Cure vs acceptance: a false dichotomy?

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Autism-Europe conference, Edinburgh, 2016
My background
90s: Finding each other

- Autistic people finding each other online
- “Autism” became my key for belonging to a community of some description (for the first time in my life)
- The idea of being autistic became embedded in my sense of identity
- Online participants discovered their autistic identity through a shared, yet deeply personal, exploration of a different way of being
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Autism is “not an appendage” (Sinclair, 1993), meaning: it’s inseparable from the person.
Neurodiversity

- Recognition of the fact that humans vary in neurology as they do in every other characteristic

- ‘We are beginning to divide ourselves [...] according to something new: differences in “kinds of minds” [...] swinging the “Nature-Nurture” pendulum back towards “Nature”.’ (Singer, 1998)

- (Peeve: one person cannot be ‘neurodiverse’; the word is ‘neurodivergent’)

“Emerging autistic culture”

- Autistic culture (akin to Deaf culture), based on shared communication characteristics (Dekker, 1999)

- 1990s-2010s: From self-advocacy to advocacy to political activism
Stereotyping and pathologisation
Common stereotypes

- ‘Missing’
- ‘Locked up’
- ‘Puzzle’
- ‘Unfeeling’
- ‘Violent’
- Not fully human
- …
Pathologisation

- Let’s turn this on its head: ‘Social dependency disorder’
  - Severe lack of exactness in communication
    (e.g. a loose relationship with truth)
  - Severe impairments in independence
    (e.g. groupthink and collective destructiveness)
  - Severe impairments in rigour of thought
    (base rate neglect, confirmation bias, prejudice, superstition, …)
- ref.: Institute for the Study of the Neurologically Typical (1998)
What is autism?
What is autism anyway?

- There is no one thing called autism
  “The ASD diagnosis lacks biological and construct validity” (Waterhouse, London & Gillberg, 2016)

- Most autistic people do seem to have something important and fundamental in common; the label is manifestly necessary

- Autism is a stereotype!
Disability

- Social model vs medical model

- By definition, all models have limited validity. Risk of overapplication

- The social model is usually taken to an extreme (Dunn, [year?]), but so is the medical model

- Is it possible to be autistic without being disabled? (Note: disabled ≠ “no abilities”)
Every coin has two sides

- Communication impairments $\iff$ Enhanced directness
- Social impairments $\iff$ Enhanced honesty, independence
- Rigidity $\iff$ Enhanced detail perception
- Monotropic attention span $\iff$ Enhanced concentration
- Sensory issues $\iff$ Enhanced sensitivity
Cure vs acceptance
What is cure?

- ABA/IBI goal: ‘indistinguishable from their peers’
- How radically autistic is someone? Do you want to make them totally NT or ‘just normal enough’? How much would it take to push them to the other side of the line?
- The line is not thin and sharp, but fat and fuzzy
Acceptance

- ‘Autism is not an appendage’ (Sinclair, 1993), meaning: it’s inseparable from the person

- But: experiences vary (autism is not one thing)

- Lack of respect for personal choice

- Everyone needs acceptance (even those who wish for a cure)
Conclusions
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- As long as there is no well-defined condition called ‘autism’, the idea of curing it is a fallacy
- Concentrate on remedying specific impairments rather than normalising the whole person
- Don’t forget the social model; often better to adapt environment
- Respect personal choice (even in children)
- Everyone needs acceptance, especially those who don’t accept themselves