is easy to see how the body could be taken up that way. For example, Wendy talks about feeling mesmerized and caught in experiences of color and sound, experiences which give to her a sense of her own being through

connection with the object (Lawson, 1998, p. 4). Similarly, Dawn Eddings Prince (2013), an anthropologist and autistic self-advocate, also describes a sensory landscape wherein her body seems to get lost through a kind of joining:

Like most people on the spectrum, I am not one person, a vested persona easily finding refuge in the walls of this castle, or even one thing: not even a “human being, for that matter. Like most people on the spectrum, it is my very nature to be a million things in the moment: the green in the wind, the crackle of thinking people all around me, the small balm of elusive quiet. The times that I have rocked in the corner, seemingly as bound and worn as any reliable academic tome, were the times that I was everything I have ever been. (p. 322)

These descriptions in one way do evoke questions about the experience of bodily limits in autism – questions that are reflected in theories about autism as psychosis and autism as a non-human way of being. That said, however, the descriptions also evoke an embodiment that is highly attuned to the lived world. In these descriptions, you can hear the ways that the connection to the sensuous world is part of a process of self-constitution. It is this embodied process that warrants additional study – the autistic body in these descriptions is connected to the world through a mechanism that escapes or exceeds the language that we typically use to describe embodiment.

However, while on the one hand, we have this implicit notion of the autistic body as lived in close connection to the sensory world, on the other hand, much more explicitly, we have the notion of the autistic as overtly logical or rational – an idea that evokes an image of embodied computers rather than human bodies. For some of my authors, the landscape of the sensual world was seemingly absent in their descriptions of their life. Rather, mental processes were emphasized with a focus on logic and organization. This was particularly true for John, who

devoted many sections of his book to explorations of logical thinking as a primary manifestation of Asperger's. In these descriptions of experience as logical, the body is bracketed in a way that makes it appear absent. We can see how this understanding of autism – as robotic – is conceptualized as issues with social communication and leads to treatments aimed at humanizing through teaching body language. In both descriptions, however, there are questions of the status of the body, how the body is lived by autistic individuals and how that lived experience may be different from non-autistic or neurotypical experience.

In both the phenomenological and the psychoanalytic analysis, the question of the body or of embodiment came up, but in distinct ways. In the IPA analysis, there was a clear distinction between the participants in terms of a primary tendency to resort to physical sensation or to logic as a primary way to negotiate the lived world. This can most clearly be seen in the section on dealing with emotions. For John and Jesse, there is a tendency to rely on a more literal linguistic logic in order to make sense of experience. For John, this shows up readily in his resort to machines, which allow him an escape where his way of thinking and responding to the environment makes sense. For Jesse, the embodiment is presented in a more complex way, however we see a repeated and primary attempt to focus on logic, but with an associated frustration that is also experienced as physical sensation when logic fails. Neither Jesse nor John talk about anything similar to the sensual experiences described by Wendy, and, in fact, in both John and Jesse's texts discussions of physical sensation in general are minimal. For Wendy, as discussed above, the physical and sensual world is experienced as primary, with discussions of logic largely absent. For Jen, there is something of a mix between a focus on the logical and a connection to the sensory world. We see this in her descriptions of "blissing out" in the sensory

landscape of the library as well as her descriptions of naiveté (which is the result of a concrete, logical interpretation) in social situations.

For all of the authors, though, while there may be a tendency towards one type of experience over the other, there is something like a movement between sensory experience and logic that is worth noting. I am thinking particularly of Jesse's descriptions of his difficulty understanding and interpreting silence in communication, alongside his tendency to become absorbed and fascinated by his shiny CD collection or to engage in hand flapping as a way to manage his emotional experiences. What the IPA results point to is that the embodied experience of autism in some ways is an experience that fluctuates between sensory experience and logic, or rationality, which may reflect something of the experience of autism as well as something about the oscillation in the literature of the conflicting tropes of autistic bodies as robotic and/or animal-like.

In the psychoanalytic analysis, we may get a clearer picture of this movement insofar as that analysis seems to suggest that, at least for most of the authors, there is a difficulty at the level of separation and the construction of the fantasy. In the Lacanian paradigm, the process of separation situates the subject within the symbolic field, creating a more permanent space linguistically, but a space that is also situated according to the confines of the body – language produces the body as a container whose borders are not permeable. It is through separation and the fantasy that the Other is kept at a distance, and for some of the authors fantasy content is lacking and the Other appears too close for comfort. The oscillation of a being caught between rationality and sensory connection, in this theoretical frame, may be reflective of the options available for a subject with impairment at the level of the imaginary, and of the potentially unstoppable movement that characterizes the failure to choose.

Autistic Selves: Identity vs. Treatment

Intertwined with questions of embodiment and empathy are questions about the construction of the self in autistic individuals as well as questions about autism itself as an identity or an illness. The IPA analysis points specifically to the authors' issues of identity and questions about knowing or understanding themselves. For many of them, issues with identity and self-definition were impacted by (and impacted) relationships with others and struggles to identify goals and desires.

The issues of identity also show up in the mainstream, Lacanian, and critical autism studies literature, although in divergent ways. In mainstream literature, we can see the questions of identity show up in the trope of the lost or stolen child. A primitive form of identity theft is portrayed – the original child was stolen, begging the question about what remains. Parents and treatment professionals keep this metaphor alive in the social consciousness. For children on the spectrum, this is perhaps a difficult position from which to construct a workable sense of self. In the Lacanian literature, the question is about the relation of the child to the Other, with the assumption that it is a lack of separation from the Other that is at the root of autism (and other psychotic disorders). In the Lacanian paradigm, lack of separation points to an issue at the level of being. We can hear some echoes of this in the texts of the authors, particularly Wendy and Jen; however, similarly to mainstream theories, this way of thinking understands the autistic subject as lacking a self completely. Scholars in autism studies and autistic writers, including the authors in my study, resist this idea that autistic subjects lack selves, lack being, or lack the ability to have insight. Instead, they argue that, rather than lacking a self, they are selves of a different kind.

Many autism self-advocates talk about “autistic identity” and the ways that autism is not a diagnosis that one *has*, but instead that autism is what one *is*. Jim Sinclair is often considered to be one of the first autistic individuals to speak about one thing like an autistic identity. In a presentation they gave at the International Conference on Autism in 1993 they said:

Autism isn't something a person *has*, or a "shell" that a person is trapped inside. There's no normal child hidden behind the autism. Autism is a way of being. It is *pervasive*; it colors every experience, every sensation, perception, thought, emotion, and encounter, every aspect of existence. It is not possible to separate the autism from the person--and if it were possible, the person you'd have left would not be the same person you started with.

This is important, so take a moment to consider it: Autism is a way of being. It is not possible to separate the person from the autism.

Therefore, when parents say, I wish my child did not have autism, what they're really saying is, I wish the autistic child I have did not exist, and I had a different (non-autistic) child instead. (n.p.)

For Sinclair, as for many autistic self-advocates, autism is a way of being oriented to the world that comes with its own strengths and weaknesses. We can see this way of thinking about autism as identity throughout the IPA analysis and also, for some of the authors, in the psychoanalytic analysis. For example, Jesse largely understands Asperger's as what he is rather than what he has, and while he pushes against the limitations he experiences as a result of the disorder, he also celebrates some of the traits he believes are positive. For example, in describing his success on the Appalachian Trail Jesse states, “I felt vindicated by the fact that every mile was hiked with Obsession, Perseveration, Anger, and Weirdness – aspects of my personality that were once

perceived as demons, not as assets” (p. 139). Here we see the explicit association of Asperger’s traits to personality – they are not appendages, as Sinclair (1993, n.p.) would say, they are a part of who Jesse is.

The tension between diagnosis and identity in autism literature shows up as questions about whether treatment is necessary if autism is, in fact, just one expression of being and not reflective of pathology. A recent article in the Atlantic highlights the tension between parents desperate to help their children and autistic adults stating that the treatment was cruel and unnecessary (Devita-Raeburn, 2016). In my study, none of the authors was subjected to what is now the typical treatment for autism – 40+ hours a week of ABA along with supplemental therapies to target other problems (physical therapy, occupational therapy, diet changes, sensory integration, etc.). Some of them mention that it would have been helpful to have someone point out to them why their communications with others so often failed, but none of the authors talk about wanting to be cured or to be non-autistic. And, all of them talk about the way they experience the world as vital to who they are.

While many autistic self-advocates talk about the ways that treatment is unnecessary and, in some cases, even harmful, many cling to the diagnosis as though it confers an identity. We can see through both the IPA and the psychoanalytic analysis the constitutive function of the diagnosis for all of the authors in this study. For them, the diagnosis allowed them to understand themselves and also allowed them to situate themselves in a community. Many of the online forums and gatherings of ASD individuals make plays on the diagnostic labels in the development of community spaces – one can be an “aspie” from “Aspergia” for example (Asperger Life, n.d.). In these ways, the diagnosis is functioning similarly to the ways that

ethnic labels function, situating autism in the realm of culture rather than the realm of mental illness.

For parents, treatment providers, and researchers, however, the diagnosis is often aimed at articulating the organization of a series of symptoms that will then be targeted via some type of treatment. Whether explicit or not, treatment suggests dysfunction, abnormality, and/or deficit. It also implies cure. The association of autism with cure and treatment is understandably problematic for autistic self-advocates who believe they are just acting in accordance with their nature. (This is very similar to the ways that LGBT individuals talked about mental health treatment for homosexuality prior to its removal from the DSM). However, many parents rights groups and professional organizations believe strongly in the notions of cure and habilitation and, as such, much of the money for autism research is poured into locating genetic markers for the disorder or for treatments aimed at reducing or eliminating symptoms (Silberman, 2015). What comes up though, when we look at the claim to identity made by autism self-advocates, is the difference between treatment and support.

Self-advocates arguing that autism is an identity rather than an illness also note that many autistic individuals require external supports in order to function in mainstream society, whether that be assistance with communication, environmental supports, or other individualized assistance. What they point out is that providing supports, rather than focusing on treatment and cure, can ameliorate some of the difficulties autistic individuals face, allowing them to more fully participate in the social sphere. It also points out the ways that autistic suffering is in many ways produced through the social/cultural environment rather than from within the autistic individual. This was reflected in the IPA analysis via the tension between Asperger's as both a strength and a limitation. The authors in my study all point to the ways that having specific

supports available would have been beneficial to them as they were trying to navigate the neurotypical world. For example, John mentions frequently his wish that someone had tried to explain to him how he was failing in his communication. Similarly, Jesse needs support around learning how to interpret silence, while Jen needs more time on tests to collect her thoughts and navigate to the proper classroom. These are just some examples, and each author I studied talked at length about challenges that they faced and ways that they tried to manage work-arounds or locate help on their own so that they could function. Most of them have managed over the course of their lives to locate the types of support they want and need; however, none of them talked about seeking out treatment to eliminate or reduce the autism. In fact, Jen shares her experience of seeking treatment for anxiety and being forced to communicate in such a way that she lost the ability to think in pictures. She says:

There was a cost attached to this, however: I can no longer think in pictures – this creative side of my being is gone. Now that, very late in life, I have discovered that certain other people DO think in pictures, as I did – and that it is, therefore, a valid (as well as an original and inventive) way of thinking – I feel cheated that I was made to feel that I had to change my very thought processes in order to become “well,” and “normal.”
(p. 128-129)

Here Jen is implicitly pointing to the tensions between autism as identity and autism as illness as well as the differences between treatment and support.

As a researcher, I was pulled to consider the ways that my environment is already set up to support me – the world I live in is equipped and staged for non-autistic or neurotypical experience and interaction. For someone on the spectrum, this is not often true. I was led to consider this while reading about an autistic retreat where the environment was manipulated to

be friendlier to those on the spectrum (Silberman, 2015, pp. 448-450). There is something warranting further exploration and research here, at the center of questions about diagnosis, treatment, support, and identity, regarding the ways that supportive services may ameliorate some of the difficulties facing those on the spectrum.

Discerning Neurobiology from Environmental/Developmental Effects

One of the things that is most compelling about autism and how it is researched is the tendency to focus exclusively on neurobiological explanations to the exclusion of environmental influence. This shows up across all types of writing and research into autism spectrum disorders, including those by autism self-advocates. In many ways, environment gets eliminated from the conversation – as though autistic people are somehow immune from environmental impact. Both the IPA and the psychoanalytic analysis point to the influence of environment in just about every aspect of the authors' experiences – from the use of objects in the physical environment for Wendy, to the physical illnesses resulting from environmental stress suffered by Jen, to the ways that people's negative responses shaped Jesse's later choices about how to interact with others (and make his forcing less forceful), and to the ways that the labels given to John influenced his sense of self. All of these, along with many others, point to the profound influence of environment on the lives and experiences of the authors.

The conflict between environment and biology came up for me initially in the descriptions by John of the bullying and isolation he experienced as a child, despite his clear desire to connect and make friends. He talked about the ways that this type of treatment caused him to withdraw into machines, which he could trust not to hurt him. Withdrawal is absolutely a common characteristic of autistic individuals, a theme captured well by the IPA analysis, but I wonder if we can wholly attribute John's withdrawal to his biology, as I often see it done in the

literature. Instead, as he himself points out, he was influenced by his experiences – his history helped to shape him just like it does for other humans. Perhaps, being autistic, John was predisposed to withdraw, but the expression of withdrawal seemed to require a trigger – if we want to use the language of neurobiology.

One of the reasons I am interested in psychoanalysis and its utility in autism is precisely because it is able to explore and consider personal history as influential and to understand it in terms of the individual. I do not think that psychoanalysis will cure autism or that we can attribute all of the difficulties faced by ASD individuals to environmental or familial influences; however, ignoring those things somehow reduces autistic experience to that which lacks meaning (or perhaps, again, reduces it to that which is non-human). It seems to me that one of the things most notably absent from the research on autism, as well as from the array of treatments, is the notion of autistic experience as contextual. Just like all other humans, autistic individuals live in social, familial situations which exert an influence on experience, choice, behavior, etc. and that also influence who we come to be. Future autism research would do well to more deeply explore the ways that autism is lived within the context of personal and social history and the ways that experience influences and shapes autistic identity.

Diagnosing Autism in the Lacanian Frame

Perhaps the first thing to say about diagnosing autism from within a Lacanian paradigm is that “autism” in Lacanian terms seems to mean something very different than what is meant by autism in the DSM. Partially, this is due to the difference in diagnostic paradigm between DSM and Lacanian theoretical orientations; however, at present, Lacanians are making use of the label autism, without a solid theoretical grounding. Lacanians are using the DSM label to talk about cases in which there is already a diagnosis of autism (e.g. Laurent, 2012; Maleval, 2012;

Jonckheere, 2014a, 2014b), but not discussing where those individuals fall diagnostically within the Lacanian field.

Perhaps the most important finding from the psychoanalytic analysis is that autistic subjects do not fall easily or fully within a single structure – they may fall along the range of Lacanian structural positions, not just within psychosis. The psychoanalytic analysis shows that only one of the authors would fall into the category of psychosis (where autism is currently situated) according to the structural categories identified by Lacan. Two of the authors do not fit into any of the current diagnostic categories, although they tend to lean towards neurosis rather than psychosis. And one author fits the structural definition of neurosis. All of these authors have been diagnosed by mainstream clinicians with Asperger’s Syndrome, which has now been subsumed under the label of autism spectrum disorder. It does not appear that autism, at least autism as it is diagnosed via the DSM, equals psychosis in the Lacanian diagnostic paradigm. Autism is something else.

Two questions emerge from this: 1. If DSM diagnosis of autism can fall within the range of structural diagnoses, is there then something essential about it as a category that is relevant to clinical theory? and 2. Is DSM diagnosis of autism distinct from the Lacanian understanding of autism and, if so, what are Lacanians talking about when they talk about autism?

Jean-Claude Maleval (2012) states, “the symptomology of autism presents disorders of language, of identity and of *jouissance* belonging to the clinic of the foreclosure of the Name-of-the-Father (p. 34). The clinic of the foreclosure of the Name-of-the-Father is usually understood as the clinic of psychosis, however Maleval seems to be suggesting that, while autism and psychosis may belong to the same clinic, they are distinct. He goes on to discuss the work of Rosine and Robert Lefort, who situated autism as a fourth diagnostic structure. In his exploration

of the history of the clinic of autism, he determines that what is at stake in the difference between autism and psychosis is the stability of the subjective position over time (it is less about a series of symptoms and more an orientation towards the world) and the method through which the subject makes use of the object. Maleval seems to suggest, and this is echoed by Eric Laurent (2012a), that the differences between psychosis and autism lie not in the mechanism of foreclosure, but in the ways that the subject manages that foreclosure by either a resort to the imaginary or to the object. For Maleval, autists are those who make use of the object as an invention that creates a Real barrier between the subject and the Other, whereas traditional psychotics (schizophrenics and paranoiacs) are those that construct an imaginary barrier (either through delusion, paranoia, etc.). The importance in terms of the question of structure is that both need a barrier.

Eric Laurent (2012a, 2012b) takes a similar position, arguing that in autism the question with respect to structure (which is determined by foreclosure) is less important than questions pertaining to the subject's handling of *jouissance*. In his estimation, in autism *jouissance* returns on a "rim." Laurent defines the rim as the envelope with which the autistic subject encloses himself. Laurent does not go so far as to provide examples of this return or to fully articulate what he means with this statement. Instead, he is again making a distinction between the handling of *jouissance* in cases of psychosis – where *jouissance* returns via the body (as invasive) or via the Other (as paranoia). For Laurent, autism is different, but also the same as psychosis – it is a failure of the paternal function, handled differently.

Both of these constructions are excessively theoretically laden and rely on distinctions and comparisons between the Lacanian understanding of psychosis and the phenomena presented in cases of autism (where it is again unclear in what context autism is diagnosed). The

conversation starts from psychosis and never moves fully beyond it²¹. On the one hand, on the surface there are several aspects of autism that bear some similarity to psychotic phenomena, such as language disturbance, affective detachment (catatonia), and even sometimes bizarre behavioral expressions. And, even in the history of mainstream autism theory and diagnosis we find a problematic and unreflective mixing of autism with childhood psychosis that persisted in the literature until well into the 1970s (see Silberman, 2015). But on the other hand, there is something qualitatively and phenomenologically different between autism and psychosis – at least as it is traditionally understood. What my research seems to suggest is that this difference is not explained fully by the structural understanding of psychosis and that, instead, Lacanian psychoanalysis may need to move beyond the attachment to structural explanations and consider the importance of other models for understanding subjective constitution within the Lacanian field. The relevance to clinical theory lies in the ability to notice trends within a group and to think through the ways that those trends may appear (or not) within the particular context of an individual subject. Lacanian theory already does something similar to this with other DSM diagnostic categories – bipolar disorder, addiction, etc. These are never assumed to be unique structural positions, but manifestations of a particular subject’s relationship to the Other and jouissance. The diagnostic patterns appear via culture and biology as possible options for symptom formation, similar to the ways that culture and biology influence the development and

²¹ In a footnote in his text (2012b, p. 61-62), Laurent notes that the clinic of psychosis is a starting place for cases of autism, but that each case should ideally be understood in its particularity. He makes reference to the clinic of knots as a way of orienting treatment in cases of autism, however he provides little detail or information about what this means in practice. The use of the footnote, as an aside to a text that is clearly oriented towards understanding autism in the context of psychosis, betrays both the extent to which autism is inextricably linked with the structural clinic in the Lacanian literature as well as the ways that it resists that positioning.

specificity of psychotic delusional constructs. I would argue that there is something similar at stake with autism.

In the psychoanalytic analysis, what appeared most prevalent across cases was the absence of imaginary phenomena and some difficulties in the moment of separation, but not necessarily difficulties linked with foreclosure. For example, for both John and Jen, while there is some evidence of fantasy material, it does not function as a way to fully manage the relation to the Other and regulate jouissance. Both struggle to keep the Other at a distance while also securing a space for themselves, and both go about this process differently – John with machines and Jen with the diagnostic label. There are ways that Maleval and Laurent’s account of autism as characterized by desire propped up on a rim are applicable here – both John and Jen need something outside of themselves that can be situated in the space between themselves and the Other. And for both authors, this use of an object allows a type of identification that secures a subjective space. John’s machines are like him and through them he can have relationships with others. Jen’s diagnosis serves a similar function, although it is a linguistic rather than object-function.

Although both John and Jen appear to be using objects/labels as psychic mechanisms aimed at separation, it does not seem necessary to understand that from within the “clinic of foreclosure” as Laurent suggests. In fact, with Jen, we can also see evidence of repression and repetition, which points to neurosis, or the clinic of repression. Given the particularity of each author’s constellation of psychic elements, it seems really only possible to understand the use of the object from within the constellation of each particular subject. Unlike a delusion, which has a fairly consistent function across psychotic subjects (although the content may vary widely), the

function of the object is not consistent across these accounts and appears much more as a type of manipulation than as a fantasmic production. It is working differently.

When I read the psychoanalytic accounts of autism, what seems apparent is a belief that the autistic individual is creating a barrier between self and Other in order to keep the Other out. This appears in phrases like “autistic encapsulation” (Laurent, 2012a, p. 23). The authors in my study contradict that idea and suggest instead that they want to connect but their attempts are often ignored or misunderstood. What do we make of the disparity between the theory and the articulation of lived experience? What may prove helpful to Lacanian theory is a more phenomenological approach to understanding autism that does not immediately assume a link between autism and psychosis. For example, what the phenomenological analysis shows us is that for most of the authors there is an explicit desire for connection with others that often fails. This failure appears to be related to a felt sense of being unable to relate in the way the other desires (which is different than not wanting to relate at all). The desire for attachment and relatedness requires some amount of separation, and the felt sense of not being what the Other wants, requires an awareness that the Other is lacking and, thus, wants something. Both of these elements problematize the conceptualization of autism as a variant of psychosis, or as belonging to the clinic of foreclosure. Foreclosure refers to the paternal function, and to foreclose means that one has refused to recognize that the Other is barred. This does not appear to be the problem for most of the authors in my study. Instead, it is that the barring of the Other is not enough to secure the space of identity construction and that the fantasy does not work well enough to produce a false answer for the Other’s desire. As a result, we see via these authors an array of creative and interesting methods to find other ways to secure a subjective position from which they can relate to others and to the Other.

Lacan's later work with knotting and the sinthome offer some novel ways of understanding these creative alternatives and the ways that subjectivity is constituted, but those ideas were not fully elaborated by Lacan prior to his death and have not been refined or clarified well in the literature. At present, what is most often presented with respect to the sinthome is a notion of its function as supplementary and still bound largely to the structural clinic. The notion of the sinthome as supplementary positions it most often as something functioning in place of foreclosure. It is possible that, rather than making use of the clinic of knots as something that operates in conjunction with the structural clinic, that it may be useful as a conceptual tool alone, or in place of the structural clinic. Particularly in cases of autism, it may be helpful to make use of a conceptualization that does not rely on a formulaic (or robotic) set of operations, but one that instead is really able to imagine and begin to articulate the array of ways that human subjects make use of language, objects, culture, etc. in order to "make" themselves.

Utility of Lacanian Psychoanalysis

I am perhaps biased about the extent to which Lacanian psychoanalysis can be useful in any psychotherapy case, but I do think it has some relevance in cases of autism. It is clear from my research that all of the authors struggled in various ways with sense of self, identity, and with histories laden with mistreatment, bullying, loss, and, for some, challenging familial environments. Because I believe that autistic individuals are in fact human, in every sense of the word, I also cannot believe that they are immune to the effects of their histories or that they are not influenced by past experiences, relationships, etc. ABA, TEACCH, or any of the other mainstream treatments for autism (OT, PT, etc.) are not as well equipped to address issues of emotion, loss, etc. or to address the influence of history on a subject or account for the ways that subjects are constructed in and through both biology and environment. Psychoanalysis does that,

and, particularly given the ways that autistic individuals are often situated as non-human, it is a much needed addition.

What Lacanian psychoanalysis offers that is of particular importance to the treatment of autism, given the trends within neurodiversity and autism self-advocacy, is that it is not aimed at a cure that erases autism, but with a cure that helps the autistic individual mobilize desire, regulate jouissance, and access the freedom to make choices in line with desire. It is not a treatment that aims to build conformity or adaptation to the norm, but an experience that aims towards the freedom to be whatever type of human you are.

I also think that psychoanalysis is uniquely situated to address issues of loss, acceptance, and grief. Jen brings up an issue in her text regarding the tendency of autism researchers and clinicians to believe that autistic individuals lack the ability to grieve. She is referring to the loss of her father and what appears to be decades of unresolved grief over that loss. Jen is speaking about a specific loss, but loss is woven through each authors' text, and for many of them remains unresolved. Issues of loss point both to grief and to questions around acceptance, mourning, and working through. Psychoanalysis is uniquely situated to address these issues, both at the level of the literal losses of people and objects, but also of the more implicit losses at the heart of subjectivity.

The potential benefits of a Lacanian approach to autism, however, rely on the ability of the analyst to elicit, maintain, and make use of the transference. Reworking the theoretical understanding and diagnosis of autism in the Lacanian frame also points to a need to re-think the transference and the analyst's position within it. In Lacanian theory, simply put, the transference is understood as the transfer of the unconscious of the analysand into the analytic space. Notions of transference are intimately bound with theoretical understandings of subjective constitution –

as an analyst, you will experience different types of transference when working with different structural positions. How one maneuvers in the treatment and the methods of intervention are linked almost exclusively to diagnosis and the understanding of transference. Rethinking autism as potentially outside of the structural clinic means also to re-think the transference as neither neurotic, psychotic, or perverse. This, too, points to a need to reconsider the ways that the analyst positions him or herself in the treatment.

Conclusion: Moving Beyond the Fathers

In her critique of Lacanian psychoanalysis, Sophie Robert (2012) points to the rigidity of psychoanalytic practice and the ways that Lacanian theory misunderstands autism and the needs of autistic individuals. In many ways, she is right. In my research, it seems clear that the current Lacanian ideas about autism miss the mark in many cases. What the phenomenological analysis also shows is that mainstream treatments may make a similar mistake, by focusing only on certain areas of experience and ignoring alternative methods of relating to others and to the world. What I appreciate about Sophie Robert's work is that she is in many ways highlighting the unconscious of psychoanalysis and the jouissance at stake for psychoanalysis in the treatment of autism. There is a similar unconscious enjoyment at stake in mainstream treatments and, in both, a positioning of professional knowledge as logical and immutable, evident to anyone who desires to know the truth. It is in many ways robotic, resistant to change, and denying the clear evidence of emotional currents underlying both professional and political choices.

The Wall highlights the ways that autistic individuals get lost in the discourses on treatment, that their humanity gets swept away by perhaps well-meaning, but unreflective practitioners, who are no longer able to see the human truth in front of them. For Robert, however, the answer to the regime of psychoanalysis is a regime of behavioral treatments.

Making the accusation that psychoanalysis has failed in its paternal function, she attempts to replace one set of Fathers with another. In my research, it is not the function of the father that needs to be established in cases of autism, it is that which lies beyond the father that needs exploration and attention. Although I think that both mainstream and psychoanalytic treatments have something to offer autistic adults, my question in this project has been specific to Lacanian psychoanalysis. As outlined above, Lacanian psychoanalysis can offer something important by way of treatment for those autistic adults who desire some form of treatment. However Lacanian psychoanalysis needs to make a few changes in order to be of benefit to autistic individuals. First, it needs to reorient itself to the space of listening first, rather than to the space of theorizing first. Second, it needs to remember that the space of analysis is a unique space organized around an ethic of freedom and cannot be compared to other types of treatment. Its difference is what makes it transformative, and attempting to produce psychoanalysis as an answer in the same way as ABA, TEACCH, etc. is to limit its ability to be useful. Third, Lacanian psychoanalysis needs to locate its humility in the face of human suffering – autism in many ways appears in the psychoanalytic discourse as that which cannot be fully incorporated, understood, or tamed. It challenges the implicit and perhaps unconscious lineage of analytic Fathers who righteously situate themselves in the place of knowledge. If anything, this research reminds us that the knowledge about autism lies with the autistic subject; truth, insofar as psychoanalysis is concerned with it, can only be located there.

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