

AUSTEN AND AUTISM

By Michael Giffin

So Odd a Mixture: Along the Autistic Spectrum in Pride and Prejudice,
by Phyllis Ferguson Bottomer;
Jessica Kingsley Publishers, 2007, \$34.95.

IN THE AUTUMN of 2006 I attended a lecture in Sydney, by a Canadian speech pathologist, Phyllis Bottomer, who applied the autistic disorders spectrum to *Pride and Prejudice*. First we were given handouts that described the symptoms of each point along the spectrum, from low functioning (the Kanner end) to high functioning (the Asperger end). Then we were told how over the years Bottomer has placed several acquaintances somewhere along the spectrum, including priests and their wives. Then she applied the spectrum to characters from Austen's most famous novel. Being a priest, I wondered where she'd place me, and was taken aback by the facility with which a speech pathologist had assumed the twin mantles of psychiatrist and critic. Aren't they separate and specialised roles? Or is everyone now a psychiatrist and a critic?

The lecture was advance self-promotion for Bottomer's since-published book, *So Odd a Mixture*, an updated version of the outdated fashion of psycho-analysing fiction. That fashion belonged to the twentieth century and was conducted by critics who, although familiar with the broad strokes of Freud and Jung, weren't clinicians. It claimed a seriousness it couldn't sustain, presented itself as pop psychology, and reinforced prejudices. There's a danger when we apply clinical disorders to persons or characters we don't understand or don't like. Look at what critics who never knew Patrick White did to him and his novels.

High among the frontier problems between psychoanalysis and criticism, C.S. Lewis notices some critics use psychoanalysis to infer the pathology of an author from his or her work, which results not in literary criticism but in pathological biography. Another frontier problem occurs when critics allow themselves to be diverted from the critical question "why and how should we read this", to the historical question "why did the author write this", where the "why" means not "with what intention" but "impelled by what causes".

Lewis feels when this occurs the critic isn't pursuing literature's final cause, which has critical importance, but literature's efficient cause, which has none. In a similar vein, Wellek and Warren warn the critic against searching for biological parallels between literature and life that aren't relevant, which occur when the critic is seduced by "the illusion that the analysis of any element

of an artefact, whether of content or of technique, must be equally useful", thus absolving the critic "from the obligation to see the work in its totality". Instead they suggest something more challenging. The analysis of a work of art has to begin with something more complex: "its mode of existence, its system of strata".

Freud and Jung have disappeared into the ether from which they came, and now the clinician and layperson are less inclined to randomly apply their pathologies. The question, then, is whether autism spectrum disorders have become, in the hands of the layperson, the Oedipus complex of the twenty-first century, similar to that other favourite of the layperson: the borderline personality disorder.

The only test we can apply to *So Odd a Mixture* is whether it approximates Austen's literary intention and illuminates how *Pride and Prejudice* functions as a work of art. Psychiatry as we understand it didn't exist in the Georgian period, and our definition of personality and its individual and communal relationships is very different now. Austen's characters are figures of speech that function within a moral story. Many of them are caricatures, and any caricature is likely to exhibit some or other pathology. Human beings are not caricatures. They exist outside fiction. They are real people. It's easy to misrepresent and trivialise their lives with unprofessional obsessions.

According to Bottomer, eight characters in *Pride and Prejudice* can be placed along the autistic disorders spectrum. At the low functioning Kanner end there's Anne De Bourgh, Lady Catherine's daughter, presented as a classic example of autism in the British upper class. Anne is "extremely passive and withdrawn, with limited facial affect or ability to initiate conversations". She only survives because carers dress and feed and shepherd her about. There's much speculation about what her future holds. To fill the gaps we're given examples outside the novel, from British history, where wealth attracts partners for eccentric aristocracy. The problem here is that Miss De Bourgh is such a minor character that autism can't be diagnosed through her off-stage existence.

The remaining seven are diagnosed with Asperger's. The problem here is establishing the relevance of this high (and seemingly open) end of the spectrum in the hands of the layperson. What's the difference between applying the Asperger's syndrome and the Oedipus complex: or the borderline personality disorder? The layperson may as well apply astrology. Of these seven, Mary Bennet is as minor and off-stage a character as Anne De Bourgh, which makes a chapter on each hard to justify. The final six are treated more or less according to how Bottomer feels about them. Of the 105 pages devoted to these six, Mr Darcy takes up fifty, Mr Bennet twenty, Mrs Bennet twelve, Mr Collins ten, Lydia

Bennet eight, and Lady Catherine five.

Mr Darcy's diagnosis is misguided and unfair, because it doesn't allow that his behaviour is normal in someone coping with equivalent public and private pressures: for example, not every man who's uncomfortable at a ball has Asperger's, especially when he's trying to protect himself from a room full of people wanting the social and economic advantage of his acquaintance. Mr Bennet's failings as a parent and provider are all rendered pathological. In a bizarre twist of convention, Mrs Bennet is not a silly woman but an astute and rational social observer whose Asperger's would disappear if her husband weren't such an abusive bully.

ON AND ON IT GOES as Bottomer attempts to clothe her lay obsessions in respectable science and criticism. Her problems are methodological, though, as a psychiatrist or critic would approach her subject differently or probably not approach it at all. For example, she often uses the term "theory of mind", which to her is an autistic character's inability to understand that others have beliefs, desires and intentions different from their own; however, in Austen's pre-modern world, "theory of mind" was still firmly grounded in a Platonic model where the mind was understood as a tripartite structure of reason, feeling and base appetite analogous with head, heart and groin respectively. If we're going to impose pathologies and immaturities on Austen's characters, we need to begin by acknowledging her theory of mind rather than ignoring it and simply imposing our own.

In two concluding chapters there are eccentric speculations about what happens after the end of the novel, and there's the inevitable attempt to locate autism within Austen's family: Lewis's pathological biography. Bottomer assesses the circumstances of each fictional family, and provides many gratuitous speculations of what it's like being married to, having sex with, and bringing up children with a partner who has Asperger's. In the Collins and Darcy marriages, overall, strong and clever wives who don't have Asperger's cope beautifully with emotionally challenged husbands who do. Because Mr and Mrs Collins "have achieved the specific if limited goals they desired from marriage" they "do not feel bitterness or resentment towards each other" and will be "content to treat each other pleasantly". This is fine, as far as it goes, but I could have lived without being told about the secondary literature on sleeping with Mr Collins, which preaches that "we in the present century" feel a "physical repugnance" at the idea of having sex with such a man, and laments that the visceral disturbance we feel now is "entirely absent" from Austen's pragmatic "treatment of the matter".

Bottomer can see difficulties ahead for Mr and Mrs

Darcy, since his emotional disability will prevent him from caring for her in the event that, say, her sister Jane dies from childbirth, or her aunt or uncle dies from an illness. Elizabeth will feel these events deeply, being a normal woman, but Darcy will recover from them quickly and move on without referring to them because of his Asperger's. Then there's their sexual incompatibility: his "woodenness" makes him avoid physical affection, such as hugs or holding hands, let alone extended periods of full body contact; his "weak central coherence" will prevent him from seeing any connection between the quality of his interactions with Elizabeth during the day and her sexual response to them at night; his "difficulty with initiating movement or interaction" will inhibit the frequency and success of sexual relations. Finally, the "random combination" of generations of family genes makes it likely that one-third of Darcy's offspring will have Asperger's. All this is intended to make Bottomer's readers sympathise with poor Elizabeth, which is as far from Austen's intention, and from the novel itself, as one can possibly get.

Bottomer assumes that because Austen was an acute observer her observations must have come from her life. She's trawled through Austen's correspondence and made a list of the introverted or extroverted, quiet or loud, quick or slow, funny or sad, rigid or loose, and anyone manifesting behaviour that might suggest the spectrum. In this way autism is attributed to Austen's cousin Edward, a clergyman who's apparently like Mr Collins; disabled brother George, because he has epileptic seizures from an early age; brother Francis, because as an adult he is reserved and a stickler for keeping rules and regulations; almost fiancé Harris, because he's shy and has a stammer; aunt Jane, because she's formidable and opinionated and loves a bargain; mother Cassandra, because there's an apparent emotional distance between mother and daughter. Bottomer even suggests, "given the strong indications" of autism in Austen's family, Jane "may have" mild traces of one or two traits herself. That's it really. We're meant to accept long lists of innuendo as a body of scientific evidence.

As far as *Pride and Prejudice* is concerned, Bottomer's lay obsessions prevent her from approaching it organically. There's no sense of Austen's narrative scheme. In each Austen novel, husbands and wives exercise joint headship, effectively or ineffectively, and the character of their marriage and parenting determines whether their domestic economy is ordered or disordered. Austen seeks to establish her heroines and heroes in effective marriages, as a means of promoting domestic economy, but as all of them, except Catherine Morland, have been raised in families that are disordered in some way, they lack something as individuals and can only grow into the fullness of their humanity within an effective marriage: and even Catherine needs

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an effective husband before she can become an effective wife. These marriages are not easily achieved and neither are they established by fate or accident or providence. They are the hard-won product of conflict and misunderstanding and growth. They are forged in difficult social and economic and moral circumstances. Everything depends on the heroine and hero maturing, and for Austen their maturity involves balancing neo-classical reason and romantic feeling: it depends on how they exercise their free will, and learn from their circumstances and the consequences of their choices.

Elizabeth and Darcy, not one more than the other, must learn to interpret “correctly”, in Enlightenment terms, by overcoming their first impressions, recognising their sins of pride and prejudice, and learning to give and receive love. The novel is about how they mature, and after they do mature Austen places them as equals at the pinnacle of her symbolic order, which is hierarchical but also a meritocracy, where their shared headship is of both public and private importance. The idea that Darcy has a pathology that Elizabeth doesn't have, which he carries with him beyond the end of the story, misreads the novel's parts in relation to its whole,

and the novel's whole in relation to its parts.

As far as Austen's family is concerned, one can only repeat the dangers of the layperson writing a pathological biography that's neither clinically this nor critically that. There's a methodological problem with the idea that a desultory list of speculations about characters in a Georgian novel, and people mentioned in Georgian letters, is evidence these characters and people have autistic spectrum disorders. There's also a methodological problem with suggesting this list is helpful in understanding people with clinical disorders in the twenty-first century.

Austen, and her novels, and her family, deserve better. So do people with autistic spectrum disorders and those who love and care for them. Bottomer will probably diagnose me with Asperger's, or an Oedipus complex, or a borderline personality disorder, for saying this, but I'll say it anyway.

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