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Re-thinking autism: diagnosis, identity and equality

Damian Milton

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the disability sector in India, which perhaps has not had the resources to think these questions through to their end; as such it cannot be addressed by one thinker alone.

Naturally, in a work of such scope that raises so many issues in a detailed way, there are some further quibbles. Some of these would have been fixed by more thorough editing, because there are typographical errors in this edition. Also, in some places the volume of information the author deals with ends up in verbosity, multi-page paragraphs, and a difficulty in following the argument. This book is intended for a wide audience, but unfortunately the density of its prose may limit its appeal.

This book richly deserves this appeal, for readers in many different places. *Rethinking Disability in India* is a resource, inspiration and challenge to those interested in disability, identity politics and policy, gender and/or South Asia.

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Re-thinking autism: diagnosis, identity and equality, edited by Katherine Runswick-Cole, Rebecca Mallet and Sami Timimi, London, Jessica Kingsley Publishers, 2016, 336 pp., £18.99 (paperback), ISBN 978-1-78-450027-6

Re-Thinking Autism: Diagnosis, Identity and Equality seeks to contribute to the growing field of critical autism studies and, according to one commentator quoted on the back cover, inaugurates this area of study – a bold and yet inaccurate statement, given previous texts and events that have sought to explore this area (for example, Arnold 2012; Davidson and Orsini 2013; Greenstein 2014).

In contrast to the opening lines of the introduction, this book is not the first such edited collection of its kind (see Davidson and Orsini 2013), and neither was the field of critical autism studies previously non-existent. In the introduction to the collection, Runswick-Cole, Mallet, and Timimi frame critical autism studies in terms of attempting to answer two narrowly defined questions: firstly, whether a diagnosis of autism is scientifically valid; and secondly, whether a diagnosis is useful in the lives of those so labelled (the basic premise of the book being that a diagnosis of autism is neither). They then misrepresent both the biomedical model and the views of many neurodivergent activists, suggesting the latter follow a so-called 'difference model', organising around 'biological citizenship', following Hughes (2009). Runswick-Cole, Mallet, and Timimi state that the collection seeks to unsettle both of these models and their 'pseudo-scientific' claims, before echoing Timimi, Gardner, and McCabe (2011) in suggesting that clinical practice should move away from diagnosis as a starting position for service provision. These would perhaps be noble aims, if they were accurate depictions of the accounts of biomedical models of autism and of the neurodiversity movement; however, both areas contain a myriad of different ideologies, the latter including scholars who have been working in the field of critical autism studies.

The collection includes a number of chapters attempting to deconstruct and dispute dominant models of autism, or framing autism as a disabling and unhelpful label. It is a shame that the various authors did not look in any depth at how those identifying with the neurodiversity paradigm or autistic culture have disputed dominant models of autism, nor at work that has

looked into the phenomenological accounts of people post diagnosis, which often indicate a wide variety of responses (Bracher 2013).

The ignoring of autistic voices is also pertinent when looking at particular issues, such as in the chapters that look to critique the ‘Theory of Mind’ hypothesis of autism. Other than a brief mention in the chapter by McGuire to the work of Yergeau (2013), these accounts did not reference relevant texts such as Milton (2012, 2014) and Chown (2014). Similarly, when Simon talks of alternatives to seeing ‘special interests’ as a symptom of disorder, it is a shame that she did not engage with the work of Mike Lesser, Dinah Murray and Wenn Lawson (Lawson 2008, 2010; Murray 1992; Murray, Lesser, and Lawson 2005), or that there may be an issue with calling such interests ‘special’. The chapter by McGuire along with that of Hodge are perhaps the most respectful and interesting of the collection, but these can be contrasted by others which misconstrue the arguments being presented:

Neurodiversity relies on the discourses of medical pathology ... this difference, while not disordered, is real and biologically based. Both social model theory and the neurodiversity movement fail to trouble the construction of autism as a coherent, biomedical category, a diagnosable condition, a reality, a brute fact. And that for me is where their limitations lie. (24)

A number of chapter authors within the collection seem to be under the impression that a diagnosis of autism is meant to be scientifically valid as a natural kind, rather than a clinical diagnostic signposting category based on behavioural observations and misconstrued as reified fact by professionals. Whilst there are many scientists searching for an autism biomarker ‘Holy Grail’, there are also many commentators from a number of fields who would suggest that one is unlikely ever to find such a simplistic explanation of what autism ‘is’ at a biological level. Whilst one cannot say that there are consistent biomarkers for autism as compared with those who are not autistic, saying there is no explanatory value to the concept is, at the very least, debatable. This collection is a rather disappointing continuation of past mistakes (Jaarsma and Welin 2012; Runswick-Cole 2014; Timimi, Gardner, and McCabe 2011), such as the exclusion of critical theorists who identify or who have been identified as autistic, and the simplistic mischaracterisation of the neurodiversity paradigm (in all its variations).

In future, if such collections are to be published, it would be preferable to include leading autistic scholars working in this field. It may also be opportune to invite a conversation with those whose views one opposes from a biomedical perspective as well. For the field of autism studies as a whole to move forward, perhaps it is critical interdisciplinary theorising and practice – as championed by projects begun by autistic people such as the *Autonomy* journal (Arnold 2012), the Theorising Autism Project (Greenstein 2014) and the Participatory Autism Research Collective (PARC) – that are most needed?

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End of normal: identity in a biocultural era, by Lennard J. Davis, University of Michigan Press, 2013, pp., £29.50

In this very readable book, Davis sets out to explore issues of identity, grounding them in the context of the biocultural, which he defines as 'the intersection among the cultural, social, political, technological, medical and biological' (vii).

The text begins with a series of warnings to would-be readers who Davis, a self-confessed 'contrarian', suspects will take offence. Davis imagines that among those likely to be offended are: those invested in identity politics and diversity; those taking drugs for depression; those from the disability community against physician-assisted suicide; physicians engaged in diagnostic practices (especially those who diagnose affective disorders); and, finally, those attached to the view that Freud 'was a patriarchal sexist' (viii). However, several of these warnings may be unnecessary for readers already familiar with Davis' previous work.

Davis uses *End of Normal* as an opportunity both to revisit and to revise arguments that he has rehearsed previously, often in response to the critiques that others have made of his work. The book is also a space for him to contribute to contemporary debates about a number of thorny issues in the field of disability studies through the biocultural lens.

In Chapter One, 'The End of Normal', Davis returns to his work on normalcy (Davis 1995) and considers whether normal is losing its pervasive grip as 'a discursive organiser' (1). Here, Davis explores the idea that 'diversity is the new normality' (1). Davis argues that diversity serves neoliberal ideals well because, behind supposedly superficial differences, like gender, race and class, we are all consumers. While Davis believes it is a good thing that there has been a shift away from normal towards diversity in doing the work of 'sorting populations' (ix), he questions where disabled bodies sit within the diversity paradigm. He argues that, unlike race, class and gender, in the diversity paradigm, disability is still seen as a fixed identity, one which is medically understood and not a matter of choice. Davis maintains that, under neoliberal capitalism, disability (and poverty) represents that which must be oppressed in order for diversity to survive as a concept.