The Archaeology of Autism and the Emergence of the Autistic Subject

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I certify that all material in this thesis which is not my own work has been identified and that no material has previously been submitted and approved for the award of a degree by this or any other University.

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Abstract

This Thesis is a theoretical attempt to analyze the emergence of Autism as a discourse and, through it, the emergence of the Autistic Subjectivity. My primary aim is to create a kind of history of the different modes by which autistic persons become subjects. I am following a post-structuralist methodology, based on Michel Foucault's work on the birth of psychiatry and institutions, his analysis of power relations, his ideas on the objectification and subjectification of the individual, and finally his notions of *governmentality* and *bio-power*. More specifically, I am making use of the Foucauldian techniques of Archaeology and Genealogy in order to investigate the birth of Autism through, the psychiatric discipline, psychoses, classificatory systems and the Asylum of the late Eighteenth and Nineteenth century. Under the same methodological strand, I am treating the Diagnostic and Statistical Manual for Mental Disorders (DSM-IV), in relation to Autism, as a disciplinary tool and as a discursive event. I present the existing knowledge on Autism and more specifically on the 'impairment in social interaction' and 'in pragmatic language'. Finally, I attempt an analysis of Autism as a *apparatus*, through its *episteme*, mechanisms, and elements. I give an overview of the two main epistemologies on Autism, that of psychoanalysis and TOM (Theory of Mind) and I introduce the notions of *bio-power* and *governmentality* as drive mechanisms, which inform the elements of the apparatus and turn them into regulators of the autistic subjectivity. I am making an analysis of specific elements that I recognize as most important for the objectification and subjectification of the autistic individual; these are: autobiographies and educational institutions. Moreover, I discuss how through a continuum of *truth discourses*, *strategies of intervention*, and *modes of objectification*, the Autistic individual finds itself in a battle of modes of power, where it either consents to normalization or shields its 'pathology P' by disobedience and resistance. Finally, I argue that the deconstruction of existed discursive entities and their reconstruction upon a different epistemological basis leads to a rethink of Autism in terms of Education. What is needed is an emphasis to the notion of παιδεία (paideia), which aims to the creation of free and self-fulfilled human beings, rather than exclusively to the notion of εκπαί δευσις (ekpaideusis), that gives emphasis to the development of capabilities, and in the case of autistic children, to the creation of docile, marginalized bodies.

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To my parents

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Introduction

The dramatic increase in diagnoses of Autism as well as the obscureness of its aetiology, have paralleled an increase in scientific research and made it a kind of a new 'trend' within psychiatric and developmental conditions of childhood. At the same time, the oddities of autistic individuals together with the myth of the 'savant yet locked away' that follows them, gave rise to popular representations of Autism, through autobiographies, fiction, films, or performing arts. Images of Autism surround us and books like 'The Curious Incident of the Dog in the Nighttime (Haddon) become best-sellers and university courses (Kuppers, 2008). 'High functioning'[1] autistic writers such as Temple Grandin or Donna Williams turn into celebrities and the over popular Hollywood film 'Rain Man' portrays Autism as sentimental savantism (Murray, 2008). An MMR effect, the effect of different manifestations of contemporary technology, the result of bad dieting, when a revelation about the supposed origin of the condition is made, it briefly animates the news narratives and the curiosity of popular audiences. Along with the 'myth', scientific research is in pursuit of the cause of Autism and huge amount of money is spent, particularly in the United States, on research and 'treatment'.

Within the educational continuum, educational interventions for autistic students, such as TEACCH, PECS, Makaton, Social Stories, etc, target to the development of social and cognitive, and basic educational skills, along with the facilitation of communication. Within all this 'industry' built around Autism, the autistic child as an entity is barely present. As Douglas Biklen (2005:37, as cited in Murray, 2008) very accurately states: 'Metaphor operates as reality' and the autistic child seems to be lost within this metaphor, along with its very subjectivity. As part of my work as a special education teacher I have the chance to work closely with my little autistic pupils (foundation stage) within mainstream settings. Having as my basic pedagogical principal that of παιδεία (paideia), which involves notions such as freedom, respect, equity, self-development, I adopted an approach that is, as much as possible, free from the Autism metaphor, as this has been designated from its Diagnostic Criteria (DSM-IV) and from the psychiatric apparatus that informs it. I do not need to ignore the pathology but I need to approach my pupils basically as humans, as 5 year old

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[1] The term 'high functioning' is an informal term applied to autistic people who are deemed to be 'higher functioning' in comparison with other autistic people by one or more metrics. It usually refers to Asperger's Syndrome.

children, that have their own likes and dislikes, their favourite cartoon heroes, their particular way of experiencing the world through senses, their very own way of communicating their needs and feelings. Nothing more and nothing less. Through this stance, I have discovered (and I am still discovering) the amplitude of the 'autistic' world, and the complexity of the autistic subjectivity. In my eyes, the autistic child acquires a great status that drove me to explore under which conditions, in which way, these persons have been marginalized, how their agency has disappeared within the Autism *apparatus*, as well as their education targets thus turning them into passive bodies, restraining their wishes, abilities, imagination, creativity; and all these in the name of the 'abnormal'.

Thus, this Thesis is a theoretical attempt to approach the issue of the emergence of Autism as an *apparatus* and, within it, that of the nature of the Autistic Subjectivity. My aim is the *contribution of this theoretical analysis to the creation of new paradigmatic strands in the education of the children diagnosed as being autistic*. During this endeavor I treated Autism as an *interactive kind*; The Canadian philosopher Ian Hacking (1999)introduced the idea of indifferent and interactive kinds. An interactive kind is the notion, discourse, concept, that interacts with the individual that 'carries' it by shaping its mode of behaviour, its identity, and consequently its subjectivity. On the other hand, indifferent can be a kind that does not interact in any way with the individual, such as to objectify or subjectify it- plutonium can be an indifferent kind. In this way, although Autism acquires a certain pathology, which stems from medical sciences, like neurology and psychiatry, a paradox exists; The expression of the pathology is highly qualitative and its diagnostic criteria seem atheoretical and descriptive. The hallmark of Autism, which refers to 'significant impairment' in social interaction, has been mainly attributed to a deficiency in the autistic person in 'reading' others' minds (Baron-Cohen, 1993) or to a broader lack of intersubjectivity (Trevarthen, 2001), that means a lack of the awareness of self and other. These notions, despite their medicalization, encompass deep philosophical issues of consciousness and self-awareness. This oxymoron drove me to the conceptualization of Autism as an interactive kind and to the investigation of its dynamics in the emergence of the Autistic Subjectivity.

One could assume that the epistemology of this Thesis would be informed by social models on mental disability. However, I do not start my investigation from the

premise that Autism is a thoroughly socially constructed category. My background in Education as a discipline does not permit me to adopt dogmatic stances; rather, my aim is to investigate under which historical and social conditions psychiatry emerged as a discipline and, consequently, inside which stipulations within the psychiatric construct Autism made its appearance as a discourse. I do not question medical theories on Autism, but I do examine the environments in which they emerged. For this reason, I decided to go beyond a social model, which is not fully compatible with my standpoint and aims, and to adopt a post-structuralist, Foucauldian epistemology towards the phenomena. Using a reconstructed social domain, that of Foucauldian post-structuralism, I will attempt to explore those socio- historical, cultural, and discursive factors that formed the genealogy of Autism and through which the Autistic Subject emerged. Foucault's methodology is about a systematic analysis of the complex historical, socio-cultural, spatial conditions whose role has been to form disciplinary discourses, knowledges that result into the creation of relationships of power. Moreover, a Foucauldian view on the subject's formation has practical effects on the way 'docile bodies' (like the autistic body) are encouraged to fashion themselves as kinds of subject within a new disciplinary regime in Western culture (Parker, 2003). Thus, I am starting my investigation (Chapter One) studying the Archaeology and Genealogy of Psychiatry and Autism in particular, as disciplinary discourses. By studying the 'historical' and discursive emergence of Psychiatry, the Asylum, and the disciplinary practices deriving from them, I believe I will arrive at a better understanding of Autism as a discourse in terms of its archaeological/genealogical founding and the relationships of power that traverse it.

Foucault (2002:43) defines *archaeology* as the one '…to describe statements in the field of discourse and the relations of which they are capable'; it involves the '…interplay of the rules that make possible the appearance of objects during a given period of time' (Foucault, 2002:36). It is a 'broad' methodological instrument which contains notions such as historicity, power, finitude, and it is characterized by discontinuity. On the other hand, genealogy seeks out discontinuities. The 'genealogist' concentrates on the relations of power, knowledge, and the body of modern society. He has the role of the interpreter and he sees things from afar (Dreyfus & Rabinow, 2002).

Using these two methods as my main methodological tools, but most importantly, as paradigmatic strands on the subject's formation I will strive to interpret my findings according to the three domains within which, according to Foucault (1977c:262, as cited in Yates, 2005), we engage in a critical ontology of ourselves. These are: the domain of power, the domain of truth, and the domain of knowledge.

As I adopt Foucault's stance of the dual meaning of the word 'subject' –to be a subject is, in one sense, to be subject to someone else by control and dependence and, in another, to be tied to one's own identity (Foucault, 1982)- I start from the premise that in the case of the socially 'deprived' autistic subject, the formation of its own subjectivity depends on complex power relations, that either have the form of strategies or that of resistance. However, the point here is not to analyze the phenomena of power that take place over the autistic subject; rather, my aim is to create a kind of history of the different modes by which autistic persons become subjects. Following the Foucauldian epistemology, I believe that through the archaeological and genealogical study of these modes of objectification and subjectification, I will elevate those mechanisms of power that contribute to the formation of the Autistic subject.

Thus, in Chapter Two, I will try to designate how psychiatry, as the main science behind the discourse of Autism, emerged as a discipline during the Eighteenth and Nineteenth centuries, entailing the elements of: hierarchical observation, normalizing judgement, and examination. Through the particular discourse, with its socio-historical heritage, emerged the *objectification* of the autistic individual.

However, this objectification took its final form with what Foucault calls 'dividing practices'. Hence, in Chapters Three and Four I will investigate the archaeology and genealogy of *psychosis* in children, as the first broad classification of Autism discourse, and the formation of the diagnostic criteria for mental disorders (DSM-IV) as a discursive event.

After having studied the historical conditions that formed my conceptualization, I will attempt to investigate the type of reality that I am dealing with (Foucault, 1982): Autism's episteme (Chapter Five). Here, I will try and illustrate the *episteme* we have so far on Autism, its *truth*, through the 'significant impairment' in social interaction and language and I will emphasize on the theory of Intersubjectivity (Trevarthen, 2001). In this chapter I will present the Pathology P (Hacking, 1999) of Autism; I will

attempt to elevate its complex and ambivalent nature that leads to its treatment as a dynamic apparatus that actively objectifies and at the same time subjectifies the autistic individual.

Hence, in Chapter Six I will try to explore Autism as an *apparatus*, that in essence means a construction of epistemic statements and mechanisms of power. and I will present the two basic theoretical strands in the field, that of TOM (Theory of Mind) and Psychoanalysis. However, most importantly I will strive to examine these phenomena within the framework of two important mechanisms of power: *bio-power* and *governmentality*.

I will use the same method for the rest of the elements of Autism apparatus: Narratives and Educational Institutions. I chose these particular elements as they cover a big part of what is called 'self-constitution'; Narratives, through the auto-biographies of autistic persons, give an inside into the autistic persons' experience of self and most importantly, to the mechanisms of bio-power that traverse it. Educational Institutions (special schools, inclusive settings) cover the social, and they are those fields where mechanisms of power, such as governmentality, take action, shaping the autistic subjectivity, either as result of subjugation to control and dependence, or as an act of resistance.

The last chapter, Chapter Seven, will be a discussion which will cover two areas: that of the Archaeology of Autism as a discursive event and as a discipline, and that of Autism as an apparatus. I will attempt to designate the importance of continuities which, from the end of Eighteenth century until today, shaped the nature of Autism and actively informed its episteme. I will then analyze the nature of Autism as a dynamic apparatus which again has been established, in terms of characteristics, back in the Eighteenth century and which objectifies and at the same time subjectifies the autistic individual, through an oxymoron: by means of subjugation and resistance.

My Thesis is not an anti-psychiatry statement; I do, however, believe that there is a relationship between rationalization and political power. I would rather use Foucault's words: 'Shall we try reason? To my mind nothing would be more sterile. First because the field has nothing to do with guilt or innocence. Second, because it is senseless to refer to reason as the contrary entity to unreason…Rationalization is dangerous. What we have to do is analyze specific rationalities rather than always invoking the progress of rationalization in general'. (Foucault, 1982:210).

Chapter One

1.0 Autism, Post-structuralism and Michel Foucault. Why?

According to the World Health Organisation, we classify needs in three categories: as being individual, personal and environmental/social so that we can talk about impairments, disability and handicap/disadvantage (Wood, 1981, as cited in Bayliss, 2000). It can be assumed that impairments affect the individual organically or physically while disability can be seen as the difficulties the person experiences at a functional and personal level. When environmental (either physical or social) factors restrict this functional disability then we can talk about disadvantage; the individual notion of 'needs' has been expressed through its history by specialists and practitioners, and has been dependent on tendencies, both scientific and personal, that various cultural, economical, and sociological factors each time imposed. Stufflebeam (1977, as cited in Bayliss, 2000) defines four views for what constitutes the notion of needs; hence, we can talk about: the *discrepancy* view, the *democratic* view, the *diagnostic* view and the *analytical* view.

The *discrepancy* view draws a need by comparing the performance of the individual with the expected, 'normal' performance of his peers of the same chronological age. The *democratic* view relates needs with what the wider society defines as a 'need', which cannot be commonly shared in our multicultural world. The *diagnostic* view, expressed by the medical model (Oliver, 1993), considers a need as being an 'illness' of the individual that must be diagnosed and treated. Finally the *analytical* view examines the needs of an individual holistically, taking into consideration all those factors that are involved and may affect the individual in given circumstances, such as environmental, social, psychological, and pedagogical factors (Bayliss, 2000). Although this kind of classification of needs seems clear, when examining it from the perspective of the disabled person it results in complicated combinations between the categories (Bayliss,2000).

In the case of Autism, the diagnostic / medical view on the spectrum appears to be the dominant one, with psychological/psychiatric discourses keeping the central role. This view is characterized by *homogeneity* related not only to the etiology of the syndrome but also as with its diagnostic criteria.

1.1 Homogeneity – Medical/Psychological Discourse.

Autism, being a neurological condition, has traditionally been approached by medical/ psychological views on impairment and disability. According to Goodley (2001), widely accepted definitions provided by the UPIAS (1976) 'Fundamental Principles' document, have been very influential in pointing ways forward for the social, political and theoretical emancipation of people with impairments (Oliver, 1990, Oliver, 1996, as cited in Goodley, 2001). Thus, we could define *impairment* as: lacking part of or all of a limb, or having a defective limb organism or mechanism of the body; and *disability* as: the disadvantage or restriction of activity caused by a contemporary social organisation, which takes no account of people who have physical impairments and thus excludes them from mainstream social activities. (UPIAS, 1976, as cited in Oliver, 1990:11, as cited in Goodley, 2001). The medical model's view is that impairment is caused by physical entities that exist in the world, and instead defines disability as an interpretation of physical differences by discourses invested by social and political power. The implication of the medical model is that all illness and disability, including 'mental' illness, is caused by biochemical changes and the fundamental agent shaping human experience is the biological constitution of the body. This logic suggests that disability could be eradicated if we could develop treatments for illnesses and impairments (Molloy and Vasil, 2002).

The problem reaches a greater dimension when we refer to developmental / mental disorders like Autism. The medical model (Oliver, 1993) approach to developmental disorders is largely counter-productive and homogenising. According to Molloy and Vasil (2002), once children are labelled they tend to be defined by the diagnosis thereby losing their individuality and limiting other people's expectations of them. Once a diagnostic label is attached, child's characteristics are filtered through this diagnosis resulting in a tendency to view the child's behaviour as symptoms, rather than as expressions of their unique personality. Furthermore, 'learning difficulty' is firmly located within the individual and not as a result of the expectations of the social contexts in which the individual exists (ibid.). Thus, in case of disorders such as Autism and Asperger's Syndrome can we really talk about impairment or about a socially constructed form of disability? Let us have a look at the official diagnostic

criteria about ASD[2] – PDD[3] which belong to the American Psychiatric Association, DSM-IV, PDD (APA, 2000:59-60):

    a.   qualitative impairment in social interaction,
    b.   qualitative impairments in communication,
    c.   restricted repetitive and stereotyped patterns of behaviour, interests and activities.

Also autistic persons must exhibit delays or abnormal functioning in at least one of the following areas, with onset prior to age 3 years:

a. social interaction
b. language as used in social communication
c. symbolic or imaginative play.

Although the diagnostic criteria that the American Psychiatric Association provides seem highly accurate and identical of the condition, the aetiology of the syndrome, according to the medical discourse, focuses on homogenising pathogenic factors within the autistic person; the person as a self- determined agent as well as the role that others as agents play on the creation of the autistic subjectivity is ignored. As Foucauldian theorists have observed, the constitution of 'madness' as an illness at the end of Eighteenth century 'broke the dialogue' between reason and insanity. Contemporary conceptions are characterised by a reasoned, rational monologue about 'madness' that has been established only on the basis of such a silence (Foucault, 1991). Similarly, according to Rose (1989, as cited in Goodley, 2007), 'assuming a naturalised understanding of 'learning difficulties' (in our case Autism) breaks dialogue and leaves this 'psychological problem' as 'the object of intervention by practitioners of the psy-complex where individuals and their individual bio-problems are the subjects and objects of study.'

1.2 Heterogeneity – Going beyond a social view, towards post-structuralism.

Autism is a condition related to neurological disorders. This is what the medical discourse informs us about its aetiology, although the cause of Autism has not yet been fully identifiable by experts in the field. However, the homogenisation of the symptoms, which belongs to the medical strata, leads to the formation of a rigid theoretical framework. More explicitly, this model determines the autistic person's

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[2] Autistic Spectrum Disorders
[3] Pervasive Developmental Disorders

identity by referring to their mental impairment, ignoring socio-cultural factors that have turned this impairment into disability.

Shall we shift therefore to a social model of *mental* disability? Devva Kasnitz and Russell Shuttleworth in their paper 'A socio-cultural model of impairment-disability' (2003) provide a thorough and explicit overview of the contemporary socio-political models of disability. De Jong's *Independent Living Model* states that current socio-political structures produce access barriers for and dependency in impaired people resulting in disability; this model is based on a consumer driven movement that fosters autonomy, self-help and the removal of societal barriers and disincentives (Kasnitz & Shuttleworh, 2003). Hahn's *Minority Group Model* is motivated by a political and research strategy used to counter discrimination and advocate for civil rights; it describes how current socio-political structures produce access barriers for and discrimination against impaired people resulting in disability (Ibid.) Finally, Oliver's *British Social Model* sees the historical convergence of industrialization and capitalism as restricting impaired people's access to material and social goods, which results in their economic dependency and creates the category of disability (Ibid.).

However, the social nature of disability, which derives from and relies upon all those socio-political factors mentioned by leading theorists in disability studies, leaves, according to Hughes (1999), no space for the development of a sociological analysis of the impairment *per se*. The social model of disability is largely a product of the critique of capitalism (Oliver, 1990, as cited in Hughes, 1999). More explicitly, the medicalised body has always been an attractive way of making sense of the social body. The former was a natural, organic object of analyzable, calculable, spatio-temporal forces and motions, in which the normal and pathological competed for hegemony (Hughes, 1999). In the context of industrialization and urbanization and, more importantly, of the 'need' to constitute these new social phenomena in 'regimes of truth', positive sociology developed a way of seeing which was normative and normalizing (Canguilhem, 1989). We, thus, come across a dualistic model since it draws a clear distinction between nature and the social, with impairment belonging to the former domain and disability to the latter. Hughes argues that while the production of disability, mapped out in the form of exclusive spaces and institutional discrimination, and oppressive social relationships provide the theoretical core of the social model, 'its vision on the carnal and the role of impairment in the constitution of

oppression is limited by the very focus which makes it such a powerful tool of analysis' (Barnes, 1991:160, as cited in Hughes, 1999). Here we come to face the problematic of mental impairment or otherwise 'learning difficulties'. According to Koegel (1986:47, as cited in Goodley, 2001), 'however much we pay lip service to the influence of socio – cultural factors, we do primarily see mental retardation[4] as a biomedical phenomenon and do, as a result, tend to attribute incompetent behaviour exclusively to physiological causes'. Autism is a neurological condition but as a 'learning difficulty' it is also a 'fundamentally social, cultural, political, historical and discursive phenomenon which is not only sensitively recognised as the individual's 'naturalised impairment'' (Goodley, 2001). Whereas people with physical impairment are rightfully afforded a socio-historical position in the social model (Campell and Oliver, 1996, as cited in Goodley, 2001), as Simone Aspis of *London People First* suggests, people with 'learning difficulties' are consistently underwritten; 'thrown into the category of naturalised, irrational 'other'' (Goodley, 2001). The notion of 'irrationality' is an extremely powerful one. If I could use these words, I would say that it is considered 'preferable' for an individual to be characterized as physically impaired rather than as mentally ill. The 'unreason' equals 'danger', 'immorality', it is 'socially unacceptable', it provokes the lowest sentiments to the 'healthy' social environment. Autism is a developmental disorder whose diagnostic criteria have been shaped by and can be found in the Diagnostic and Statistical Manual of Mental Disorders DSM-IV-TR of American Psychiatric Association; A developmental condition that is expressed through the 'unreason'.

Using a reconstructed social domain, that of Foucauldian post-structuralism, I will strive to explore those social, historical, political, cultural and discursive factors that formed the genealogy of Autism and through which the Autistic Subject emerged. Through this domain I will try and move 'through and against Cartesian distinctions between biology and society', trying to show up 'the impact of various institutionalized curative and rehabilitative social practices' (Hughes & Paterson 1997, as cited in Goodley, 2001).

I will adopt a Foucauldian view on the subject's formation, which has practical effects on the way 'docile bodies' are encouraged to fashion themselves as kinds of subject within a new disciplinary regime in Western culture (Parker, 2003). The accounts that

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[4] The term 'mental retardation' belongs to the original text and it has not being adapted by the author of the Thesis.

Foucault provides in his histories of madness ('Madness and Civilization', 1965, 'The birth of the Clinic', 1963) and prisons ('The birth of the prison', 1975) sometimes seem to call for spontaneous acts of resistance that presuppose an *inner* subject (ibid.). Together with the descriptions of discipline in what we could consider as capitalist modern society, Foucault gives us an account of the way subjects are incited to respond. He played down his interest in social institutions, and concentrated almost exclusively on *discourse*.

The *discourse* becomes principal in the circulation of images of the self and others, and as a medium through which one tries to communicate one's knowledge to others (Dreyfus & Rabinow, 2002). However, while Foucault restricts his method to the analysis of discourse, he broadened his domain of investigation to cover the central sciences of man, those that have dealt with labor, life and language. This was a natural extension since Foucault had always been interested in how human beings understand themselves in our culture. Having first tried to understand how Western civilization attempted to consider and make sense of what was radically 'other' about human beings, he turned to the systems of Western thought that had been generated through reflection of those aspects of human beings that were most accessible to it. These aspects could roughly be classified as the social, the embodied individual, and shared meanings.

According to Parker (2003), Foucault's methodological reflections on discourse turn the traditional psychological endeavour around to look at how mental states and processes are constituted in discourse; this requires an analysis of systems of meaning broader than speaking and writing (Parker and the Bolton Discourse Network, 1999, as cited in Parker, 2003). Foucault states: 'Such an analysis does not belong to the history of ideas or of science: it is rather an inquiry whose aim is to rediscover on what basis knowledge and theory became possible; Within what space of order knowledge was constituted; On the basis of what historical *a priori*…ideas could appear, sciences be established, experience be reflected in philosophies, rationalities be formed, only, perhaps, to dissolve and vanish soon afterwards' (xxi, xxii, 1973, as cited in Dreyfus & Rabinow, 2002). This is the main theoretical platform on which my research is based. Autism is a condition where language either is absent or limited and idiosyncratic. The notion of discourse in terms of language seems problematic; however, as it has been mentioned, Foucault's method extends beyond the traditional

systems of speaking and writing. It is a systematic analysis of the complex historical, socio-cultural, spatial conditions whose role has been to form *disciplinary* discourses, knowledges that result into the creation of relationships of power.

Discipline is the Foucauldian sense that refers to constructions, in which the use of technical capacities, communications, and the relationships of power are adjusted to one another according to certain rules (Foucault, 2002). 'The empirical analysis of certain disciplines show, first, according to artificially clear and decanted systems, the way in which systems of objective finality and systems of communication and power can be welded together.' (Foucault, 2002:339)

Thus, going beyond the existing social or medical models, I am choosing to adopt a post-structuralist view and I am starting my investigation studying the *Archaeology* and *Genealogy* of Psychiatry and Autism in particular, as *disciplinary discourses*. By studying the 'historical' and discursive emergence of Psychiatry, the Asylum, and the disciplinary practices deriving from them, I believe I will arrive at a better understanding of Autism as a discourse in terms of its archaeological/genealogical founding and the relationships of power that traverse it. My intention is not to conduct an archaeological analysis *per se* of the psychiatric discipline nor of Autism as a discourse; rather, it is the other way round: the complexity of Autism and the theory that traverses it, call for the use of the particular Foucauldian methods, both as methodological instruments as well as paradigmatic approaches. Nevertheless, a disciplinary discourse entails powerful notions of self-control, normalization and subjectification; The Autistic Subject seems to be a product of exactly these notions that have a socio-historical background. Is it a product of compliance or is it a product of resistance?

1.3 Archaeology-Genealogy: two methods for the dispersion of discontinuities and the emergence of conflicts.

Archaeology is Foucault's method that gives a descriptive picture of the ways in which statements of knowledge are managed (Stevenson & Cutcliffe, 2006). It was firstly deployed in 1969, in the *Archaeology of Knowledge,* and thereafter it was used as the main methodological tool in *The History of Madness*, *The Birth of the Clinic*, and *The Order of Things* (Dreyfus & Rabinow, 2002). The main premise of the

archaeological method is that systems of epistemes or discursive formations, are governed by rules, beyond those of grammar and logic, that operate beneath the consciousness of individual subjects and define a system that determines the boundaries of thought in a given period. *History of Madness* could be an example, as it can be read as an 'excavation' of the discursive formations that governed talk and thought about madness from the 17th through the 19th centuries.

Foucault himself (2002:43) defines archaeology as the one '…to describe statements in the field of discourse and the relations of which they are capable'; it involves the '…interplay of the rules that make possible the appearance of objects during a given period of time' (Foucault, 2002:36). It is a 'broad' methodological instrument which contains notions such as historicity, power, finitude, and is characterized by discontinuity.

The notion of 'historicity', does not imply that the person who uses the instrument of archaeology as a methodological tool, strictly follows the teleology of history, nor presupposes historical continuity (Dreyfus & Rabinow, 2002). The 'archaeologist' is not interested in transcendental historical rules which define the possibilities of all change (ibid). Rather, the 'archaeologist' is interested in how one discursive formation comes to be constituted for another, that is in how 'to reveal the relations that characterize the temporality of discursive formations…' (Foucault, 1972:167, as cited in Dreyfus & Rabinow, 2002). According to Foucault: 'The analysis of archaeological breaks sets out…to establish, between so many different changes, analogies and differences, hierarchies, complementarities, and shifts: in short, to describe the dispersion of the discontinuities themselves' (2010:193).

The production of statements as serious speech acts through these discursive formations entails the element of 'power'. Thus, the 'archaeologist' has to take into account who has the right to make statements, from which source these statements originate, and what position the subject of discourse occupies (Foucault, 2010, Dreyfus & Rabinow, 2002). In the case of psychiatry and specifically in the emergence of Autism as a discourse, these questions become prominent. We will find them later on, in the analysis of the diagnostic tool DSM-IV, as a serious speech act as well as during the investigation of Autism as an apparatus.

Finally, within this archaeological tool, the discursive practices that produce statements, function inside an ethos of man's 'finitude' or 'non-finitude'. This is

particularly important when we examine subjects like the Autistic, which deviates from the traditional Cartesian notion of 'transcendence'. Foucault, in his Order of Things (1990:343) states that 'the humanistic discourse is in fact disintegrating'. 'Finitude' appears both as a limitation and as a source of all facts. Thus, seen under this double lens man appears: '(a) as a fact among other facts to be studied and yet as the transcendental condition of the possibility of all knowledge; (b) as surrounded by what he cannot get clear about, and yet as …a source of all intelligibility; And (c) as the product of a long history whose beginning he can never reach and yet,…as the source of the very history (Dreyfus & Rabinow, 2002:31). Thus, according to Foucault: 'The threshold of our modernity is situated not by the attempt to apply objective methods to the study of man, but rather by the constitution of an empirico-transcendental doublet which was called man' (1990:347). The archaeological investigation of the emergence of the Autistic Subject stems exactly from this philosophical oxymoron; trying to locate the place of the 'diseased' body within the axe of empirical and transcendental entities. However, archaeological analysis could not say many things about the causes of the transition from one way of thinking to another, genealogy, the new method deployed in *Discipline and Punish*, was intended to remedy this deficiency.

While archaeology as a methodological tool shows that what seems like the continuous development of a meaning is actually traversed by discontinuous discursive formations, genealogy is that instrument whose aim is to 'record the singularity of events outside of any monotonous finality' (Foucault, 1971:139). Foucault used the term "genealogy" to evoke Nietzsche's genealogy of morals (Dreyfus&Rabinow, 2002). The point of a genealogical analysis is to show that a given system of thought was the result of contingent turns of history, not the outcome of rationally inevitable trends (ibid.).

Where others found continuous development, genealogy seeks out discontinuities. It avoids the search for depth; Rather, it seeks the surfaces of events. The 'genealogist' concentrates on the relations of power, knowledge, and the body of modern society. He has the role of the interpreter and he sees things from afar (Dreyfus & Rabinow, 2002). He finds that the questions which were traditional considered as the deepest, are the most superficial; This does not mean that they are meaningless or lacking

importance, only that their meaning is to be discovered in surface practices (ibid). The more one interprets the less one finds the fixed meaning of a text or of the world, but only other interpretations. These interpretations have been created and imposed by other people, not by the nature of things (ibid).

According to Foucault, the task of the genealogist is to destroy the primacy of origins, of unchanging truths. 'These pre-existing forms of continuity, all these syntheses that are accepted without question, must remain in suspense…We must show that they do not come about of themselves, but are always the result of a construction the rules of which must be known…' (Foucault, 2010:28). Thus, the 'genealogist seeks for 'subjection, domination, and battle and whenever he hears talk of meaning and value, of virtue and goodness, he looks for strategies of domination' (Dreyfus & Rabinow, 2002:109). He studies the emergence of a battle which defines and clears a space as subjects emerge on a field of battle there. According to Foucault in *Nietzsche, Genealogy, History* (1971: 150): 'in a sense, only a single drama is ever staged in this non-place, the endlessly repeated play of dominations'. But for the genealogist this drama is an emergence of a structural field of conflicts (Dreyfus & Rabinow, 2002).

This is the methodological continuum I will adopt for investigating the emergence of the Autistic Subject. 'I shall take as my starting point whatever unities are already given (such as psychopathology, medicine…)' (Foucault, 2010:29); I will start by 'archaeologically' describing the emergence of the psychiatric discourse (the one that basically underpins Autism), the diagnostic criteria DSM-IV (that theoretically and linguistically define Autism) and finally the discourse of Autism *per se*. I am challenging their depth as discourses- not their importance- but I am looking, just as a 'genealogist' might do, for the 'surface' events that formed them: 'By what right they can claim a field that specifies them in space and a continuity that individualizes them in time; According to what laws they are formed; Against the background of which discursive events they stand out;' (Foucault, 2010:29).

This notion of space in the specification of a discourse and in the description of disciplines is rather important in Foucault's methodology. He, himself 'constructed certain vivid spatial metaphors to describe structures of thought' (interview conducted by Rabinow in Foucault, 2000:362). Following the same line, he used the term 'spatializations' in order to describe and define the classificatory model that was developed during the Eighteenth century in France. His model of *primary, secondary*

and *tertiary spatialization* provides an axis for the metaphorical localization of the 'disease'.

1.4 'What is striking in the epistemological mutations and transformations of the seventeenth century is to see how the spatialization of knowledge was one of the factors in the constitution of knowledge as a science'. (Foucault, 2002:362)

In order to understand Autism as a distinctive entity within the modern classification of DSM-IV 'discipline', we should go back to the 'Birth of the Clinic' and follow the archeology of psychiatric conditions. The reason for doing this, is that although DSM-IV and the ICD-10 are sophisticated nosologies that provide exclusively defined diagnostic codes they do remain temporarily 'contingent documents that have roots in centuries of psychiatric and medical efforts' for the classification of mental illness' (Nadesan, 2005:30).

Late Eighteenth century France is the period and place where, according to Foucault, the paradigm of 'classificatory medicine' or 'nosology' were born. The classificatory model is not concerned with causes or localization of a distinct disease entity within the body, but rather 'defines a fundamental system of relations involving envelopments, subordinations, divisions, resemblances.'(Foucault, 2010:3).

Foucault in his Birth of the Clinic discussion made use of a linear 'power axis' (Mahon, 1992), referring to the three spatializations of disease, which contributed to the classificatory system of the clinical medicine of 19th century.

The *primary spatialization* of disease took place within the 18th century and involved mapping the diseases in the nosological table, therefore mapping their species. Within primary spatialization the essence of a disease shows itself through the body. The body is a particular instance or instantiation of the disease (Lowe, 2002). The role of the individual patient was accidental to the disease and any particular features of the individual were disregarded in order for the disease to be allowed to manifest itself (Mahon, 1992).

The *secondary spatialization* of disease is, on the contrary, patient-focused. It concerns the relation between the species of the disease and the individual in which it is located. Attention to the phenomena of the particular organism is being required for the pathology to be constructed.

Clinics, self-help organizations and their practice of tracing developments through the cases of disease, can be seen as belonging to the *third spatialization* (Lowe, 2002). It is 'where the micro-politics of power axis are most clearly observed, where disease is inserted into social, political and economical space.' (Mahon, 1992:46). According to Foucault (2003), institutional spatialization constructs the 'operating system' for the knowledge production so that the tertiary support 'authorizes a knowledge of the individual' .

However, in order to analyze Autism as a form of psychiatric / developmental condition within which, the emergence of the Autistic Self occurs, it would not be reasonable to follow the lineal –or differently, arborescent, spatializations scheme of Michel Foucault. This scheme, does provide a perfect basis for the understanding of the classifications of clinical medicine. Yet, Autism is a distinctive classification where the diseased and the societal form elements of the same diagnostic tool and where abstract and ambiguous statements like 'qualitative impairment in social interaction' (DSM-IV) are part of the main diagnostic criteria. The three spatializations analysis of Autism as a classification cannot be linear, as the three kinds of spatialization are sophisticatedly interconnected in a circular model where interrelations of cause – effect exist. We could argue that the case of Autism could be a successful example of the 'post-structuralistic body'. As Foucault in Discipline and Punish (1975) and The History of Sexuality (1976) notes, the body is the site upon which the most subtle and inconspicuous social practices form networks of relations that enable the large-scale organization of power (Mellamphy & Mellamphy, 2005). Nietzsche claimed that 'the body is a social structure'; The 'body' of the autistic person goes against social structures and at the same time its pathology confirms them. What it is being described as 'idiosyncratic' or 'eccentric' behaviour affirms at the same time that there is a socially accepted behaviour of 'bodies' whose political investment is bound up in accordance with their economic use (Foucault, 1991).

Foucault's model of spatializations is arborescent, 'promoting the construction of grand narratives' (Goodley, 2007) such as the archeology of clinical classifications. But arborescent knowledge is always 'in danger of misunderstanding multiplicity' (ibid.); and Autism as a notion is such that it requires an approach that will function through 'connections, multiplicities, fights of resistance and becomings' (ibid.). Thus, having the Foucauldian structure of spatializations as an axis, which defines and

traverses the 'space', and using a flexible, freeing approach that will allow me to interconnect those axes of power, I will primarily strive to approach the archaeology/genealogy of ASD as a classification of a psychiatric / developmental disorder.

At this point, I would like to refer more extensively to the avoidance of an 'arborescent' structure. Although paradigmatically and methodologically I decided to adopt a post-structuralist, Foucauldian approach, which seems to 'resemble a root-tree' (Goodley, 2007), when I tried to schematically adapt my ideas into a context map, I found that they were functioning in a different way; Yes, Foucault's archaeology and genealogy of discourses and disciplinary practices were there, the spatialization schema was underpinning them, and based on them the emergence of Autistic Subject was ready to be investigated; however, the structure had the form of nested circles, the wider one corresponding to the beginning of my Thesis and following this order – each chapter corresponds to a circle- the centre of the circle corresponds to the last chapter. What was striking was the fact that each circle was connected to the others in a bidirectional way. The whole construction gave the image of stitched nested circles, where the stitches related to notion of interconnectedness.

Finally, since in the centre of my discussion is the emergence of the Autistic Subject, I decided to use as a general epistemological platform, the three domains within which, according to Foucault, we engage in a critical ontology of ourselves; These are: (1) The domain of *power* in which we are constituted as subjects acting upon others and acted upon in particular regulated ways by others (Yates, 2005); (2) The domain of *truth* through which we become constituted as subjects of specific forms of knowledge (ibid); and (3) the domain of *ethics* 'through which we constitute ourselves as moral agents' (Foucault, 1997c:262, as cited in Yates, 2005).

1.5 Engaging in the critical ontology of the Subject: *Power, Truth, Ethics.*

1.5.1 Power

Power does not, according to Foucault, have a negative meaning; It is not a means of oppression; for Foucault *power* is productive rather than repressive (Foucault, 1982).

In the 'Subject and Power' (1982) Foucault argues that his work can be divided into three phases, or 'modes of objectification' that 'transform human beings into subjects'. The three modes are (a) practices of classification; (b) dividing practices; and (c) self-subjectification practices (Hughes, 2005).

Let us see how *power* works. The term 'power' assigns relationships between 'partners' (Foucault, 2002) and whether or not they pass through systems of communication, power relations have a specific nature; 'a relationship of power it is a mode of action that does not act directly on others; Rather, it acts upon their actions: an action upon an action.' (Foucault, 2002:340). It can be articulated on the basis of two elements that are crucial: (1) that 'the other' (the one over whom power is exercised) is recognized and maintained as a subject who acts; (2) And that faced with a relationship of power, a whole field of reactions and possible discoveries may occur.

'The other' (the one over whom power is exercised) is recognized and maintained as a subject who acts.

The exercise of power can find its ground through goal-directed activities among the 'partners', which permit the exercise of power (such as training techniques, processes of domination, the means by which obedience is obtained) (Foucault, 2002). Another element which is crucial and characterizes the actions of power is freedom. 'Free' subjects are individual or collective subjects who are acting within a field where several kinds of conduct and reacting are possible (ibid). However, according to Bill Hughes (2005), looking at disability and impairment from a Foucauldian perspective, they do not represent essences of particular individual or collective subjects; Instead, these terms refer to 'a decentered subject position, that is the product of the movement of power' (Hughes, 2005:80). Does Bill Hughes imply that there is passivity in relationships of power that refer to disabled individuals? I think that he refers to disability and impairment as they have been formed through the various paradigmatic stances, and which create a probable third category of subjects; Not the individual or the collective but the decentered disabled subject.

Yet, Foucault insists that: 'The power relationship and freedom's refusal to submit cannot be separated…at the very heart of the power relationship are the rebellion of the will and the stubbornness of freedom' (Foucault, 2002:342). The Autistic subject

might be an example of a decentered subject whose formation could be a matter of a struggle between compliance to the forces of power and 'rebellion of the will and stubbornness of freedom'.

Faced with a relationship of power, a whole field of reactions and possible discoveries may occur.

Another element closely related with the notion of power is the production of knowledge. Foucault (2002:xvi) states: 'I have been trying to make visible the constant articulation I think there is of power on knowledge and of knowledge on power. We should not be content to say that power has a need for a certain discovery, a certain form of knowledge, but we should add that the exercise of power creates and causes to emerge new objects of knowledge and accumulates new bodies of information…The exercise of power perpetually creates knowledge and, conversely, knowledge constantly induces effects of power'. Thus, power is productive of interventions into people's lives; Particular aspects of people are created of which power can take hold. These forms of knowledge and power constitute how people are to be understood, related to and organized (Yates, 2005). 'Power categorizes individuals, marks them by their own individuality, attaches them to their own identities, imposes a law of truth that they must recognize in themselves and that others must recognize in them (Foucault, 1982). The knowledges or 'blocks' that Foucault particularly studied were the *disciplines* that had come to be grouped over the past two centuries under the headline of the 'human sciences'- knowledges such as psychology, sociology, psychiatry, psychoanalysis, and criminology, together with some aspects of medicine. In order to investigate the role of knowledges to the exercise of power,   Foucault developed an analysis of 'discourses', namely 'collections of utterances governed by rules of construction and evaluation which determine within some thematic area what may be said, by whom, in what context, and with what effect.' (Gordon:xvi, as cited in Foucault, 2002)

Thus, the notion of *power* is imperative in underpinning, as a platform, each of the chapters of my analysis. I will use it in the archaeology and genealogy of psychiatry, Autism, and DSM-IV diagnostic criteria as a vital element to understand its relation to the formation of the particular disciplines and discourses. I will use it as well in order

to understand the formation of Autism as an *apparatus* and the emergence, within it, of the Autistic subject as 'that creature who is to be trained, corrected, supervised, controlled' (Gordon: xvi, as cited in Foucault, 2002).

1.5.2 Truth

Foucault's ontology of truth had as a purpose to show how particular objects came to occupy a place in a particular system of knowledge and to uncover the rules by which a series of objects 'are juxtaposed and placed in succession' (1972:41, as cited in Yates, 2005). Truth, Foucault says, is 'a thing of this world'- meaning that 'truth exists or is given and recognized only in worldly forms, through actual experiences and modes of verification' (Gordon: xviii, as cited, in Foucault, 2002); in the 'game' of truth the link between power and knowledge is most interesting. According to Foucault, the link between power and knowledge is not the detection of false knowledge in human affairs but rather the role of knowledges that are valued because of their reliable instrumental efficacy (Gordon, as cited in Foucault, 2002). Foucault often uses the French word *savoir* for this middle type of knowledges, 'which may fall short of rigorous scientificity but command some degree of ratification within a social group and confer some recognized instrumental benefit.' (Gordon: xviii, as cited in Foucault, 2002)

These statements about knowledges which may fall short of rigorous scientificity, could refer to the so called 'human sciences'. Foucault, expressed a clear opinion that the human sciences are not capable of becoming true sciences in the epistemological sense, as the physical sciences. Truth is indeed a serious matter and there is work for us to do in investigating its presence and its effects of truth in the history of our societies (Gordon, as cited in Foucault, 2002).

Hence, the archaeological and genealogical investigation of the emergence of Psychiatry as a discipline and Autism as a discourse will be also analyzed in terms of under which processes they came to establish themselves as forms of knowledge. Do they have such an instrumental efficiency that is able to establish them as worldly truths? And how are they capable, with the given degree of epistemological truth, of objectifying and subjectifying individuals through relationships of power?

Moreover, I will use the same platform of *truth* in order to discursively analyze important *statements* that lead to the formation of Autism as a discourse; This is the DSM-IV diagnostic criteria, set by the American Psychiatric Association. Barry Allen (2005) in his discussion on Foucault's idea of *nominalism,* supports that a statement's capacity to penetrate people's practical reasoning and subtly govern those who receive it as an important truth, can be considered as 'effective truth'; 'The cause of such currency in statements is the language game, the discursive formation, a contingent economy of knowledge.' (Allen, 2005:96). Nominalists say that structure comes from language, from names and conventions of representation (Allen, 2005). On this idea, Foucault adds the notion of *social power*, whose economy is as crucial to knowledge and truth as the names that power causes to combine (ibid).

The unity of statements that form a discourse cannot be based upon the existence of an object 'Autism', or on the constitution of 'a single horizon of objectivity' (Foucault, 2010); Rather 'it would be the interplay of the rules that make possible the appearance of objects during a given period of time: objects that are shaped by measures of discrimination and repression, objects that are differentiate in daily practice, in law,…in medical diagnosis, objects that are manifested in pathological descriptions, objects that are circumscribed by medical codes, practices, treatment, and care' (Foucault, 2010: 36).

1.5.3 Ethics

The third notion that takes part in the formation of the ontology of the subject is that of *ethics*. Ethics are closely related both with the notion of *power* and with that of *truth*. As we saw earlier, Foucault believes that people are not passively positioned by forces of power and subjectification; Instead, people relate to themselves in an active way (Foucault, 1988; Foucault,1994). His concern with ethics refers to how people are incited to constitute themselves as beings with certain rights and needs. Scott Yates, asserts that: 'by drawing on Foucault's ethics, we can consider how people align themselves with or resist particular injunctions and prescriptions for behaviour, how one's identification as a 'person with learning difficulties' is coextensive with a particular 'way to live', and how people relate to and interact with all of these factors' (Yates, 2005: 69).

The 'idiosyncratic', 'eccentric nature' of Autism makes the discussion on ethics mostly essential. It would be interesting to investigate how the various discourses form –are unable to form?- the knowledge for oneself within the Autistic Subject. Can the hermeneutics of the Autistic Self be studied from the standpoint of socio-cultural invented ethics or they are part of the Autistic Subject's care about their own Self? At this point, further, empirical research would be necessary to happen in the future, as it would be interesting to study the effects of power relations on the self from the point of view of those who are subject to that power (Mc Nay, 1994; Allan, 1996, as cited in Yates, 2005).

The importance of these *Technologies of the Self*, that is the socio-cultural procedures 'suggested or prescribed to individuals in order to determine their identity, maintain it, or transform it in terms of a certain number of ends, through relations of self-mastery or self-knowledge' (Foucault, 1994:87), has been highlighted by Foucault. Their investigation and description is the guiding point to questions about the establishment of Subjectification at different moments and in different institutional contexts, or about the experience that one may have of oneself and how may this be imposed by different schemes of knowledge (Foucault, 1994).

The hermeneutics of the self has appeared in Western culture through numerous channels throughout history. According to Foucault (1994:88): 'Plato's *Alcibiades* can be taken as the starting point: the question of the 'care of oneself' –*epimeleia heautou*- appears in this text as the general framework within which the imperative of self-knowledge acquires its significance.' This 'project' (self-knoweldge) entails two processes: the *history of subjectivity* and '*governmentality*'. The *history of subjectivity* studies the social divisions that emerged in the name of madness, illness, and delinquency and the effects of the constitution of a rational and normal subject. *'Governmentality'*, on the other hand, analyzes 'power' focusing on the behaviour of the others and employing various techniques according to the case, the institutional frameworks, social groups, and historical periods in which they develop (Foucault, 1994).

I referred to the use of the notions of 'power' and 'truth' and in the investigation of the constitution of the Autistic Subject. Now, this part of the *Ethics* with its *Technologies of the Self*, reconstitutes subjectivity and governmentality and is likely to (as this can be dubious in the case of Autism) pass to the other side that of the

Subject. No longer 'through the divisions between the mad and the nonmad, the sick and the non-sick…; But rather through the cultural transformations of 'relations with oneself' and the government of the self by oneself in its expression through relations with others (Foucault, 1994; Foucault, 1998).

However, the questions still remain: What are the Technologies of the Self in the case of the Autistic Subject? To what degree correspondingly do they permit the Autistic individual to effect by their own means or with the help of others 'a certain number of operations on their own bodies and souls, thoughts, conduct, and way of being, so as to transform themselves in order to attain a certain state of happiness, purity, wisdom, perfection, or immortality.'? (Foucault, 1994:18)

In the next chapter (Chapter 2) and following the Foucauldian methodology of archaeology/genealogy, I will try to elevate how psychiatry, as the main science underpinning the discourse of Autism, emerged as a discipline during the Eighteenth and Nineteenth centuries, entailing the elements of: hierarchical observation, normalizing judgment, and examination. Through this particular discourse, with its socio-historical heritage, emerged the *objectification* and *subjectification* of the autistic individual.

Chapter Two

2.1 Archaeology: The emergence of the psychiatric discourse

2.1.1 'Birth of the Clinic'

Within a post-structuralist framework, psychiatry as a discourse, has to be understood and analyzed as the historical manifestation of 'a whole range of institutions, economic requirements, and political issues of social regulation…' (Foucault, 1991:51, as cited in Roberts, 2005). It belongs to the so called 'human sciences', which contain some aspects of medicine, together with psychology, psychoanalysis, sociology and criminology. The element of 'power' is fundamental in understanding the rise of psychiatry in the course of time; It forms the platform for issues of productivity, public hygiene and salubrity, which require cure and normalization of the population. It would be essential to attempt a historical reference and analysis of the conditions under which social medicine came to involve the distinction between the normal and the pathological, and in which psychiatry found the ground to develop as a 'human science' that cures 'unreason'.

If we want to establish a theoretical framework for the emergence of the scientific pathology per se as a contrast to the natural medical action, we could refer to Georges Canguilhem who, in 'The Normal and the Pathological', states that 'the optimistic conception, which expects little from human efforts to restore the norm and in which nature will find the way toward the cure, proved difficult to maintain the qualitative modification separating the normal from the pathological; to govern disease means to become acquainted with its relations with the normal state; hence the theoretical need to establish a scientific pathology by linking it to physiology' (Canguilhem, 1989:41). Within this tradition, Thomas Sydenham (1624-1689) thought that in order to help a sick man, his sickness had to be delimited and determined (Canguilhem, 1989:42). However it was not until the Eighteenth century, where a set of conditions were established, which define 'the domain of experience and the structure of rationality'. Projects of docility represented a new scale of control and the economy of the body became important (Foucault, 2002:15). At the end of the Eighteenth century, when capitalism started to develop, together with the upswing of the population, the body

started to become socialized as a factor of productive force of labour power. For capitalist society, it was bio-politics, the biological, the corporal, that mattered more than anything else and the body came to represent a bio-political reality and medicine a bio-political strategy. Within this framework, the body obtained its numerical variables of space and chronology, of longevity and health, and it emerged not only as a problem but also as an object of surveillance, analysis and intervention (Foucault, 2002). Consequently, medicine assumed an 'increasingly important place in the administrative system and the machinery of power, a role constantly widened and strengthened throughout the Eighteenth century' (Foucault, 2002:100) and a 'medico-administrative' knowledge begins to develop.

The types of medicine that developed in Europe during the Eighteenth century, supported the idea that modern medicine is a *social medicine*. We certainly did not go from a collective medicine to a private medicine; Rather the opposite occurred. Foucault, in his 'The Birth of Social Medicine' (2002) gives the examples of three types of medicine, which grew in three different countries.

The first example concerns what was called the 'state medicine', which developed in Germany at the beginning of the Eighteenth century. It introduced the organization of a state medical knowledge which led to the standardization of the medical profession and the incorporation of doctors in a general administration that was state-controlled.

The second form of the development of social medicine is represented by the example of France, where at the end of the Eighteenth century a social medicine appeared which was not based on the state structure but on an entirely different phenomenon: urbanization. This new type of medicine was born from what it could be called at the time, 'the fear of the city'. It was related with the fact that life in the big Eighteenth century cities provoked a series of panics to their citizens. Measures had to be taken to control these medical and political phenomena, that caused the population of the cities to experience such intense anxiety. 'Quarantine', was the key word for the modes of intervention that were employed in the Eighteenth century cities. This medicalization of the city in the Eighteenth century was important for several reasons. Through urban social medicine, the medical profession came directly in contact with other related sciences, mainly chemistry. More specifically, it was the analysis of water and of air currents, which brought medicine and chemistry into contact. Hence, scientific medicine did not grow out of private, individualized medicine. Rather, the introduction of medicine into the scientific discourse, occurred through its

socialization, in an establishment of a collective, urban medicine. It can be assumed that a large part of Nineteenth century scientific medicine originated from the experience of this urban medicine which developed at the end of Eighteenth century (Foucault, 2002).

The third type of medicine was developed during the second third of the Nineteenth century in England where the problem of poverty was raised in terms of danger. It was a clearly socially constructed model, based on capitalistic criteria as it was exactly at that period that the decision was first made to divide the urban space into rich areas and poor areas. The English model of medicine consisted of a control of the health and bodies of the needy classes, in order to make them more fit for labour and less dangerous to the wealthy society (Foucault, 2002).

This 'medico-administrative' knowledge, which derived from the different types of medicine during the late Eighteenth century, served as the basic core for the 'social economy' and sociology of the Nineteenth century. It formed the ideological and practical background for a whole series of prescriptions to the population, which were not only related to disease but to general forms of existence and behaviour (Foucault, 2002).

These forms could be called 'disciplines', ways of controlling the operations of the body which imposed a relation of docility-utility (Foucault, 1991).

2.1.2 Shift to the medicalization of 'unreason'.

'...what we call psychiatric practice is a certain moral tactic contemporary with the end of the Eighteenth century, preserved in the rites of asylum life, and overlaid by the myths of positivism' (Foucault, 2001:262)

In the pre-Cartesian world no ontological distinction was made between physical and mental disease (Berrios, 1995, as cited in Nadesan, 2005). From Descartes onward, the Enlightenment was also concerned with an exploration of the individual subject. Following the tradition of Descartes' Meditations, the *mind* is understood as internal and separate from the world around it. The end result of this evolutionary process was the formation of a theory of the relations between the normal and the pathological,

according to which the pathological phenomena found in living organisms are nothing more than quantitative variations (Canguilhem, 1989).

During the early pre-Nineteenth-century, neurologists primarily focused on the most profound and unusual cases of mental illness and relied on psychiatric taxonomies inherited from the Greeks, such as melancholy, paranoia, idiocy, amnesia, epilepsy, dementia and mania (Stone, 1997, as cited in Nadesan 2005).

In the course of the Nineteenth century, 'the real identity of normal and pathological phenomena became a kind of scientifically guaranteed dogma, whose extension into the realms of philosophy and psychology appeared to be dictated by the authority biologists and physicians accorded to it' (Canguilehm, 1989:43). From Renan (1923, as cited in Canguilehm, 1989) we learn that 'in studying the psychology of the individual, sleep, madness, delirium…offer a far more favorable field of experience than the normal state…Similarly human psychology will have to be constructed by studying the madness of mankind, the dreams and hallucinations to be found on every page of the history of the human spirit'. (ibid:84). Thus, it was not until well into the Nineteenth century that 'consciousness' became a criterion used to distinguish among mental illness (Nadesan, 2005).

Psychiatric knowledge and practice advanced significantly in the Nineteenth century (ibid) and psychiatry constituted itself as a scientific discourse, giving rise to what we call classificatory, nosological discourse (Foucault, 2003b). This involves describing madness as an illness or, rather, as a series of mental illnesses, each with its own symptomatology, development, diagnostic and prognostic elements, etcetera. In this, the psychiatric discourse that takes shape takes normal clinical medical discourse as its model; it aims to constitute a sort of analogon of medical truth (ibid). Jules Baillarger (1809-90), who after Esquirol's death was appointed to the superintendency of the madhouse of Ivry, showed how preconceived taxonomic criteria determine, in a top-to-bottom fashion, the very clinical boundaries of mental disorders. His view was that the concept of 'lesion' would be a more useful taxonomic criterion than any overt behavioural markers (Berrios, 1999b, as cited in Berrios, 2008). Thus, the belief in the curability, or at least improvability of the 'degenerates', was grounded in a conception of 'insanity' as a quantitative, not a qualitative difference: a question of degree or intensity, not kind (Carlson, 2005).

2.2 Genealogy: The development of the Asylum

Foucault defines genealogy as an activity whose function is not to lay foundations but to disturb 'what was previously considered immobile', to 'show the heterogeneity of what was imagined consistent within itself' (Mellamphy & Mellamphy, 2005). Genealogy involves how archaeology is brought into practice. Within the concept of genealogy, Foucault first historicises the discourse, in this case the psychiatric discourse, and then politicises it by showing that its emergence was bound to the political concerns, norms and values of that culture and society (Foucault, 1991; Foucault, 2002, as cited in Roberts, 2005). In genealogy, categories of a discourse, such as 'mental illness', do not exist 'in themselves' but are understood as being constituted by this discourse (the psychiatric).

Within a genealogical framework, psychiatry as a discourse finds its scientific, political and cultural manifestation through the development of the institutions for the 'degenerates'; and it is apparent that genealogy's intersection with archaeology, comes to 'determine the logico-grammatical parameters of the body as a socio-political existent, forming its disciplinary matrix: its stable, regulated, disciplined and discursive structure' (Mellamphy &Mellamphy, 2005).

Historically, the emergence of the hospital institution in the Eighteenth century can be understood on the basis of three major phenomena: the emergence of 'population' with its biomedical variables of longevity and health; The organization of the narrowly parental family which played a decisive role in the process of the individual's medicalization; And the interlacing of medical and administrative occurrences in organizing the control of collective hygiene (Foucault, 2002). Yet, the hospital was perceived as a dark area that medicine was called upon to purify. The need for changes in the concept of 'hospital' became necessary. The hospital had to articulate medical knowledge with therapeutic efficiency and during the Eighteenth century, specialized hospitals emerge. Thus, one could see the gradual constitution of a hospital system to articulate itself with medical knowledge and its classifications and techniques (ibid).

Within this ideological structure, during the Nineteenth century a new pessimism of rehabilitating the insane grew and there were many factors that played a role in affecting it (Nadesan, 2005). The ascendancy of the 'medical' model in medicine and psychiatry undermined support for psychologically based therapeutic interventions.

The medical model's (Oliver, 1993) contentions that mental illness was biologically based and potentially heritable function to transform madness into a social contagion (ibid.) Morel's (1809-1873) psychiatric work reflects this pessimism (Barrett, 1998, as cited in Nadesan, 2005); by articulating mental illness within a somatic/medical framework and linking 'madness' and 'idiocy' with heritable degeneracy in behavior and mind, Morel helped ensure that 'madness' would become a critical social policy issue (Nadesan, 2005). Thus, fearing the reproductive capacities of those 'degenerates' the asylum took on more social importance due to its ability to alienate the 'organically' mad. As observed by Poter (2002:122, as cited in Nadesan 2005): 'the institutionalization drive was a sign of the times. It combined the imperatives of the rational state with the expedients of a market economy'. But most importantly, asylum becomes according to Foucault (2006:127) 'a sort of perfect social microcosm, a sort of little utopia of general social functioning', where two types of power were being produced, the first split into two kinds. There is the traditional disciplinary power, the asylum, which function is to keep people calm, and then there is the second disciplinary type of power…the power of colonization: putting people to work (ibid).

2.3 Psychiatry as a disciplinary discourse

'*Once the criminal was punished; now the criminal is cured or improved. Where has the excess of torture gone?*' (Lowe, 2002)

Foucault defines 'discipline' as 'a type of power, a modality for its exercise, comprising a whole set of instruments, techniques, procedures, levels of application, targets (1991:215); he describes how 'discipline produces subjected and practiced bodies, 'docile bodies' (1991:137). Foucault remarks, 'Discipline 'makes' individuals; it is the specific technique of power that regards individuals both as objects and instruments of its exercise' (1991:170). It is about a 'unitary technique by which the body is reduced as a 'political force at the least cost and maximized as a useful force' (Foucault, 1991:221).
 While 'madmen' were objects of various techniques and practices, they were also taught to be productive so that they could work within the institution; the practices

within the institution, which ranged from education and training to supervision and punishment, were predicated upon the belief that the proper environment could improve feeblemindedness and makes its victims productive individuals. Thus, most individuals living in the institutions were subjected to rigorous training and supervision, the goal of which was productivity. According to Fernald (1976:323, as cited in Carlson, 2005), 'In this 'education by doing' we not only have a very valuable means of exercising and developing the dormant faculties and defective bodies of our pupils, but at the same time we are training them to become capable and useful men and women'. Therefore, 'like the penal system, these institutions found as their 'useful object', the 'disciplinary individual' (Foucault, 1991:227). Psychiatric intervention takes the form of manipulation, which is being expressed through 'ergotherapy' (putting patients to work as a means for cure) and the 'family model' (Foucault, 1991).

Hence, it seems apparent that nosological classification during the Nineteenth century 'is not linked to any therapeutic prescription but serves to define the possible utilization of individuals for the work they are offered' (Foucault,1991:127). The institutions, as protective and productive sites of disciplinary power, perpetuated the view of feeblemindedness as both static fate and an improvable, dynamic condition. These characterizations were essential for the survival of institutions and for the production of docile minds and docile bodies (Carlson, 2005) and it seems clear, in terms of historicity, that the emergence of these institutions in which 'unreasonable' people were housed was not a progressive medical project, rather it was an act of social exclusion (Bracken & Thomas, 2005). According to Porter (1987), the rise of psychological medicine was more the consequence than the cause of the rise of the insane asylum. The qualities of this new form of disciplinary power, which is the psychiatric power, consist according to Foucault, of three basic elements: *hierarchical observation, normalizing judgment and examination*.

In the context of *hierarchical observation* the disciplinary power pressurizes by means of observation. The Panopticon is a concrete example of this. In the Eighteenth century, Bentham, created the plans for a new type of prison, which he referred to as the Panopticon (Foucault, 1991). He 'programmed, defined, and described in the most exact manner the forms of power in which we live, and… presented a marvelous and celebrated little model of this society of generalized orthopedics… a form of

architecture that makes possible a mind-over-mind-type of power; A sort of institution that serves equally well, it would seem, for schools, hospitals, prisons, reformatories, poorhouses, and factories' (Foucault, 2002:58).

It was about a central observation tower encircled by a building divided into individual cells, which allowed 'the supervisor', positioned in the central tower, to continuously observe each prisoner within the cell (Roberts, 2005). This constant supervision of individuals by someone who exercised power over them, served the possibility of both supervising and constituting a knowledge of the individuals supervised; A knowledge that was no longer about determining whether or not something had occurred; but, it was about whether an individual was behaving as he should, in accordance with the rule or not, and whether he was progressing or not (Foucault, 2002). In becoming aware that they are constantly being monitored, the prisoners began to regulate their behaviour, so that the need for chains, locks and further punishment became increasingly unnecessary (Foucault, 1991). Foucault, refers to this phenomenon as Panopticism and he named the form of power deriving from Panopticism, as Panoptic power.

Within the psychiatric discipline, the control and observation of human beings enabled the emergence of new forms of knowledge. Thus, the experiment of different medications and the observation of their side effects, the variety of techniques and 'therapies', all consisting the psychiatric knowledge, permitted new forms of classifications to emerge (Foucault, 1991). Moreover, by creating within the supervised person an awareness of being continuously observed and under 'corrective' training, they regulate their own conduct in accordance with the norms promoted by the psychiatric discipline and thus, they are being trained to discipline themselves (Roberts, 2005, Harrer, 2005). The 'gaze' of the Panopticon, takes the form of the 'faceless gaze' (Foucault, 1991:214), where the person is being monitored by a number of people, that usually they may not even know, whilst they are ensured that they are being monitored by someone. Therefore, Panoptic power has a major contribution; to that of the creation of the Subject by subjecting the human being into control through normalizing power mechanisms.

The normal, which existed in medicine, factories and schools, was one of the great instruments of power at the end of the classical period. Part of the *normalizing process* was the penal system. In Discipline and Punish, punishment should not be considered as a purely juridical matter or as a reflection of the social structures of the

age. Rather, a Foucauldian approach to the prison is a way of stressing on the development of a specific form of the technology of disciplinary power (Dreyfus & Rabinow, 2002). According to Dreyfus and Rabinow (2002:144) in *Beyond Structuralism and Hermeneutics*, the three figures of punishment that Foucault introduces us with involve: torture, as a weapon of the sovereign, correct representation as a humanistic reform and normalizing surveillance as an embodiment of the disciplinary power. All of these figures were used through the history of psychiatry for the normalizing of the insane, of the person who exceeded the norm, set by the societal technologies of power. Modern psychiatry still functions as a discipline within the concept of normalizing surveillance. Normalization makes people homogeneous, but it also makes it possible to measure differences between individuals; measurement leads to classification and classification to psychiatric knowledge.

Foucault states that 'control and transformation of behaviour come about with the development of a knowledge of the individual' (Foucault, 1995:125, as cited in Lowe, 2002). *Examination* represents the techniques of an observing hierarchy and those of a normalizing judgment. It is a gaze that makes it possible to qualify, classify and punish. The subject becomes seen and individuality is being introduced into the field of documentation. Thus, each individual becomes a "case" that can be analyzed and described (Foucault, 1991). In the field of psychiatric discipline, diagnosis, plays the role of giving individuality to the person, *subjectifying* them. Diagnosis is the correct application of a classification that mirrors or corresponds to an objective disease or disorder (Reich, 2000 cited in Roberts, 2005). Diagnosis that is based on the thoughts, feelings and behaviour of the supervised person is being apprehended through the lens of current historically and politically psychiatric discourses. It is the starting point in the creation of what Lowe (2002) calls 'the external brain'. 'External brain' includes diagnostic tests, counselling, related books, etc, and of course doctors. When the socio-historical context is such that it favours the good maintenance of this 'external brain', then this becomes the regulation for the diseased 'internal' one. Based on an example of R.D Laing (1990) on the constitution of the concept of schizophrenia, we could transfer it to Autism and say that 'the patient has not got autism. They are autistic. To give a person the diagnosis of Autism is to shape an identity for them; Autism determines the very being of that person' (Roberts, 2005; Donellan & Leary, as cited in Hacking, 1999). Therefore, we could see that the technique of *examination*

is just at the centre of processes that constitute the individual as an effect and object of power.

Within this establishment psychiatric knowledge has been deployed as discipline (Foucault, 1991).

2.4 Power and Knowledge

Foucault uses a special technique in analyzing a discourse and its relationship with concepts of power. A key point is the emphasis on the mobility of the objects analyzed; There are specific kinds of human practice that change over time and events that punctuate and shape their history (Gordon, as cited in Foucault, 2000).

In my descriptive account of the emergence of the psychiatric discourse as a disciplinary practice, I tried to merely follow his method of inquiry. I gave a brief account of the historical frameworks within which medicine and psychiatry developed; they grew inside and served to the Eighteenth century's conceptualization of confinement, whose essential function was to exclude trivial individuals. They took different forms that corresponded to diverse historical and socio-economical needs (state medicine, urban medicine, labour-force medicine), and they have been used as a means to decrease the public anxiety by the measure of 'quarantine' to purely economical tools to preserve a healthy labour force and exclude the needless. Medicine, tightly related with physiology, came to use chemistry as its essential element in the curing process, due to social needs in an urban environment.

The Eighteenth century was the era where the phenomenon of the Panopticon emerged. It was due to the imagination of Bentham, who presented a new little model of society, based on constant supervision of the marginal individuals. So we have, according to Foucault (2000:69), in contrast to the knowledge that originates in inquiry, 'a knowledge characterized by supervision and examination, that it is organized around the norm, through the supervisory control of individuals throughout their existence'. This examination was the basis of the knowledge-power that gave rise to what we call 'human sciences'- psychiatry, psychology, sociology. Here, we have a second feature that the Foucauldian frame of analysis introduces. It is the intentionality and reversibility of the social realities that power-knowledge relations produce and shape (Gordon, as cited in Foucault, 2000). These realities, as Foucault

put it, always contain in themselves a certain ingredient of thought. Panopticism is a form of power-knowledge that forms a characteristic trait of our society. It is applied to individuals through supervision, control and correction, having as a final aim the transformation of individuals in terms of certain norms.

Within this power-knowledge milieu, in which the distinction between the normal and the pathological interweaved with socio-economical factors and Panopticism introduced a new form of self-shaping of the individual, the shift to the medicalization of the unreason emerged. The hospital changed from being a dark area, served to the preservation of health and longevity of the population, to a space for the development of medical knowledge and specialized hospitals emerged; Hence, the appearance of the psychiatric hospital, the asylum.

The shift to the Nineteenth century brought a new creed. The turn from *confinement* to *sequestration*, which aimed to new forms of power, those of inclusion and normalization. This new ideological milieu was built over the main conceptual domains of the Eighteenth century; over a multiplicity of objects and layers, that according to a Foucauldian scrutiny, are involved in a network of cause and determination (Gordon, as cited in Foucault, 2000). Psychiatry emerged as a disciplinary discourse in order to serve a utilitarian socio-economical model. Those 'degenerates' did not have any economic value, as they had the stigma of being unproductive. The construction of a biomedical etiology of deviance in the Nineteenth century, aimed to support this ideology. Diagnostic techniques derived in order to identify these 'deviant' populations, as well as to demonstrate their 'natural inferiority' (Erevelles, 2002).

In terms of knowledge, psychiatry as a disciplinary discourse has no 'true value'. Madness is not an idea that exists in the minds of psychiatrists or in the bodies of people. Rather, it is historically inscribed and interconnected with statements (classifications, diagnostic statements) and techniques (observation, diagnosis, means of cure). Foucault himself (Gordon, 1980:109, as cited in Stevenson & Cutcliffe, 2006) 'recognizes that certain forms of knowledge, in particular psychiatry, are relatively easy to analyze…since the epistemological profile of psychiatry is a low one and psychiatric practice is linked with a whole range of institutions, economic requirements …Couldn't the interweaving effects of power and knowledge be grasped with greater certainly in the case of a science as 'dubious' as psychiatry?'

Within this ambivalent psychiatric strand, during the next chapter (Chapter Three) I will try to investigate the dividing practices that create the objectification/subjectification of the Autistic individual. Using archaeology and genealogy as a methodological ethos, I will strive to have an insight into what is called 'psychoses in children', as the first broad classification of Autism discourse.

Chapter Three

3.0 Psychoses and Children

According to Michel Foucault (1977, 1979, 1999, as cited in Nadesan, 2005), a discourse is being defined as a group of statements and practices that actively describe how a particular phenomenon gets identified and articulated at a particular historical moment. The concept of historicity involves those *power relations* that existed in society and science at the specific timing and that produced knowledge. Foucault in *Discipline and Punish* and in *Madness and Civilization* has demonstrated how societal, religious and scientific discourses have produced discourses of knowledge such as the penal system, the psyche and madness.

I have already been through a brief archaeological analysis of the rise of psychiatry as a discourse and its interplay with the *person* through the emergence of the Asylum. I moved within a spatializations scheme, by leaping from primary (birth of the clinic), to secondary (rise of psychiatry) and tertiary spatialization [5] (the development of the Asylum), where those territories are interconnected and which have a constant effect/affect on each other.

In this chapter I will first examine the general discourse within which Childhood Autism has been emerged, that of *psychosis*. I will look at the concept of psychosis through different historical, discursive and philosophical lenses, beginning with the appearance of the *child* in the field of psychiatry.

I am going to make extensive use of Ian Hacking's discursive division of *indifferent* and *interactive* kinds as a way of analysis, always remaining into a post-structuralist Foucauldian approach.

3.1 Archaeology of psychosis: The emergence of Schizophrenia as Classification.

Despite the predominant orderly views on madness as a satanic possession, enlightened physicians insisted on its origin within the *soma*. Within Cartesian and Newtonian frameworks, the soul became invulnerable and doctors referred insanity to

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[5] From now on referred accordingly as SP1, SP2, SP3

lesions of the body (Porter, 2002). Within the somatic model, 'insanity was an unusual and commonly hurried association of ideas' (Porter, 2002:128). The close of the Nineteenth century brought a remarkable marriage across enlightened Europe, between new psychological thinking and reformist practice in what has been called 'moral therapy' (ibid.). In sources of the period we find extracts, which support this trend: 'M. Leuret, the distinguished Physician of the Bicetre Hospital at Paris, in his valuable work, "Du Traitement Moral de la folie," has made many very useful suggestions, and done much good in calling attention to the vast importance of moral treatment in insanity…He insists on the importance of outdoor exercise and bodily labor, walking, riding, engaging in active sports, and more particularly on the value of mental labor, such as reading, committing pieces to memory and reciting them, add other school exercises, acting plays, attention to music' (Brigham, 1847, paragraphs 33,34 in www.disabilitymuseum.org).

According to Berrios (1987 cited in Heinimaa, 2000), psychosis formed in the Nineteenth century from the remnants of three ancient categories: insanity, alienation, and dementia. However, Nineteenth century efforts to standardize understanding of the psychosis within biological psychiatry are typically based on Morel. Morel's investigation of 'madness' led him to conclude that insanity was often characterized by delusions and/or hallucinations that manifest in adolescence; he named the condition *dementia precoce* to refer to the adolescent onset of delusional states (Nadesan, 2005). However, it was Emil Kraepelin, a German psychiatrist and classifier, who extended Morel's concept of dementia precoce by combining the specific disorders of catatonia, simplex and hebephrenia; he gave the name *dementia praecox* (Berrios,1996, as cited in Nadesan, 2005; Porter, 2002). Within the same somatic milieu, Kraepelin himself had little doubt that schizophrenia (his dementia praecox) was a brain disease: 'We are concerned here with a palpable pathological process in the brain' (Kraepelin, 1899:154, as cited in Ovsiew, 2000). Moreover, he believed that he was initiating the replacement of descriptive psychiatry by a scientific nosology of disease entities (Ovsiew, 2000).

However, the concept of dementia praecox was reframed in the work of Bleuler as he paved the way for the disorder's re-conceptualization within a psychological framework (Nadesan, 2005). Eugen Bleuler (1857-1939), a prominent psychiatrist in his era reformed the Asylum, spending twelve years of his life living among his patients. He combined organicism and dynamic psychiatry in a holistic view including

biological and psychological aspects in theory and in practice (Stotz-Ingenlath, 2000). Within this *ethos*, Bleuler, already in 1902, showed agreement in a Kraepelin's paper with the theory of dementia praecox (Bleuler, 1988 cited in Stotz-Ingenlath, 2000). For both Bleuler and Kraepelin, the main symptom of the desease was a 'split of personality'. Bleuler chose the term '*schizo-phrenia*' because of this phenomenon of splitting. The main symptoms involved disturbances in affectivity, ambivalence and autism. More explicitly, in schizophrenia usual connections between terms and ideas are impaired and thoughts become distracted. Consequently, the primary weakness of logical functions is an overweight of the *affects*; patients appear apathetic and indifferent. Impairment in associations may also cause different aspects of one thing or one situation may not to be considered in context. The same idea may be accompanied by pleasant and unpleasant feelings at the same time. Bleuler calls this phenomenon 'ambivalence' (Stotz-Ingenlath, 2000). Finally, he defines autism as 'detaching oneself from outer reality along with a relative or absolute predominance of inner life' (Bleuler, 1911, as cited in Stotz-Ingenlath, 2000). This context offered the basis for Leo Kanner and Hans Asperger to develop the concept of Autism and Autistic Psychopathy (Nadesan, 2005).

3.2 Psychosis and Children

3.2.1 Brief archaeology: From the 'imbecilic child' to the 'mad child'.

Children are a missing part in the history of the emergence of psychiatry, especially in pre-Nineteenth century texts and institutions. A wide belief seemed to exist that children were not subject to mental illness. This could be attributed to the general lack of public attention to children as distinct beings, qualitatively different from adults. We could say that until the end of the Eighteenth century, what was called idiocy had not distinctive features in comparison with madness in general (Foucault, 2003a). Moreover, since pre-Nineteenth century asylum did not admit children, psychiatrists had little opportunity to systematically observe childhood 'pathologies' (Nadesan, 2005).

Relating to Autism, at those times linked to schizophrenia, very few accounts are available before its new classification and re-conceptualization from Leo Kanner. In Uta Frith's analysis in 'Autism in History' on the case of Hugh Blair that took place

in the Eighteenth century, he is being described as having severe mental retardation, abnormality in language –'echolalia', obsessive and repetitive behaviour included odd motor mannerisms (Houston and Frith, 2000, as cited in Wolff, 2004). Until then, John Haslam's experiences as a psychiatrist in Bethlem Hospital reinforced his belief that most forms of madness in childhood were symptomatic of some underlying organic function (Nadesan, 2005). He described a boy of nearly seven who had infantile seizures, he was slow to walk and talk and in hospital he was restless and attentive. No echolalia or abnormal gaze were recorded (Vaillant 1962, as cited in Wolff, 2004), which suggested the possibility of a post encephalitic syndrome. The most celebrated enfant sauvage was Victor, 'the wild boy of Aveyron'; a mute and 'savage' boy aged about 11 or 12, found naked and full of wounds in 1798. He was presumably abandoned in the wild as an infant. Itard attempted to rehabilitate the boy and while he regarded his experiment with failure, popularization of his efforts contributed to a new interest in children under the psychiatric gaze (Stone, 1973; Wolff, 2004;Nadesan, 2005).

However, according to Nadesan (2005), childhood increasingly became of more importance in the Nineteenth century, as specific factors came into play. These factors included the growth of the *institutional asylum*, the *professionalization of psychiatry* and the expansion of a new form of power, which Foucault calls *governmentality*. These forces created a new division specifically that between madness and idiocy, and this is when the psychiatrization of the child begins.

The psychiatrization of the child 'came about through a completely different figure: the imbecilic child, the idiot child, the child who will soon be called retarded' (Foucault, 2003b: 203). According to Foucault (2003b) the discovery of the mad child took place rather late and was rather the secondary effect of the psychiatrization of the child than its place of origin. The mad child appeared late in the Nineteenth century; We see it emerging around hysteria and it enters psychiatry through the way of private consultation (ibid.).

The first text where there was a clear division between idiocy and insanity in childhood was Esquirol's *Maladies Mentales* (1838). Esquirol (as cited in Foucault, 2003b:284) defines idiocy in this way: 'Idiocy is not a disease, but a condition in which the intellectual faculties are never manifested, or have never been sufficiently developed... '. Belhomme (1843:51, as cited in Foucault, 2003b) summarizes more or

less the same definition; He says that 'idiocy…is a constitutional condition in which the intellectual functions have never developed…' .

This definition is important because it introduces the notion of development and it makes its absence the distinctive criterion for distinguishing between madness and idiocy (Foucault, 2003b).

At a second stage, Seguin, who is a predominant figure throughout the process of the institutionalization and psychiatrization of childhood and a pupil of Itard himself, provided the major concepts on the basis of which psychology, psychopathology of mental retardation will be developed throughout the Nineteenth century. His Bicetre Asylum 'is the seat of the school for idiots, near Paris; and contains also a lunatic asylum…(it) was a school exclusively established for the improvement of the idiotic and of the epileptic…. Both the epileptic and idiotic were taught to write, and their copy-books would have done credit to any writing school for young persons. Numerous exercises were gone through, of a kind of military character, with perfect correctness and precision.' (M.L., 1849 in www.disabilitymuseum.org).

Seguin (p.72, as cited in Foucault, 2003a) makes a distinction between idiots strictly speaking and retarded children: ' I was the first to point out the extreme difference separating them…Even the superficial idiot displays an arrested physiological and psychological development'. It seemed that the medical model of inherited degeneracy replaced the humanism of the Enlightenment.

In terms of psychosis, the first psychiatric text on psychosis and childhood was Henry Maudsley's (1879) 'The insanity or early life' (Walk, 1964). Other contemporaries followed with ideas on childhood psychosis, which involved either environmental or biological factors as aetiologies.

Despite those innovations child psychiatry was not fully established until early in the 20th century. Stone (1973:298-299, as cited in Nadesan, 2005) offers a comprehensive view on the predominant psychiatric *ethos* of the era:

'it would seem that before 1900 the eccentricities of the children were simply tolerated…The only children deviant enough to win notice, from the psychopathological point of view, were (1) the feebleminded, (2) the destructive, (3) the epileptic or (4) the bizarre. Even bizarre children were able, for a long while, to escape the stigma of mental illness, if their bizarre behaviour fit neatly enough into some schema that was acceptable to the period in which they lived'.

3.2.2 Psychosis and children as *kinds*

So far, I have presented an overview of how childhood psychosis has been emerged as a discourse within the psychiatric discipline. Children emerged as a new distinctive category, compared to adults; they also became subjected to disciplinary rules, such as observation, punishment and examination with the final aim of complying with the social norm. In this case disciplinary power serves to the creation of a different form of power, that of *governmentality*.

In his essay entitled *Governmentality* Foucault observes that from the 16th century onwards, the state was 'extended beyond territorial governance to include influence over such mundane matters as everyday people's customs, habits, ways of acting and thinking' (1991:96). Foucault calls this shift from 'sovereignty' to 'government', which is concerned with the disposition of things -people, customs, habits, etc (Foucault, 2000;Nadesan, 2002;). It is this form of power that seems to be the final objective of disciplinary practices. Before analyzing *governmentality* as a form of power which not only normalizes but predominantly subjectifies, we should firstly look at the categories, such as childhood, that are tolerating the processes of normalization and subjectification, and the classificatory discourses (psychiatric classifications) that lie behind these processes.

At this point, I would make use of the philosopher's and historian's Ian Hacking work on the relation of power/knowledge with regard to the subject. Hacking argued that through medical, juridical, and psychiatric classifications new 'kinds' are being emerged, into which people can be sorted. He made the division between *human* kinds and *natural* kinds; where human kinds are those supplied by human sciences, such as psychology, psychiatry and sociology; these kinds differ from natural kinds, which can be found in physics, astronomy and other natural sciences. Ian Hacking moves further by qualitatively define human and natural kinds, as interactive and indifferent respectively.

Interactive kinds are related with people, their behaviour, and their experiences involving action, awareness, agency and self-awareness. They actually interact with those classified; in the same way it is people who interact with the classification and there can be strong interactions. (Hacking, 1999). According to Hacking, people who are classified as members of an interactive kind, tend to accommodate their self-perceptions and behaviour according to the kind which exercises power upon them.

Thus, the role of kinds apart from being classificatory, is also to subjectify and form identities. As he puts it 'We are especially concerned with classifications that, when known by people or by those around them, and put to work in institutions, change the ways in which individuals experience themselves- and may even lead people to evolve their feelings and behaviour in part because they are also classified' (Hacking, 1999:104).

On the other hand, indifferent kinds do not mean that they are passive. The classification plutonium is indifferent but nonpassive; 'plutonium kills; but not because it knows what it is doing'. Moreover, 'plutonium does not interact with the idea of plutonium, in virtue that is aware that it is called plutonium..' (Hacking, 1999:105). That is why these kinds, which derive from natural sciences, are being called indifferent.

Returning to the idea of childhood, some thinkers believe that it has been socially constructed (Aries, 1962) or others mean that 'a certain state of person, or even a period in the life of human being has been a social construct' (Hacking, 1999:102). Correspondingly, children's behaviour seems to be the outcome of social construction. In *Inventing our selves* (1998) Nikolas Rose, illustrates how childhood behaviour was increasingly subject to normalizing gaze in the early 20th century. From 1920 onwards, data was gathered on children of particular ages over a period of time. The data was organized into age norms that allowed behavioural norms to be organized, which were redefined according to the age continuum, creating normal and abnormal classifications (Rose, 1989); 'these scales were widely used within the medical community and became institutionalized as objective measures of normal development' (Nadesan, 2002:409).

So far it is obvious that childhood and more specifically children's behavioural norms and classifications such as psychosis, autism, mental retardation are indeed interactive kinds. We should be vigilant and make clear that the term *interactive* here applies not to children themselves but to classifications, which can influence what is being classified (Hacking, 1999). This influence may lead to the adoption of behaviours already described and expected from the classification, and to the formation of identities. The new 'actor', who has already been classified turns, through the *inter*, into an interactive kind as well, because they have been treated or institutionalized as of that kind, and so experienced themselves in that way (ibid.)

Yet, the issue is far more complicated when those interactive kinds, psychopathologies, do not have a clear 'identity' as being purely interactive. There is a constant drive in sciences, such as psychiatry and psychology to imitate natural sciences and to produce natural kinds of people. This is especially apparent in psychopathologies like schizophrenia and autism.

They are competing theses, regarding those classifications as either a result of social construction or as belonging to the biological camp. If they are a product of social construction they are indeed interactive kinds and if they are a result of biological degeneracy they are natural kinds.

However, what does happen in psychopathologies like Autism, where, although there seems to be a strong developmental pathology, the expressions of this pathology are very qualitative and mainly affect the societal?

Let us make use of Ian Hacking's ideas on the issue; Autism is being considered as a serious developmental disorder whose pathology is mainly psychiatric. Here there is the first ambivalence. We do have an established developmental disorder expressed in many cases with serious delays in language and communication, which could comprise an *indifferent* pathology P (Hacking's term). This pathology P, apart from being developmental, refers to psychiatric niches such as *qualitative* impairment in social interaction, including: marked impairment in the use of multiple nonverbal behaviours, failure to develop peer relationships appropriate to a developmental level, a lack of spontaneous seeking to share enjoyment, interests, or achievements with other people and a lack of social and emotional reciprocity (American Psychiatric Association, 2000). These qualitative 'impairments' seem twofold problematic. First, because they involve the term 'interaction', which directly characterizes them as interactive kinds. These interactive kinds through disciplinary modes of subjectification will shape the identity of the persons deemed to acquire them. According to Hacking (1999:119) 'interactive kinds apply to human beings and their behaviour. They interact with the people classified by them. They are kind-terms that exhibit a looping effect, that is, that have to be revised because the people classified in a certain way change in response to being classified'. However there is one more problematic. Who defined those *interactive* criteria as those that comprise the *indifferent* pathology P of the autistic spectrum? Through a post-structuralist lens, do these criteria belong to a wider cultural-social framework?

Thus, before looking in depth at Autism *per se* as a highly contradictory discourse, where *natural* and *human* structure are in a constant battle, it would be valuable to behold what the discourse of DSM-IV is, how it arose and where it stands.

3.3 Knowledge and Power

Autism is a discourse which is characterized by developmental abnormalities (usually a degree of mental retardation and delayed language) that are being expressed mainly by psychiatric features (idiosyncratic language and eccentric behaviour, lack of social interaction). Thus, Autism falls within the psychiatric discipline and its diagnosis and schedule of intervention is the job of child psychiatrists; Moreover, as a disorder, it has its own citation and diagnostic criteria in the DSM-IV, the diagnostic manual of the American Psychiatric Association.

I could assume, therefore, that the contemporary psychiatrization of the autistic child is in full consistency with and functions as a continuum of the psychiatrization of the imbecilic child in the Nineteenth century. It would be interesting to examine how and why the examination of idiocy ended up being placed under the psychiatric umbrella during the second end of the Nineteenth century and how and why this psychiatrization is an act of exercise of power.

According to Foucault (2003), until the end of the Eighteenth century, what was called imbecility or idiocy had no distinctive features in comparison with madness. It was during the time of Pinel that people classified as imbeciles were found in houses of confinement. 'Their first treatment was to get rid of them or to deport them into institutions for the deaf and dumb, that is to say, to strictly pedagogical institutions' (Foucault, 2003b:211).

It was not until the end of the Nineteenth century, where the 'imbecilic' child arose as a classification and where psychiatry found one more field of intervention. Actually, those pedagogical institutions were acting as filters and the major inquiries on mental deficiency took place within the educational milieu (Foucault, 2003b).

However, let us primarily examine how idiocy was theoretically defined at the time. The idiot was someone assessed by reference to the adult as the norm; The adult would appear at the rear end of development and they would function as the norm. On the other hand the variable of mental retardation was defined differently for other

children; A retarded child is someone who develops slower than the others (ibid.). So, idiocy and mental retardation were defined 'by reference to two normative levels: the adult, representing the final stage and other children, defining the average speed of development' (Foucault, 2003b:209).

In his article of the time 'The classifications of idiocy', H.B Wilbur (1877: paragraph 3 in www.disabilitymuseum.org), after having distinguished idiocy from dementia, states that: 'The essential feature of both conditions is the absence or imperfection of normal mental faculties, without reference to the physical defect or default, or the pathological condition underlying or associated with them.' Seguin, (p.107, as cited in Foucault, 2003a) on his turn, defines it as : 'an infirmity of the nervous system the radical effect of which is to withdraw all or part of the child's organs and faculties from the regular action of his will, which hands him over to his instincts and removes him from the moral world'. We, thus, can see that idiocy or mental retardation[6] cannot really be considered as pathological deficiencies even if there is an organic lesion which causes them (Foucault, 2003a).

In which kind of *kinds*, therefore, do they belong? The issue seems as complicated as it appeared in relation to Autism as a kind. There is an underlying neurological pathology P (which many times remains unidentified) and which is being manifested with 'imperfection of normal mental faculties' which 'removes him (the child) from the moral world'. As with the case of Autism, its ancestor classifications have mainly qualitative manifestations that relate with communication, social behaviour and morality. They could be named as interactive kinds as their awareness could be personal but it could also be shared and developed within a group of people and embedded in practices and institutions; Thus, forming self-awareness and probably shaping self-identity (Hacking, 1999).

The assumption that idiocy and mental retardation in the Nineteenth century were basically interactive kinds that had as their bottom line, an indifferent pathology P, could be reinforced by the fact that the only way to treat an idiot or retarded child is quite simply to impose education on them. 'The Bicetre is the seat of the school for idiots, near Paris; and contains also a lunatic asylum…Let us take a young idiot, in whom scarce any of the senses appear developed; who is abandoned to the lowest

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[6] Terms used within a historical framework.

passions, and who is unable to walk or to execute voluntary movements. He is brought to Bicetre, and placed at once in the class of those boys who are executing the moving power. Here, with about twenty others, who have already learned to act somewhat in unison, he is made, at first by holding and guide of his arms and feet, and afterwards by the excitement of imitation, to follow the movements of his companions.' (M.L., 1849 in www.disabilitymuseum.org). The 'satisfactory' image of the idiot who is being educated through the imitation of his companions raises two topics: that of the importance of the notion of 'instincts' within the classification of idiocy and mental retardation and that of the exercise of psychiatric power.

'There is an absence of normal instincts and intuitions going out for natural aliment and exercise, and the natural avenues of growth-stimulating influences from without are closed' (H.B. Wilbur, 1877:paragraph 4 in www.disabilitymuseum.org). What is instinct? According to Foucault (2003:215) it is 'a certain anarchic form of will which consists in never wanting to submit to the will of others; It is an indefinite series of small refusals opposed to any will of the other person'. The abnormalities of idiocy and mental retardation liberate this function of instinct. Instinct is for those abnormalities what symptoms are for illness. However, instincts involve the notion of anarchy and resistance and especially that of resistance towards the structure of social morality; This is why instincts entail a sense of social danger: 'Moving across the uncertain and shadowy borderland between crime and defect, we come to the region of the insane' (C.R. Henderson, 1899 in www.disabilitymuseum.org); and here could be found the indication for the colonization of idiocy and mental retardation from the discipline of psychiatry. It is precisely the dangerous individual that led to 'mental alienation become the general category embracing all the forms of madness and idiocy' (Foucault, 2003b:214). In more practical terms, the doctors of the period in order to get rid of the 'idiot' used to write false reports to depict them as someone who is dangerous. Thus, the notion of danger becomes necessary in order to transform an act of assistance into an act of social protection (ibid).

Danger in its genuine or constructed form was one side of the coin, that which referred to societal power. The other side had to do with family power: 'A training it may be truly called for them all, from the father to the kitchen-maid. The house that has an idiot in it can never be like any other. The discipline is very painful, but, when

well conducted and borne, it is wonderfully beautiful.' (Anonymous, 1854 in www.disabilitymuseum.org) ; Fernald (1843:143, as cited in Foucault, 2003b) says: 'The care at home of one idiot, especially if disabled, consumes the wages and abilities of the people of the household, so that an entire family falls into poverty. Humanity and good policy call for families to be relieved of responsibility for these unfortunates'. We understand from the articles of the period, that the assistance offered to the idiot and retarded children through 'education', had as its major aim to releasing parents from taking care of their children so as to put them on the labour market; The creation of the asylum had the same concern. However, once placed into the asylum space, the power exercised on idiot children was precisely psychiatric power (Foucault, 2003b). So there is a tautology of school power and psychiatric power (ibid.). Psychiatric power theorizes and at the same time authorizes school power to define the child as idiot or mentally retarded. Behind the asylum space and practices, there is psychiatry and its scientific gravity, which controls in a disciplinary way the space and the practices. There is one more concept that has a place in this discussion and which entails a strong essence of power: philanthropy. I will refer to the philanthropic power extensively in the coming chapters; however, it is a prominent notion of the capitalistic societies of the period. It is a trivial means of control of the 'strong' and 'normal' over the 'poor' and 'degenerate', which always has a religious and humanitarian overlay and which found an ideal ground for development in the fields of psychiatry and abnormal childhood. I will take an extract from the article titled: *'The relation of Philanthropy to Social Order and Progress'* (C.R. Henderson, 1899 in www.disabilitymuseum.org), which refers to the American society. The author gives a definition of 'philanthropy' as: 'social sympathy expressed in the care of the dependent members of society, -- the physically, mentally, and morally defective'. 'Social order' is defined as: 'that arrangement of social activities which is adapted at a given hour to secure the normal satisfactions of the community.'; 'Social progress' is: *'*intended to signify an absolute advance of the race in physical capacity, brain power, knowledge, invention, and ability to meet new demands of multiplying and refined desires.'(paragraph 4). Here, the tautology of psychiatric and school power is evident: 'The best proof of highest success would be given if we could turn our prisons into schools, our insane asylums into palaces of delight, our orphanages into factories or places of technical instruction.' (ibid., paragraph 9); And the capitalistic labour power which requires full working use of the

subject for the sake of the economy and of civilization finds its verbal application: 'The evolution of a higher type is impossible without tension, struggle. The rewards must go to superior skill and intelligence, or we shall have mediocrity and degradation. This struggle of competition, which appears to be necessary to progress, implies some kind of rejection of those who cannot compete. The more rapid the movement, the more difficult is it for the slow and defective to find a place. In a certain sense we may regard pauperism and defect as part of the price paid for civilization.' (ibid., paragraph 16).

Within this ideological framework we can understand the threefold power over the 'abnormal' child of the 19th century: psychiatric, school, philanthropic power. And it becomes even clearer that idiocy and mental retardation of the time do have a pathological basis but in their manifestation are indeed interactive kinds; They interact with the child, defining their self-perception and possibly their self-identity; They interact with the child's family, shaping the family power; They create a whole mechanism of 'assistance' around the child, which involves specialist doctors, 'philanthropists', asylum superintendants, priests. They delineate the living space of the child: the Asylum. And here the solution of Ian Hacking to the problem of characterizing mental retardation and autism as indifferent or interactive kinds finds a field of application. We should not look at the semantic; We should rather look at the dynamic of the specific kinds (Hacking, 1999). And the dynamic is a complicated and well-organized net of powers, which 'defines, controls, and corrects what is abnormal' (Foucault, 2003b:221) and which during the Nineteenth century goes beyond the limited field of insanity.

Along with the dividing practices of psychoses, that formed the first and most influential classificatory environment for the Autism discourse to emerge, comes the discursive formation of its diagnostic criteria. During the next chapter (Chapter Four) I will look into the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) archaeologically -from Kraepelian classificatory systems to the formation of DSM-IV-TR - as well as genealogically, as a medico-juridical instrument of Knowledge/Power, and as an epistemic event, which actively objectifies the Autistic individual.

Chapter Four

4.0 DSM-IV-TR as a *Discursive Event*

The Diagnostic and Statistical Manual of Mental Disorders (DSM), published by the American Psychiatric Association, is the main diagnostic tool for the classification of mental disorders used by psychiatrists predominantly in the United States and increasingly around the world. However, the influence of DSM extends beyond its diagnostic functionality; indeed, it is used by insurance companies to authorize compensation for mental health services, it guides research into psychoactive pharmaceuticals, and its definitions affect legal decisions on sanity and culpability (Crowe, 2000; Jackson, 2003;Cooper, 2005). DSM does define in our society which behaviours are reasonable and which constitute the presence of mental illness. This seems to be quite an amplified role for a statistical manual to play, that simultaneously transforms it from a remote group of statements, to an active discursive modality which constitutes the disciplinary unity called psychopathology.

It is then about a whole architectural structure which extends beyond the limits of linguistic analysis; rather, it stretches along the spatializations scheme, affecting every part of it, from the archaeology of nosology and classification (SP1[7]), to the deconstructing genealogy of its use on the 'diseased body' (SP2[8]), to the power / knowledge complex and its effect on the subjection of the body and the process of subjectification (SP2-SP3[9]).

Thus, the project of a '*pure description of discursive events*' (Foucault, 2010), like the DSM (might be), turns out to be a complex process. It is not about a ready-made synthesis; rather we should investigate the rules according to which these particular statements have been made, how these particular statements appeared, and whether their validity, which is recognized from the outset, is actually true (Foucault, 2010).

I will begin my discussion on DSM by *archaeologically* analyzing it. A description of the development of the particular statements in terms of historicity does not have an informative, encyclopaedic character. Indeed, it wants to reveal the systems of thought in which the particular discursive events have been emerged; their constant

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[7] Primary Spatialization
[8] Secondary Spatialization
[9] Tertiary Spatialization

change, the social and political reasons that informed their emergence, their conditions of existence and the other statements that had excluded (Foucault, 2010). My discussion on the archaeology of DSM belongs to the Foucauldian primary spatialization scheme. It is a discussion about the history of classification, from the Kraepelian times until the recent edition of DSM-IV-TR, where the subject is absent and the disease and its nosology are at the centre of study.

4.1 The Archaeology of DSM-IV: From Kraepelin to DSM-IV-TR

Foucault, in his Archaeology of Knowledge, notes that: ' neither literature, nor politics, nor philosophy and the sciences articulated the field of discourse, in the seventeenth or Eighteenth century, as they did in the Nineteenth century' (2010:25). In the field of medicine, and more specifically in the field of psychiatry, the Nineteenth century is the period, where the configuration of the disease and the localization of the illness within the body, through the medical gaze, are being situated (Foucault, 2003a); it is actually the period of classification in medical theory and practice.

However, we should go even earlier to the Eighteenth century, to the *Nosologie of Sauvage* (1761) and to the *Nosographie of Pinel* (1798), where the disease is being organized and hierarchized into families, genera, species, before it is removed from the body (Foucault, 2003a). It is all about the *primary spatialization* of disease: a system comprised of two axes where envelopments, divisions and resemblances locate the illness into its medical category, make it theoretically analyzable and possibly treatable. Although the medical classificatory model developed during the Nineteenth century, so as to possibly involve the body (*secondary spatialization*), the Nineteenth century psychiatry mostly remained into the primary model of 'spatializing' the disease.

Indeed, the mid Nineteenth century was very important for modern psychiatry. It is the era when the two leaders of modern tradition in psychiatry were born: Sigmund Freud and Emil Kraepelin (Kirk & Kutchins, 1992; Trede, 2007). Freud's psychodynamic and developmental theories affected the course of modern thought about human psychology and the role of child development and whereas Freud was concerned with the aetiological factors of mental disorders, Kraepelin, 'throughout his

career, attempted to classify, categorize, and describe psychiatric disorders as discrete entities' (Kirk & Kutchins, 1992:5). However, Freud and his psychodynamic approaches constituted him as a 'star' in the field, especially in the United States, while Kraepelin's descriptive, classificatory approach, has merely stayed in the dark, and he himself has been seldom read even by his supporters. Why then, the classificatory 'bible' of the modern psychiatry, DSM, has been dominated by Kraepelin's nosological approach? The answer might me that: Psychiatry has always been seeking to attain the scientific status of medicine and to claim itself as a science; in this context, 'description and classification are basic to all science' (Kirk & Kutchins, 1992:24). For understanding and treating a particular form of disease as a natural kind, a scientific tool must show that it can describe and recognize the illness; 'One should begin with a convincing definition of the illness, a system for identifying its characteristics, and a procedure of locating it in some classification scheme that differentiates it from other phenomena' (Kirk & Kutchins, 1992:24).

Before Kraepelin, the underlying nosology was usually based on symptomatology, and the aetiology of disease was conceived as a combination of predisposing and inducing factors. The idea of a specific cause, in order for someone to define a disease entity, was merely absent (Kirk & Kutchins, 1992; Roelcke, 1997).

Jules Baillarger (1809-90), a prominent psychiatrist of the time and superintendent of the mad house of Ivry, was the first to assist the 'birth of bipolar disorder' and to give a different meaning to the concept of 'lesion' (Berrios, 2008). In his paper 'Essay on a classification of different genera in insanity' (Baillarger, 1853) he inserted the idea that the concept of 'lesion' would be a more useful taxonomic criterion than any behavioural markers (Berrios, 2008). He provided a new basis for the old distinction between partial and general lesions and where Esquirol recognized five forms of madness, he proposed three classes, such as monomania –which belongs to partial madness-, melancholia and mania -both belonging to general madness- and he conceived stupidity as not part of the madness classificatory system. His view that mania and melancholia were expressions of a primary 'lesion of mood' remains the same view that via Kraepelin passed into the twentieth century (ibid).

However, although significant psychiatrists of the period kept proposing certain classification systems –some examples include: (Esquirol, 1838; Baillarger, 1853; Kahlbaum, 1878; Beard, 1881) they did not theorize beyond the level of symptomatology. And indeed, in a 'science' like psychiatry, one could not find,

symptoms of specific mental illnesses but rather *clusters* appeared in the course of mental disorders (Kreapelin, 1887; Kahlbaum, 1878). Kahlbaum, in his text titled 'The clinico-diagnostic perspective in psychopathology' (as cited in Berrios, 2007) comfirmed that:

'The definition of the four clinical forms and the study of their mechanisms is made harder by the fact that in clinical practice they are often found combined or one succeeds the other. This gives the impression that the same patient is affected by different diseases, for example, when mania follows melancholia.'

In all these theoretical endeavours for a classification of mental diseases, it is noticeable that the subject is absent; it seems that the diseased body stands there alone, in no need to belong to a human subject. The classification of the illnesses and their symptomatology laid on the sphere of historicity, as Foucault (2003:4) puts it:

'A cause that can be seen, a symptom that is gradually discovered, a principle that can be deciphered from its root do not belong to the order of 'philosophical' knowledge, but a 'very simple' knowledge, which must 'precede all others', and which situates the original form of experience'.

Drawing on theoretical ideas set by Karl Kahlbaum, and within the same paradigmatic *ethos*, Kraepelin reformulated the structure of nosology by attempting to organize all disease entities according to their presumed causation (Roelcke, 1997; Jablensky, 2007). Working with patients in his clinic in Heidelberg, he developed a system of identifying diseases by focusing on certain groups of symptoms and 'tracking their eventual outcomes as a method of determining disease entities' (Kirk & Kutchins, 1992: 25). In his text 'The directions in psychiatric research' (Engstrom & Weber, 2005) Kraepelin states that:

'The first and immediate general problem of psychiatry will be resolved once its material has been sorted and grouped by clinical researchers; the resolution of the second, much more important and difficult problem – tracing disease forms back to their pathological origins – needs the systematic cooperation of all the auxiliary sciences….For the time being, therefore, it will be clinical observation in the strict sense of the word from which we can expect tangible progress in our scientific knowledge.'

On the basis of this 'clinical observation in the strict sense of the word', Kraepelin used the experimental design of contemporary psychology, and the principle of bacteriology in order to sort out and group together clinical features (Roelcke, 1997;

Jablensky, 2007); however, this scientific turn had a broader and deeper cause: he actually wanted to establish psychiatry as a truly 'medical' discipline. The main achievement of Kraepelin's approach towards psychiatry as a discipline was the domination of a somatic-biological perspective and the marginalization of any biographical, psychological and socio-cultural perspectives (Roelcke, 1997; Jablensky, 2007).

The classificatory discipline based on biogenetic criteria, which Kraepelin brought into the field, constituted a strong and influential theoretical basis for the development of psychiatric nosology; yet it was not enough. Within the context of the United States, during the Nineteenth century, novel circumstances created conditions that encouraged a policy of providing care and treatment for persons with severe mental disorders in institutions. Insanity had been transformed into a social and the emphasis on state intervention particularly intense (Grob, 2008). According to Grob (2008), in 1820 only one state hospital existed; however, by the Civil War every state had established one or more institutions.Within this socio-economic and cultural context of the United States, where DSM was born, psychiatric nosology has been shaped primarily by social demands rather than by practicing clinicians. Moreover, by the end of Nineteenth century new social sciences came into existence and it was inevitable for psychiatry to reconstitute its discursive basis in the understanding of pressing social problems that seemed to threaten the very structure of society (Grob, 1991, as cited in Jackson, 2003; Kirk & Kutchins, 1992; Grob, 2008). The leading role among those concerned with these social problems was held by the United States Government (Grob, 1991, as cited in Jackson, 2003). Thus, within the spatial map of the paradigmatic development of psychiatry, we come to face a strange phenomenon: the evolution of the Kraepelian bio-somatic model of mental illnesses, where the focus is on the disease and the *soma* and whereas the subject acquiring the *soma* is totally absent, it owes its development and existence to the needs and demands of the social body.

Hence, during the early twentieth century the U.S census officials asked the American Medico-Psychological Association (the forerunner to the APA[10]) to appoint a committee to facilitate the collection of data (Grob 1991, as cited in Kirk & Kutchins, 1992; Grob, 2008). By 1918 the Statistical Manual for the Use of Institutions for the

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[10] American Psychiatric Association

Insane was produced, which offered 22 principal categories that had either somatic or biological orientation. According to Grob (1991, as cited in Kirk & Kutchins, 1992) the nature of the psychiatric care of the time, reflected the very notion of somatic nosology. However, these advances in nosology were of minor significance for the patients and their psychiatrists; the effort for creating a reliable classificatory system was rather based on administrative and governmental needs than on demands from practitioners (Grob, 1991, as cited in Kirk & Kutchins, 1992). The state, in its governmental sense, was the sole provider for persons with mental disorders (Grob, 2008).

Yet, the ethos of a somatic nosology, inscribed into the first statistical manual, was meant to change. World War II produced the next nosology (Kirk & Kutchins, 1992). The experience of psychiatrists during the war, and the need for community and outpatient treatment of persons with mental disorders led psychiatric thinking toward a psychodynamic/psychoanalytic shift (Kirk & Kutchins, 1992; Grob, 2008). Thus, a qualitative gaze upon the patient gradually started to be induced. The embodiment of the disease, its localization into the human body with its qualitative differences and distinct autobiographies, moved the classificatory system into what in Foucauldian terminology is called a *secondary spatialization*. Clinicians started increasingly working with non-institutionalized populations and those suffering from less severe disorders, such as personality disorders and neuroses (Kirk & Kutchins, 1992); they started using what classificatory medicine calls 'particular histories': 'the effects of multiplication caused by the qualitative variations' (Foucault, 2003a:15). These processes and findings resulted in the new nosology represented by DSM-I (ibid). In DSM-I mental illness was divided into three broad, logical categories: organic brain syndromes, functional disorders, and mental deficiency; more importantly, it was not only aimed to the gathering of statistical data but also on professional diagnosis (Jackson, 2003). As Kirk & Kutchins (1992: 26) notably state: 'DSM-I reflected the transformation of psychiatry and the ascendency of new leadership in the profession'.

DSM-II, the first official revision published by APA in 1968, did not bring any difference into the existed psychodynamic nomenclature. In terms of classification, it expanded the number of disease categories from 3 to 10 (Jackson, 2003) and encouraged the use of multiple diagnoses for a single patient (Kirk & Kutchins, 1992).

The introduction of DSM-III in 1980 brought a new era into the field. The coming of the new version of the manual was equal to radical changes in terms of its theoretical and governmental status. In a period of time where criticism of the diagnostic system was growing from disapproving clinicians, researchers, social activist groups, and pharmaceutical companies, DSM-III introduced not only quantitative changes but qualitative as well (Kirk & Kutchins, 1992; Jackson, 2003). As Wilson (1993:400, as cited in Jackson, 2003) explains:

'With the appearance of DSM-III, the essential focus of psychiatry shifted from the clinically-based bio-psychosocial model to a researched based medical model.'

The shift in the ideological orientation was the only notable aspect of DSM-III; for the first time, disorders were configured as 'fuzzy sets', grouped in families that lacked sharp boundaries to distinguish between them (Kirk & Kutchins, 1992; Jackson, 2003). However, within this classificatory environment of 'clusters' of disorders, the descriptive criteria became more detailed for the majority of the conditions and what was predominated was an *atheoretical* approach (Zucker, 2009; Kirk & Kutchins, 1992, Grob, 1991). As noted on the introduction to the DSM-III (APA 1980:6-7, as cited in Zucker, 2009):

'For most of the DSM-III disorders…the aetiology is unknown….The approach taken in DSM-III is atheoretical with regard to aetiology or pathophysiological process except for those disorders for which this is well established and therefore included in the definition of disorder…. The major justification for the generally atheoretical approach taken in DSM-III with regard to etiology is that the inclusion of etiological theories would be an obstacle to use of the manual by clinicians of varying theoretical orientations, since it would not be possible to present all reasonable etiological theories of each disorder…'

This new type of nosology had indeed a striking public success by selling thousands of volumes. It seems that it inaugurated a new era in mental health, one which was characterized by empiricism and scientific data.

In May 1994 DSM-IV was realised despite a lot of objections about its necessity (Jackson, 2003). DSM-IV appeared with a conservative approach towards preserving the status quo of empirical research, serving to effectively institutionalize a large proportion of the changes that DSM-III brought into the field (Kirk & Kutchins, 1992). Within the changes that the new manual brought was the change made in

diagnostic criteria in order to resolve confusion and reflect newly available data (Jackson, 2003); also, numerous diagnoses were included (Asperger's disorder, acute stress disorder, etc) as well as excluded (e.g. identity disorder) (ibid).

In 2000 the revision of DSM-IV, DSM-IV-TR was released. However, it remained indeed within the boundaries of a minor text alteration, with 50 pages added to the manual and no new diagnoses (Jackson, 2003).

Are we moving back to a *primary spatialization* scheme? Literally not. The clinical examination of the patient is a 'reciprocal process', where the clinician draws results concerning the symptomatology, based on behaviours, heredity, autobiography, physical condition. It looks like an intimate, personal process, which most of the times is being initiated with the previous consent of the patient. And here the first paradox is taking place: 'If one wishes to know the illness from which he is suffering, one must subtract the individual, with his particular qualities' (Foucault, 2003a:15). The patient must be abstracted, must be considered as being an external fact (Foucaut, 2003). They must fit into the 'flat surfaces' of the classificatory system, classify themselves into degrees of resemblances, becoming objectified. DSM-IV is nowadays playing the exact role of a compass for the clinician. Frier (1789:113, as cited in Foucault, 2003a), talked about the knowledge of the diseases and their role as the 'doctor's compass':

'…the success of the cure depends on an exact knowledge of the disease… the signs that differentiate one disease from another, the true from the false, the legitimate from the bastard, the malign from the benign'. And Foucault (2003: 8) confirms on him: 'the doctor's gaze is directed initially not towards that concrete body, that visible whole, that positive plenitude that faces him-the patient- but towards intervals in nature, lacunae, distances, in which there appear, like negatives'.

4.1.2 The Genealogy of DSM-IV: A matter of psychiatric government

Genealogy as a methodological instrument is qualitatively different from archaeology; it involves the notions of 'deconstruction' and possibly 'reconstruction'. Foucault says that archaeology is 'the method specific to the analysis of local discursivities' (2010: II-III), whereas genealogy is 'the tact which, once it (archaeology) has described the local discursivities, brings into play the desubjugated knowledges that have been released from them' (Foucault, 2003a:10-11 cited in Stone, 2004). Hence,

genealogy is always a secondary process to be done after archaeology; no power arrangements can be analyzed until there is also an analysis of the knowledges and discourses that produced them (Stone, 2004). The genealogist does not have as their task to historically describe discursive events; rather, their task is to read between the lines, to suspend forms of continuity and unchangeable truths. It is the task of genealogist, according to Foucault, to seek for relationships of power and for battles of domination behind any discourse of truth, behind any event.

Following this model of Foucauldian methodology, I will strive here to present the 'history' of DSM-IV as a classification system through a *genealogical* lens: looking for those social, economic and historical conditions that formed it, the battles of power that shaped it, the rules that informed its creation. I will not try to present DSM-IV as a statement of truth, as an actual construction that dominates the field of psychiatry; my aim is to focus on the very processes of its emergence that shaped it as an instrument of power, and as I am going to discuss later, as an instrument of governmental psychiatric power on the subject.

4.1.2.1 Psychiatry as a medico-juridical discourse

Psychiatry, as it was constituted at the end of Eighteenth century and mainly at the beginning of the Nineteenth century, was not recognized as a branch of general medicine (Foucault, 2003b). It was rather institutionalized as social safety, as hygiene of the whole social body (ibid). However, in order for psychiatry to exist as an institution of knowledge, it had to codify its subject-madness-, as illness. Thus, it had to pathologize its disorders and to make use of a new vocabulary, which consisted of the words: symptomatologies, nosographies, observations, clinical files, etc. Yet, psychiatry did not want to lose the authoritarian status of public hygiene, of protecting the social from the abnormal. Thus, madness had to be codified at the same time, as a social danger (ibid). Hitherto there is a double codification of madness, that of being constituted as an illness and seen as a danger.

Around 1850, deviation from the norm of conduct and the degree to which this deviation is automatic, are the two variables that permit conduct to be inscribed as mentally healthy or mentally ill (ibid). If, according to Foucault, this is what defines conduct as pathological, we can see how psychiatry lead itself to classificatory

systematization by taking into its field the analysis of data, facts, and behaviours that had to be describable as long as quantifiable.

This double-folded discourse could still be characterized as a strange mixture of medico-juridical discourse, which could also be called 'psychiatric opinion'. This new form of discourse gave birth to a new discursive object: the abnormal (Stone, 2004). Foucault, in his lecture at the College de France in February 1975 stated that medico-juridical discourse deals with:

'an irregularity in relation to a norm and that must be at the same time a pathological dysfunction in relation to the normal…Between the description of social norms and rules and the medical analysis of abnormalities, psychiatry becomes essentially the science and technique of abnormal individuals and abnormal conduct' (Foucault, 2003c:163). Hence, 'any kind of disorder, indiscipline, agitation, disobedience, recalcitrance, lack of affection, and so forth can now be psychiatrized' (Foucault, 2003c:161).

At this point, psychiatry, at a level of content achieved to establish connection with medicine, through the *indifferent* –in terms of kind- science of neurology. Psychiatry can now communicate with medicine and establish itself as a real medical science through neurology as an intermediary which disintegrates the voluntary control of behaviour (Foucault, 2003c).

Within this new field, the norm is being understood as a rule of conduct and a principle of conformity against irregularity, disorder, strangeness, eccentricity or deviation; and it finds its theoretical background in the form of symptomatology. However, as psychiatry is also rooted in organic medicine, the norm is also interpreted in a different sense; the 'normal' as opposed to the pathological and dysfunctional (ibid). Psychiatry becomes medico-judicial not just at its limits, but all the time, setting the rules of conduct of human behaviour and defining the abnormal. Hence, the classificatory systems emerged from late Eighteenth century and onwards, are not simply descriptions of symptoms; rather, they are instruments of medico-juridical power, which apparently takes the form of *govenrmentality*.

4.2 DSM-IV as a medico-juridical instrument or differently: DSM-IV as an instrument of Knowledge-Power

According to Foucault (1991), from the middle of sixteenth century to the end of Eighteenth century, a distinctive kind of rules emerges, which became the basis for modern liberal politics (Fitzsimons, 1999); this new topology is what can be called as: 'the art of government'. To govern a state means 'to set up an economy at the level of the entire state, which means exercising towards its inhabitants,…, a form of surveillance and control as attentive as that of the head of the family over his household and his goods' (Foucault, 1991:207). Population appears as the ultimate end of government. In contrast to sovereignty, the government's purpose is not the act of government per se; rather, it is the welfare of the population, the increase of the wealth, health and longevity. The population is indeed the subject of needs and aspirations but it is also the object in the hands of the government regardless of the particular needs and aspirations of the individuals who compose that population (Foucault, 1991).

Psychiatry as a medico-juridical discourse, whose aim is to use the medical knowledge it produces for the welfare and safety of population, falls within the characteristics of this new topology of government; a new topology of government that within the context of the modern western society takes the form of *neo-liberalism*. And hence, in this new form, *homo-juridicus* is being transformed; we are no longer talking about *homo-juridicus*, rather, we are talking about *homo-economicus*. It is about a new entity, whose existence does not only involve rights and laws but 'interest, investment and competition' (Read, 2009:29). Everything for which human beings attempt to realize their ends can be understood 'economically' (Read, 2009). Within this 'paradigm' the role of a human being is not only that of the agent for the maintenance of the social structure and security (juridical role); The notion of the *human capital* comes to be added; And as a large quantity of 'human capital' such as one's body, brains or genetic material is simply given and cannot be improved, technologies can help this natural limit to be overcome (Foucault, 2008). Psychiatry is a discipline that makes use of such technologies for the sustainability of

the social coherence through the control of the 'human capital'. Values such as uniformity, predictability and neatness could represent this juridico-economical *ethos*. DSM-IV (APA) could be characterized as psychiatry's new instrument to communicate its 'truth' and power through discourse. The notion of 'discourse' is particularly powerful here. By the time the DSM-IV was released it was no longer the observers/experts who determined what should be regarded as traumatic; rather, it was upon individual's own interpretation, of confession, of 'private language'. After the publication of DSM-IV in 1994 the 'truth' was no longer inherent in what is said, but rather, in the discourse; That means, in the constructed DSM-IV categories (Fitzsimons, 1999). According to DSM-IV (APA, 1994:xxi, as cited in Fitzsimons, 1999), each category 'is a useful indicator for a mental disorder, but none is equivalent to the concept, and different situations call for different definitions'. However, we are not told if the concept and its interpretations change in different situations, and in the absence of language how would we know. That is why DSM-IV characterizes itself as atheoretical and not based in aetiology (APA, 1994:xviii). Without having a theoretical position, definitions derived from the interpretations of phenomena are the basis of the category constructions; And to the extent of this thinking, diagnosis is based on an ahistorical and atheoretical platform of analysis of the phenomena (Fitzsimons, 1999).

It is within this atheoretical framework that DSM-IV as a technology finds its juridical character by being involved in forensic situations of the fit between the law and its categories: 'DSM-IV may facilitate the legal decision makers' understanding of the relevant characteristics of mental disorders' (APA, 1994:xxxiv) as what is required in addition is 'information about the individual's functional impairments' (APA, 1994: xxiii). In this phrase, which serves the juridical function of DSM-IV, we could find an important problematic; Fitzsimons (1999:9) is very clear in posing it: 'Could impairment manifest as, or cause, a disorder, for example? If a mental disorder were to cause a functional impairment or vice versa, the origins of the phenomena would be ambiguous. If a mental disorder were to be diagnosed in association with a disability, there is no telling whether they are different or if one is the manifestation of the other or vice versa'. This ambiguity in aetiology leads DSM-IV to search for the theoretical foundations of its classifications into 'vague' areas such as observation, which is strongly based on culture; what is regarded as 'disordered' carries within it

whole sets of cultural values and to be more precise, the cultural values of the modern western societies.

4.2.1 The emergence of Autism as a classificatory category - Diagnostic Criteria for 299.00 Autistic Disorder (APA, 2000)

'Diagnostic Criteria for 299.00 Autistic Disorder:

A total of six (or more) items from (1), (2), and (3), with at least two from (1), and one each from (2) and (3)

(1)   Qualitative impairment in social interaction, as manifested by at least two of the following:

(a)   Marked impairment in the use of multiple nonverbal behaviour
(b)   Failure to develop peer relationships appropriate to developmental level
(c)   A lack of spontaneous seeking to share enjoyment, interests or achievements of other people
(d)   Lack of social of emotional reciprocity

(2)   Qualitative impairments in communication as manifested by at least one of the following:

(a)   Delay in, or total lack of, the development of spoken language
(b)   In individuals with adequate speech, marked impairment in the ability to initiate or sustain a conversation with other
(c)   Stereotyped and repetitive use if language or idiosyncratic language
(d)   Lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level

(3)   Restricted repetitive and stereotyped patterns of behaviour, interests and activities, as manifested by at least two of the following:

(a)   Encompassing preoccupation with one or more stereotyped and restricted patterns   of interest that is abnormal either in intensity or focus
(b)   Apparently inflexible adherence to specific, non-functional routines or rituals
(c)   Stereotyped and repetitive motor manners
(d)   Persistent preoccupation with parts of objects

 A.   Delays or abnormal functioning in at least one of the following areas, with onset prior to age 3 years: (1) social interaction, (2) language as used in social communication, or (3) symbolic or imaginative play.

B. The disturbance is not better accounted for by Rett's Disorder or Childhood Disintegrative Disorder' (APA, 2000:61).

Autism as a classificatory category, is based on the same atheoretical construction of DSM-IV. It is a category where the previous problematic on the aetiological relationship between the impairment and the disorder is particularly intense. Autism is being characterized as a developmental disorder whose manifestation is predominantly psychiatric; And yet, it remains highly unclear whether it is the developmental which causes the psychiatric, or vice versa. As we could observe from the diagnostic criteria for Autism, as APA defines them, DSM-IV proposes a classification driven by phenomenological description (Cooper, 2005). One could assume that the way in which symptoms which form the disorder are being presented, it categorises them as being natural kinds, something like microbes or plutonium. This assumption however, comes to contradict with DSM- IV's claim to construct clinical categories that are *atheoretical* and *descriptive*. Moreover, the description of the diagnostic criteria seems to refer to an assumption that fault lies within the individual (Crowe, 2000). According to Bourdieu (1977, as cited in Crowe, 2000), situating the individual as the cause of mental disorder ignores how behaviours are shaped by culture and the social context in which they occur; in this case, DSM-V has emerged from a very specific cultural and social context, that of the sociological, economic and conceptual needs of the USA (Farber, 1990; Cooper, 2005).

DSM could be characterized as an interactive kind that deals with its subjects as those that were natural kinds; that means it deals with them in a contradictory way where whereas the means are qualitative, their use is highly quantitative: 'A total of six (or more) items from (1), (2), and (3), with at least two from (1), and one each from (2) and (3)' (APA, 2000). However these items refer to shadowy notions such as *interaction*, *spontaneous seeking to share enjoyment*, *social imitative play*, *idiosyncratic behaviours*, etc.

According to Crowe (2000), the DSM-IV measures the likeness of behaviours observed in a clinical context to certain categories from which theoretical generalisations can be made. These behaviours are given meaning by the clinician who ascertains how similar or different they are to the behaviours described as criteria for mental disorders. However, the analysis of diagnostic criteria in the DSM-IV revealed clusters of particular behavioural and speech attributes that were regarded as

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abnormal rather than consistent characteristics of a disorder (Crowe, 2000; Cooper, 2004; Cooper, 2005). DSM-IV sets the parameters for what can be regarded as normal behaviour within society. Normal, according to Ian Hacking (1994:38), is: 'our most striking example of a concept which is both descriptive…and evaluative'. The first sense of normal is 'typical' and the second is 'average'. In this second sense, normal is calculable and functions as a standard to aspire to towards a cure (Hacking, 1994). It is what Foucault (1991) calls disciplinary knowledge, to 'know' how to be 'normal'.

In this sense, Marie Crowe (2000) understands the construction of normality where DSM-IV aims to, in relation with specific behavioural attributes, which serve both the juridical and the economical ethos of psychiatry. These attributes are: *productivity*, *unitariness*, *moderation* and *rationality*.

The DSM-IV reinforces a normative expectation that individuals function productively within society (ibid.). The predominant economic ethos requires individuals who can contribute to the economic wealth of that society. Diagnostic criteria such as: 'failure to develop peer relationships appropriate to developmental level', 'delay in, or total lack of, the development of spoken language', 'encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus', 'apparently inflexible adherence to specific, non-functional routines or rituals', 'stereotyped and repetitive motor mannerism' (APA, 2000:59), presuppose failure for the individual to demonstrate goal directedness, efficiency and rational sequencing, all of which are essential for the economically productive person; thus they can constitute a disorder.

Being strongly culturally oriented, DSM-IV maintains a western construction of normal subjectivity which emphasizes individuality and requires an ability to distinguish the self from others (Crowe, 2000). This western understanding of unitariness demonstrates a cultural bias in expectations of normal behaviour (Crowe, 2000, Cooper, 2005). Autistic disorders are situated on the other end of this notion of individuality. The autistic person seems unable to read the mind of the *other*, inasmuch to initiate any form of healthy interaction. Behaviour tends to be *idiosyncratic*, beyond the protection of individuality and closer to eccentricity.

The DSM-IV establishes the parameters of moderate behaviour by subjective evaluations of activity levels, speech production and regard for the self and colleagues (Crowe, 2000). Cultural processes for ensuring moderation could be seen as

disciplinary procedures. Foucault (1991) proposes that it is through these disciplinary procedures that the body becomes more docile and therefore more obedient and useful. Rose (1998), describes these requirements for moderation as a means of self-government for the regulation of populations without the need for overt force; 'as objects of a certain regime of knowledge, human individuals become possible subjects of a certain system of power, amenable to being calculated about, having things done to them, and doing things to themselves in the name of psychological capacities and subjectivity' (Rose, 1998: 115). Significant qualitative impairment in social interaction, qualitative impairment in communication and restricted repetitive and stereotyped patterns of behaviour (APA, 2000:59), that consist the pathology P of Autism is a significant failure of the individual to comply with social and cultural disciplinary modes, thus symptoms of a mental disorder.

Sass (1992:1, as cited in Crowe, 2000) proposes that madness and irrationality are synonymous as madness involves 'the decline or even disappearance of the role of rational factors in the organisation of human conduct and experience'. If individuals do not perceive reality in a manner that is consistent with cultural norms, or their speech lacks literalness, these may constitute symptoms of mental disorder; 'stereotyped and repetitive language or idiosyncratic language', 'marked impairment in the ability to initiate or sustain a conversation with others' (APA, 2000).

Hence, it is evident that DSM-IV is a kind of disciplinary discourse, which does not simply reflect or describe individuals' reality, knowledge, experience or social relations and practices, rather it plays an integral part in constituting them (Lupton, 1998). As a disciplinary discourse, it uses hierarchical observation, normalizing judgement and examination and its final goal is the notion of the normalization of everyday life aspects.

According to Michael Lynch (1985:43-4, as cited in Rose, 1998), 'the individual in psychological sciences becomes a 'docile' object, one that behaves in accordance with a programme of normalization…when an object becomes observable, measurable and quantifiable, it has already become *civilized'*.

In terms of the disciplinary mode of hierarchical observation, DSM-IV was developed from the APA committees, after they reviewed thousands of empirical studies. These studies examined matters such as the biochemical correlates of disorders, how people with different disorders respond to particular treatments, and whether a particular disorder affects people of a certain age or sex. The assumption was that by examining

this data it would be possible to construct a classification system that at least approximately reflected the true natural similarities and differences between cases of mental illness (Cooper, 2004:9). This observation technique has the form that Foucault described in *Discipline and Punish*: 'an apparatus in which the techniques that make it possible to see induce effects of power, and in which, conversely, the means of coercion make those on whom they are applied clearly visible' (Foucault, 1991:170-1).

The disciplinary technology of punishment is also apparent here. From a Foucauldian point of view, punishment 'brings five quite distinct operations into play:…it compares, differentiates, hierarchizes, homogenizes, excludes. In short, it normalizes' (Foucault, 1991: 182-3).

APA aimed to produce a classification system with the same validity as those found in biology or chemistry (Cooper, 2004). Like the differences between the biological species, the differences between types of mental disorder are thought to be objective and theoretically important; thus, mental disorders are assumed to be 'natural kinds'.

Finally, hierarchical observation and punishment interconnect with the technology of examination in producing new classifications -299.00 Autistic Disorders (APA,2000)-. The complicated process of subjectifying individuals through the diagnostic criteria who are perceived by the psychiatric discourse as 'natural kinds', and objectifying them by creating the classification 'Autistic' is being described by Foucault: 'the ceremony of power and the form of experiment, the deployment of force and the establishment of truth, …manifests the subjection of those who are perceived as objects and the objectification of those who are subjected (Foucault, 1991: 184-5).

During the next chapter (Chapter Five) I will give an account of the episteme of Autism, that means, of the knowledge that informs what it means being Autistic. I will extensively refer to predominant theories such as, TOM (Theory of Mind) and most importantly, Trevarthen's theory based on the lack of *intersubjectivity* in the mental function of autistic individuals. The reader could object on the addition of this kind of a chapter that possibly treats Autism as a pathology P, in the particular Thesis, as they could find an oxymoron here. However, the reasons I decided to present the episteme of Autism as it has been known so far is twofold: First, I find essential for the non-expert reader to have a basic knowledge on what Autism, as a classificatory category, actually represents. This gives a better and necessary understanding on the linkage of Autism with previous analyses on the archaeology and genealogy of the

psychiatric discipline and DSM-IV, as well as with the following chapters on Autism as an apparatus. It designates the ambivalences of the classification and the dynamic nature of Autism as a kind.

The second reason is that by giving an overview of the episteme of Autism does not necessarily mean that I adopt it theoretically. This is not the purpose of this Thesis. This Thesis provides a post-structuralist analysis, which includes socio-economic dynamics, historicity, and power/knowledge battles. It is thus important to make this knowledge, that the factors mentioned above have produced, explicit.

Chapter Five

5.0 Autism as a *kind* and its Pathology (P) – Secondary Spatialization

In the previous chapter, I referred to the disciplinary technology of DSM-IV, which modern psychiatry uses as its main diagnostic instrument. Traversing the archaeology of DSM-IV and its genealogy as a discourse of *governmentality*, I came to the emergence of Autism as one of its classificatory categories. The aim of this Thesis is not to radically challenge the very existence of the specific classificatory category. However, by rendering the predominant 'truth' of the pathology of Autism in relation with its hallmark-that is the social impairment-, I will strive to investigate the foundation of knowledge from which the Autistic Subject emerges. At this point, I would like to clarify a fundamental thesis: Looking at the classificatory category of Autism as part of a disciplinary technology, does not necessarily involve the notions of repression, manipulation and pessimism. It is about a post-structuralistic analysis, which includes historicity, socio-economic dynamics and of course games of power, through which the Autistic Subject has been objectified and at the same time subjectified.

I will use as a starting point for my analysis Ian Hacking's idea about the potentiality of a *kind*: 'What was known about people of a kind may become false because people of that kind have changed in virtue of how they have been classified, what they believe about themselves, or because of how they have been treated as so classified' (Hacking, 1999:104).

Thus, a kind like Autism, with all the disciplinary heritage that carries within it, seems capable to shape the identity of the person which is being characterized as Autistic. In Chapter Three I referred to the great ambivalence that a classificatory category like Autism produces. It is an interactive kind, which is theoretically based on a Pathology (P), which in turn consists of 'impairments' on phenomenological sectors, such as social interaction and pragmatic language. As the social model defines impairment as the lack of a limb or a defect of a limb, organ, or mechanism of the body, it defines disability as a form of disadvantage which is imposed on top of one's impairment (Tremain, 2005). Deficits in social interaction, indiosyncratic behaviour and language, obsessive preoccupation with objects, or sensory sensitivity, are statements that cannot fit into the definition of impairment and therefore they could make the notion

of disability challenging. Yet, we cannot ignore the very fact that whatever beyond the notion of *normalcy*, is being defined by a specific mode of society (Western societies), it makes the life of the individual troublesome, problematic, and can constitute a pathology. Ian Hacking defines normalcy as a meta-concept: 'The idea of normalcy was transferred from individual bodies to kinds or classes of people or their behaviour, it was then internalized, and worked upon us from the inside. In our souls we strive to be normal' (Hacking 1994: 38); and Canguilhem describes the ambiguity of the notion the meaning of normal: 'normal is that which is such that it ought to be: normal, in the most usual sense of the word, is that which is met with the majority of cases of a determined kind, or that which constitutes either the average or standard of a measurable characteristic . . . it designates at once a fact and a value attributed to this fact by the person speaking, by virtue of an evaluative judgement for which he takes responsibility' (Canguilhem 1989: 125).

I will refer to the concept of normalcy and its relation to bio-power and *governmentality* later on in this chapter.

However, the most striking fact is that these sectors (social interaction, pragmatic language), their impairments form the diagnostic criteria for Autism, which are, in a way, calculable. According to Nikolas Rose (1998), calculability is a central theme on the characteristics of social arrangements and ethical systems in modern Western societies. Thus, truth takes a technical form and becomes effective as long as it is embodied in a paradigmatic technique such as psychiatric tests and scales (ibid). Foucault (1991:184-5) states: 'tests and examinations combine power, truth, and subjectification: they render individuals into knowledge as objects of a hierarchical and normative gaze, making it possible to qualify, to classify, and to punish'.

In the next section, I will present the 'truth' of Autism from the 'knowledge' we have so far. I will focus on the sectors of social interaction and language, that define Autism as a developmental disorder with a psychiatric facade. My discussion will be limited on infantile Autism, which has been predominantly researched as it is the foundation for the development of the Autistic Spectrum. This chapter strongly belongs to the *secondary spatialization* scheme, and it provides an epistemic analysis which contains the 'disease' and the individual in which the 'disease' is located. I would like to point out that any use of disabling language belongs to the analyzed texts of specific disciplines (psychiatry, psychology) and empowers the secondary

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spatialization scheme where this chapter belongs; nevertheless, it does not represent personal views or paradigmatic stances.

5.1 'Knowledge': Social Impairment in Autism

As it has been demonstrated during Chapter Three, Autism had been, for the last centuries, strongly linked to psychoses and particularly to schizophrenia. Children who exhibited symptomatology, now diagnosed as Autistic Disorder, were characterized as severely mentally retarded or mad of some underlying organic function (Wolff, 2004; Nadesan, 2005). Leo Kanner was the first to re-conceptualize and re-classify Autism, describing the syndrome of early infantile autism, nowadays named Autistic Disorder, in 1943. He identified it, as a congenital lack of interest in other people and he named the condition autism, from the Greek 'autos', meaning self (Volkmar et al., as cited in Cohen & Volkmar, 1997). Human ethologists and others have considered that the most useful description of autistic person's social behavior is that they predominately avoid social interactions. They do this, by moving away, turning away, gaze-averting, hanging the head down, being on the edge of ears, relinquishing objects, etc. autistic children, compared to non-autistic children have a lower threshold for avoidance (Richer, 1978). When autistic persons do make social approaches there is usually great ambivalence. Approach may swiftly alternate with moving away. This is often called ' empty clinging', a misleading description. Much of autistic persons' social behaviors may be viewed as the net result of conflicting approach and avoidance motivations where avoidance motivation is much stronger than it is in 'normal' persons (Richer, 1978).

This kind of social dysfunction, which Kanner characterized as the 'hallmark' of the syndrome, is constituted by elements, which indicate a lack of *intersubjectivity*, a lack of active 'awareness of self-and-other' (Trevarthen & Aitken, 2001). These elements may be a failure to establish a pattern of *mutual gaze* (Volkmar & Mayes, 1990, as cited in Cohen & Volkmar, 1997), failure in the development of *joint attention*, an absence or oddness of *attachment behaviours*, impoverished or atypical *social behaviours* (Cohen & Volkmar, 1997) and deficiency in the functional use of language (*pragmatics*) (Stone & Martinez, 1990).

5.1.1 Theory of mind

A powerful approach to the causal factors of Autism is 'theory of mind' suggested by Baron-Cohen. The phrase 'theory of mind' was coined by Premack and Woodruff (1978). They suggested that the ability to reflect on mental states was theory because mental states are unobservable entities which we infer to be underlying people's actions; reference to mental states allows us to explain and predict other people's behaviour. Concerning children with autism, 'theory of mind' refers to their ability to appreciate their own and other people's mental stage and to understand the links between mental states and action (Baron-Cohen & Swettenham, as cited in Cohen & Volkmar, 1997). According to Baron-Cohen and others, it is exactly the lack of theory of mind, which constitutes the core deficit in autism; autism is a condition of 'mind-blindness'. Children with autistic spectrum disorders appear to have a significant deficit in metarepresentation, which means, an inability to develop mental representations for the contents of other people's minds. Autistic children cannot predict the actions of others' based on those others' beliefs, desires and intentions, because they don't comprehend that people have beliefs, desires and intentions. However, the picture seems to be more complicated than that presented in theory of mind approaches; that is because an embodied practice of mind begins much earlier than the onset of theory of mind capabilities (Gallagher, 2001). Leslie & Frith (1988, as cited in Gallagher, 2001) suggest that autistic children are specifically impaired in their capacity for meta-representation and this in turn impedes their formulation of theory of mind. Rather than understanding a deficit in meta-representation as the source of problems in social interaction, it seems just as feasible to understand a deficit in meta-representation as the result of more primary problems in social interaction (Gallagher, 2001). There is evidence to suggest that across emotional and perceptual dimensions the autistic child does not understand the embodied behaviour of the other person in the same way that a normal child would. Autistic children for example, present difficulties in perceiving the bodily expression of emotion in others (Moore, Hobson & Lee, 1997, as cited in Gallagher, 2001) and they also have problems in understanding the other person as a self-oriented agent (Hobson & Lee, 1999 cited in Gallagher, 2001). These kind of problems, we could assume, are the result of earlier disruptions in primary intersubjectivity (Gallagher, 2001).

5.1.2 Intersubjectivity and Autism

'Normally' developing infants come into the world with the motivation and capacity to begin establishing an immediate social relationship with their caregivers (Cohen & Volkmar, 1997). This natural sociability of infants serves to intrinsically motivate companionship, leading towards the development of 'confidence, confiding and acts of meaning' and eventually to language. Moreover, the infants' communicative motivation and the intuitive parenting that fosters it have been identified with the human aptitude for cultural learning. This need for communication is the one that animates the initial self-and-other awareness and reception of motives and emotions in a process of intersubjectivity (Trevarthen & Aitken, 2001). More explicitly, for infants to share mental control with others, they must have two skills. First, they must be able to exhibit to others at least the origins of individual consciousness and intentionality. This attribute is called subjectivity. In order to communicate, infants must also be able to adapt or fit this subjective control to the subjectivity of others, which means, to demonstrate intersubjectivity (ibid). In the case of children with autism, the mechanisms of intersubjectivity fail to function properly and the result is a lack of attraction to social stimuli which leads to a failure of the autistic child to initiate and integrate the basic interpersonal patterns that are believed to be the foundation for latter communication (Cohen & Volkmar, 1997).

5.2.1 Self and other within the autistic spectrum

In order to make the episteme on the intersubjective deficiency in children with Autism, more explicit, I am going to give an account of those areas which constitute the notions of primary and secondary intersubjectivity and seem to be problematic in the case of autistic children.

5.2.1.1 Self-Development

In order to understand the notion of 'sensing' in autism, how the autistic person perceives its place in the world and the place of others, it would be useful to look at it, autobiographically, from the perspective of an autistic person itself. Donna Williams,

a high-functioning autistic writer, in her book 'Autism and Sensing' describes this idiosyncratic way of feeling herself and others. Williams (1998) talks about three dimensions of experiencing her place in the world that she calls 'all self, no others', 'all others, no self', 'no self, no others' and she describes this last feeling as: 'there are moments when you realise you were lost in a limbo, unaware of yourself or anything beyond yourself'. Autistic people are those who 'are constantly jumping between one or the other of these states but never reaching the simultaneous sense of 'self and other' .

'Self and other' is the interpersonal self that enables persons to know that they are having experiences which relate in some way to the experiences of the others. It is exactly the interpersonal self together with the conceptual self that enables us to begin to code events as part of a personal dimension. In autism, there seems to be a breakdown between meaning, social mediation and self, where events are experienced by the person, at a perceptual level, non-subjectively, in an objective reality empty of socially defined meanings (Powell, 2000). The autistic person finds it difficult to learn about themselves and others as individual centres of attitudes, beliefs and intentions in the typical way. They have to theorise about minds in order to figure out why the others behave in the ways that they do, and if this is the case then it explains why autistic persons are literal and necessarily rigid in their thinking (Powell, 2000).

5.2.1.2 Attachment

According to Hobson (1993), a caregiver does matter in some way to autistic children and this is reflected in them exhibiting signs of distress and affiliation on brief separation and reunion. What is less clear is how the caregiver comes to have this significance for autistic children and how far the quality of long-term implications of such 'attachments' conform with those of non-autistic children. There are important aspects in which autistic children do not relate to their parents normally. They often do not turn to their parents for comfort and they do not seem interested in sharing things and experiences (ibid.).

5.2.1.3 Imitation

According to some writers, imitation plays a critical role in forging the infant's earliest links with other people (Hobson & Lee, 1999). Neonatal imitation, including imitation of affective expressions and the infant's responsiveness to their caregivers' frequent imitations of themselves, might be taken to exemplify psychological commonality or mutuality across individuals (ibid.). From the end of the first year of life, the kinds of imitation observed in normal infants may presuppose a capacity to recognize and 'identify with' other people who are perceived to have attitudes and to engage in actions. Correspondingly, imitative capacities may serve as an index of growth in interpersonal understanding. Moreover, there is a distinction between two broad classes of imitative ability (Hobson, 1993): The first concerns relatively automatic mechanisms by which normal infants perceive and assume the actions and attitudes of others. The second class imitation entails that the infant both identifies the goal-directed actions and/or attitudes of the other person and identifies with the person in a deliberate attempt to copy the other. In the case of children with autism, where there is general agreement that they demonstrate abnormal delay and limitation in their imitation of others (Dahlgren & Gillberg, 1989), it is probable that with respect to both forms of imitation, autistic children are atypical. They are seldom engaged with others in such a way as to find themselves identifying with others and very rarely do they strive to adopt the stance of someone else (ibid.).

The case of echolalia

Echolalic children seem to 'echo back' other people's utterances, either wholly or in part. Echolalia may serve a number of functions (Paul, 1987; Prizant & Duchan, 1981 cited in Hobson, 1993) and yet even in its least meaningful manifestations it attests to a child's potential to much utterance to auditory input (Hobson, 1993). At this point emerges the question about why, then, is the potential for 'copying' not realized. According to Hobson (1993), the mystery deepens with the evidence that when autistic children with low imitative ability are themselves imitated by an experimenter the children's social responsiveness and eye contact are likely to improve (Dawson &

Adams, 1984). So autistic children seem to register imitation of their own actions to someone else (Hobson, 1993).

5.2.1.3 Joint attention

Joint attention behaviours are defined as three-way exchanges that involve another, self, and object (secondary intersubjectivity) and may be expressed in the form of referential looks between people and objects, pointing and showing gestures (Kasari, Sigman, Mundy & Yirmiya, 1990). Joint attention skills and the ability to share affective states with others develop within the first 2 years of life. According to one model of communication development, the emergence of joint attention behaviours succeeds an earlier phase of face-to-face interactions. The proceeding dyadic phase consists largely of the regulation of mutual attention and the exchange of affective expressions between the infant and caregiver (ibid.). As infants become more interested in object play towards the middle of the first year of life, there is a shift from exclusively dyadic affective interactions to interactions that involve both objects and people. The shift to object play generally marks the beginning of joint attention interactions. The joint attention process is expanded as infants become able to co-ordinate their gaze between the object of focus and the caregiver and back again to the object during play episodes and to use the more advanced joint attention gestures of pointing and showing (ibid). The association of affect with joint attention may be particularly relevant in trying to understand the function of these behaviours. The goal of joint attention behaviours appears to be in sharing an experience with another vis-à-vis an object or event (Bruner, 1983). Moreover, joint attention behaviours do not seem to involve object goals and therefore differ from other types of gestural communication behaviours that emerge within the same developmental period, such as requesting behaviours (ibid.).

In the case of children with Autism, studies among mentally retarded and language-disabled control groups have shown that gestural attention deficits are specific to autism. Moreover, individual differences in gestural joint attention skills are concurrently associated with language abilities among autistic children (Mundy, Sigman & Kasari, 1990). This latter finding is consistent with the theory that suggests that the development of gestural joint attention skills reflects the emergence of social-cognitive processes that provide a foundation for the acquisition of language. This

theory suggests that the adequate development of gestural joint attention may predict individual differences in language acquisition among autistic children, raising the question about the degree to which individual differences in gestural joint attention skills seem to predict language development among autistic children (ibid.). The answer is that individual differences in gestural joint attention skills are important to the acquisition of language for two reasons:

First, autistic children exhibit a variety of severe problems in language development and individual differences in language development are related to variability in outcome among autistic individuals. Second, joint attention skills typically emerge within the first year of life in normally developing children. Therefore, deficits in these skills may mark a fundamental aspect of the developmental disturbance that characterizes autism (ibid.).

The data on joint attention skills supports the general developmental theory that suggests that the preverbal ability to coordinate attention between objects and people via the expression and understanding of gestures, such as pointing and showing, are important precursors of language development (Bruner, 1983).

5.2.2. Language within the autistic spectrum

Twenty years ago it was predicted that only 50% of children with autism would develop useful speech (Richer, 1978), however, now they predict that 85-90% of children with autism can learn to speak if they receive appropriate teaching and motivational approaches and start learning before they are 5years old (Koegel, 2000). Rutter (1974) has found that nearly all autistic children show language peculiarities and retardation and in fact he suggests this as a diagnostic criterion. He classifies these language-related problems as a 'cognitive language handicap'. Ricks and Wing (1975) describe the cultural problem of autism as an impairment of complex symbolic functioning affecting all forms of communication. Not all human communication is symbolic and in babies very little is. Both Kanner (1971) and Rutter (1974) found that of the autistic children who became self-supporting in adulthood, all spoke before they were five years old. It should be made clear that the phrase 'cognitive-language handicap' refers to a classification of behaviour in which language skills are impaired (ibid.). Language is a social communication skill and for this reason social deficits could well impede the development of language and communication competence (of

course the reverse also applies). A non-autistic child gradually becomes competent in the use of language and the other communication skills of his culture through observation of, and interaction with other people. Newson & Newson (1973) observed that the origins of symbolic functioning should be sought in the idiosyncratic shared understanding which the child first evolves during his earliest social encounters with familiar human beings who are themselves steeped in human culture. An autistic child's disfunction is most apparent in his entry to their culture.

Some autistic children do learn to speak and communicate, and to cooperate in other ways and a few become highly proficient in the use of some symbol systems such as numbers (Wing, 1971). Following our general approach towards the whole problematic on the autistic spectrum we could assume that the dysfunctional mechanism for the acquisition of language has to do with the autistic misconception of 'I' and 'You', of 'self and other'.

 Observations such as those of Gerhard Bosch (1970, as cited in Hobson, 1993) indicate that pronouns may also be used incorrectly in non-echolalic utterances, that sometimes the autistic child may make third-person self references by naming or calling himself 'he/she', and that the child may substitute passive constructions for what would normally be expressed in assertive first-person statement. This suggests that there is something unusual about the child's experience of themselves vis-à-vis others (Hobson, 1993). One might even consider whether echolalia itself arises from limitations in self-other differentiation and/or self-conception. Instead of relating the other person's utterance to that person's attitude and then identifying with other person's stance, autistic children tend to adopt speech forms that correspond with their experience of the circumstances in which the words are uttered and therefore to repeat utterances as heard (Charney, 1981, as cited in Hobson, 1993). Thus we see how impairments in personal-social understanding might be at the root of autistic children's linguistic role taking deficits. Autistic children's relative delay in recognizing reciprocal roles in dialogue arises through their failure to comprehend the commonality between the experiences of themselves and others and the differentiation of different people's affective attitudes and perspectives (Hobson, 1993).

5.3 Power: Social Impairment in Autism

As I made clear previously in this chapter, my aim in this Thesis is not to challenge the existing knowledge on the pathology of Autism. As I am not an expert in the psychiatric field, this would be an unscholarly action to take. However, having as my starting point the existing theories on social impairment, I would like to look at the *dynamics* of Autism as a *kind*. That is, how these very theories occurred and how they shape the identity of the Autistic person by objectifying and at the same time subjectifying it.

As theory informs us, at the heart of what is called social impairment in Autism is the lack of awareness of self and other, the lack of *intersubjectivity*. The interpersonal self, which permits persons to attribute their sensing and experiences in some way to the sensing and experiences of the others, seems to be a volatile concept, that permits traces of power to penetrate it. However, psychiatric expertises made this volatile notion calculable so that through attitude and language measurement, the social actions of individuals can be exposed to systematic planning and intervention (Rose,1998) . The body, in this case the autistic body and soul, is under the process of a disciplinary technology, which approaches it as an object to be analyzed and seperated in its component parts (Dreyfus & Rabinow, 2002). Through the observation of individual autobiographies, the body, as a holistic concept, is being examined and 'punished' by the normalizing judgement of being autistic.

This disciplinary technology is always part of power relations, which themselves lead to the objectification and subjectification of the subject. Power relations, are actions that provoke reactions (Huijer, 1999); They do not have the negative connotation of domination or oppresion, but the notion of resistance is being strongly emphasized. In the play of power relations and resistances, human beings constitute a relation to themselves and a variety of possible experiences, modes of conduct and reactions, appear (Huijer, 1999). Foucault (1981:205 cited in Huijer, 1999) describes the subject as: 'The subject: a complex and fragile thing, which is so difficult to speak about, but without which we cannot speak' and in *Nietzsche, genealogy, history* (1971:154) affirms that: 'For this rather weak identity that we try to preserve behind a mask is in itself merely a parody: plurality resides in it, innumerable souls vie within it'.

Thus, the subject, the 'I' according to Foucault, is fragile and fragmented, however, the possibility of experiencing oneself as a 'unity' at certain moments is not excluded; And by recognizing oneself as a 'unity', enables 'me' and other people to comprehend who 'I' am (Huijer, 1999). Yet, there is a crucial point here: the form of subjectivity that comes into being depends on the games of truth that are operative in, through, and around 'me' (ibid.). Is it the disciplinary truth described above through our knowledge on social impairment in Autism, which objectifies the autistic person and at the same time offers them a subjectivity?

Nikolas Rose in *Inventing Ourselves* proposes to rethink the relation between knowledge and subjectivity. He states: 'We tend to think of knowledge as a rationalized, sober, public domain, regulated by norms of objectivity, universality, and impartiality. This domain of knowledge would thus appear to be different in almost every respect from the private space of subjectivity, which is the play of the partial, the idiosyncratic, the experiential, the spontaneous.' (1998:99)

He suggests to remove the disciplinary technologies that create the subject from the framework of culture and ethics and to study them in connection with 'modes of conceptualizing persons -vocabularies, explanatory systems, and the like- and their associated methods for acting upon persons' (Rose, 1998:99).

In the following chapter (Chapter Six) I will refer to Autism as an *apparatus* (epistemic statements, institutions, architectural forms) where the modes of conceptualizing the person that derive from it, are those which may lead to the emergence of the Autistic Subject. More specifically, I will try and illustrate the episteme of Autism by focusing on two important theoretical strands (TOM, psychoanalysis), as well as by analyzing it through the notions of bio-power and governmentality. Following the same paradigmatic approach I will refer to institutions and architectural forms, such as Educational Institutions and autistic authors' narratives, in order to designate how through these specific elements, the autistic individual constitutes themselves as subject and at the same time as object.

Chapter 6

6.0 Autism as an *apparatus*

In the previous chapters I talked about the emergence of disciplinary practices whose aim was to objectify the autistic individual. I presented the *episteme* of Autism, a disciplinary construction of knowledge and power, that represents one of the truths about impairment in the hallmark of Autism, that of social interaction and language. However, episteme is just a piece in the puzzle of the knowledge/power dyad of Autism. It belongs to a whole construction of epistemic statements and mechanisms, which form the notion of *apparatus*. Thus, in this chapter I will talk about these practices that helped in the emergence of the Autistic subject, in other words that subjectified the autistic individual. For Foucault being a subject has a twofold sense: to be subject to someone else by control and dependence and to be tied to one's own identity by self-knowledge. Both senses of the term imply a form of power that subjugates and makes subjects to (Foucault, 1982).

For Foucault, it is critical to understand how an episteme is produced, circulated and functions, as, what we actually look at is how truth is being produced through works of power (Morgan, 2005). This was, I believe, my task in the previous chapters; To archaeologically and genealogically examine under which conditions, from the emergence of psychiatry as a disciplinary discourse to the creation of DSM-IV in 1994, we arrived to Autism as the discourse existing today. According to Foucault (1980:197) episteme is the one that: 'defines the limits and the modes of production of legitimate knowledges, designates those who will be powerfully located as epistemic subjects and producers of legitimate knowledges, and generates strategies of relations of force that sustain the politics of the episteme'. By examining the dominant discourse of truth, such as the episteme of Autism we can better understand the dominance of paradigms of bio-medical knowledge as well as the 'individualizing and reductionistic discourses of disability' (Morgan, 109:2005).

In Power and Knowledge (1980:194) Foucault describes the elements of an apparatus as: 'a thoroughly heterogeneous ensemble consisting of discourses, measures, scientific statements, philosophical, moral, and philanthropic propositions'. I will treat Autism *per se* as an apparatus and I will try to examine the scientific statements,

architectural, moral and philanthropic propositions that traverse it. Thus, I believe, I will manage to have a holistic understanding of the knowledge /power mechanisms that constituted the subjectivity of the Autistic person. I will make an attempt to examine which are these macro/micro political mechanisms through which the autistic subjectivity emerges and whether there may be a possibility that the Autistic subject forms a new kind of subjectivity, which represents a kind of resistance towards the notions of *bio-power* and *governmentality.*

6.1 *Episteme*: Theories on the *exegesis* of Autism

Although the aetiology of Autism remains unknown there have been two dominant theories that offer their knowledge on the possible causes of Autism as a pathological situation. These are the cognitive domain of TOM (Theory of Mind) and psychoanalysis, with the first being the leading one in the field. I will start with the construct of psychoanalysis as this is the first that dealt with the possible causality of Autism. The area of psychoanalysis in Autism studies has been dominated by the figure of Francis Tustin who in turn based her theories on the work of Klein, Winnicott, and Mahler.

6.1.1 Psychoanalysis and Autism

Winnicott (1896-1971), based on Melanie Klein's theoretical framework developed the theory of 'good' and 'bad' mothering that crucially affects the infant during the critical 'stage of concern', the stage where the infant is under the process of seeing its mother as other than itself. In this stage, the mother assists the infant by acting as a 'mirror' that ideally reflects back the infant (Nadesan, 2005). 'Bad mothering, including the separation of mother and child during these critical phases, led to psychopathology, and the development of a 'false self' based on pathological defenses' (Hughes, 1989:137).

A contemporary of Winnicott, Margaret Mahler (1897-1985), moved into a similar theoretic background, by emphasizing the role of mothers' behaviour in contributing to *ego* differentiation and psychopathology. Mahler's main contribution involved her idea of 'symbiosis', defined as: 'hallucinatory or delusional omnipotent

somatopsychic fusion with the representation of the mother and, in particular, the delusion of a common boundary between two physically separate individuals (Kirschner, 1996:196, as cited in Nadesan, 2005). Mahler described autism as a form of psychosis emerging when this process of ego differentiation, which depends on the symbiotic process, actually goes wrong. Mahler's description of 'autistic infantile psychosis' focuses on extremely problematic autistic presence wherein 'there are no signs of affective awareness of other human beings' (Mahler, 1952: 290, as cited in Nadesan, 2005).

Frances Tustin's work constitutes a significant psychoanalytic research on autism today. Being affected by Klein's, Winnicott's and Mahler's ideas, Tustin located the source of the disruption in the infant's failure to develop normal object relations due to a failure on the part of the infant to differentiate itself from its illusion of symbiotic unity with the mother (symbiosis), or due to the infant's pathological response to its experience of maternal separation (Nadesan, 2005):

'The frustration of unbearable disappointment means that instead of the creation of healthy illusions and hallucinations which lead on to dreams, fantasies and ideas, the infant begins to manipulate autistic objects in an excessive way. These, being tangible, sensation-dominated and ever-present, keep the child stuck at a primitive level of over-concretised mental functioning'. (Tustin, 1992:119).

According to Tustin (1992), autistic objects do not promote the development of the child's imagination; Moreover, autistic objects prevent the child from establishing the forms of human contact that would help them through their 'disillusionment'. According to Nadesan (2005), Tustin implicitly acknowledged that *biological* factors may lead autistic children to be vulnerable to the processes of psychopathology.

Psychoanalysis as a construct of autism aetiology did not find much appeal in the contemporary autism research. It lost its favor in psychology and psychiatry and was replaced by new metaphors of constructing autism. The fact that psychoanalytic therapeutic methods resist quantification, played a crucial role in the exclusion of psychoanalysis as a main therapeutic approach and its replacement by 'scientific' approaches. Foucault in his Power/Knowledge (1980) states that psychoanalysis was established against the psychiatry of degeneracy, eugenics and heredity. It played a liberating role by 'condemning' the involvement of psychiatrists with political power; Perhaps this was the reason it paid for by being marginalized by the

construction of Autism. Nowadays psychoanalytic techniques are used in combination with cognitive approaches in the development of therapeutic regimes.

6.1.2 Theory of mind

A powerful approach to the causal factors of the ASD (Autistic Syndrome Disorder) is 'theory of mind' suggested by Baron-Cohen. The phrase 'theory of mind' was coined by Premack and Woodruff (1978). They suggested that the ability to reflect on mental states was theory like because mental states are unobservable entities which we infer to be underlying people's actions; reference to mental states allows us to explain and predict other people's behaviour. Concerning children with autism, 'theory of mind' refers to their ability to appreciate their own and other people's mental stage and to understand the links between mental states and action (Baron-Cohen & Swettenham cited in Cohen & Volkmar, 1997). According to Baron-Cohen and others, it is exactly the lack of theory of mind, which constitutes the core deficit in autism; autism is a condition of 'mind-blindness'. Children with autistic spectrum disorders appear to have a significant deficit in *metarepresentation*, which means, an inability to develop mental representations for the contents of other people's minds. Autistic children cannot predict the actions of others' based on those others' beliefs, desires and intentions because they do not comprehend that people have beliefs, desires and intentions. However, much interest and debate has been stimulated about whether the phenomenon is innate or acquired through social interaction and language development (Nadesan, 2005). Those neuropsychologists that believe that TOM is innate, point to abnormal patterns of activity in the amygdala of autistic persons (Cohen & Volkmar, 1997; Nadesan, 2005). According to this point of view, the irregularities of eye movement and therefore in eye contact, would be symptomatic of deficiencies in the amygdala. According to Nadesan (2005) the idea of TOM presents a double problematic. First, this notion holds a rational view of human agency by assuming that we respond to others rationally based on our representations of others' conscious motivations. However, if we reject the idea that, in a generalized way, conscious intentions that can be directly represented by self or others motivate most of human behavior, then the feasibility of TOM hypothesis begins to break down. Secondly, even if we accept the TOM hypothesis, the question of the boundary between normalcy and psychopathology arises: 'How do we differentiate people with

strong and/or accurate theories of mind from people with weak or inaccurate theories of mind?...How do we account for 'irrational' social interactions characterized by lack of interest in others' intentions? …can we generalize from laboratory tests of theory of mind to people's everyday social interaction?' (Nadesan, 127:2005).

In order to analyze the problematic that arises from the construct of TOM, somebody should look deeply and philosophically into theories of consciousness; However, this is not the subject of the present Thesis. Acknowledging that through western history consciousness has been characterized by transcendental ideals, which have been attributed to the brain's organic processes, I would rather focus on the processes of objectification, which human sciences are using for the construction of the individual.

As I pointed out in previous chapters, human sciences, according to a Foucauldian conceptualization, tried to establish paradigmatically their authority as sciences by imitating natural sciences. Modern scientists are capable of isolating properties from their context of human relevance and relate them to strict laws; they isolate meaningless properties, such as skills acquired, just because 'these background practices which make science possible can be taken for granted and ignored by the scientist' (Dreyfus & Rabinow, 2002:163). By copying these practices from the natural sciences, human sciences take for granted or ignore the social background which made its objects and disciplinary methods possible and come up with restricted generalizations (Dreyfus & Rabinow, 2002). In Discipline and Punish (1991:226) Foucault refers to the human sciences 'which have so delighted our humanity for over a century, have their technical matrix in the petty, malicious minutiae of the disciplines and their investigations'. The final aim of objectification is control and normalization and a means for that to be achieved by human sciences is by making individuals calculable and, most precisely, making individuals' intersubjectivity calculable. As I indicated in the previous chapter, it is the lack of intersubjectivity that affects the main areas of social interaction, which creates the autistic pathology. It is about a broad notion that extends from philosophical domains to neurophysiology and which, within the construct of Autism, has become a *constant variable* for the measurement of normalcy. What are those *mechanisms* that encourage the creation of a specific episteme and consequently make this episteme the core of an apparatus? In a Foucauldian sense mechanisms can range from macropolitical to micropolitical in nature (Morgan, 2005). Foucault regards mechanisms, which are involved in various technologies of production, as dynamic points of manipulation of things and

individuals and he connects them to the rise of disciplinary practices. In this respect, I will examine two notions that I consider play the role of mechanisms in the production of the episteme of Autism. These are: *bio-power* and *governmentality*.

6.2 Mechanisms

6.2.1 Bio-power

Bio-power is about a new technology that emerges in the second half of the Eighteenth century and that takes as its object the everyday life of the human living being (Foucault, 1978, as cited in Dreyfus & Rabinow, 2002). At the beginning it was a bipolar diagram over life. One pole of this diagram focuses on an *anatomopolitics* of the human body, trying to maximize its forces and integrate it into efficient systems (Rabinow & Rose, 2003); The other pole represents a *biopolitics* of the population focusing on birth, morbidity, mortality and longetivity. Foucault argues that by the Nineteenth century these two poles were joined within a series of great technologies of power (ibid.).

In this new topology, there is a convergence between the biological and the political (Thomson, 2008) that involves a set of measurements such as the ratio of births to deaths, the rate to reproduction, relief from famine and plague, as well as new techniques for observing and measuring the population (Foucault, 2002). 'It is in this historical moment that the first demographers begin to measure these phenomena in statistical terms' (Foucault, 2003a: 238). In other words, bio-power brought the ordinary tasks of daily living into the realm of politics as it 'brought life and its mechanisms into the realm of explicit calculations and made knowledge-power an agent of transformation of human life.'(Foucault, 1978: 143, as cited in Johnson, 2008).

Within this vast apparatus that has been created in order to secure the social welfare, disability as a notion has an important place. Foucault argued that practices of division, classification, and ordering around a norm, individualized people who come to be understood scientifically (objectification) and who even come to understand themselves in this mode (Tremain, 2005). Rabinow and Rose (2003:3-4) building on the work of Foucault, identify three elements that are essential to bio-power. These

are: firstly 'one or more *truth discourses* about the 'vital' character of human beings, and an array of authorities considered competent to speak that truth'; Secondly, '*strategies for intervention* upon collective existence in the name of life and health', and thirdly '*modes of subjectification*, through which individuals are brought to work on themselves'. The specific elements seem to have a sequential causal relationship and this will be apparent from their analysis within the framework of the Autism construct.

It seems reasonable that a form of bio-power traverses the apparatus called 'Autism'. There is a strong episteme; A scientific discourse built on the premises of psychopathology and neuroscience, which represents the truth about Autism. However, the construction seems insubstantial; The aetiology of the pathology remains unclear and the diagnosis is based on highly atheoretical, apathological criteria with phenomenological character. Rose and Rabinow seem to have anticipated such a situation (2003:3): 'These truth discourses may not themselves be biological, in the contemporary sense of the discipline; for instance they may hybridize biological and demographic or even sociological styles of thought, as in the contemporary relations of genomics and risk, merged in the new language of susceptibility.'

 Nonetheless the 'array of authorities considered competent to speak this truth' compensates for the epistemological weakness of the construct; psychiatrists, psychologists, speech and occupational therapists do have the scientific status to support and analyze the existence of developmental impairments and to propose *strategies for intervention.*

Strategies of intervention is the second vital element of bio-power. Rabinow and Rose (2003:4) define them as: 'Strategies for intervention upon collective existence in the name of life and health, initially addressed to populations that may or may not be territorialized upon the nation, society or pre-given communities, but may also be specified in terms of emergent biosocial collectivities, …, as in the emerging forms of genetic or biological citizenship.' In this respect, the strategies of intervention used within the apparatus of Autism have, the majority of them, a 'therapeutic' role in the sense of treatment, focusing on the behavioural, cognitive, and neurological modification of autistic symptoms.

Behavioural interventions are widely popular in the treatment of Autism. In 1970s Dr. O. Ivar Lovaas developed an autism 'treatment' program around behavioural

modification. ABA (Applied Behavioural Analysis) requires one-to-one activities where children have to engage in very specific responses to very specific demands. It is based on positive reinforcement in the form of rewards, which serves as a primary motivator (Nadesan, 2005).The simplicity of the approach and its potential application in home settings made it popular amongst parents. However, views on the efficacy of ABA in the 'treatment' of Autism are controversial. It is about a highly intensive method involving structured and disciplined demands, which pathologizes many typically autistic behaviours and that autistic children usually resist to comply with. As Uta Frith (1991:16) states: 'It turned out, however, that behaviour modification-the practical application of behavioural principles- involved heroic effort, and often the effort did not justify the limited results. Specific learning did not lead to the hoped-for generalization'.

Apart from the Skinnerian Lovaas' program, other behaviour modification interventions, such as TEACCH, blend behaviour modification techniques with pedagogical principles derived from cognitive psychology (Nadesan, 2005). TEACCH, formulated by Eric Schopler, combines speech and sensory-based therapies with behavioural intervention; its aim is to improve cognitive, academic, and occupational skills (http://www.teacch.com/).

Targeting to communication and sensory difficulties, occupational and speech therapists are the experts for a different kind of strategic intervention. Speech therapists may help children with Autism with phonological awareness in order to clarify the relationship between speech sounds and the rhythms and meanings of speech (Windham, 2004, as cited in Nadesan, 2005). On the other hand, occupational therapists may help autistic children to develop strategies for reducing sensory overload, or for expressing anxiety in more *socially appropriate* forms.

Biomedical interventions form another route of intervention for the parents of autistic children. They draw upon the medical model for knowing and treating autism and they are based on conventional medicine. Accordingly, pediatricians and psychiatrists may offer pharmaceutical treatment to address the 'psychiatric symptoms'. Stimulants, anti-depressants or anti-anxiety agents are used to sooth the symptomatology. Along with conventional medicine, the alternative medical model is also popular among parents. This model focuses on the maintenance of psychologically and physiologically healthy bodies (Nadesan, 2005). It includes, special diets (casein-free, gluten-free), vitamins or nutritional supplements in order to

remedying the disequilibrium of the autistic physiology and balance the autistic behaviour (Irvin, 2006; Wong & Smith, 2006) .

Until now I have covered by being based on the 'truth' about Autism, experts in the field, such as psychiatrists, psychologists, occupational and speech therapists and special education teachers, are the people to apply interventions for the 'treatment' of Autism. These strategic interventions result in the third essential element of bio-power that Rabinow and Rose (2003:4) proposed: 'modes of subjectification, in which individuals can be brought to work on themselves, under certain forms of authority, in relation to truth discourses, by means of practices of the self, in the name of individual or collective life or health'.

As I have mentioned in the beginning of this chapter, Foucault considers 'subject' as a notion which has a double meaning; to be subject to someone else by control and dependence as well as to be attached to one's own identity by self-knowledge (Foucault, 1982). In this respect, the strategies of intervention for the 'treatment' of Autism include a form of power which shapes the autistic individual's identity through discipline and control. At this point, I would like to return to Ian Hacking and his conceptualization of Autism as a *kind*. It is clear that Autism functions as an *interactive kind* where its *pathology* P in the form of discourses of truth, informs interventions that have as their main target 'normalization'. It is through this construction that the autistic person comes to understand themselves and become attached to their own identity. Bio-power here, is being demonstrated through *micro* and *macro* mechanisms. It is being extended from disciplinary schemes, such as 'therapeutic' interventions, which target to anatomo-politics of the body, to bio-politics such as special education settings and programs, hospitals, regimes of rehabilitation, parallel transit systems, etc.

I will primarily focus on the anatomo-politics of the autistic body and their approach through strategic interventions ; I will start from behaviouristic interventions that, for me, are an example of primitive bio-power and by 'primitive' I mean a form of bio-power that is close to its ancestor, that of *sovereignty*. The core of behaviouristic intervention in Autism is social modeling, or put in a Foucauldian sense, the production of 'docile bodies'. It is about typical disciplinary practices that through examination and hierarchical observation result in 'punishment' under the form of disciplinary technology. The implication of punishment here does not have as an aim to overpower the body; Rather, the body has to be trained, exercised, and supervised

(Dreyfus & Rabinow, 2002). As Foucault describes in Discipline and Punish (1991:130): 'A meticulous assumption of responsibility for the body and the time of the convict, a regulation of his movements and behavior by a system of authority and knowledge; A concerted orthopaedy applied to convicts in order to reclaim them individually; An autonomous administration of this power that is isolated both from the social body and from the judicial power in the strict sense'. The key point for the expert who applies behaviour modification interventions is to gain control and establish themselves as authorities in the relationship with the autistic person. It is not about a clear power relationship, as power relationships do not involve repression and pre-require freedom of the subjects as their main element. The specific interventions work within a framework of disciplinary micropower, targeting in very specific areas that need to be modified in children with autism. These areas may include: *communication skills* such as: early receptive language, verbal initiations, abstract concept delayed conceptualization, sentence structure and pragmatics, etc ; *social skills* such as: reduction of disruptive behavior, play skills and peer integration, social language, self-help, etc; *academic and classroom practice*: such as letters, spelling, quantities, numbers, etc. It is obvious that these areas cover with their specificity a broad area of the individual's social identity. It is this identity that is considered as being pathological, that does not fit with the requirements of the individual's social environment and needs to be altered through constant and regular application and control; '…The human body was entering a machinery of power that explores it, breaks it down and rearranges it…Discipline produces…docile bodies…It produces an increased aptitude and an increased domination' (Foucault, 1991:137-138). Once the child has been classified as 'autistic' it enters into the 'machinery' of disciplinary power. Under the control and the authority of the 'expert' the autistic subject has to comply with the rules of the disciplinary technology in order to be 'fixed' and, as much as possible, to be 'normalized'.

The idea of 'normalization' is closely related to subjectification. As John Rajchman (1991, as cited in Tremain, 2005) puts it, the 'great complex idea of normality' has become the means through which to identify subjects and to make them identify themselves in order to make them governable. However, in this process of normalization through 'therapeutic' interventions, there is the absence of the individual's body. The 'autistic' child's own desires, 'eccentric' thoughts, 'idiosyncratic' language and body language, 'obsessive' preoccupations, are

dismissed and need to be changed. There is a whole set of determination from without, which comes to constitute the parameters of the condition (Murray, 2008). According to Stuart Murray (2008), the 'autism-inside-the-person' model has an idea of interiority and then one of exposure and distance, that can be subjected to testing and surveillance, and can be itemized and classified under diagnostic terminology; The ideas of 'treatment' that follow are consequently conditioned by the terms that are used (ibid.). At this point I would say that it seems interesting how neuro-scientifically based cognitive paradigms is 'the morally correct way to understand the behaviours and motives of others. Vocabularies of morality are coordinated with the value of health' (Johnson, 2008:147-161). Health is linked with human 'goodness' in social behavior and good citizenship; healthy humans are good citizens who are able to form positive relationships and any deviation from the 'ideal citizen' is evidence of a brain pathology that is outside the individual's control and needs to be modified (Johnson, 2008).Thus, health becomes 'an apolitical, natural state that is, by definition, in the interests of the individual' (Johnson, 2008:147-161). 'Therapeutic' interventions are by definition, in the interests of the autistic child in order for them to become able to follow the requirements of acceptable social functioning, to become good citizens. However, these methods do meet great resistance from the part of autistic children; they exhibit this resistance by showing anger (yelling, swearing, etc), aggressive behavior (beating , scratching, punching ,etc.), avoidance (hiding, being involved in compulsive, stereotypic behavioural patterns, etc). As Murray accurately describes it: 'Donald or any of the other boys Kanner worked with resists all the attempts at producing a version of his subjectivity that is constituted only in terms of the space between his actions and how those actions are read' and according to me, 'how those actions are read in order to call for change'. Nevertheless, this mechanism of bio-power works over individuals that have been characterized as 'autistic' through another dimension, that of *governmentality*. I would actually say that bio-power could be the micro-mechanism that works over the autistic body whereas governmentality is a macro form of power, which involves broader sectors of the apparatus, such as institutions, architectural forms, ethical concerns.

6.2.2 Governmentality

In his works on Power (1954-1984) Foucault locates the notion of *government* from the middle of the sixteenth century to the end of the Eighteenth, where it develops a series of treatises that they are not of political sense; Rather they are presented as works of the 'art of government' (Foucault, 2002). Drawing from an Eighteenth century text, that of La Mothe Le Vayer, states that, according to the contemporary writer, there are three fundamental types of government, each of which relates to a particular discipline. These types are: the art of self-government, connected to morality; The art of properly governing a family, which belongs to economy; And the science of ruling a state, which concerns politics (Foucault, 2002). He believes that there is a crucial difference from the era of sovereignty: 'government resides in the things it manages and in the pursuit of perfection and intensification of the processes it directs; The instruments of government instead of being laws, now come to be a range of multiform tactics.' (Foucault, 2002: 211).

In this sense and in terms of the subjectification of the person, 'government' does not refer to just political structures or to the management of states; Rather it allocates the way in which the conduct of individuals or groups of individuals might be directed. 'Governmentality' is 'the conduct of conduct': 'a form of activity aiming to shape, guide or affect the conduct of some person or persons' (Gordon, 1991:2, as cited in Thompson, 2008). This conduct does not impose itself through coercion but rather through more subtle means. For this reason, in power relations, governmental practices should not be understood to include just state-generated prohibitions and punishments, but also normalizing technologies that 'facilitate the systematic objectification of subjects as deaf, criminal, mad' (Tremain, 2005:8) and in this case as autistic.

The apparatus of Autism as a kind is dominated by mechanisms of governmentality; Being built within the juridico-medical discourse of DSM-IV, which itself being a practice of governmentality decides about the normal and the pathological in the human conduct, involves explicit governmental practices. In the 'Subject and the Power' Foucault (1982: 220) talks about the articulation of power as government:

'What defines a relationship of power is that it is a mode of action which does not act directly and immediately on others. Instead it acts upon their actions: an action upon

an action, on existing actions or on those which may arise in the present or the future…it is nevertheless always a way of acting upon an acting subject or acting subjects by virtue of their acting or being capable of action'.

Now, the power that has taken control of both the body and life in a disciplinary way and which has established the concept of the 'norm' (Foucault, 2003a), it changes its dimension to become a 'variety of ways of problematizing and acting on individual and collective conduct in the name of certain objectives' (Rabinow & Rose, 2003). The strategic interventions being used with children with Autism are a clear act of govermentality; The conduct of conduct is being operationalized by the experts in the field. According to Thompson (2003), professional expertise is a crucial tool for the conduct of populations and it is closely related with the apparatus that constitutes the state (Johnson, 1995, as cited in Thompson, 2003). Having gained control over the autistic body, the expert (psychiatrist, occupational and speech therapist, special education teacher etc) tries to alter its actions, its behavioral and communicatory skills, which already exist or may appear in the future due the pathology P. The experts act on the individual both therapeutically and precautionary for the individual's own good. However, this act of government is not fully consistent with the Foucauldian notion of governmentality. According to Foucault (1982:221), 'when one characterizes these actions by the government of men by other men- in the broadest sense of the term- one includes an important element: freedom. Power is exercised only over free subjects, and only insofar as they are free. Here, autistic children do not give their consent for 'therapies' to be applied over them. On the contrary, in most of cases they resist; And they do not do so because they are 'free' in the technical sense of the word, as they are in fact under the strict government of their family. It is the government of family which decides about the conduct of the autistic child's conduct. It is the pure interest of parents over their children, mixed with feelings of guilt, incompetence, shame and frustration according to which their child has to approach the norm set by the given society in order to be a happy citizen of it. Thus, this form of power by the experts, in combination with the government of the family, starts to resemble, as I had mentioned before in this chapter, the notion of sovereignty. In his 'Society must be Defended' lecture (1976) Foucault referring to bio-power (2003:254) states: 'This excess of biopower appears when it becomes technologically and politically possible for man not only to manage life but to make it

proliferate…This formidable extension of bio-power,…will put it beyond all human sovereignty'.

6.3 Elements of the Autism Apparatus

Within the macropolitical mechanism of governmentality there are elements of the Autism *apparatus* such as architectural forms (autobiographies, narratives, fiction), institutions (special schools), and philanthropic propositions (charity organizations). All these elements play a significant role on the constitution of the Autistic Subject, shaping its image to the 'outer' world, either from a perspective from within (autobiographies/narratives of high functioning autistic persons) or (in most cases) from an ideology of normalization from the outside (institutions, philanthropic propositions).

6.3.1 'He just is there'. Autobiographies, Narratives.

The representation of autism, as Stuart Murray (2008) suggests, has been highly affected from the idea of being a form of interiority. Kanner's phrase: 'He just is there' to conclude his study of eleven children with childhood autism, and Asperger's: 'the autist is only himself' led to a number of consequences for the representation of Autism in cultural narratives and created an ambivalence on the very nature of the Autistic Subject; on the one hand the words 'just' and 'only' create connotations where the presence of the subject is blurred and uncertain. We could as well translate it as ' he is *merely* there'. On the other hand, somebody could see in these phrases a centrality of the self and a strong notion of agency. Both interpretations are closely related with relations of Power, discipline, surveillance and possible resistance. Within this personification of the condition several autobiographies and narratives written by autistic persons emerged that offer an insight to Autism as a *kind* either by stressing on Autism as an expression of the Self that has to be respected or as a psychopathology which needs help to be altered. However, there is more to these narratives than being a window to the lives of Autistic persons; Douglas Biklen (as

cited in Murray, 2008) makes a strong case for such an understanding of life narratives:

'What does the person labeled autistic lack that the 'normal' person possesses? An alternative stance would be to identify individual subjective understandings or assumptions by eliciting perspectives of people classified as autistic, and to interpret multiple meanings of autism with an eye to placing the perspectives of labeled people in the foreground' (p.46).

I chose the narratives of Amanda Baggs and Temple Grandin, who both try to offer an insight in what does it mean to be 'autistic' but they do represent different stances towards their pathology.

6.3.1.1 Baggs's case. 'But all that I ask is that what I mean should be understood' (Pierre Rivière)

Baggs maintains the blog Ballastexistenz (a word she adopted from Germanic eugenics movement) where she writes about all aspects of the Autistic Spectrum. But what made her famous as an advocate of the rights of Autistic persons was her eight and a half minute video 'In my Language', posted in YouTube in January 2007 (http://www.youtube.com/watch?v=JnylM1hI2jc). At the beginning the video shows Baggs interacting (as she claims) in an idiosyncratic way with 'assorted objects' such as hands rubbed across surfaces or flapping of a piece of paper: 'It is about being in a constant conversation with every aspect of my environment, reacting physically to all parts of my surroundings'. According to Murray (2008: 34), the particular video 'extrapolates from the personal in order to address how mainstream cultural narratives misrepresent autism.' In this sense Baggs makes some important statements considering her view on the condition: 'judge my existence, awareness and personhood on which of (sic) a tiny and limited part of the world I appear to be reacting to'; 'People doubt that I am a thinking being and since their definition of thought defines their definition of personhood so ridiculously much, they doubt that I am a real person as well.'; 'We are even viewed as non-communicative if we don't speak the standard language.' Amanda Baggs here is an advocate of the autistic very subjectivity, which under the idea of normalcy fails to turn into *intersubjectivity*. She focuses on her own pleasures, preferences and modes of communication, which form a subjectivity that seems to resist the rules of what is normal in humanistic,

transcendental terms. She states: 'My strategy is to find what I need to do, then find a way to do it. If what I do seems to fit an autism stereotype, then so be it. If what I want to do seems to fit a stereotype of not being autistic, so be it too. I have had it with being controlled mindlessly by a set of requirements. I view 'autistic' as a word for a part of how my brain works, not for a narrow set of behaviours, and certainly not for a set of boundaries of stereotype that I have to stay inside' (http://www.americanchronicle.com/articles/viewArticle.asp?articleID=31329). In a Foucauldian sense, I would argue that she locates her own *technologies of the self* and she defends the technologies of the self that autistic persons maintain. Foucault (1988:18) states that *technologies of the self* 'permit individuals to effect by their own means or with the help of others a certain number of operations on their own bodies and souls, thoughts, conduct, and way of being, so as to transform themselves in order to attain a certain state of happiness, purity, wisdom, perfection, or immortality.' It seems to me that what Baggs describes in her video is her own interpretation of technologies of the self in an idiosyncratic autistic sense, which seems incomprehensible and bizarre to those outside of the Spectrum. Though radical and provocative, Baggs may represent the voices of many autistic persons by supporting their subjectivity as a matter of resistance towards the *mechanisms* of the Autism Apparatus, that means *biopower* and *governmentality*. She takes a strong position on 'my' and 'yours', clearly defining the borders between her agency and the subjectivities of the persons outside the Spectrum. She acknowledges the mechanisms of power exercised over the autistic person but at the same time she denies conforming to them. It seems to be a strange case of what Foucault calls '*assujettisement'*, which initially is related to the influence of normalizing power on individuals, which 'produces' or 'fabricates' subjects (Harrer, 2005). This is the way that an individual submits to a certain type of conduct; however, the difference does not lie in the area of the 'content' of the practice of self-government, but rather in its 'attitude' and this is what determines whether a given practice serves as a practice of freedom or of subjugation (ibid.). As it has been mentioned many times in this Thesis, according to Foucault the process of self-constitution is situated in a field of forces and starts through a relationship to others, which in turn aims at producing a relation to self. This happens predominantly through disciplinary technologies from outside and then the relationship between 'self' and 'others' will be reconstructed within the subject in order to be the permanent support for the care they have for themselves

(ibid.). It seems that in Baggs' case, which verbally represented many other cases of autistic persons, there has been a final denial of the disciplinary practices for normalization. It seems like a choice of freedom after the contact with governmental power. This view could sound radical but it tries to give an explanation to the radical position that Baggs takes and which probably explains the idiosyncratic behavior of the Autistic Subjects. However, this is only one side of the story; The one that has to do with the interiority of the Autistic Subject. Yet, the mechanisms of power from outside remain extremely powerful and they do play a crucial role in the Autistic Subjectivity even if in some cases it chose to thrust them aside. According to those mechanisms of power such as biopower and governmentality, is it possible for people who have been identified with mental disabilities such as Autism to exhibit a thinking that could be termed as 'rational', that is as 'normal'? Baggs, who in the specific video exhibits an irrational, eccentric behavior by interacting with things around her through compulsive movements, uses facilitated communication and puts on display a perfectly rational, sophisticated speech. Douglas Biklen, a scholar and advocate for persons with disabilities, reported that students who are labeled autistic or mentally retarded demonstrate an unexpected literacy when assisted by an augmentative communication system called 'facilitated communication' (Biklen 1990, as cited in Erevelles, 2005; Biklen, 2000). This inconsistency between the serious deficits in pragmatic language that autistic people exhibit according to experts, and the totally rational language that they can produce through facilitated communication, threatens the 'truth' of a positivist science (Erevelles, 2005). Nirmalla Erevelles in her 'Signs of Reason: Rivière, Facilitated Communication, and the Crisis of the Subject ' (2005) as well in 'Voices of Silence: Foucault, Disability and the Question of Self-Determination' (2002) argues that what is constructed here is the Enlightment's humanistic subject, which asserts that we all inhabit autonomous, rational and coherent subjectivities. Both in Pierre Rivière's case (the peasant who committed homicide in Nineteenth's century France) and in the controversial method of facilitated communication, it is about how and why particular kinds of knowledges are forms, how they interact with certain institutions, and the roles prescribed to them. As Foucault puts it: 'The individual is not a pre-given entity, which is seized on by the exercise of power. (Rather) the individual, with his identity, is the product of a relation of power exercised over bodies, multiplicities, movements, desires, forces' (1980:73-74). Thus, in the case of the 'deviant', 'disabled' autistic person what lies

beneath the constructed unity of its subjectivity is not a point of origin, but rather 'dispersion, disparity and difference, and the play of dominations' (Smart, 1983:59 cited in Erevelles, 2005).

6.3.1.2 Autobiographies. 'Emergence: Labelled Autistic' (Temple Grandin).

Autobiographies of high-functioning autistic writers such as Temple Grandin and Donna Williams have been famous among those who want to get an insight into the autistic spectrum from 'within'. These writers, diagnosed with Asperger Syndrome, represent the other side of the coin 'savants and idiots', they are the 'savants'. They are those that through their successful life, exquisite language skills and most importantly, through their intelligence, help involuntarily in the cultivation of the myth of the savant autist. Both Grandin and Williams, like other autistic writers, offer through their narratives and autobiographies, a first-person account of the way being autistic creates a specific worldview. In her 'Autism. An Inside-Out Approach' Donna Williams describes what Autism means for her: 'I am diagnosed of having Autism. If you ask me what the word means, I would tell you that, for me, it is about having trouble with connections. I would tell you that having trouble with CONNECTIONS also causes me to have trouble with TOLERANCE and trouble with CONTROL.' (2000:vii). Apart from describing how it feels to be autistic from the experience of an actually autistic person, writers provide a more complex account of what an autistic identity might be. Williams in her oeuvre has developed a 'two world' system similar to Temple Grandin's delineation of 'autistic' and 'normal'. In her autobiography *Nobody Nowhere:The Extraordinary Autobiography of an Autistic* (1992:54) states: ''The world' still seemed like a battlefield or a stage, but I was forced to keep trying to 'play the game', if no other reason than to survive. I would have been happy to 'let go' and retreat into my own world were it not for my belief that my mother and older brother seemed to thrive on my strangeness and inability to cope. My hatred and my sense of injustice were my driving force to prove them wrong. At the same time, my fear of feeling kept calling me back into myself.' Temple Grandin, in her book 'Thinking in Pictures' (2006) and in the first chapter titled 'Becoming more normal', describes a series of engagements with the world, from which she knows she is distant due to the way her mind works; for her, the normal is related to a set of attitudes that

have to be learned in order to be able to participate in social communication in the way she wants (Murray, 2008). For Grandin the value of autistic difference can be best observed when aligned with the non-autistic world. Thus, her writings move from an explanatory mode to an instructional one in order to point out how such an adaptation might be undertaken (ibid.). In her *Thinking in Pictures* (2006: 53) clearly states: 'Autism and PDD (pervasive developmental disorder) are highly variable and the methods that work for each child should be used. Dr Koegel found that some little children respond well to a highly structured Lovaas-style program and other types of autistic children, who are more socially engaged, may make more progress with a less structured program. Do not get single-minded on one method. Use things that work and eliminate things do not work.'

However, why are autistic autobiographies from high-functioning autistic persons who are open to their adaptation to the 'normal' world are more acceptable by the audience from Baggs's radical ideas? First because they are written from persons that have a high degree of intelligence, which connotatively puts them in the field of rationality and therefore in a degree of normality. In this respect, their possible compulsive, obsessive, or idiosyncratic behaviours are there in order to preserve the myth of the 'autistic savant'. It is again about the humanistic rational, transcendental self, born during the Enlightenment, which offers a place into the 'normal' world, to persons that might be eccentric but nevertheless are intelligent.

On the other hand, Amanda Baggs's image in her video and in the photos uploaded in her blog by no means give the idea of mental stability or intelligence. Disability identity, like gender and race identity has been largely linked to particular, imposed, interpretations of the body (Rubin et al., 2001); The nonspeaking body has been often equated with nonthinking (Borthwick & Crossley, 1999, as cited in Rubin et al., 2001) or limited thinking (Brown, 1970, as cited in Rubin et al., 2001). As she herself states during her video 'this is not a freakshow'; It seems that she is aware that most of the people viewing the video and her compulsive body movements may think of her as being a 'freak', an 'eccentric figure'. Here the image as well as the management of the body play an important role within the power relationships framework. Nevertheless, from the Middle Ages onwards, the description of the body as flesh, at the same time discredits it (Foucault, 1975, as cited in Foucault, 2003a); 'that making the body guilty through the flesh makes possible an analytic discourse and investigation of the body' (ibid.:202). What could be described through the époques

as monstrosity, possession, abnormality, madness, to compulsive and stereotypic body movements, objectifies the body and puts it under the process of *examination*. Such a body takes its place in the medico-juridical system of society, which cares not only for the abnormal person per se but for the maintenance of the social health and coherence. In this ideological system the person that is being represented by that 'abnormal', threatening body is anything else but trustworthy.

Going back to the narratives of high functioning autistic persons, such as Williams and Grandin, we can observe of a different mode of presenting the constitution of their subjectivity, a different mode of presenting their '*assujettissement'*. Through a kind of a *confessional technology* they talk to the public about their very subjectivity, about the way they perceive their pathology and their 'place along the great continuum' (Grandin, 2006, as cited in Murray, 2008). In *The History of Sexuality (Vol I)* (1990:59) Foucault talks about the effects of confession in everyday life:

'The confession has spread its effects far and wide. It plays a part in justice, medicine, education, family relationships and love relationships, in the most ordinary things affairs of everyday life, and in the most solemn rites; One confesses one's crimes, one's sins, one's thoughts and desires, one's illnesses and troubles…one admits to oneself, in pleasure and in pain, things it would be impossible to tell anyone else, the things people write books about…Western man has become a confessing animal'.

Although Foucault related the confessional technology mainly with sexuality, I would use it here to combine it with the psychiatric disciplinary technology. Dreyfus and Rabinow (2002) state that during volume I of The History of Sexuality, Foucault is specifically interested in the interplay of confession, truth, and power. It is through the expansion of the methods of science that the individual has become an object of knowledge, both to themselves and others, who tells the truth about themselves in order to know themselves and be known (ibid.). In this respect, high functioning autistic writers, based on their knowledge on the scientific truth of their condition, 'confess' their innermost feeling to be 'autistic', their very private sense of the outer world, as well as their views on what needed to change towards a process of normalization and how. Being theoretically driven from the psychiatric discipline, and having themselves gone through the processes of 'hierarchical observation', 'examination', and 'punishment' (normalization), they interpret themselves in order to allow those 'outsiders' to take a glimpse into their lives. This is what Dreyfus and Rabinow (2002) call the 'malleability' of individuals: individuals are being

interpreted or interpret themselves, not in order to discover their innermost essence, but in order to be submitted to relationships of force or voluntarily applying them to themselves (Harrer, 2005). For Grandin, the idea of autism as a 'price that has to be paid' can be compensated by the proper use of autistic exceptionality. In this context, the value of autistic difference can be best observed when aligned with the non-autistic world (Murray, 2008). The ultimate trajectory of her account is that of a happy and viable individual who has learned to adapt and contribute to the world at large. It is about an individual that has gone through the processes of the Autism apparatus, with its mechanisms of bio-power and governmentality, that has been shaped by them through disciplinary practices, institutions and ethical forms and who acquires the gift of pragmatic discourse that makes it able to communicate this innermost experience. Although the autistic exceptionality is stressed and praised, the point of reference always remains the adaptation to the non-autistic world, in other words, the final stage of discipline: normalization. I do not want to sound pessimistic here, and I do want to stress on the fact that this is an endeavour of a genealogical analysis, rather than an ideological position on the nature of Autistic Subjectivity. Nevertheless, the notion of 'power' is more than apparent here. The autistic subject offers itself for the analysis of 'a political technology of the body in which might be read a common history of power relations and object relations' (Foucault, 1990:24).

The next element of the Autism apparatus that is to be analyzed concerns institutions, such as special schools and segregating settings. These are the places when disciplinary technologies find their field of action towards the process of normalization of the 'abnormal' subject.

6.3.2 Institutions

In the UK the Code of Practice on the Identification and Assessment of Special Educational Needs clearly states: 'Parents may express a preference for the school in the maintained sector they wish their child to attend…LEAs must comply with a parental preference unless the school is unsuitable to the child's age, aptitude or special educational needs, or the placement would be incompatible with the efficient education of the other children with whom the child would be educated, or with the efficient use of resources' (Code of Practice on the Identification and Assessment of Special Educational Needs, Schedule 10, paras 3-5, Regulations 12 to 14, 1993).

Having a growing consensus of what seems effective, and with an increase in the training and understanding of Autism, more schools are becoming able to meet the needs of pupils identified as falling within the Autistic Spectrum and a range of provision exists. More specifically, the educational provision funded by authorities for pupils with Autism in the UK includes:

- Mainstream schools with or without extra adult support,
- Generic special schools or units for pupils with learning difficulties with or without additional support or outreach support,
- Schools, units and classes which are specific to autistic spectrum disorders,
- Schools or units for pupils with other types of SEN (e.g. emotional and behavioral difficulties, language disorders),
- Home-based programmes and
- Advisory/outreach teams for pupils with ASD (Jones, 2002).

According to Jones, the vast majority of children with Autism attend schools and units within their home education authority, but some attend provision in an adjoining authority and a few attend schools in a totally different part of the country, miles from home. Most of the schools are run and funded by an LEA, but some schools have been set up by independent organisations. Most children attend school daily, from home, but some are residential on a weekly or term basis and a minority of pupils attend school residentially for 50 or 52 weeks of the year. Some pupils, also, have a split placement and attend more than one school for different sessions during the week. There are also a number of school-aged pupils who are at home because they have been excluded from provision or because they have refused to attend school (ibid.).

This is, in brief, an overview of where the education of children identified as Autistic occurs within the UK educational framework. In this Thesis I do not intend to describe in detail the educational provision for children in the UK neither to adopt an ideological position in favour of certain types of educational strands such as special schools or inclusion policies. Rather, my aim is to try for a genealogical analysis of the existing types of educational provision as elements of the Autism apparatus and more specifically as bodies of disciplinary practices and of governmentality which contribute to the emergence of the Autistic Subjectivity. I will focus on segregating settings, such as generic special schools settings, special schools specifically for children with Autism and special schools for children with EBD (Emotional and

Behavioural Difficulties), and on inclusive settings such as mainstream schools with or without extra adult support.

6.3.2.1. Segregating settings. 'Each individual has a place and its place has its individual' (Foucault, 1991:143).

Segregating educational settings could be characterized as a continuation of the concept of the Asylum of the Nineteenth century in terms of the philosophy that underpins their existence. Although this claim may sound harsh or unfair, a closer examination to the ideology of these settings reveals that underneath the, excellent special provision (broad range of specialized staff such as speech and occupational therapists, psychologists, physical education teachers, etc, and state of the art technical provision) which is offered most of the times, lies the very same disciplinary technology, which started with the noso-politics of the Eighteenth century and continued with the birth of the Asylum during the Classical era of the Enlightenment. Since the medical politics of the Eighteenth century, the family-children complex has been the first and most important instance for the medicalization of individuals (Foucault, 2002). The family is assigned a linking role between the general objectives regarding social health and the individual's need for care (ibid.). It is thus, the micro-government of the family which decides on the child's best treatment or placement, which will play an important role on the constitution of their very subjectivity. Yet, while during the Eighteenth century it was the hospital institution that cared for the collective and individual hygiene, that was substituted during the humanistic period of the Enlightenment by the Asylum. Although the Asylum came to replace the dark place of the hospital, it nevertheless preserved its architectural, institutional and technical organization. Ideologically, it was based on the mass of the population with its biological characteristics, the close-knit family cell, and the bodies of the individuals (Foucault, 2002). It is with no doubt through this new institutional structure where psychiatry as a discourse met its scientific, political and cultural manifestation. It is about a powerful and stable medicalized construct, which is informed by the disciplinary form of surveillance and which continues to offer the paradigmatic basis for the contemporary segregating educational settings. The control of space has been always an essential feature for disciplinary technology. According

to Dreyfus & Rabinow (2002), discipline is dependent on the organization of individuals in space, and it therefore requires a specific enclosure of space, such as a segregating educational setting. Thus, individuals are placed, transformed and observed with very specific means; For an efficient disciplinary operation 'it is necessary to define beforehand the nature of the elements to be used; to find individuals who fit the definition proposed; to place them in the ordered space; to parallel the distribution of functions in the structure of space in which they will operate' (Dreyfus & Rabinow, 2002:155). It seems that this is exactly what informs the ideology of special schools. They operate under a 'pseudo'-educational strand, which is basically paradigmatically informed by medicine and in the case of autistic children by psychiatry and psychology; they are constituted by specialized staff that works with mainly psychological rather than educational techniques, using sophisticated equipment and alternative methods of communication; The pupils fit the definitions proposed in order to be accepted in a segregating setting, according to their statements from pediatricians, child-psychiatrists and child-psychologists; The spaces are made to fit the special needs of the children and to define the identity of the setting. Within these architectural structures, discipline operates on children's bodies. In Discipline and Punish (1991:170) Foucault proposes: 'Discipline makes individuals; It is the specific technique of a power that regards individuals both as objects and as instruments of its exercise'. It operates through a combination of *hierarchical observation* and *normalizing judgment*, which combine into a central technique of disciplinary power, that of *examination*.

Hierarchical Observation. The Panopticon

In the heart of hierarchical observation as a disciplinary technology lies the Panopticon. Based on Jeremy Bentham's plan (1791), the Panopticon is a clear example of how power operates. In Discipline and Punish (1991:205) Foucault describes this utopian architectural artifact as 'a generalizable model of functioning; A way of defining power relations in terms of everyday life of men…It is the diagram of a mechanism of power reduced to its ideal form…It is in fact a figure of political technology that may and must be detached from any of specific use…It is polyvalent in its applications'. In fact, this new power is continuous and anonymous (Dreyfus & Rabinow, 2002). Anyone could operate it as long as he were in the correct position and anyone could be subject to its mechanisms. According to Dreyfus & Rabinow

(2002) the Panopticon is not only an efficient technique for the control of individuals; It is also a laboratory for their eventual transformation. Everything is under the *gaze* of the surveillant.

Children are, in fact, the objects of scrutiny within school but as Julie Allan (1999) remarks, for pupils with special educational needs, the gaze reaches further. They are observed not only at work but also during break times. The child identified as autistic, is under constant observation of their pathology and specifically of their interpersonal competence and their communication skills. Within the general concern of the child's welfare, their emotional well-being is an important aspect of special education. This legitimizes the surveillance of pupils in order for professionals to acquire knowledge about their condition and , but at the same time it constructs children as objects of power and knowledge (Allan, 1999). Segregating settings, by integrating a sense of *Panopticism*, bring together, in Foucauldian terms, knowledge, power, the control of the 'deviant' body and the control of space into a disciplinary technology; And a disciplinary technology beyond its neutrality, imposes its own standard of normalization as the only acceptable one (Dreyfus & Rabinow, 2002). Yet, the role of normalization is the systematic classification and control of anomalies in the social body and in this sense, the advance of bio-power is contemporary with the appearance of the very categories of anomalies that technologies of power and knowledge are called to eliminate (ibid.) Hence, segregating educational settings implement the disciplinary technology of hierarchical observation by identifying the 'abnormalities' of the body through a mode of surveillance based on Panopticism, and by scientifically and 'educationally' intervening using the mechanism of bio-power. It seems that under hierarchical observation the place of the autistic child in segregating settings is that of '…the object of information, never a subject of communication' (Foucault, 1991:200).

Normalizing Judgement

Children identified as autistic are defined in relation to *normality*. However, within segregating settings they are defined in comparison with the degrees of the pathologies of their peers and are educationally placed accordingly. This process entails the disciplinary technology of *normalizing judgement*. In Discipline and Punish (1991) Foucault characterizes the specific technology as a '…micro-penalty of time (lateness, absences, interruptions of tasks), of activity (inattention, negligence,

lack of zeal), of behavior (impoliteness, disobedience), of speech (idle chatter, insolence), of sexuality (impurity, indecency)' (1991:178). It is easily observable that all behaviour lies between two poles, the good and the bad; and through the quantification and ranking of those 'deviant' behaviours, an objective dossier could be compiled for each individual (Foucault, 1991). The vision and mission of segregating educational settings is the best possible degree of normalization of the 'abnormal' child. By the use of psychologically and educationally approved methods it strives to fix pathologies in the areas of activity, behavior, and speech and to conduct uncontrollable sexuality into socially acceptable modes. 'Socially acceptable conduct' is a key matter and a target for the education of pupils in special schools. Yet, 'socially' is a term that does not fit into Autism. The autistic child, through normalizing judgment, has to learn to interact and to interact properly and decently. In this respect, the procedure that brings hierarchical observation and normalizing judgment together, where knowledge and power meet in a single edge, is *examination*.

Examination

The technology of *examination* is the one that 'manifests the subjection of those who are perceived as objects and the objectification of those who are subjected (Foucault, 1991:157). More explicitly, in institutions such as hospitals or segregating educational settings appears to be based on an important reversal. Whether in traditional forms of power, like sovereign, power itself is made visible, in the case of disciplinary technologies, the opposite happens. It is the power itself that seeks invisibility and the objects of power that are brought into play. Constant visibility is the key to disciplinary technology (Dreyfus & Rabinow, 2002). Moreover, individuality is introduced into the field of documentation: the accumulation of individual documentation makes 'possible the measurement of overall phenomena, the description of groups, the characterization of collective facts, the calculation of gaps between individuals, their distribution in a given population' (Foucault, 1991:190).

The constant surveillance of children in segregating settings, the assessment of their behavior in minutiae, their role as the key operators of their condition as well as their assessment from multi-disciplinary perspectives, are primarily a political and social process (Galloway et al., 1994, as cited in Allan, 1996). The populations of special schools with their very existence of 'abnormalities', such as Autism, do provide a

further rational for surveillance of the general population (Ryan, 1991 cited in Allan, 1996).

6.3.2.2 Inclusive Settings

The *inclusion* of children with special educational needs into mainstream settings emerged as a new type of educational discourse during the early 1990s, replacing the concept of *integration*. Integration was problematic as it related only to the placement of children in mainstream schools, having as a goal to increase their social and academic participation alongside their mainstream peers (Allan, 2005). On the other hand, inclusion starts with the premise that every individual has the right to belong to society and its institutions, therefore others have the obligation to ensure that this happens (ibid.). As I suggested before in this Thesis, my intention here is not to argue on which educational discourse meets better the needs of children with Autism; Rather, it is to analyze with Foucauldian terms, the two broad available educational schemes for children identified as autistic and to investigate the mechanisms within them which contribute to the emergence of the Autistic Subject.

Going back to my discussion on segregating settings and the disciplinary technologies that inform them, I would argue that the very same technologies traverse the placement of autistic children into the mainstream. Although the architectural form of the mainstream institution differs in terms of its nature and purpose, the very fact of a statement or Record of Needs that the child acquires in order to join an inclusive setting, sets in operation the disciplinary mechanism. The child with Autism needs constant adult support and their behavior and educational and social activities are under constant surveillance. The *gaze* within inclusive settings is even more powerful as the child's needs and performance are constituted and assessed in relation with the 'normality' of their peers. In an environment where the autistic child is *a priori* in a 'special' position compared to their peers, the gaze is 'always receptive to the deviant' (Foucault, 2003a:86). Thus the technology of hierarchical observation in combination with normalizing judgment exist in inclusive settings and they come to objectify the child under a process of examination. The statemented child continues within mainstream schools to be under the modality of this form of power (examination) 'in which each individual receives as his status his own individuality, and in which he is

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linked by his status to the features, the measurements, the gaps, the 'marks' that characterize him and make him a 'case'' (Foucault, 1991:192).

However, within the environment of an inclusive educational setting, along with the disciplinary technologies exercised over the autistic subject that objectify and at the same time subjectify it, there is a form of *governmentality* in action. Julie Allan, who extensively analyzed the relationships of pupils with special educational needs with their peers in inclusive settings under a Foucauldian scope, identifies mainstream students as 'gatekeepers' of inclusion. This role entails a microregime of governmentality, which functions as a set of unwritten rules of conduct and authorized or prohibited certain actions (Allan, 2005). Within this concept of governmentality, which can take the form of pastoral or pedagogical power from mainstream students towards their peers with special educational needs, the latter may reveal highly sophisticated forms of resistance. Given the powerful disciplinary technologies upon children with autism already operating within inclusive settings, and the forms of micro-governmentality exercised by their peers, it seems that it is upon the very idiosyncratic nature of Autism to exhibit resistance by defending a particular mode of technologies of the self. The Autistic individual finds itself in a battle of modes of power, which either consents to normalization or shields its 'pathology P' by disobedience and resistance.

Chapter Seven

'A normalizing society is the historical outcome of a technology of power centered on life' (Foucault, 1995:144). A discussion on the emergence of the Autistic Subject.

The aim of this theoretical doctoral Thesis has been the exploration of the various disciplines, mechanisms, and technologies of power that contributed to /and informed the creation of Autism as a discourse and consequently, through it, the emergence of the Autistic Subject. The nature of the research was such that required a post-structuralist way of investigation, which would deconstruct the existing theoretical discourses and would reframe them through the analysis of the socio-historical and economic factors that contributed to their existence. In this archaeological but mainly genealogical journey I was inspired by the work of the French philosopher Michel Foucault and I modestly attempted to make use of the methodological tools that he proposed for the deconstruction of madness, asylums, and the existence of technologies of power which underpin every human relationship, let alone the social confrontation of the 'abnormal'. In this respect, my methodology does not only underpin tools of analysis but it plays the role of a strong theoretical platform that actively informs and affects my analysis, offering a very specific standpoint of viewing the phenomena. Without ignoring the pathology of Autism I decided to move beyond the social model of disability which, according to Georges Canguilhem (1989) in The Normal and the Pathological, in an attempt to explain new social phenomena as 'regimes of truth', developed a way of seeing that ended up being both normative and normalizing (Canguilhem, 1989).

However, although the content of this research seems highly theoretical and abstract in nature, it is indeed related with more concrete ideas, such as a rethink of Autism as a disciplinary discourse and a re-evaluation of the existing views on the 'abnormal' person. While I was writing this Thesis, I had a constant question in mind: 'Is this a reproduction of the history of Autism consistent with a Foucauldian epistemology? Am I rephrasing Autism as a discourse using Foucauldian terms? Or am I trying to deconstruct Autism, and then reconstruct it in such a way that it will designate those elements that create the autistic subjectivity and that may bring change? And a change in what? The answer came to me through the work with children diagnosed as being

autistic, within inclusive settings in mainstream pre-school education. *I noticed on myself something that may sound simple but that is crucial*. Throughout this theoretical 'journey' my view on the Autistic subjectivity has been radically changed: there was a shift from viewing the Autistic child under a normative umbrella, that means there was a shift from the medicalized *gaze*; Instead I found myself looking at what constitutes the Technologies of the Self of the child, at what may constitute the ethics of their *ευδαιμονία* (eudaimonia). In other words, I started looking at the Autistic individual as a living body, which according to Ricoeur (1992, as cited in Kottow, 2001), is the hallmark of self and of its narratives. By focusing on the existing Autism discourse, as this is underpinned by its diagnostic criteria and by the psychiatric epistemology that informs it, I would read my little pupils as texts of malfunctions and disabilities, interpreting them just as living organisms, neglecting the singularity of their living body (Kottow, 2001). I came to realize that what I should aim at is my pupils' *subjective* well being (eudaimonia), rather than the objectivizing targets of *normalization*. In this Chapter I will try to explain how through the re-writing of the Archaeology/ Genealogy of Autism within a post-structuralist, Foucauldian framework, it is possible for a new state of affairs, concerning Autistic Subjectivity, to emerge.

I used the methodological tool of Archaeology, as the one, which contains notions, such as historicity, power, finitude, and it is characterized by discontinuity. I did not stress so much on the historicity of psychiatry and Autism; Rather I have been more interested in the notions of power and finitude that informed the emergence of the particular discourses. It is particularly important that in terms of the notion of *finitude*, the discursive practices (such as psychiatry) that produce statements (Autism) function within an ethos of man's 'finitude' or 'non-finitude'. Foucault in his Order of Things (1990:343) states that 'the humanistic discourse is in fact disintegrating'. It is the Enlightenment era where the humanistic sciences flourished and where the 'transcendental' subject has been the norm and a requirement; and an oxymoron takes place: whatever does not fit into this transcendence has to be fixed or alienated. 'Finitude' appears both as a limitation and as a source of all facts. It is this very ethos of finitude that prevails in our modern western societies, and more specifically in institutions, such as schools.

And while Archaeology tries to shed light into the notions of historicity, power, finitude and discontinuity that traverse the emergence of disciplinary practices and

discursive statements, Genealogy uses as its source and starting point, exactly those discontinuities and relationships of power. Thus, in this Thesis, I attempted to archaeologically describe the emergence of the discourses that underpin Autism but at the same time I tried to challenge them by shedding light on the laws and mechanisms of power that inform them and on the discontinuities that traverse them.

Following an archaeological as well as genealogical method of inquiry I started my investigation on the emergence of Autism as a discourse by giving a brief descriptive account on the appearance of psychiatry as a discipline. The medical model of psychiatry has its roots on the Eighteenth century's conceptualization of confinement of the 'deviant' individuals. Serving diverse historical and socio-economical needs, the concept of 'quarantine' was used in order to decrease public anxiety and preserve a healthy labour force by excluding the needless. Eighteenth century was also the era of the appearance of the Panopticon. Bentham designed a utopian architectural form of confinement, where 'marginal' individuals would be under the constant gaze of the superintendant: 'a knowledge characterized by supervision and *examination*, that it is organized around the norm, through the supervisory control of individuals throughout their existence' (Foucault, 2000:69). The notion of examination, derived from Bentham's Panopticon, was the one that gave rise human sciences, such as psychiatry, psychology and sociology and upon which modern architectural forms, such as Asylums and Special Schools are epistemologically based. Nevertheless, Panopticism forms a characteristic element of our society; It is applied to individuals through supervision, control and correction, having as a final aim their transformation in terms of certain norms. Thus, within this power-knowledge milieu, in which the distinction between the normal and the pathological interweaved with socio-economical factors and where Panopticism introduced a new form of self-shaping of the individual, the shift to the medicalization of the unreason emerged and the hospital changed from a dark area to the Asylum. Nineteenth century brought a new ideology; There was the turn from the confinement to sequestration, which aimed to the creation of new forms of power: inclusion and normalization. The construction of a biomedical etiology of deviance, aimed to support this ideology. Diagnostic techniques derived in order to identify these 'deviant' populations, as well as to demonstrate their 'natural inferiority' (Erevelles, 2005).

In this context, child psychiatry has been a relatively new discipline as children were a missing part in the history of the emergence of psychiatry especially in pre-

Nineteenth century texts and institutions. However, during the Nineteenth century childhood acquired a new importance. Children emerged as a new distinctive category, compared to adults; they also became subjected to disciplinary rules, such as observation, punishment and examination with the compliance to the social norm as the final aim. In this case, disciplinary power serves to the creation of a different form of power, that of *governmentality*. These factors created a new division between madness and idiocy and this came to be the very starting point of the psychiatrization of the child. However, the child did not take a place as a central agent in psychiatry until early in the twentieth century.

At this point I made use of Ian Hacking's theory on indifferent and interactive kinds and based on this, I attempted an archaeological approach to the emergence of the psychotic child during the Nineteenth century in order to manifest the discursive continuity between the Nineteenth century's 'abnormal' child and modern autistic child. I consulted various written sources of the Nineteenth century and all of them converged on the same idea: the idiotic child was someone assessed by the adult with reference to a norm. In this context, an oxymoron has been created within Hacking's theory; According to resources of the time, there is an underlying neurological pathology P which is being manifested with 'imperfection of normal mental faculties' which 'removes him (the child) from the moral world' and which could help on the characterization of 'idiocy' and 'mental retardation' as indifferent kinds. However, the manifestations of this pathology are qualitative, being related with communication, social behaviour and morality. They could be named as interactive kinds as their awareness could be personal but it could also be shared and developed within a group of people and embedded in practices and institutions. The assumption that idiocy and mental retardation in the Nineteenth century were basically interactive kinds that had as their bottom line an indifferent pathology P, could be reinforced by the fact that the only way to treat an idiot or retarded child was quite simply *to impose education on them*. There is a tautology here between psychiatric power and school power; Behind the asylum space and practices, there is psychiatry and its scientific gravity, which controls in a disciplinary way the space and the practices. There is actually a threefold power exercised over the 'abnormal' child of the Nineteenth century: psychiatric power, school power, and philanthropic power. Idiocy and mental

retardation[11] of the time do have a pathological basis but in their manifestation are indeed interactive kinds; They interact with the child, defining their self-perception and possibly their self-identity; They interact with the child's family, shaping the family power; They create a whole mechanism of 'assistance' around the child, which involves specialist doctors, 'philanthropists', asylum superintendants, priests. They delineate the living space of the child: the asylum. What is striking is that two centuries later Autism, as a descendant of Nineteenth's century idiocy and psychosis, functions in exactly the same way as an interactive kind over children. As I attempted to manifest, the Autism apparatus, through psychiatric, family, and school power, through mechanisms of bio-power and *governmentality* correspondingly, creates the Autistic Subjectivity.

The archaeological and genealogical analysis of the emergence of Autism as a disciplinary discourse contributed to the change of my views on Autistic Subjectivity, which was, in my mind, represented from my little autistic pupils at school. Their pathology stopped being taking for granted, it stopped being another 'plutonium'. Rather, this pathology has been an *interactive kind*, which is the result of various medico-juridical processes that took place during the last centuries. They are these processes that created the *homo-juridicous*, as well as the *homo-economicous*. Within these categories, the person the carries the pathology P has to be 'fixed', or has to be secluded, as they are not useful for society, and their abnormal behaviour may hide potential dangers for the social welfare. Through this investigation on the archaeology of the 'mad child' of the Nineteenth century, I understood that the emergence of psychiatry as a discipline, took place having a very concrete epistemological and ideological basis; On this basis, other 'satellites' made their appearance, such as asylums, philanthropic propositions, segregating school settings, whose role ever since, has been to support the medico-juridical role of psychiatry.

This very same mechanism informs the Autism apparatus today; The role of the experts (special education teachers, occupational and speech therapists, psychologists) as well as the role of interventions (behavior modification, psychodynamic approaches, special diets, medications) is to support the scientific decision of the child-psychiatrist. Education has a very idiosyncratic character, when it refers to Autism; It certainly does not have the character of the classical ideas on *παιδεία*

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[11] Here the term 'mental retardation' has been understood as a historically constituted category.

(paideia), that basically involve the notions of *freedom* and *self-development*; rather, Education in Autism relates more to the notion of *εκπαίδευση* (ekpaideusi), which involves the development of *capabilities*. It could be characterized as a hybrid of psychiatric/psychological strands combined with educational rudiments in terms of application, which seems to be inspired by Martha Nussbaum's approach on 'capabilities'. Nussbaum's normative and evaluative theory has been driven by Aristotelian and Neo Kantian accounts on human flourishing (http://www.capabilityapproach.com/pubs/790RAI.pdf). Her approach aims to ensure that every individual has the capability to function in a 'truly human' way, which mainly involves 'practical reason' and 'affiliation'. Conducts that do not affiliate with these main capabilities 'are not worthy of the dignity of the human being' (Nussbaum. 2000:85). I find the mission and vision of education in the case of Autistic children very similar to the 'Capabilities Approach'. Autistic children do not exhibit practical reason nor affiliation with moral claims that only specific human abilities should be developed and encouraged; The expression of their Autistic Subjectivity is through 'abnormal' behaviour which classifies them as 'non-human'. In this case how and why should the teacher should care about the notion of *paideia* that involves natural knowledge and presupposes the existence of a human being who is going to receive it? That is why education remains at the level of *ekpaideusi*, of training on the capabilities needed in order for the Autistic child to be able to join the rest of humans, to become a *homo juridicus* and a *homo economicus*. Using mainly behaviourist and cognitive approaches, the 'educational' element within the Autism apparatus, aims to produce nothing but 'docile bodies'.

A powerful technological instrument that justifies and imposes the use of this mechanism, is the Diagnostic and Statistical Manual for Mental Disorders (DSM), produced by the American Psychiatric Association (APA). It is about a system of classification that has its roots back to the Eighteenth century, (times of Pinel), and Nineteenth century. It is around 1850 where the deviation from the norm of conduct and the degree to which this deviation is automatic, are the two variables that permit conduct to be inscribed as mentally healthy or mentally ill (Foucault, 2003a). If, according to Foucault, this is what defines conduct as pathological, we can see how psychiatry lead itself to classificatory systematization by taking into its field the analysis of data, facts, and behaviours that had to be describable as long as quantifiable. This double-folded discourse could still be characterized as a strange

mixture of medico-juridical discourse, which could also be called 'psychiatric opinion'. This new form of discourse gave birth to a new discursive object: the abnormal (Stone, 2004). Foucault, in his lecture at the College de France in February 1975 stated that medico-juridical discourse deals with: Within this new field, the norm is being understood as a rule of conduct and a principle of conformity against irregularity, disorder, strangeness, eccentricity or deviation; and it finds its theoretical background in the form of symptomatology (Foucault, 2003a).

It is inside these rules, that DSM-IV as the official Diagnostic and Statistical Manual for Mental Disorders emerged. It is about a powerful technological tool whose influence extends beyond its diagnostic functionality; It has a wider socio-economic influence which expands from insurance companies to authorize compensation for mental health services, to the leadership in the research of psychoactive pharmaceuticals. DSM-IV actually defines in our society which behaviours are rational and normal and which enclose the presence of mental illness. I characterized DSM-IV as atheoretical and this is as the specific diagnostic tool, defines rationality through the definition of the irrational. A reason for this could be that the 'irrational', the 'abnormal' is embodied, whereas the 'normal' is abstract and idealistic. Thus, it is not actually about Pathology in strictly medical terms, about an indifferent kind as Hacking's 'plutonium'; it is about difference from the norm, from the transcendental, which has to become embodied, and as it cannot be attributed to a concrete theoretical framework, it takes the form of the pathological. It is apparent that DSM-IV takes this amplified role as a regulator of the interpretation of normalcy and abnormalcy within a medico-juridical psychiatric discourse and it transforms itself into a distinctive discursive modality. A new topology of government is being created, which within the socio-political context of the modern western world, takes the form of neo-liberalism.

Autism as a classificatory category of DSM-IV is being theoretically underpinned by the same 'ethos'. Crowe recognizes that the statistical manual has built the idea of normality on specific behavioural attributes, which, according to me, serve both the juridical and the economical ethos of psychiatry. These are: *productivity*, *unitariness*, *moderation* and *rationality*; And Foucault (1991) proposes that it is through these disciplinary procedures that the body becomes more docile and therefore more obedient and useful. The specific *knowledge* on the pathology of Autism belongs to a broader, 'thoroughly heterogeneous ensemble consisting of discourses, measures,

scientific statements, philosophical, moral, and philanthropic propositions' (Foucault, 2010:194), which Foucault describes as *elements* of an *apparatus*.

In the process of the creation of an episteme as the core of the Autism apparatus the mechanisms of *bio-power* and *governmentality* play an important role.

Biopower as a combination of *anatomopolitics* of the human body and of *biopolitics* of population functions in a mode that individualizes people who come to be understood scientifically (objectification) and who even come to understand themselves in this mode. Rabinow and Rose (2003:3-4), building on the work of Foucault, identified three elements that are essential to bio-power. These are: *discourses of truth* on the 'vital' character of human beings, and an array of authorities considered competent to speak that truth, *strategies for intervention*, and *modes of subjectification*, through which individuals are brought to work on themselves. The specific elements seem to have a sequential causal relationship within the framework of the Autism construct.

Within the framework of *discourses of truth*, the discourse of Autism has been built on the premises of psychopathology and neuroscience; Yet, its construction is weak. The aetiology of its pathology is unclear and the diagnostic criteria are based on atheoretical, apathological statements of phenomenological character. As for the *Strategies for intervention*, it is up to the experts, such as, psychiatrists, psychologists, speech and occupational therapists, to support and analyze the existence of developmental impairments and to propose the 'right' methods of intervention. The majority of strategies of intervention used within the apparatus of Autism have a 'therapeutic' role in the sense of treatment, focusing on the behavioural, cognitive, and neurological modification of autistic symptoms. Behavioural interventions, within the educational sector, such as ABA and TEACCH have been widely popular especially among parents and educators, as their results seem visible, particularly in areas of specific learning . However, as Uta Frith (1991:16) states: 'It turned out, that behaviour modification- the practical application of behavioural principles- involved heroic effort, and often the effort did not justify the limited results. Specific learning did not lead to the hoped-for generalization'. Frith speaks here within a capability approach model. According to her statement, the Autistic child is by nature not *capable* of generalization, at which point behaviourist interventions fail to alter this 'deficiency'. Although she is criticizing the highly normative behaviourist interventions, she, herself, remains into a normative and disciplinary discourse, where

it is a given that the Autistic Subjectivity lacks human capabilities. Moreover, I would like to extend my comment into the field of power relations. A basic principle in the function of behaviour modification interventions is the gaining of control from the educator, over the autistic child. The child 'learns' and 'acquires socially appropriate behaviour' through obedience to the instructions of the educator and through the use of systems of rewards. Speaking with Foucauldian terms, this is not a clear game of power. In power relationships both subjects have to be free; It is only then, when power relationships are productive, when they actually involve development and emancipation. The aim of behavioural interventions is the production of 'docile' bodies, bodies with no voice, apart from the voice imposed from the educator or the parent; It is 'the production of autistic children as particular kinds of beings who require and deserve 'professional' surveillance and intervention' (Nadesan, 2005:193). It seems really bizarre how a considerable number of parents, using the governmental power of the micro-society of the family, prefer for their autistic children, a degree of progress on the areas of learning and instruction, rather than on the hallmark of Autism, that of difficulties in social interaction. Moreover, it is remarkable how the psychiatric disciplinary model, having deep and stable epistemological roots since the late Eighteenth century, has invaded the education of children diagnosed as being Autistic and imposed a model of treatment and fixation rather than one of education; nevertheless, education requires and constructs free individuals; Treatment can be applied on passive bodies under the umbrella of pseudo-educational practices.

Strategies of intervention, specifically in educational settings, result in the third element of bio-power, that of *modes of subjectification*. As I have already demonstrated, strategies of intervention for the 'treatment' of Autism include a form of power which shapes the autistic individual's identity through discipline and control. It is clear that Autism functions as an *interactive kind* where its *pathology* P in the form of discourses of truth, informs interventions that have as their main target *'normalization'* ; Normalization is the predominant mode of subjectification within the medico-juridical discourse of Autism. It is through normalization that the autistic children experience themselves and become attached to their own identity. Bio-power here, is being demonstrated through *micro* and *macro* mechanisms. Micro mechanisms refer to disciplinary schemes, such as 'therapeutic' interventions which

target to anatomo-politics of the body, whereas macro mechanisms are related to bio-politics such as special education settings and programs, regimes of rehabilitation, etc. I analyzed the anatomo-politics of the autistic body by focusing on stategic interventions, such as behavioural approaches. I characterized behavioural interventions as examples of a 'primitive' form of biopower which resembles *sovereignty* of the seventeenth century. It is about typical disciplinary practices that through examination and hierarchical observation, they result in 'punishment' in the form of disciplinary technology. The implication of punishment here does not have as an aim to overpower the body; Rather, the body has to be trained, exercised, and supervised (Rupert & Dreyfus, 2002).

Whereas *bio-power* could be the micro-mechanism that works over the autistic body, *governmentality* is a macro form of power, which involves broader sectors of the apparatus, such as institutions, architectural forms, and ethical concerns. In terms of the subjectification of the person, 'government' does not refer to just political structures or to the management of states; Rather it allocates the way in which the conduct of individuals or groups of individuals might be directed.

The apparatus of Autism as a kind is dominated by mechanisms of governmentality; Built within the juridico-medical discourse of DSM-IV, which is being a practice of governmentality in itself and which decides about the normal and the pathological in the human conduct, involves explicit governmental practices.

The strategic interventions being used with children with Autism are a clear act of goverment; The conduct of conduct is being operationalized by the experts in the field. However, this act of government is not fully consistent with the Foucauldian notion of governmentality. According to Foucault (1982:221), 'when one characterizes these actions by the government of men by other men- in the broadest sense of the term- one includes an important element: freedom. Power is exercised only over free subjects, and only insofar as they are free.' Here, autistic children do not give their consent for 'therapies' to be applied over them. On the contrary in most cases they resist; And they do not do so because they are 'free' in the technical sense of the word, as they belong in fact under the government of their family. It is the government of family which decides about the conduct of the autistic child's conduct.

Within the macropolitical mechanism of governmentality there are elements of the Autism *apparatus* such as architectural forms (autobiographies, narratives, fiction), institutions (special schools), and philanthropic propositions (charity organizations).

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All these elements play a significant role on the constitution of the Autistic Subject, shaping its image to the 'outer' world, either from a perspective from within (autobiographies/narratives of high functioning autistic persons) or (in most cases) from an ideology of normalization from the outside (institutions, philanthropic propositions).

However, why are autistic autobiographies from high-functioning autistic persons who are open to their adaptation to the 'normal' world more acceptable by the audience from Baggs's radical ideas? First because they are written from persons that have a high degree of intelligence, which connotatively puts them in the field of rationality and therefore in a degree of normality. In this respect, their possible compulsive, obsessive, or idiosyncratic behaviours exist in order to preserve the myth of the 'autistic savant'. It is again about the humanistic rational, transcendental self, born during the Enlightenment, which offers a place in the 'normal' world to persons that might be eccentric but nevertheless are intelligent. On the other hand, Amanda Baggs's image in her video and in the photos uploaded in her blog by no means give the idea of mental stability or intelligence. Disability identity, like gender and race identity has been largely linked to particular, imposed interpretations of the body (Rubin et al., 2001); The nonspeaking body has been often equated with nonthinking (Borthwick & Crossley, 1999, as cited in Rubin et al., 2001) or limited thinking (Brown, 1970, as cited in Rubin et al., 2001). As Baggs herself states during her video 'this is not a freakshow'; Here the image as well as the management of the body play an important role within the power relationships framework. It is again about a conceptualization of the body that has its roots back in the Middle Ages where 'making the body guilty through the flesh makes possible an analytic discourse and investigation of the body' (Foucault, 1975, as cited in Foucault, 2003a:202). What could be described through the époques as monstrosity, possession, abnormality, madness, to compulsive and stereotypic body movements, objectifies the body and puts it under the process of *examination*. Such a body takes its place in the medico-juridical system of society, which cares not only about the abnormal person *per se* but also about the maintenance of the social health and coherence. In this ideological system the person that is being represented by that 'abnormal', threatening body is anything else but trustworthy.

Going back to the narratives of Williams and Grandin, we can observe a different mode of presenting their *'assujettissement'*. Through a kind of a *confessional*

technology they talk to the public about their very subjectivity, about the way they perceive their pathology and their 'place along the great continuum' (Grandin, as cited in Murray, 2008). Although Foucault related the confessional technology mainly with sexuality, I used it here in order to combine it with the psychiatric disciplinary technology. Dreyfus and Rabinow (2002) state that during volume I of The History of Sexuality, Foucault is specifically interested in the interplay of confession, truth, and power. In this respect, high functioning autistic writers, based on their knowledge on the scientific truth of their condition, 'confess' their innermost feeling to be 'autistic', their very private sense of the outer world, as well as their views on what it is necessary to change towards a process of normalization and how. Being theoretically driven from the psychiatric discipline, and having themselves placed through the processes of 'hierarchical observation', 'examination', and 'punishment' (normalization), they interpret themselves in order to allow those 'outsiders' to catch a glimpse of their lives. This is what Dreyfus and Rabinow (2002) call the 'malleability' of individuals: individuals are being interpreted or interpret themselves, not in order to discover their innermost essence, but in order to be submitted to relationships of force or voluntarily applying them to themselves (Harrer, 2005). The ultimate trajectory of Grandin's account is that of a happy and viable individual who has learned to adapt and contribute to the world at large. Although the autistic exceptionality is stressed and praised, the point of reference always remains the adaptation to the non-autistic world, in other words, the final stage of discipline: normalization. Again, I do not want to sound pessimistic here, and I do want to stress the fact that this is an endeavour of a genealogical analysis, rather than an ideological position on the nature of Autistic Subjectivity. Nevertheless, the notion of 'power' is more than apparent here. The autistic subject offers itself for the analysis of 'a political technology of the body in which might be read a common history of power relations and object relations' (Foucault, 1991:24).

Institutions, namely the educational provision for children with Autism, is another important part in the Autism apparatus. My intention was not the description of educational provision for autistic children in the UK, neither the adoption of a specific ideological strand in favour of certain types of educational settings. Rather, my aim so far was to attempt a genealogical analysis of the existing types of educational provision as elements of the Autism apparatus and more specifically as bodies of disciplinary practices and of governmentality which contribute to the emergence of

the Autistic Subjectivity. I focused on segregating settings, such as generic special schools settings, special schools specifically for children with Autism and special schools for children with EBD (Emotional and Behavioural Difficulties), and on inclusive settings such as mainstream schools with or without extra adult support.

Segregating educational settings could be characterized as a continuation of the concept of the Asylum of the Nineteenth century in terms of the philosophy that underpins their existence. Although this claim may sound harsh or unfair, a closer examination of the ideology of these settings reveals that underneath the state of the art educational and technical provision, lies the very same disciplinary technology which started with the noso-politics of the Eighteenth century and continued with the birth of the Asylum during the Classical era of the Enlightenment. It is with no doubt through the Asylum that psychiatry as a discourse met its scientific, political and cultural manifestation. It is about a powerful and stable medicalized construct, which is informed by the disciplinary form of surveillance and which continues to offer the paradigmatic basis for the contemporary segregating educational settings. The control of space has always been an essential feature for disciplinary technology. According to Dreyfus & Rabinow (2002), discipline is dependent on the organization of individuals in space, and it therefore requires a specific enclosure of space, such as a segregating educational setting. Thus, individuals are placed, transformed and observed with very specific means;

Within this concept special schools operate under a 'pseudo'-educational strand, which is basically paradigmatically informed by medicine and in case of autistic children by psychiatry and psychology; they are constituted by specialized staff that works with psychological rather than educational techniques; The pupils fit the definitions proposed in order to be accepted in a segregating setting, according to their statements from the experts; The spaces are made to fit the special needs of the children and to define the identity of the setting. Within these architectural structures, discipline operates on children's bodies through its mechanisms: hierarchical observation, normalizing judgement and examination.

Hierarchical observation entails the notion of Panopticism; Everything is under the *gaze* of the surveillant. Children in special schools are observed not only at work but also during break times. The child identified as autistic, is under constant observation for their interpersonal competence and their communication skills. Their emotional well-being is an important aspect of special education and this legitimizes

surveillance in order for professionals to acquire knowledge about the children condition and progress and at the same time to construct them as objects of power and knowledge (Allan, 1996). On the other hand, during normalizing judgment, children identified as autistic are defined in relation to *normality*. The main target of segregating educational settings is the best possible degree of normalization of the 'abnormal' child. By the use of psychologically and educationally approved methods it strives to turn pathologies into a 'socially acceptable conduct'. Yet, 'socially' is a term that does not fit into Autism. Through normalizing judgment, the autistic child has to learn to interact and to interact properly and decently. In this respect, the procedure that brings hierarchical observation and normalizing judgment together, where knowledge and power meet in a single edge, is *examination*. The technology of *examination* is the one that 'manifests the subjection of those who are perceived as objects and the objectification of those who are subjected (Foucault, 1991:157).

On the other hand, inclusion starts with the premise that every individual has the right to belong to society and its institutions, therefore others have the obligation to ensure that this happens. Although the architectural form of the mainstream institution differs in terms of its nature and purpose, the fact of a statement or Record of Needs that the child acquires in order to join an inclusive setting, sets the disciplinary mechanism in operation. The child with Autism needs constant adult support and their behavior and educational and social activities are under constant surveillance. The *gaze* within inclusive settings is even more powerful as the child's needs and performance are constituted and assessed in relation with the 'normality' of their peers. Thus the technology of hierarchical observation in combination with normalizing judgment do exist in inclusive settings and they come to objectify the child under a process of examination. This role entails a microregime of governmentality which can take the form of pastoral or pedagogical power from mainstream students towards their peers with special educational needs, whereby the latter may reveal highly sophisticated forms of resistance. Given the powerful disciplinary technologies upon children with autism already operating within inclusive settings, as well as the forms of micro-governmentality exercised by their peers, it seems that it is upon the very idiosyncratic nature of Autism to exhibit resistance by defending a particular mode of technologies of the self. The Autistic individual finds itself in a battle of modes of power, where either consents to normalization or shields its 'pathology P' by disobedience and resistance. So, is there pessimism here? Is inclusion another

modality of the Panopticon? I believe that it depends on the educator, or the teacher to give an answer to this question. And I believe that if this Thesis proves to be a contribution to knowledge, this is related specifically to this point: with the educator's paradigmatic stance towards the autistic child. I mentioned earlier in this Chapter that during this 'journey' of the writing of this Thesis, my view towards the autistic child changed in a radical way. I realized that Autism is not a pre-given entity, informed by psychiatric and psychological discourses, that someone has to accept indisputably. Rather, it belongs to a whole disciplinary system, which was epistemologically founded according to the societal requirements of the late Eighteenth century, and since then it has barely changed. Its diagnostic criteria are atheoretical and highly abstract and they are based on the cultural strands of the Western world. Autism is a construct, it is an apparatus, whose mechanisms of bio-power and governmentality have a single aim: normalization by any means. Thus, the Autistic child is not the personification of the 299.00 paragraph of DSM-IV. Their attribute of being Autistic is a historical outcome of complex disciplinary processes; Moreover, they are the carriers of mechanisms of bio-power and governmentality which stem from those disciplinary processes. The Autistic child may have inscrutable neurological dysfunctions but this does not presuppose their conversion into docile bodies. Their eccentricity, according to the transcendental norms of the Western thought, is something to be respected, not to be altered. Autism is an interactive kind *per se,* which means that its elements actively transform and shape the identity of the person diagnosed as being autistic. Here, the *kind* of Autism does not have the meaning that Hacking provides us with. Autism as a kind is interactive in the first place, it stems from social construction and affects the individual in a reciprocal way.

Thus, it is upon educators to start questioning the medical authority that psychiatry claims and to problematize on the nature of the norm and the limits of normalization. Respecting the autistic child as an entity with their avoidance of social interaction, idiosyncratic speech, or obsessive and compulsive movements, and trying to understand their 'world' rather than forcing them to understand the 'normal', socially accepted behaviour, may change an important part of the Autism apparatus. Especially within inclusive settings, this new paradigmatic stance of the teacher towards Autism may affect the stance of the 'normally' developing pupils towards their peers, introducing new ideological strands. It is in this way that the apparatus of Autism may start working differently in the shape of the Autistic Subjectivity,

encouraging self-development rather than submission to the norm. Nevertheless, power relationships lead to productivity and evolution when the game is played among free individuals.

I believe that the biggest part of this Thesis may leave the reader with a pessimistic feeling on the Archaeology of Autism and on the Emergence of the Autistic Subject. I attempted to make extensive use of Foucauldian methodology, terminology and expression and Foucault himself has been accused for pessimism. However, the aim here was not to judge, condemn or foresee. The aim has been to give an archaeological as well as genealogical analysis of those disciplines, technologies, and discourses, that through mechanisms of power, came to construct the Apparatus of Autism and through it, the Autistic Subjectivity. Through this analysis, change, at least related to Education, may come. Radical change in our view towards the 'abnormal' cannot come through experimenting with different strategic interventions that belong to different disciplinary Schools. Rather, it comes through the deconstruction of existing discursive entities and their reconstruction upon different epistemological basis.

This Thesis has been a purely theoretical investigation with no obvious empirical basis –apart from my experience as a special education teacher, which inspired me and guided me-. Thus, it is not possible to reach concrete results about the very elements of the Autistic Subject. However, I want to believe that my endeavour could also offer a primary theoretical basis for an extensive empirical research on the Autistic Self; I hope that this Thesis could contribute to a rethink of the Autism Apparatus from the premise that 'A normalizing society is the historical outcome of a technology of power centered on life' (Foucault, 1995:144).

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