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PHILOSOPHICAL PERSPECTIVES ON AUTISM: EPISTEMIC, MORAL AND POLITICAL

DOCTORAL THESIS

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SVEUČILIŠTE U RIJECI
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DOKTORSKI RAD

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Summary

The dissertation primarily focuses on rethinking contemporary philosophical problems in relation to the new social perspective emerged within the neurodiversity movement. More specifically, the dissertation explores the philosophical perspectives of autism through three philosophical disciplines and three related fundamental issues.

The first topic is derived our everyday socio-epistemic practices of testimonial exchange and trust assessment. In the process of attributing the credibility to epistemic subjects, unjustified stereotypes and prejudices related to certain social groups, their social status, and their (in) abilities, are often being key elements in the assessment. Cases of epistemic injustices that are at the center of the occupation of the doctoral thesis are those in which informers are subject to epistemic injustice based on their medical conditions - Autism Spectrum Disorder. The injustices manifests, above all, in the neglection of the significant cognitive potentials of autistic persons, stigmatization, and epistemic silencing. The consequences of such treatment are primarily epistemic, in a manner of loss of epistemic courage and deprivation of new (autistic) insights, but they also delve into practices of political decisions and policy-making. Persistent epistemic discrimination of autistic persons is related with the wrong attribution of values of autistic lives, as the neglect of epistemic potential of autistics causes some discrimination of the eugenic type and influences reproductive decisions and practices of genetic selection. Further, epistemic injustice caused by negative stereotypes and prejudices is tied to corrupt moral attitudes society holds on autistic individuals, which makes these practices inseparable from ethical discussions about the well being of the individual. Notably, autistic well-being is affected by said epistemic treatment, as advocated by proponents of the neurodiversity movement. At the core of the movement is the thought of autism as neurological diversity, which clearly raises the issue of health policies and the growing debate on whether autism should be treated at all.

Considering the complexity of philosophical perspectives about autism elaborated in this dissertation, three aims could be extracted: first, to investigate the practices of epistemic injustice directed towards autistic persons and the consequences of such treatments; second, to tackle the moral consequences of discrimination of autistic cognitive potentials traced in value judgment of autistic lives; third, to relate moral attitudes about autism with political practices of policy making in health sectors. The above mentioned aims are connected to the idea of the proposed devaluation of autistic cognitive potentials rooted in improper epistemic practices, which withdraws the general aim of the dissertation: to start a discussion on the integration of autistic persons into a society that begins with their integration into the epistemic community, in addition to unbiased evaluation of their epistemic contributions and potentials.

Key words: Autism Spectrum Disorder, epistemic injustice, neurodiversity movement, epistemic virtues, quality of life, health policies, moral attitudes.

Prošireni sažetak

Disertacija se primarno fokusira na preispitivanje suvremenih filozofskih problema, skrećući pozornost na probleme koji nastaju u odnosu na novu društvenu perspektivu koja se pojavljuje pokretom neuroraznolikosti. Konkretnije, disertacija istražuje filozofske perspektive autizma kroz tri filozofske discipline i tri povezana temeljna problema.

Prvi problem se pronalazi u našim svakodnevnim društveno-epistemološkim praksama razmjene svjedočanstava i procjene povjerenja. U procesu pripisivanja vjerodostojnosti epistemičkim subjektima često su ključni elementi u ocjeni neopravdani stereotipi i predrasude vezane za određene društvene skupine, njihov socijalni status i njihove (ne) sposobnosti. Slučajevi epistemičkih nepravdi koje su u središtu zanimanja doktorskog rada su oni u kojima informatori podliježu epistemičnoj nepravdi na temelju svojih zdravstvenih stanja - poremećaja iz spektra autizma. Nepravde se očituju prije svega u zanemarivanju kognitivnih potencijala osoba s autizmom, stigmatizaciji i epistemičkom utišavanju. Posljedice takvog postupanja ponajprije su epistemičke, na način gubitka epistemičke hrabrosti i lišavanja novih (autističnih) uvida, ali iste prodiru i u prakse reproduktivnih odluka i donošenja politika. Trajna epistemička diskriminacija autističnih osoba povezana je s pogrešnim pripisivanjem vrijednosti autističnih života, budući da zanemarivanje epistemičkih potencijala autističnih osoba uzrokuje određenu diskriminaciju eugeničkog tipa te utječe na reproduktivne odluke. Nadalje, epistemička nepravda uzrokovana negativnim stereotipima i predrasudama povezana je s korumpiranim kolektivnim moralnim stavovima prema autističnim osobama, zbog čega su ove prakse neodvojive od etičkih rasprava o dobrobiti pojedinca. Izvjesno je da navedeni epistemički tretman utječe na blagostanje i kvalitetu autističnih osoba, što posebno napominju zagovornici pokreta za neuroraznolikosti. U srži pokreta je misao o autizmu kao neurološke raznolikosti, što jasno povlači pitanje zdravstvene politike i rastuće rasprave o tome treba li se autizam liječiti.

Uzimajući u obzir složenost filozofskih perspektiva o autizmu razrađenih u ovoj disertaciji, mogla bi se izdvojiti tri cilja: prvo, istražiti praksu epistemičke nepravde usmjerene prema autističnim osobama i posljedice takvih tretmana; drugo, rješavanje moralnih posljedica diskriminacije autističnih kognitivnih potencijala vidljivih u vrijednosnoj prosudbi života autista; treće, povezati moralne stavove o autizmu s političkim praksama kreiranja politika u zdravstvenom sektoru. Gore navedeni ciljevi povezani su s idejom predložene devalvacije autističnih kognitivnih potencijala ukorijenjene u neprimjerenim epistemičkim praksama, što

povlači opći cilj disertacije: pokrenuti raspravu o integraciji autističnih osoba u društvo koje započinje njihovom integracijom u epistemičku zajednicu te vrednovanjem njihovih epistemičkih doprinosa i potencijala.

Ključne riječi: autizam, epistemička nepravda, pokret neuroraznolikosti, epistemičke vrline, kvaliteta života, zdravstvene politike, moralni stavovi.

Content

1. INTRODUCTION

We are living in an era of brainhood - proclaimed philosopher Fernando Vidal, trying to explain how the brain and brain-based sciences are at the heart of modern man's interest. Public fascination with the brain has been evident in the growing presence of neurobiological sciences in the public domain, in popularity of TV shows and movies that portray *neurodivergent* individuals, but also in the attachment of value and legitimacy to every area that has a prefix *-neuro* in its name (neuroeconomics, neurolaw, neuroeducation, neurotheology, neuromarketing, etc.). This phenomenon affects how we understand the person - brain relation, as well as how we understand ourselves in accordance with the *brainhood era*. Vidal (2009) stated that *brainhood* and the *cerebral subject* have become major anthropological figures of the contemporary culture, in a sense that they represent a statement of the self - body relation and show that the question of the correlation between self - body - brain is that of knowing what aspect is fundamental for our personhood. The term *brainhood*, specifically, refers to “the property or quality of *being*, rather than simply *having*, a brain” (Vidal, 2009: 22), exhibited in the notion of the *cerebral subject* as a subject defined by his ‘brain characteristics’. In this sense, all the attention is attributed to the brain and brain - situated cognition. Within such a framework, even though not directly tied to the *era of brainhood*, the neurodiversity movement, a movement for the acceptance of neurological pluralism, emerged.

The neurodiversity movement’ beginnings are tied with the growing popularity of the online spheres specialized for people diagnosed with autism spectrum disorders. Such “autism friendly” platforms were founded as a response to the long-term, persistent and systematic exclusion of autistic perspectives from the general public conversation about autism. Under the motto "Nothing about us, without us," autistic self-advocates, eager to change public perceptions on autism matters, sway their autistic voices, and struggle to earn themselves a status of equal members of the society. Equality to which they aspire is associated with the shift of paradigm in terms of understanding autism. Namely, proponents of the neurodiversity movement argue for recognition of autism as a neurological difference and natural human variation that should be respected by society in a manner of respecting differences such as sex, gender, nationality, or race. Interestingly, the extent of neurological pluralism was soon linked to the civil rights movement, making the quest for neurodiversity recognition and acceptance expanded to some sort of new form of the politically active minority group.

The exclusion of autistic persons from the public conversation about autism is a consequence of prejudice and stereotype about autism as a disorder that prevents a person from understanding their (autistic) experiences and the world around them. Thus, my focus will be on exploring and discussing informal socio-epistemic attitudes toward autism and autistic people. Notably, social attitudes shape our relationships with autistic people, but also shape the way autistic people perceive themselves, due to decreased social acceptance and diminished sense of belonging. Epistemic and moral attitudes involving autism are among special highlight of this dissertation. Such attitudes interfere with a person's self-respect, well-being and self-development, as well as on the general, mostly negative, social attitudes on autism which trigger the processes of stigmatization and marginalization from the social, but also from the epistemic, realm.

As part of the themes of social epistemology, the dissertation specifically focuses on such socio-epistemic deviations that occur in the form of epistemic injustices. In the process of attributing credibility to epistemic subjects, categories of social identities are often of crucial importance. We, almost automatically, judge someone's credibility through unjustified stereotypes and prejudices related to certain social groups and their social status. Such practice generates epistemic errors and results in a reduction or subtracting of the chance of participation in epistemic and social processes. Epistemic injustice manifests itself through two forms - testimonial injustice and hermeneutical injustice. In the first form, injustice is done in the sense of underestimating the speaker's credibility and his ability as an informer, i.e. the one who possesses knowledge. In the second form the injustice is being persecuted in the process of social understanding. More specifically, in testimonial injustice the subject's credibility is abolished due to prejudice and stereotypes, while in hermeneutic injustice the subject is denied of understanding of his or her experiences at the social level due to the gaps in collective interpretations.[1]

Particular attention is paid to cases Miranda Fricker (2007) claims to be particularly malignant - cases of trust deficits. The resulting end of such cases of epistemic injustice is traced in the overall exclusion of the subject from conversation and discrimination of her cognitive abilities. Relationships in which we acquire and retain knowledge are, according to Steven Shapin (1994), the relationship of trust, which clearly suggests the epistemic and social consequences of a lack of trust in the subject.[2] The epistemic injustice cases that are at the center of the thesis'

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[1] Fricker, 2007, 1.

[2] Shapin, 1998.

occupation are those in which the speakers are subject to epistemological injustices based on their medical condition; more precisely, based on their diagnosis of autistic spectrum disorders. The topic of epistemic injustice presents a fruitful ground for discussion on authority, trust, value judgments, social justice and political power, from the perspectives of epistemology, ethics, political philosophy and philosophy of mind. Given that the problem of epistemic injustice is obviously connected to social and political movements that fought for their right to be treated as equal members of the society, I embrace it as an adequate framework for discussion on neurodiversity activist movement.

My hypothesis is that within such a framework, we can discuss at least three philosophical problems in relation to the autism and the neurodiversity movement: (i) the problem of epistemic injustice and unjust epistemic treatment of autistic knowers, (ii) the problem of wrong attribution of values to life led with autism, based on a wrong presumption of fundamental criteria for normative conclusions about autistic well-being, (iii) the problem of the moral and political adequacy of recommendations on treatment practices and reproductive policies regarding autistic lives.

The first consequence of devaluation of the epistemic potential of persons with autism is complete exclusion from the social and epistemic domain. Namely, because autistics are generally regarded as persons who cannot be legitimate informants since they cannot understand their own experiences, their testimonies are dismissed on the basis of their diagnosis as inadequate or false. This clearly undermines their status in society, marginalizes them to the limits of socially undesirable members, and provokes misunderstandings and stereotypes about autistic identity. As such, autistic persons are often treated as incapable of expressing their attitudes, desires, needs, by highlighting difficulties and disturbances attached to their condition. Such practices have lead to epistemic silencing, with consequences of not only in the loss of confidence of a person in her own beliefs, but in the loss of confidence of a person in her experiences in general.

Further, epistemic injustice to autistic individuals could be a source of the wrong attribution of values to autistic life, as the neglect of the epistemic potential of autistic persons also causes some discrimination of the eugenic type, for example, in reproductive decisions and health policies.

Interestingly, the exclusion of the autistic perspective is even visible in the relationship between medical and/or psychological professionals and autistic individuals, with autistic testimony being accepted only if approved and validated from a neurotypical person, often a parent or a caregiver. Needless to say that non-autistics' (parents and caregivers) understandings of needs and lived experiences of persons on the autism spectrum are often poor and sometimes even inadequate, which can reflect in challenges in accessing appropriate treatments but can also deepen the mistrust between patients and professionals.

The dissertation has two fundamental aims: theoretical and practical. Primarily, the theoretical goal tests and places the thesis of epistemic injustice at the center of reflection and understanding of social phenomena influenced by stereotypes and prejudices. Among the latter, those scientific views on autism that incorporate prejudices and evaluative criteria from the social imaginary stand out. In this respect, we are interested in scientific objectivity in defining and diagnosing autism. Furthermore, through the analysis of the demands of the neurodiversity movement and the elaboration of the issue of autistic testimonies, the assumption of epistemic injustice and its consequences for the well-being of autistic individuals is upgraded. The second, practical goal of the dissertation touches on the pursuit of real-world philosophy related to the real problems of autistic well-being that arise as a result of epistemically irresponsible behaviors. Such analysis raises the question of epistemic, moral, and political consequences of epistemic injustice and indicates the need for harmonization of public policies.

1.1. The structure of the dissertation

The dissertation will be divided into nine chapters. The next chapter begins by laying the key philosophical problem of epistemically irresponsible behavior derived from the acts of epistemic injustice that indicates the deviations in the process of attributing credibility to epistemic subjects, related to socially rooted prejudices and stereotypes. The epistemological framework and analysis of the problem of epistemic injustice is related to the question of the epistemology of virtues and the discussion of the adequate attribution of credibility to the testimonies of other subjects. In this sense, I rely in particular on Miranda Fricker, who sets the theme of epistemic injustice as a mechanism by which epistemic and social discrimination based on sex, gender and race is carried out. Friker's approach represents the starting point of my hypothesis that epistemic injustice is a tool for exploring and analyzing the realm of other stigmatized, discriminated, and marginalized groups — e.g., individuals diagnosed with an autism spectrum disorder. Hence, in the third chapter, I will present the basic theoretical assumptions related to autism, especially the scientific theories consolidated in the diagnostic manuals. The second part of this chapter analyzes the aspirations of the neurodiversity community that fights the stigmatization of autism and the adequate recognition of autism as a condition involving a number of cognitive and other talents and abilities. Analysis of such talents will lead to the conclusion that there is no objective neuro-scientific basis for epistemic injustice.

The fourth chapter, consequently, explores the experiences of autistic persons through an epistemological framework; that is, this chapter applies the theoretical assumption of epistemic errors and injustices to real-world cases of rejection of autistic testimonies based on stereotypes and prejudices related to autism. The latest edition of the Diagnostic and Statistical Manual has received disapproval from the autistic community and the neurodiversity movement that has rebelled against the misrepresentation of autistic conditions and the exclusion of real autistic experiences. I explore such practices through an epistemological framework within the mechanisms of epistemic injustice, epistemic silencing, and, ultimately, epistemic violence. I shall also examine what are the implications of such epistemic practices; namely, I am interested in the question of does the latter implies different epistemic criteria or different treatment in the assessment of the trustworthiness of an autistic individual.

Given that unjust and misinformed epistemic attitudes towards autism deeply affect the lives of autistic people and have consequences of epistemic pooling of information, we must come into understanding how to properly treat an autistic person with full respect, how to develop a willingness and additional skills to listen and understand their experiences, how to look past social stereotypes and prejudices, and, finally, how to learn from them. Implementation of these virtues will result in beneficence for both neurodivergent and neurotypical people.

Misconduct epistemic behavior produces consequences that relate to person’s well-being. Hence, in the Chapter Five, I analyze Martha Nussbaum’s theory of the ten central human capabilities. which represent the criteria for welfare. However, as I will show, such a discussion is based on standards that exclude pluralism of values, in a way that promotes certain states as necessary to lead a good life, while excluding others. In this sense, I propose that we can interpret Nussbaum's theory, which was created with the aim of including marginalized members into the society (especially those with mental impairments), as the foundation of the disability model established on the threshold level of the ability for possessing capabilities.

Nussbaum’s capability approach sets the stage for the discussion on the meaning of the term “disorder”, I analyze in the Chapter Six.

The interpretation of the term “autistic disorder” collides with the growing issue on whether autism should be treated at all. Such initiatives are resulting from the neurodiversity movement claims that autism is a natural human variation, rather than disorder, and that autism should be celebrated, rather than cured. As presented in the seventh chapter, the problem with health policies, including autism treatment and research for cure, is the following. On the one hand, it is harmful and disrespectful towards autistics and their caregivers to claim that all autism should be celebrated as a difference and not treated, when in fact some autistic persons cannot lead independent and autonomous life precisely due to their autism. On the other hand, it can also seem disrespectful to claim that something is wrong with being autistic, when in fact the society is the one that disables them from leading their autistic lives, by highlighting their impairments and not recognizing their talents.

The issue of treatment and recognition of quality of life led with autistic disorder are the basis for thinking about reproductive policies in the processes of fertilization whose final product is an autistic child. I shall discuss the issue of reproductive choices involving autism in the Chapter Eight. The possibility of an embryo or fetus to result in a child with autism is regarded as a strong reason to select a different embryo or fetus, one that could have the best chance to lead the best possible life. Savulescu and Kahane (2008), in this respect, call for principle of procreative beneficence which implies that if there are any chances that the natural reproduction would end with a child with autism, the parents have a strong moral reason to undergo in vitro fertilization and select an embryo without autism. Some disability advocates argued that such proposal undermines the lives of the person with autism who were already been born, by implicating that their lives are not worth living. I shall discuss the issues of reproductive decisions involving autism in the eight chapter and argue against Savulescu and Kahane’s principle. As I understand it, the principle fails to recognize the epistemic potential of autistic persons. Due to the abilities and talents present in autistic people that some may find central for the conception of valuable life, there is not, all things considered, a victorious public reason to negatively select potential children who fall under the diagnostic criteria of mild autism. Public policies are important for dignified life of an autistic individual, but so is the deliberative framework we use to justify such policies. In the justification of valuing autistic life, I will endorse John Rawls and Gerry Gaus’ models of public reason.

Finally, in the last, ninth chapter, I will summarize the problems and results of the philosophical analysis of the previous chapters in order to derive a real-world-philosophy that specifically deals with autistic lived experiences and their real problems. Autistic individuals have epistemic qualities that make them credible and reliable informers, but are still often perceived by society through the prism of exclusively negative states and unwanted behavior. I point out the epistemic value of recognizing autistic talents and abilities which are not sufficiently represented in the literature. Related, epistemic injustice is a source of the wrong attribution of value to the life of autistic persons, with consequent wrong normative conclusions about the quality of life led with autism and its impact on creating justifiable health policies regarding autism treatment. Therefore, this approach allows us to apply philosophical problems to real, marginalized, and stigmatized agents, and to derive justified and reasoned conclusions about social phenomena and practices related to autism.

2. EPISTEMIC INJUSTICE

2.1. Introduction

Social epistemology is a relatively new area in epistemology that investigates social relations in the processes of formation, retention and change of beliefs of individuals. The dissertation starts from the characteristics of the so-called „true“ or real“ social epistemology. As part of the themes of social epistemology, this chapter will specifically focus on socio-epistemic deviations that occur in the form of epistemic injustices. In the process of attributing credibility to epistemic subjects, categories of social identities are often of crucial importance; more precisely, we judge someone’s credibility through unjustified stereotypes and prejudices related to certain social groups and their social status. Such practices generate epistemic errors and epistemic injustice to the informer. Epistemic injustice results in a reduction or subtracting of the chance of participation in epistemic and social processes. Such practices are performed on a marginalized group determined in the social imaginary by negative stereotypes and prejudices. Clearly, such groups are always a minority within the society and share disadvantageous position/status. Miranda Fricker, who introduces the notion of epistemic injustice, recognizes that deviations in the assessment of an agent's epistemic abilities are found in everyday social relations, which indicates the deep-rooted epistemic errors in social and epistemic practices. Such practices have been investigated in the literature to date within groups determined by their gender, gender, race, or sexual orientation. Interestingly, recent literature on the epistemology of testimony have recognized epistemic errors that occur in the communication exchange between a patient and medical professionals/ therapists.

The aim of the chapter is of an overview nature. Namely, for further discussion on the epistemic status and treatment of autistic persons, it is necessary to set theoretical frameworks within which we will limit the debate. Such a framework will be the basis for analyzing the epistemic behavior of a neurotypical majority and for answering the question of whether autistic people are victims of epistemic injustice.

The chapter begins with a brief overview of the development of epistemological thought. The transition from traditional epistemology occurred with a change in the values that were the center of interest of epistemologists. More precisely, instead of the concept of truth / knowledge, which was the ultimate question, a tendency for expansion of the topic of epistemology occurred, which opened the way towards the epistemology of virtue. The novelty of this subdiscipline was the orientation towards the epistemic evaluation of people, their intellectual abilities and character traits. The discussion of epistemic evaluation, which is based on everyday social practices, has paved the way for the analysis of deviations that occur in epistemic assessments. At the center of our interest will be the deviation relating to the wrong done to the subject as a knower, that is, to the epistemic error of committing epistemic injustice.

2.2 The value-turn towards the real-world epistemology

2. 2. 1. Introduction

Traditional epistemology was for long time focused exclusively on exploration of the nature, the sources and the limits of knowledge. In this sense, the epistemology was understood as a theory of knowledge. It’s main aim, consequently, was to properly define what does knowledge consist in. The main criteria for knowledge formation and acquisition was recognized in the value of truth. Therefore, the question of what makes a belief a true belief was put in the spotlight of epistemological thought.

The foundations of epistemology are, as recognized in literature, entitled to Plato. Precisely, Plato in the *Theaetetus*, defined knowledge as a true justified belief, thereby distinguishing knowledge from mere beliefs.[3] The question of justification of beliefs merged with the question of the internalism and externalism of the conditions of justification, that is, whether (and to what extent) the conditions of justification are outside or within the consciousness of the knower. The result of these discussions was the separation of the notion of justification from the notion of knowledge, in such a way that the notion of justification became a fundamental notion of an internalist approach, and the notion of knowledge of an externalist approach in the analysis of knowledge as a true justified belief. Epistemological debates that had hitherto been solely focused on the conceptual analysis of knowledge have been saturated by epistemologists who have opted for a new approach - one that puts emphasis on knowledge as true belief explored in conjunction with other epistemic states and values. Such trends in epistemological thought have come to a new understanding of epistemology,

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[3] In a well known Platonic dialogues, Socrates and Theaetetus discuss about the nature of knowledge. Theatus offers three definitions: D1. knowledge is perception, D2. knowledge is true belief, D3. knowledge is true belief with an account (logos).

namely, as an exploration of cognitive processes, ways in which we form, retain and change beliefs, cognitive products that are not beliefs (doxastic states, hypotheses, assumptions), the influence of society on epistemic outcomes, and the like. The broad interpretation of epistemology, in this sense, is interested in pluralism of epistemic values, as opposed to former monism (truth). Accordingly, epistemology experiences a so-called “value turn”[4].

Within such a reversal, a sub-discipline called *virtue epistemology* emerged. The main interest of this new sub-discipline transfers to the epistemic evaluation of people, their intellectual abilities and character traits. The epistemic assessment of the epistemic (intellectual) virtues[5] of agents are fundamental determinants of the virtue epistemology.

2.2.2. Virtue epistemology

Virtue epistemology has two central premises: (1) that epistemology is a normative discipline with the basic task of conceptual analysis of knowledge, and (2) that the latter is only possible with an adequate understanding of intellectual virtues. The interest in intellectual virtues prompted epistemologists to seek inspiration in the domain of ethics from which they drew ideas and applied them to epistemological problems. More specifically, virtue epistemology captures the fundamental presumption of virtue ethics that moral properties in general can be explored and defined in terms of moral properties of persons. As a consequence, virtue epistemology considers a character with virtues as a bearer of special values, and epistemic properties in general are explained in terms of epistemic properties of persons. The general premise of virtue epistemology is that the notion of knowledge is inseparable from the notion of epistemic virtue. Epistemologists have interpreted epistemic virtues in different ways: in a broad sense, we can understand epistemic virtues as cognitive abilities or powers, while in the narrow sense epistemic virtues have been treated as character traits. As a result, virtue epistemology has developed two fundamental analysis of intellectual virtues: *virtue reliabilism* and *virtue responsibilism*.

Virtue reliabilism is based on the work of Ernest Sosa, who introduces the notion of intellectual virtue in epistemology in the article *The Raft and the Pyramid*. He interprets

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[4] Riggs 2006; Pritchard 2007.

[5] In the literature, and in this dissertation, the terms “epistemic virtue” and “intellectual virtue” are used interchangeably.

epistemic virtues as the cognitive traits of an agent. Representatives of such an understanding of intellectual virtue[6] believe that true belief comes from practicing intellectual virtues that are understood in a broad sense, that is, as cognitive abilities and powers[7], such as good memory, reliable perception, developed introspection, and the like. Therefore, epistemic virtues are all those stable traits that reliably attain true beliefs. These include hard-wired cognitive faculties or acquired cognitive skills, or a person's specific character. For such intellectual characteristics to be epistemic virtues, they must be a channel to truth, that is, they must lead to knowledge. In epistemology, the theory of reliabilism implies that the belief we have obtained through reliable cognitive processes is reliable, which is why the above theory is called *virtue reliabilism*. According to this theory, in short, intellectual virtues are the dispositions for producing valid epistemic ends. According to reliabilists, almost every reliable disposition, whether hard-wired or acquired, can be an epistemic virtue.

Virtue responsibilism, on the other hand, believe that such a conception of epistemic virtues is too broad. Specifically, responsibilists regarding virtue epistemology[8] understand epistemic virtues as acquired character traits, for which we are, to some extent, responsible. The character of the person plays an important role in the pursuit of true belief, alongside with traits such as open-mindedness, perseverance, motivation, conscientiousness. In this way, intellectual virtues are the qualities of a responsible knower. Lorraine Code and James Montmarquet, proponents of virtue responsibilism, equate epistemic virtues with character traits such as open-mindedness and intellectual fairness, and emphasize the importance of being a responsible believer. Linda Zagzebski is also considered a representative of this approach. However, unlike Code and Montmarquet, but like Sosa, Zagzebski accepts reliability as a component of a virtue.[9] Interestingly, her approach equates ethical and intellectual virtues in a way that ethical virtues are motivation for good action, while intellectual virtues are motivation for knowledge. The motivational component of epistemic virtue is, therefore, a disposition that directs action toward a goal, and as Zagzebski states, each virtue has a separate motivational component with

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[6] Sosa 1980, Greco 1999, Goldman, 2001.

[7] Sosa's suggestion is interesting in relation to previous theories of knowledge in epistemology that have been normative. Namely, the concept of epistemic justification emerged from the concept of moral justification, which brought with it the question of duty. Sosa's proposal, on the contrary, introduces epistemic properties into epistemology that are reductible to natural properties, thereby positioning it within naturalized epistemology.

[8] Code 1987, Zagzebski 2003.

[9] Unlike Sosa's merging of naturalized epistemology, Zagzebski does not reduce epistemic evaluative properties to natural properties, but, in Aristotle's fashion, regards virtues as connected to the way humans are constructed by nature.

its own goal.[10] However, unlike ethical virtues that have other ultimate goals, the ultimate goal of most[11] intellectual virtues is truth. According to Zagzebski, a successful goal is knowledge, and knowledge is a belief that comes from acts of intellectual virtue.[12] Accordingly, she concludes, the bearer of epistemic action should be the object of epistemological analysis.

The topics in virtue epistemology have changed the direction of the epistemological approach to knowledge and evaluation of the epistemic agent. Specifically, at the center of the discourse is no longer the question of whether the agent possesses true belief, but whether the agent behaves epistemically responsible, that is, in accordance with epistemic virtues[13], in the process of belief formation. In this sense, an agent who exercises epistemic virtues in cognitive processes (for instance, makes careful observations, evaluates and analyzes different hypotheses, and examines available records) behaves as a virtuous epistemic agent. For our discussion, virtue epistemology presents a valuable framework for examining the epistemic properties of responsible behavior. Epistemic responsibility, in this sense, should be understood as a form of an umbrella term under which all other epistemic virtues, such as epistemic righteousness, truthfulness, curiosity, courage, integrity, etc., fall.

The issue of epistemic responsibility is inseparable from the question of practicing epistemic justice, since both concepts involve conscientious epistemic treatment of evidence in decision-making processes. Therefore, virtue epistemology opens the space for discussion of epistemic deviations, that is, epistemic injustices and epistemically irresponsible behaviors created by social conditions explored by social epistemology.

2.3. The real-world epistemology

Social epistemology is a relatively new branch of epistemology that investigates the role of social relations in the processes of gaining and obtaining knowledge. Instead of standard

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[10] Zagzebski, 2004: 133.

[11] Zagzebski states that these are only a few exceptions, since some virtues may strive for understanding primary to the truth. Zagzebski 2004.

[12] Zagzebski 2003, 2004.

[13] Virtue epistemology can be traced back to Aristotle’s intellectual virtue, as shown in the influential aristotelian account of epistemic virtue in Zagzebski (2006).

epistemic resources, such as perception, memory, introspection, etc., oriented toward the individual, social epistemology turns also to sources of knowledge commonly found in everyday social relations.[14] Such epistemology is what Miranda Fricker (2007) refers to as the "real" social epistemology. Representing the middle path between traditionalism and reductionism in epistemology, the field of social epistemology deviates from the tradition of ignoring the impact of social structures in the formation of beliefs, but also from the reductionist practices of the postmodernist denial of the value of truth and the reduction of belief to measures of social relations.[15] Real social epistemology, therefore, retains the basic concepts of traditional epistemology, such as beliefs, truths, justification and rationality, but in the research of the value of beliefs also includes the influences of society on epistemic subjects. At the center of the real epistemology is the epistemic agent, with an emphasis on its individuality which is crucial since all doxastic attitudes originate from and end in the individual. However, the real epistemology is not individualistic insofar as it recognizes that the epistemic agent is part of a group, a collective or a community, that influences the ways in which the agent forms her beliefs. Furthermore, the real epistemology focuses on the issue of epistemic evaluation of belief and the process of acquiring and retaining knowledge, in relation to the social environment in which the epistemic agent is located. The concept of knowledge, alongside the concepts of justification and truth, is mind-independent property, i.e. it is not subjective but rather objective.[16]

The topics of social epistemology are discussed within different theoretical approaches, and in this respect I align with the expansionist approach to social epistemology. *Expansionism* retains the foundations of traditional epistemology, but, within the framework of social epistemology, expands the subject to questions of the relationship between cognition and society. Specifically, Prijić-Samaržija (2018) recognizes two major topics of expansionism: (i) evaluation of the epistemic properties of the group and (ii) evaluation of the epistemic

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[14] Goldman, A. 2010. Why social epistemology is real epistemology. In: Adrian Haddock, Alan Millar & Duncan Pritchard (eds.), *Social Epistemology*, Oxford University Press, 2010., pp. 1-29.

[15] Traditional epistemology has avoided researching doxastic attitudes within social settings, practices, and systems. In contrast, many theoretical approaches, such as postmodernism and cultural studies, have directed their research solely on epistemic practices within the social environment, thereat completely discredited and rejected traditional epistemology and its principles. Richard Rorthy (1979), in this respect, proclaimed the “death” of epistemology, for which he claims should be replaced with conversational practices. Rorthty and revisionism, a theoretical approach against the traditional epistemology, held that truth and knowledge were social constructs defined within social and cultural contexts.

[16] Goldman, 2010.

properties and consequences of social practices, social systems and their policies.[17] Such topics are related to the real life situations and epistemic practices.

As part of the themes of social epistemology, the dissertation specifically focuses on socio-epistemic deviations that occur in the form of epistemic injustices. In the process of attributing credibility to epistemic subjects, categories of social identities are often of crucial importance; more definitely, we judge someone's credibility through unjustified stereotypes and prejudices related to certain social groups and their social status. Such practices generate epistemic errors and make an epistemic injustice to the informer. The epistemic injustice cases that are at the center of the thesis' occupation are those in which subjects are vulnerable to epistemological injustices based on their diagnosis of autism spectrum disorder. Influenced by prejudices and stereotypes, we often judge a person's testimony as false by considering solely information about the informant and his or her social status, not the information itself. The underlying mechanisms behind such epistemic practices can be traced in the exercise of identity power and the principles of stigmatization. Stigmatization mechanisms are rooted within the exercise of identity, social, economic and political power, with the final aim of creating a distorted socially accepted public image of a marginalized individual or a group. Within such a framework, society often fails to detach a stigmatized individual from her stigma, with the following consequences of failure to properly treat her as an equal member of the social and epistemic community. Failing to be properly introduced to the social power stage, the socially situated subjects suffer from systematic and persistent credibility deficits, to the extent of their total exclusion from the credibility economy. Fricker’s account was based on the influence that society has on everyday epistemic practices. She suggests that if we want to see the extent to which society, and especially social power relations, interfere in epistemic practices, we must imagine minimal epistemic practices in circumstances that are minimally social.[18] This refers to Edward Craig and his "epistemic state of nature" described in the next section. Craig's proposal is crucial because it provides us with the definition of a good informant. However, such definition is only valid in the ideal circumstances. Namely, as Fricker recognizes, once the knower exits from the realm of the “epistemic state of nature” her epistemic status

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[17] Prijić Samaržija, S. 2018. *Democracy and Truth: The Conflict between Political and Epistemic Virtues*. Milano, Udine: Mimesis International.

[18] Fricker, M. 1998. *Rational authority and social power: Towards a truly social epistemology*. Proceedings of the Aristotelian Society 98 (2), pp. 159– 177.

diminishes due to identity power and epistemic errors deeply rooted into everyday social relations.[19]

2.4. What happens when the knower exits *the epistemic state of nature?*

2.4.1. State of nature and the idealized knower

Edward Craig's philosophical method incorporates science-based modeling techniques, by using methods of hypothesis testing and by focusing on providing genealogical framework. Such approach traces the development of the concept of knowledge from a concept of good informant, which, in turn, occurs within the "state of nature"[20]. Craig argues that the most fundamental and universal human needs can be traced within the model of idealised small community of language-using, communicative, co-operative humans with unequal sets of skills and talents, which he refers to as the epistemic state of nature. In a such a state, humans depend on information of other, i.e. they are information-dependent creatures. The information is vital for their lives, as they guide them to successful actions. Hence, human beings need sources of information that will "yield true beliefs" (1990: 11). Social practices of attributing knowledge that people exercise in their everyday interactions plays a crucial part in human cooperation. Notably, when we use the concept of knowledge and state that some individuals in our community posses certain information, that they "know" information that other members of the community cannot obtain, we recommend a good source of information to the rest of the members of community.[21] Thus, epistemic evaluation is an integral element of the knowledge attribution social practices. Craig recognizes that *inquirers*, i.e. those who seeks information, need principles of evaluating *informers*, i.e. those who possess and offer such information. Inquirers must be able to detect good informers and to separate them from the bad ones. A person who possesses and offers knowledge, i.e. a good informant will reliably track the truth (will claim that p if and only if p). Thus, good informant is an agent who believes p and p is, in fact, the case. Alongside, good informant must have some features that can inform the hearer that the informant is to be trusted. Craig also recognizes that "some informants will be better

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[19] Ibid.

[20] Craig, E. 1990. *Knowledge and the State of Nature – An Essay in Conceptual Synthesis*. Oxford: Clarendon Press.

[21] Ibid., p.11.

than others, more likely to supply a true belief (...) So any community may be presumed to have an interest in evaluating sources of information; and in connection with that interest certain concepts will be in use." (Craig, 1990: 11). Here Craig explicits that the concept of knowledge is such concept, namely, that the concept of knowledge is used to "flag approved sources of information." (Craig, 1990: 11). Such practice of flagging reliable sources of information is pertinent to human life in general, cooperation and flourishing. Since we cannot get all information about the world first-handedly, a way of identifying those who have information is vital.

The epistemological appraisal procedure includes recognizing the general properties of a good informant. Craig list such properties as following[22]:

The informant tells one the truth on the question;

The informant is as likely to be right about P as one's concerns require;

The informant is detectable by one as likely (enough) to be right about P;

The channels of communication between oneself and the informant are open;

The informant is accessible to one here and now.

Craig's practical explication of the concept of knowledge, thus constitutes the core of concept of a knower, through a prototypical reliable informant.

Fricker recognizes that Craig's account of good informant can be a great tool for demonstration of the flaws of both traditionalist and postmodern extremes in epistemology.[23] She notes the following: given that Craig's state of nature depicts that "the fundamental human need to form a collective strategy for the pursuit of truth is a feature of any epistemic practice, than the implications that may be drawn from the basic features of such strategy are necessary features of epistemic practice" (Fricker, 1998: 166). She continues by suggesting that some of these necessary features alter when we move away from the idealized minimally social state of nature to real-world social settings. In such placement, "some of the necessary features take on a distinctly political character" (opt.cit.).

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[22] Ibid.p. 85.

[23] Fricker, 1998: 160.

Fricker distinguishes three features of a good informant as presented by Craig: competence, trustworthiness and indicator-properties.[24] "Competence" is understood as the necessity for the informant to face the question of whether p should believe that p if p is indeed, and should not believe that p if non-p. "Trustworthiness" follows Craig's suggestion of openness of communication paths between inquirer and informer, which for Fricker includes availability, use of the same language, willing transfer of information, and reluctance to deceive and lie. Finally, a third feature - "indicator-properties"- indicate whether a potential informant is probably right about p. For Craig, this condition is fulfilled if the first two properties are satisfied, that is, if the informant really owns the information and the communication channels are open. However, in interpreting indicator-properties Fricker differs from Craig by suggesting that a third feature should signal the existence of both competence and credibility of the informant. Furthermore, Fricker distinguishes between the internal and external factors of the notion of a good informant. Competence and trustworthiness provide for external demands, that is, the requirement for a potentially good informant to tell what is true about a p. On the other hand, indicator properties ensure internal requirements, those for the informant to be recognized as good. Whoever possesses indicator-properties has credibility, while a good informant is one who possesses both rational authority and credibility. Fricker states that inconsistencies are possible if (i) someone possesses rational authority without attributing credibility to her or (ii) someone appears to be rational authoritative but is not.[25] The former instances are those of epistemic injustices, as the epistemic practice within a social context are likely to have

> "some social pressure in the direction of the norm of the credibility favoring the powerful in its control over who is picked out as credible, and thus who is picked out as good informant. There is likely (at least in society recognizably like ours) to be some social pressure on the norm of credibility to imitate the structures of social power. Where that imitation brings about a mismatch between rational authority and credibility - so that the powerful tend to be given mere credibility and/or the powerless tend to be wrongly denied credibility - we should acknowledge that there is a phenomenon of epistemic injustice." (1998: 170).

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[24] Ibid., p. 167.

[25] Ibid., p. 169.

2.5. Epistemic injustice

Epistemic injustice is, broadly defined, a wrong done to an individual or a group specified in their capacity as a knower.[26] It is irrepressibly tied to social power, since socially disadvantaged groups are treated unfairly - being the victims of unjust credibility deficits with diminished chance to attend to epistemic activities. According to Miranda Fricker, such discriminatory practices are resulting from poor judgements infected by socially generated prejudices and stereotypes that occur within our social imagination[27].

Her interest is particularly oriented towards cases in which forms of social stereotyping cause a hearer's ascription of less credibility to a speaker belonging to a stereotyped group than he or her would ascribe to a member of a non-stereotyped group. To simplify, those are the cases in which the hearer fails to ascribe trustworthiness to the speaker on the accounts on her social status. In such cases, the hearer's epistemic assessment is deviated by the infliction with prejudices or stereotypes he holds on the behalf of the speaker. The main consequence of such deviation is, simply, "missing out on knowledge as a result" (Fricker 2007: 17). By making a collective error of undervaluing the subject's insights, the society (or, more specifically put, the dominant group) fails to acquire new knowledge, broaden horizon or swap errored assumptions for truth.

Fricker begins her investigation of the types of epistemic injustices by analyzing the broader social structures and the relations among them. Her initial point is the notion of the social power as a "capacity we have as social agents to influence how things go in the social world" (2007: 2), which can only be exercised within functioning social world with social alignment. The exercise of such power is, as Fricker recognizes, highly problematic due to the "shared imaginative conceptions of social identity" (2007: 7). For instance, shared imaginative conceptions shape a public expectations and criteria of what it is to be a woman, to be a man, to be black, to be white, to be normal. Note that the latter is related to the "identity power", which can be understood an imaginative social coordination dependent upon agents having socially shared conceptions of social identity.[28] Identity power can be exercised actively or passively but is always operated on grounds of stereotypes and prejudices. Precisely because

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[26] Fricker, M. (2007). *Epistemic Injustice: Power and the Ethics of Knowing*, Oxford University Press, Oxford, p.1.

[27] Fricker defines social imagination as „shared imaginative concepts that individuals often ascribe to individual or a group without conscious awareness ". (2007: 14).

[28] Ibid, p. 9.

of identity power, the hearer could unjustifiably fail to ascribe credibility to a knower to whom he attaches negative identity stereotypes or prejudices. The latter are to be understood as the following: stereotypes as „wieldy held association between a given social group and one or more attributes“ (Fricker, 2007: 28), and prejudices as judgments that are resistant to counter-evidence as a consequence of an „affective investment on the part of the subject“ (Fricker, 2007: 35). Further, Fricker recognizes two types of the epistemic injustices: testimonial and hermeneutical.

Testimonial injustice, as the name implies, is an injustice which occurs when the testimony of a person is given less credibility than it deserves due to a prejudice of a person’s group. For example, the stereotypes that women tend to be hysterical or irrational, that men are extremely logical and analytical or that people with mental impairments should be institutionalized. Fricker’s signature example is the scene from the “Talented Mr. Ripley”, in which Marge Sherwood, whose husband has been missing, expresses her strong suspicions of Mr. Ripley’s involvement in this event.[29] Employing prejudicial stereotypes about female intelligence, Herber Greenleaf dismisses her concerns, stating to Marge that “there are female intuitions, and then there are facts”. Another example Fricker uses is of a panel of scientists who all possess a prejudice against a certain research method, which, consequently, leads to prejudicial credibility deficit towards any scientist whose research relies on these methodologies. However, contrary to the case of credibility deficit of Ms Marge’s testimony, in the example of the mentioned scientist, “the prejudice in question (against a certain scientific method) does not render the subject vulnerable to any other kinds of injustice (legal, economic, political)” (Fricker, 2007: 21). Fricker’s central case of testimonial injustices is “identity-prejudicial credibility deficit” case in which “the speaker sustains such a testimonial injustice if and only if she receives a credibility deficit owing to identity prejudice in the hearer” (2007: 28). Such cases are systematic, as they occur “by those prejudices which ‘track’ the subject through different domains of social activity- economic, educational, professional, sexual, legal, political, religious, and so on” (2007: 21), and persistent, as they occur repeatedly. Fricker further stresses that systematic testimonial injustices “are produced not by prejudice simpliciter, but specifically by those prejudices that ‘track’ the subject through different dimensions of social activity—economic, educational, professional, sexual, legal, political, religious, and so on” (2007: 27).

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[29] Ibid, p. 14.

Cases of practicing epistemic injustice result in at least two harms.[30] First, epistemic injustice leads to harm in truth-seeking processes, since a relevant informant who can contribute to the creation of new knowledge or to correct previous mistakes is excluded from the set of evidence that serves as justification of beliefs. Accordingly, the identity prejudice rooted in the exercise of epistemic injustice “presents an obstacle to truth, either directly by causing the hearer to miss out on a particular truth, or indirectly by creating blockages in the circulation of critical ideas” (Fricker, 2007: 43).

Second, there is no doubt that epistemic injustice produces direct harm to the individual whose testimony is rejected. The testimonial injustice limits a person's social and epistemic self-creation in such a way that she is deprived of the chance to actualize herself by denying her epistemic status of an informant. Lassening someone’s epistemic status by judging her capacities as a knower inflicted by stereotypes and prejudices entails harming the subject in many aspects - not just epistemic - but also in ways of deepening her marginalization and bolstering her disadvantaged status. This further leads to a range of damaging consequences that affect the subject’s well being - both at the psychological and the epistemic level. Being unjustifiably declined of your capacity as a knower affects the subject’s intellectual courage and her trust in her own reasoning. This renders the assessment of credibility both ethically and epistemically culpable: it is both epistemically irresponsible and ethically accountable behavior. In such a case, the virtue of epistemic justice is, according to Fricker, is *hybrid*, as it aims at justice and truth.[31]

Kristie Dotson (2012) stresses that epistemic injustice has vast epistemic consequences for the speaker, and that the mechanisms it operates with are to be found in practices of epistemic violence and testimonial quieting.[32] Epistemic violence[33] presents “a failure of an audience to communicatively reciprocate, either intentionally or unintentionally, in linguistic exchange owning to pernicious ignorance” (2012: 242). Pernicious ignorance, in this sense, refers to any

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[30] It was argued by some author that the wrongfulness of epistemic injustice is not just a matter of bad consequences (see Haslanger, S. 2014. “Studying while Black: Trust, Opportunity, and Disrespect”, Du Bois Review: Social Science Research on Race 11 (1): 109-136).

[31] According to Fricker, epistemic justice is neither an intellectual nor ethical virtue, but are to be considered as belonging to hybrid virtue. The ultimate aim of intellectual virtues is to postulate *truth,* while the ultimate aim of ethical virtue is directed towards some form of *good*. Hybrid account combines such aims, making hybrid virtues oriented towards both truth and good.

[32] Dotson, K. 2012. A Cautionary Tale: On Limiting Epistemic Oppression. *Frontiers* 3,1, pp. 24–47.

[33] The term “epistemic violence” was primarily used by Gayatri Spivak in her text „Can the Sub-altern Speak?“, to mark the silencing of marginalized groups.

reliable ignorance that, in a given context, harms another person.[34] Namely, testimonial exchange practices are grounded in reciprocity, i.e. on the relations of dependence between the speaker and the audience. For a successful linguistic exchange, in the light of reciprocity, the speaker and the audience must meet their effort ‘‘halfway’’ in a linguistic exchange.[35] The position of the speaker in the exchange is characterized by her vulnerability. Specifically, for a successful linguisting exchange the speaker's linguistic needs have to be met: "a speaker cannot ‘‘force’’ an audience to ‘‘hear’’ her/him" (Doston, 2011: 238). Thus, for achieving a proper communication the speaker needs an audience that is willing and capable of hearing her. The epistemic violence, consequently, happens when an audience refuses to take part in the linguistic exchange in an appropriate manner, i.e. fails to communicate reciprocally.

The practices of epistemic violence are often consequences of epistemic ignorance and insensitivity towards the needs of the speaker. The practices of testimonial quieting are closely related to ones of epistemic violence as they both occur when an "audience fails to recognize a speaker as a knower" (2014: 242). Just like in the practices of linguistic exchange, the speaker needs an audience to recognize her as a knower in order to offer her testimony.[36]

Dotson's account is important for the discussion on epistemic justice as it stresses different needs that some groups may have, which, in turn, makes them vulnerable in linguistic exchange because an audience does not meet their linguistic needs. Clearly, when the speaker is being systematically and persistently silenced, the threat of epistemic silencing lies not only in the loss of confidence of a person in her own beliefs, but in the loss of confidence of a person in her experiences in general. Note that in this case, a person has an understanding of her own experiences, but, being persistently dismissed, loses confidence in it.

The different problem is, however, when a person is denied to access to resources that she needs to understand her own experiences. If a person loses confidence in her own experience, it is a consequence of testimonial injustice. However, if a person lacks the resources to understand or express her experience, a wrong done to her is in the form of hermeneutical injustice. The historical example Fricker uses to elucidate hermeneutical injustice is the experience of a sexually harassed woman who did not have hermeneutical resources to properly

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[34] Dotson, K. 2011. Tracking Epistemic Violence, Tracking Practices of Silencing. *Hypatia* 26, pp. 236 – 256.

[35] Ibid.

[36] Dotson recognizes testimonial queting, alongside with testimonial smothering, as testimonial oppressions that produces harm. According to her account, the process of determining which kind of harm results from testimonial oppressions is a context-dependent exercise (Dotson, 2011: 242).

understand this experience.[37] Namely, given that they did not possess the resources that would enable them to understood what it means to be harassed and what types of behaviors are not considered socially unacceptable, they have not come to the realization that they are in fact victims.[38] In discussion on hermeneutical injustice we need to differentiate the following: first, a lack of collective hermeneutical resources within a person who has the experience (e.g. a harassed woman) and, second, a lack of collective hermeneutical resources within other people. Notably, following the first, a subject is unable to understand her own experiences because she lacks a conceptual framework that could help her express her condition. Many patients report that once they receive their diagnosis in adult age, they felt deliberated, because they finally come to realization that their behaviors and experiences are results of their newly diagnosed medical condition. On the other hand, following the second, a subject has her own understanding but is not able to explain those experiences to other people who lack the conceptual resources because they have not had these experiences. Alike testimonial injustice, hermeneutical injustice is resulting from the asymmetry in power relations.

Miranda Fricker uses the practices of epistemic injustice to point out discrimination and stigmatization of individual members of society, while focusing on issues of gender, gender and race. These factors produce stereotypes and prejudices by which individuals with these characteristics are judged and treated. I believe that such an epistemological framework can also be applied to the area of other stigmatized, discriminated and marginalized groups - that is, to autistic individuals. The diagnosis of autism is associated with practices of stigmatization and the creation of stereotypes that are deeply incorporated into the social imaginary. Such stereotypes affect the epistemic evaluation of an autistic person and their testimonies. In order to adequately apply the epistemological framework to real-world cases of epistemic mistreatment of autistic agents, in the next chapter I will present the theoretical backbones of autism disorders. As a counterbalance to the medical model of autism that treats autism as a pathological condition that needs to be cured / normalized, the neurodiversity movement,

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[37] Fricker, M.2006. „Powerlessness and Social Interpretation ", *Episteme: A Journal of Social Epistemology* 3, pp. 96 – 108.

[38] With respect to hermeneutical injustice, there have been a lot of critical remarks on the monism that Fricker's position implies. Namely, several authors (Mason 2011; Medina 2012) claim that Fricker fails to recognize the pluralism of interpretative practices through which marginalized groups may have access to alternative interpretations of their experiences. In this manner, Dotson (2011) recognize another epistemic injustice - the *contributory injustice* that occur when the marginalized group possesses epistemic resources required to make sense of their own experiences, but is unable to communicate them to socially dominant groups.

which celebrates autism as inalienable and inseparable identity, emerges. It is the neurodiversity movement that is credited with strengthening autistic voices and combating epistemic silencing autistic testimonies, as it successfully put spotlight on autistic talents and abilities.

2.6. Conclusion

The expansion of the domain of epistemology caused by the value-turn, enabled epistemology to become a theoretical and normative framework that will offer an adequate analysis of everyday epistemic processes. The epistemology of virtues, thus, places emphasis on the intellectual virtues of the epistemic agent that enable her to behave in an epistemically correct manner. Epistemic success primarily refers to the practice of epistemic justice and the avoidance of stereotypes and prejudices in the processes of epistemic assessment. Epistemic processes are constantly influenced by social circumstances and phenomena, and it is not surprising that epistemologists have pointed out the importance of recognizing the real world relations as an influential epistemic factor. Such, real-world epistemology investigates the role of social relations in the processes of gaining and acquiring knowledge. The real epistemology focuses on the issue of epistemic evaluation of belief and the process of acquiring and retaining knowledge, in relation to the social environment in which the epistemic agent is located. Miranda Fricker, in this regard, points out that social relations, phenomena, and opportunities influence the subject’s epistemic status and assessment. Her thesis relies on Craig’s analysis of the epistemic state of nature which yields the criteria for the knower. Namely, Fricker recognizes that once the knower exits from the realm of the “epistemic state of nature” her epistemic status diminishes due to identity power and epistemic errors deeply rooted into everyday social relations. In this chapter, I have set out a fundamental epistemological framework for investigating socio-epistemic deviations that occur when an epistemic assessment of a subject is influenced by stereotypes and prejudices the judge holds upon the agent or her group. Such epistemological framework will serve for further discussion of society’s epistemic behavior toward autistic individuals. As shown in the chapter, epistemic injustice entails a number of ethical and political consequences that directly affect the wellbeing of autistic individuals.

3. AUTISM SPECTRUM DISORDER

3.1. Introduction and the Introductory Reflections on Terms

Scientific explanation and understanding of Autism have drastically changed throughout history; from the description of social deficits in the behavior of patients with schizophrenia to clusters of neurodevelopmental impairments grouped under the umbrella term Autism Spectrum Disorder (ASD). The term “Autism” was initially coined by Leo Kanner, a Swiss psychiatrist who reported “infantile autism” in 11 children who exhibited a lack of responsiveness and failure to initiate social contact from an early age. In 1944 Hans Asperger describes a syndrome “autistic psychopathy”, while in 1955 M. Rank introduces the terms “atypical child” and “atypical development” referring to early psychotic conditions in children with infantile autism. Today, autism is understood as a heterogeneous group of lifelong neurodevelopmental disorders, described in the recent *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition. The autistic symptoms group into two categories: deficits in social communication and restrictive patterns of behavior and interests, while its severity can be traced within three levels, from severe autism to functioning autism.

Before the DSM-5, autistic disorders were differentiated with diagnostic labels that indicated different autistic conditions and their severity, some of them being Asperger’s syndrome, Pervasive Developmental Disorder - Not Otherwise Specified, Rett Syndrome and Autism Disorder. The DSM-5 brought all these labels under the name Autism Spectrum Disorder, which caused both scientific and public concern. The problems related to the reduction of various disorders into one will be discussed in the following paragraphs, but here I want to stress the point that I find the most problematic, especially in the realms of scientific explanation of autism *per se*. Autism Spectrum Disorder includes various states that vary drastically from individual to individual, making it nearly impossible to talk about a unified disorder. ASD thus describes individuals who are completely incapable of taking care of themselves, leading an independent life, using language or making sense of their experiences, but also, applies to those individuals who are highly functional, possess autistic traits but are fully capable of living independently and realizing their potential.

In this introductory part I draw attention to the problem that arises in the scientific literature on Autism Spectrum Disorder, that being a generalization of certain views about the severity, on the one hand, and well-being of autistic conditions, on the other hand. Research about ASD should always target a specific group within the Spectrum, with acknowledging that the outcome of such research cannot be applied to all individuals across the spectrum. Therefore, I find that the same practice is necessary in my research work. By referring to Autism, I limit myself to non-intellectually disabled people with fewer or mild autistic traits, often called *high-functioning autistic persons* or *persons with mild autism*. With the awareness that the language we use has the power to shape general perceptions of autism, I wish to stress that the distinction between *High* and *Low Functioning Autism* does not withdraw any kind of value judgment where "high" specifies something good and "low" something bad. In our everyday language, low and high denote values, but this is not my intention. Nevertheless, because of the lack of more neutral terms, in this dissertation, I will use the distinction between High and Low functioning autism, only to indicate the level of severity of autistic conditions.

As the voices of those at the center of research and treatment - those diagnosed with autistic disorders - increased in the public domain, a shift in the judgment of the value of autistic conditions happened. Autism traits became recognized as states that are not all negative but could be understood as talents or cognitive strengths when practiced in a proper, autism-friendly environment. The image of autism as a fatal tragedy has been reshaped, all thanks to large efforts of autistic individuals, often gathered into activist movements. One of such movements, discussed in a detailed manner in one of the following paragraphs, calls upon the cognitive pluralism, a neuro - diversity as a positive and natural human variation that specifies the person in such a way that it completely affects the person's identity. This variation, i.e. autistic trait, is inseparable from the person, making the autism type of identificational factor. The pursuit of understanding autism as an integral part of a person's identity has led to a change in language, specifically, from person-first language (e.g. a person with autism) to identity-first language (e.g. an autistic person). Most of the autistic communities prefer identity-first language because they do not understand their condition as something separate from themselves, but, rather, as their identity marker. Thus, with the attempt to refer to autistic people with respect to their wishes, I will use the identity-first language, often referring to an individual diagnosed with autism as an *autistic individual* or *autistic (autistic persons/autistic people or autistics).*

The aim of this chapter is to present and analyse the neurodiversity claims and relate them to the problems of stigmatization and labeling of autistic individuals. To do so, I will first provide much-needed background information on Autism, starting with the history of Autism, and proceeding with the recent diagnostic description of heterogeneous autistic conditions under one diagnostic mark "Autism Spectrum Disorder". I later on discuss the by-product of systematic and persistent mistreatment of autistic individuals – the neurodiversity movement – a type of a political movement that struggles for autistic recognition and autistic rights. As will be shown, the neurodiversity movement fights against the epistemic injustices, especially against the epistemic silencing the autistic voices in the processes of policy-making decision that affect their autistic communities.

3.2. The history of autism

3.2.1. From Kanner to Asperger

The term "autism" was developed by German psychiatrist Eugen Bleuler[39] in 1911 to describe the behavior of schizophrenic patients who show withdrawal, create their own inner world as an escape from reality. In 1943 Leo Kanner, a Swiss psychiatrist, described eleven cases whose common characteristics he described with the term "Autistic Affective Disorders". Disorders have been found in children who, from birth, withdraw into the fantasy world and refuse to make social and emotional contacts. Kanner's description of autistic disorders included extreme autism, obsessiveness, stereotypy, and echolalia.[40] The autism traits participants of Kanner's study exhibited are understood as inborn inability to establish affective connections with others. It has also been noted that autistic children barely notice what is going on in their environment (such as noticing when other people enter a room), that they tend to use language in a literal manner only, and fail to establish relations with peers.

According to Kanner, a symptomatology of autism disorder included the following: (1) the inability of the child to establish standardized contacts with parents, peers and other people in general[41], (2) delayed development of or completely absent speech, and use of speech in a non-

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[39] Bleuler E. 1950[1911]. Dementia Praecox or the Group of Schizophrenias. New York: International Universities.

[40] Kanner L. 1943. Autistic Disturbances of Affective Contact. Nervous Child 2, pp. 217–50.

[41] Kanner recognized the lack of social interest as a primary, distinctive symptom of autism affective disorder, observing that the children with autism are, according to their parents, "happiest when left alone", "self-sufficient", "like in a shell" (Kanner, 1943: 242). He referred to the latter symptom as "an extreme autistic aloneness" (1943: 242). In the case report of Frederick W., a six-year-old boy with maladaptive behavior in social settings, Kanner noted the following: "The most striking feature in his behavior was the difference in his reactions to objects and to people. Objects absorbed him easily and he showed good attention and perseverance i playing

communicative way (echolalia, metalalia)[42], (3) insiting on repeating and stereotypical games, followed by obsessive rigidity to respecting a certain order[43], (4) lack of imagination, (5) above an average memory[44], and (6) normal physical appearance. These central symptoms occur within the first three years of life, three to four times more often in male than in female children.

Interestingly, Kanner believed that children with autism disorders were normal or above-average intelligence[45], but because the world was not properly adapted to their communicative needs, they were failing to function properly. The assumpted reason for maladaptiveness of autistic children was found in a negative roles of parents, especially mothers, who were overly professionally active and/or emotionally cold. The discovery of the symptomatology of this childhood disorder was accompanied by research into the causes of such, autistic behaviors in children. One theory of the cause of autism was offered by Bruno Bettelheim, a psychiatrist who introduced the "refrigerator mother" theory. The children who were the test group for Kanner's autism research were mostly children of educated upper-class parents, with mothers who had a college education and were employed. Bettelheim saw the latter as an opportunity to develop detached affections and autistic behaviors found in Kanner's patients. His theory, which was later on discredited, hypothesized that autism is a result of the environment in which the child grows up, more specifically an environment in which he or she is not given adequate maternal love and attention. Interpreting autism as a result of mother's preoccupation with work and unloving relationships with her own child, Bettelheim states that the child has no choice but to close himself in his solipsistic world. Mothers of autistic children were discredited as "bad" mothers, and as the main cause of their child's autism. Kanner himself

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with them. He seemed to regard people as unwelcome intruders to whom he paid as little attention as they permit" (Kanner, 1943: 224). For a patient called Paul G., the social deficit was exhibited in complete lack of interest in people: "He behaved as people as such do not exist. It made no difference whether one spoke to him in a friendly or a harsh way. He never looked up at people's faces. When he had any dealings with persons at all, he treated them, or rather parts of them, as if they were objects." (Kanner, 1943: 228).

[42] "He seemed to have much pleasure in ejaculating words or phrases, such as "Chrysanthemum"; "Dahlia, dahlia, dahlia"; "Business"; "Trumpet vine", "The right one is on, the left one is off"; "Through the dark clouds shining". Irrelevant utterances such as these were his ordinary mode of speech. He always seemed to be parroting what he had sheard aid to him at one time or another." (Kanner, 1943: 219).

[43] A specific dread of change and incompleteness is present in autistic behaviours, which deeply affects their ability to act spontaneously. Once they learn a new phrase, or a new game, the settings, the order and the verbal outcomes must be exactly the same as the first time they confronted with it. (Kanner, 1943: 246).

[44] Donald T., a child at the age of five and Kanner's first case of autism affective disorder, was reported to have "an unusual memory for faces and names, knew the names of great number of houses (...) and even learned the Twenty - Third Psalm" (Kanner, 1943: 218).

[45] "They all have strikingly intelligent physiognomies. Their faces at the same time give the impression of serious-mindedness and, in the presence of other, an anxious tenseness, probably because of the uneasy anticipation of possible interference. (...) The astounding vocabulary of the speaking children, the excellent memory for events of several years before, phenomenal rote memory for poems and names, and the precise recollection of complex patterns and sequences, bespeak good intelligence in the sense in which the word is commonly used." (Kanner, 1943: 247-248).

appears to have been keen to the Bettelheim theory, though he blames the both parents equally, stating that "in the whole group, there are very few really warm-hearted fathers and mothers" (1943, 250). Such hypotheses were discredited with the shift of the medical field from purely psychological to biologically-based studies. However, societal prejudices against employed mothers of autistic children are still present, while society at large struggles to understand autism and its real nature.

3.2.2. From Asperger to the DSM-5

Almost at the same time as Kanner wrote his influential papers on autism, in 1944, Hans Asperger, a pediatrician and psychologist, noted in his postgraduate thesis a term he called "Die Autistischen Psychopathen im Kindesalter" ("autistic psychopathy in childhood"). Asperger regarded the latter as a personality disorder, with features of difficulties in two-way social interaction, repetitive and stereotyped play, and isolated areas of interest:

> "I will describe a particularly interesting and highly recognisable type of child. The children I will present all have a common fundamental disturbance which manifests itself in their physical appearance, expressive functions and, indeed, their whole behaviour. This disturbance results in severe and characteristic difficulties of social integration. In some cases, the social problems are so profound that they overshadow everything else. In some cases, however, the problems are compensated with a high level of original thought and experience" (Asperger, 1944: 37).

Interestingly, his patients displayed different properties from the patients Kanner described, insofar as Asperger's patients had typical language and speech development and frequently used speech to verbally attack other children or to talk back to their teachers. With the need to verbally crawl on their peers, children with autistic psychopathy were abusing other children, hitting and knocking objects over and frequently lashing out. Asperger considered the indecent and aggressive behavior of such children a pleasure, inasmuch as they did not understand or take into consideration that their actions had any consequences. In this fashion, he understood that children with autistic psychopathy do not understand the concept of empathy and responsibility. Moreover, Asperger reports intense egocentric preoccupation with a specific topic or interest. Such interests were mostly consisted out of the accumulation and categorization of objects or various fact and information.[46] In one of his later paper (1979), Asperger somewhat modifies the original theory of autistic psychopathy, as he emphasizes the high intelligence and special talents in logical and abstract thinking expressed by children with the above symptoms. His theory of autistic psychopathy in childhood would have remained unknown to English-speaking psychiatry had it not been for Lorne Wing, a British psychiatrist who reviewed and supplemented Asperger's work. Wing coined the term “Asperger’s Syndrome”, drawing upon Asperger’s description of patients as of normal intelligence, yet impaired in their ability to relate to others.[47] Wing was among the first to suggest that the syndrome Asperger described was a continuum of the *autism spectrum,* as she named it:

> ‘‘The autistic spectrum consists of a group of disorders of development with life-long effects and that have in common a triad of impairments in: social interaction, communication, imagination, and behaviour (narrow, and repetitive pattern of behaviour). The spectrum includes, but is wider than, the syndromes originally described by Leo Kanner and Hans Asperger.” (Wing, 1997: 1761).

Wing was among the first autism researcher to realise that autistic deficits could have many different aetiologies, levels of severity and affect all age groups at all levels of intellectual abilities. Stressing that each element of the triad of impairments (namely, the deficits in social communication, language impairment and restrictive interests) has a range of manifestation, Wing argued for recognizing the number of additional influences that affect the clinical picture, some of them being age, sex, personality, social and physical environment, as well as educational, psychological and medical interventions. Setting her theory on the grounds on uniqueness of autism traits in each autistic individual, she fought against arbitrary criteria for identifying and distinguishing specific syndromes within the autism spectrum, which will be a strong critique against the Diagnostic and Statistical Manual of Mental Disorders (DSM), 4th edition. Videlicet, according to DSM-IV (1996) and DSM-IV-R (2000), autistic spectrum of disorders included Autistic disorder, Rett’s disorder, Childhood Disintegrative Disorder, Asperger’s disorder and Pervasive Developmental Disorder - Not Otherwise Specified, which appeared in infancy or childhood and are instances of Pervasive Developmental Disorders.

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[46] Asperger [1944] 1991, p.72.

[47] Wing, 1981.

Each diagnostic label was equated with severity level: at the severe end of the autism spectrum was Autistic Disorder, at the mild end of the spectrum - Asperger's disorder[48].

With the most recent DSM-5[49], Autism Disorder, Pervasive Developmental Disorder - Not Otherwise Specified, and Asperger Disorder merged into the new diagnosis of "Autism Spectrum Disorder (ASD[50])" fueling both scientific and public debates, presented in the following paragraph.

3.2.3. The DSM-5

The main diagnostic criteria for Autism Spectrum Disorder are presented in the DSM-5:

A. Persistent deficits in social communication and social interaction across multiple context, including deficits in: social-emotional reciprocity, nonverbal communication behaviours (abnormalities in eye-contact and body language), developing, maintaining, and understanding relationships.

B. Restricted, repetitive patterns of behavior, interests, or activities, as manifested by at least two of the following: stereotyped or repetitive motor movements, use of objects, or speech, insistence on ritualized patterns of verbal or nonverbal behavior, highly restricted, fixated interests, hyper- or hypo reactivity to sensory input or unusual interest in sensory aspects of the environment

C. Symptoms must be present in the early developmental period

D. Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning.

E. These disturbances are not better explained by intellectual disability (intellectual developmental disorder) or global developmental delay.

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[48] Some autism researcher argued that Asperger's disorder does not exist as a discrete condition, but should be understood as a mild form of High-Functioning Autism (Happe, 1994: 95-97).

[49] Earlier editions of the Diagnostic and Statistical Manual used roman numerals (e.g. DSM- IV). The fifth edition was changed to Arabic numerals, namely to DSM- 5.

[50] Here and throughout I use the term ''ASD'' as proscribed in the DSM-5. However, I want to draw attention on the term Autism Spectrum Conditions (ASC), a more neutral term that has increasingly been used in scientific literature, with the purpose of highlighting the autistic strength as well as difficulties, without the negative overtones of the term "disorder" (See Lai M-C et al. (2013)).

Further, the DSM-5 includes the *severity markers* based on the degree of impairments, recognizing three levels of autism impairment – mild, moderate and severe impairment. These markers serve as a tool used by clinicians to rate the severity of psychiatric and related symptoms. The severity classification has three levels – *Level 1* ("Requiring support"), *Level 2* ("Requiring substantial support"), and *Level 3* ("Requiring very substantial support"). The notion of the "level of support" is to be understood as the environmental modifications necessary for daily functioning. The classification levels are split across two main areas, described in the DSM-5 as features A (*Social Communication)* and B (*Restricted and Repetitive Behaviors). Level 1*, the highest level, describes cases of autistic individuals functioning without support in place, but still exhibiting deficits in social communication (e.g. difficulty initiating social interaction). People who receive a diagnosis of *Level 1* of autism, according to DSM-5, still require support (in the form of behavioral therapy), but often maintain a high quality of life. The individuals diagnosed with *Level 2* autism have social impairments, reduced verbal and non-verbal communication skills and mild inflexibility of behavior. The symptoms of this level include difficulty in coping with change, significant lack of verbal and non-verbal communication skills, narrow interests and reduced response to social cues. However, people diagnosed with *Level 2* autism can still have a proper quality of life, but with support and therapy in place. Finally, *Level 3* is used when an autistic person has severe deficits in verbal and non-verbal social communication, severe impairments in daily functioning, minimal response to social interactions and limited or completed lack of language. According to DSM-5, this level of autism requires substantial support, due to symptoms like severe lack of verbal and non-verbal skills, extreme difficulty in changing routines or environment, limited ability to engage in social interaction, and learning disabilities.

Additional feature of the DSM-5 diagnostic criteria is recommendation of the use of specifiers - with or without accompanying intellectual impairment; with or without accompanying structural language impairment; associated with a known medical/genetic or environmental/acquired condition; associated with another neurodevelopmental, mental, or behavioral disorder, age at first concern; with or without loss of enrichment of clinical description of the affected individual. According to the DSM-5, the symptomatology of the Autism Disorder, Asperger Disorder, Pervasive Developmental Disorder - Not Otherwise Specified, represent a continuum of mild to severe impairments in the two main domains - social communication and restrictive repetitive behaviors/interests. Thus, those were not distinct disorders, but a different levels of severity of autistic impairments. The consolidation of these diagnostic marks into Autism Spectrum Disorder was primarily designed to identify more focused treatment targets and, ultimately, to improve services and treatment for autistic children and adults.[51]

3.2.4. The critiques against the DSM-5[52]

Many psychiatrists, psychologists, patient-advocates and philosophers raised a wide range of concerns, as they questioned the trustworthiness of the Manual and its creators.[53] The main concerns were that the DSM is responsible for unreasonable diagnostic inflation and for unjustifiable pathologization.[54] Another point is raised about the sufficiency of the DSM diagnostic criteria to represent the clinical reality of mental disorders.[55] Alongside, there was a raising concern of a lack of diversity in theoretical perspectives and DSM's powerful position within the network of economic and political relations influenced by pharmaceutical companies.[56]

Defining the boundaries of autistic disorder and its subtypes was a practice that tried to differentiate severe autism from the weaker forms of the disorder. These boundaries were often conditioned by the scientific, social, political and economic factors of the individual over whom the diagnostic prognosis was being made, and to a large extent shape the way in which society perceives such a person. Conditionality and identity formation through diagnostics have played an important role in the rebellion that has arisen since the introduction of the DSM-5. Namely, for many autistic people their diagnosis was a mark of personal as well as collective blueprint for social identity, as was the case of the so-called Aspie communities, a groupings of individuals diagnosed with Asperger's disorder.[57] As Molloy and Vasil[58] noted, the young adults became to identify with their diagnosis of Asperger's Syndrome, creating a "marginal normality (on) the blurred borderline between sameness and otherness" (2002: 73). Autism communities have seen the unification of diagnostic subtypes of autistic disorders as an act of abolishment of their own *autistic identities*.

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[51] American Psychiatric Association, 2013: Preface, xvii.

[52] Public Epistemic Trustworthiness and the Integration of Patients in Psychiatric Classification Anke Bueter

[53] The topic of the distrust towards experts will be the topic of the Chapter 6 of this dissertation.

[54] Horwitz and Wakefield, 2012.

[55] Parnas and Sass, 2003.

[56] Cosgrove et al. 2006.

[57] David Giles, 2013.

[58] Molloy et al., 2002.

Paradoxically, the merging of subtypes of autistic disorders led to a division of autistic communities, specifically on those who had been diagnosed with Asperger's disorder before the DSM-5, and those who had been diagnosed with PPT-NOS and autistic disorder. The Aspie communities felt they were being wronged by being diagnosed with autistic disorder. Their personal discomfort with the newly diagnosed label lies in the socially conditioned image of autism, often associated with negative connotations. In this manner, one of the major criticisms of DSM was that it pathologized typical behavior with its production of new mental disorders, ultimately leading to stigmatization and labeling of individuals.[59] By the time of the DSM-5, persons diagnosed with Asperger's were not considered to be mentally ill, nor were they victims of negative stigmatization, unlike others diagnosed with autism. In addition, with the high visibility and popularity of the syndrome through media, cinema and literature's popular representations of extraordinary individuals with extreme talents, but socially deficient, the Aspie communities have enjoyed a specific, unstigmatized. social status.

3.3.The stigmatization of Autism

3.3.1. What is stigma? The two accounts

In order to lay a framework for discussion on the stigmatization of autism spectrum disorder, I will present two accounts on stigma: Link and Phelan's (2001) description of interrelated processes that contribute to stigmatization, and Corrigan's (1998, 2004, 2016) account which explicitly deals with stigma in relation to mental illness.

Link and Phelan (2001) define stigma as a complex process dependable on current political, social and economic power relation.[60] They differ the following five interrelated processes that are exhibited in practices of stigmatization. Stigma occurs when the majority of the society recognizes the existence of the minority, in terms of their differences. A person who possess such a difference which distinguishes it from other members of her society, is labeled, as a part of the fist component of the stigmatization mechanism. Dominant cultural beliefs link labelled persons to undesirable characteristics, namely to negative stereotypes that reinforce the marginalized position of those who occupy different position in a society. In the third process, labelled persons are placed in distinct categories with tendency to invoke separation of "us"

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[59] Kutchins and Kirk, 1997; Lane, 2007; Szasz, 2007).

[60] Link, B. G. and Phelan, J.C. (2001). "Conceptualizing stigma". Annual Review of Sociology. 27. pp. 363–385.

from “them”. In the fourth, labelled persons’ experience status loss and discrimination. The latter leads to unequal outcomes and deprivation of the basic rights and freedoms. Finally, in the fifth process, the stigmatization is “entirely contingent on access to social, economic and political power that allows the identification of differentness, the construction of stereotypes, the separation of labelled persons into distinct categories, and the full execution of disapproval, rejection, exclusion and discrimination. Thus we apply the term stigma when elements of labelling, stereotyping, separation, status loss and discrimination co-occur in a power situation that allows the components of stigma to unfold” (2001: 367).

For our discussion on autism, the first component that stresses the social selection of human differences is of vital importance. Certain forms of human differences are socially irrelevant: for example, the color of one’s car or the last three digits of one’s social number. However, certain human differences are salient in certain societies, such are one’s skin color, IQ, sexual preferences or diagnosis of mental disorder. Link and Phelan stress that human differences that matter socially are social selections we take for granted as just the way things are. We use the labels, such as ‘blind people’ and ‘sighted people’, people who are handicapped and people who are not, without accounting for substantial oversimplification that leads to grouping and polarization. The second component of stigma occurs when socially salient differences are linked to negative stereotypes. This happens when the labeled difference links to a set of socially undesirable characteristics. After linking the difference with stereotype, as the third feature, the process of separating “them” as a group with specific socially undesirable difference from “us”, a group of people who do not possess such differences.[61] With relation to the previously discussed newly stigmatization of those who were previously been identified with their Asperger’s syndrome diagnosis, I emphasize the fourth component which concerns status loss and discrimination. The individual’s status is being reduced in the eyes of the stigmatizer by being linked to undesirable characteristics and negative stereotypes. Once labeled, the individual is set apart from the society and experience disadvantage in various life chances like employment, education, housing, and proper medical treatment. The status loss process is of particular importance, as it places a person downward in a status hierarchy. Status loss leads to inequalities: Link and Phelan (2001) stress that low status affects the public image of a marginalized individual, which leads to making such an individual less attractive to socialize with, to involve in socially shared activities, or to include them in political

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[61] In similar fashion, Phelan et al. (2014) argue that the production of stigma in relation to mental illness is guided by “social ordering schemas”. See. Phelan et al. 2014.

processes.[62] Hence, the lower the social status of an individual, the higher the decrease of opportunities for living a good life.

The status loss is also recognized as a springboard for discrimination of those whose status has been reduced. When a non-stigmatized group becomes aware of the reduced status of a certain individual or a group, they will act in a discriminatory manner, mainly by avoiding or marginalizing the person or a group in question. Such practices reinforce the stigmatization and the marginalization of an individual or a group from the society, and deepens the negative public image about an individual's group reinforced by stereotypes and prejudices. Finally, Link and Phelan’s fifth feature is the dependance of stigma on social, economic, and political power, meaning that it is only possible to stigmatize when one has the power to do so. They provide an example of a patient in a treatment program for people with serious mental illness who tries to create stigma on a staff member (“the pill pusher”), but fails to do so as he does not possess the needed power. Contrary, the staff member, a person on with a higher status and, consequently, with higher power, can create and attach stigma to the patient.[63]

Let us now turn to Patrick Corrigan’s (2004) account on stigma[64], which is similar to the Link and Phelan’s, as both accounts recognize the different intertwined processes included in the stigmatization mechanisms. Corrigan’s investigation of stigma is primarily concerned with relation to mental illness and mental health care. The first stage of stigmatization occurs when the society recognizes in an individual one of the four “cues”: “psychiatric symptoms, social-skills deficits, physical appearance and labels” (2014: 615). These cues present the indicators of mental illnesses, and as such are the first feature which, sequential, produces, a second process - stigmatizing reactions. Such stigmatization reactions are, according to Corrigan, social, in terms that they represent collectively agreed notions about some groups of individuals. Further, they are especially efficient, as they allow people to generate impressions and expectations of individuals who belong to a stereotyped group.[65] The endorsement and use of stereotypes lead to the third process, that is the development of prejudice as an evaluative responses, such for instance is that “ all people with mental illness are violent and incompetent”

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[62] Link and Phelan, 2001: 373.

[63] Ibid.

[64] Corrigan, P.M. (2004). How stigma interferes with mental health care. *The American psychologist, 59 7,* pp. 614-625.

[65] See also Corrigan et. al., 2014.

(Corrigan 2004: 616). The fourth and final process is the discrimination and discriminatory behaviors which manifests as negative actions against the stigmatized group.[66]

Notice that there are similarities in the above mentioned two accounts, both recognizing that stigmatization is consisted out of many complex features that can seriously harm a stigmatized person's well-being through labeling, stereotypes, prejudice and discrimination. The accounts were presented as the general framework on the stigma issue in terms of which the rest of the dissertation is to be understood. I shall now turn to specific case of stigmatization: the stigma related to ASD.

3.3.2. Autism stigma

Diagnosis as a classification enterprise defines boundaries between different disorders, emphasizing the mission of finding an adequate way to treat and normalize such dysfunctions. However, while the benefits of the diagnostic processes are recognized as valuable, mental health professionals, as well as activist patient groups, have recognized that diagnosis and categorization are one of the main causes of stigmatization. The stigmatization of the mentally ill can be defined as negative labeling, marginalization and avoidance of certain individuals based on their diagnosis. In order to understand how the diagnosis of mental disorders and the classification of one's mental state leads to stigmatization of patients in society, three key processes are crucial. Ben - Zeev and al. (2010) recognized that mechanisms of stigmatization occur when three processes are identified: groupness, homogeneity, and stability.[67]

Groupness represents the view of a group of people as a unified entity linked by a certain trait. The diagnosis and categorization of a person's mental state are the procedures that separate individuals with mental dysfunctioning, or with different mental functionings, from the general population (i.e. the majority of society that does not exhibit any kind of distorted mental states). Alongside, by pointing to differences between the "abnormal" and the "normal", the practices of diagnostic labelling add to the salience of the mental patient groupness. Seeing all people with a mental disorder as a unified group (i.e. the group specified as "abnormal" or "insane") is an almost daily social practice. However, the same practice has been shown to be somewhat used by the scientific community as well. Specifically, when it comes to autistic disorders, one looks at all autistic persons through the prism of stereotypical images of autism, with the

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[66] Corrigan 2004: 617.

[67] Ben-Zeev, Dror & Young, Michael & Corrigan, Patrick. (2010). "DSM-V and the stigma of mental illness". Journal of mental health, 19, pp. 318-27.

assumption that each person on the autism spectrum will behave in the same way and have the same abilities as other individuals on the spectrum. Overgeneralization error is associated with a homogeneous understanding of mental disorders, that is, with the assumption that all members of the group will exhibit the characteristics attributed to that group.[68] For example, all people diagnosed with autism spectrum disorder are "expected " to have the same level of deficits in social communication or language development.[69] Hull et al. (2017) recognize the mentioned problem, as well as the impact it has on the well-being of autistic individuals. The statement of the participant in the Hull's study of the impact of stigmatization on autistic individuals, depicts the generalization problem autistic individual encounter with:

> "So many people have a stereotyped view of what ASC [autistic spectrum conditions] looks like. They think people with AS are all geeky, and have little empathy and little insight. They think people with ASC bore on and on about their pet subject and make tactless remarks. They don't realise that women with ASC tend to internalise things much more and do have empathy and insight, and are very careful not to make hurtful remarks." (Hull, 2017: 2528).

Stereotyped descriptions of stigmatized groups are in many cases based on the stability of diagnosed trait. The characteristics and symptoms used to describe the groups implicitly assume the rigidity and immutability of the condition. Such stereotyped labeling in advance suggests that those diagnosed with a mental disorder are "doomed" to their condition, without the possibility of progress. As L. A. Tisoncik[70], the founder of *Autistics.org* reports, such practices mark and direct the quality of autistic lives:

> "Autistic persons are disadvantaged almost from the moment of birth. Our power to determine the direction of our lives is taken by presumptions about cognition and perception that simultaneously ignore our abilities and make unreasonable demands upon our disabilities. We are rejected by our peers, whose bullying is not merely tolerated, but encouraged, by adults, who themselves may join in the bullying." (2020: 69)

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[68] Corrigan, 2007.

[69] See. Lenroot, et.al. 2013.

[70] Tisoncik L.A. (2020) Autistics.Org and Finding Our Voices as an Activist Movement. In: Kapp S. (eds) Autistic Community and the Neurodiversity Movement. Palgrave Macmillan, pp 65-76.

The heterogeneity that characterizes autistic disorder and the different manifestation of autistic traits in autistic individuals, associated with a lack of basic knowledge of the general public about this disorder, led to significantly influential negative stigmatization of autistic conditions and deprivation of autistics' quality of life.

Most of the time, precisely because they are seen as deviance from normality, beliefs of autistic persons about their own conditions and experiences are persistently being dismissed. The stereotypes and prejudices on autism are grounded into our society, and are mostly based on popularization of the autism in the public sphere (for instance, in TV-shows, novel characters, public discussion on the increasing number of young kids with autism, debates on vaccination, etc.).[71] The ground stone problem with stereotypes and prejudices on autism is that they allow little consideration of the heterogeneity of the autism spectrum and autistic individuality. Autism includes various medical conditions that vary from one individual to another, and making stereotypes about such condition can be utterly harmful. For example, because of the popularization of the movie *Rain Man,* the public image of autism was equivalent to *idiot savant syndrome,* producing assumptions that all autistic individuals are savants and geniuses. Similar assumption that followed media representations was that all the people on the autism spectrum have extreme talents, to the level of having "superpowers".[72] However, that is not the case; the evidence suggests that vast majority of autistic people are not savants, but just autistic[73]. Stuart Murray noted that

> "the incredible increase in autism narratives in contemporary culture, from novels and films to radio phone ins and magazine articles, has arguably not led to a profitable revision of what autism is. Rather, we might feel that such narratives have overlaid the condition not with understanding but with the complex desires of a society that wishes to be fascinated with a topic that seems precisely to elude comprehension (Murray, 2008: 4)

In the same fashion, Firth and Happé (1999) concluded that for the parents of a lower-functioning autistic child from whom it is expected to exhibit savant skills because of her

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[71] Hens et al. (2018) insist that is is the task of the ethics of autism to consider the impact of the cultural representation of the term "autism" along with its meaning as conveyed in popular media, literature, and art.

[72] See. Kendall, 2009.

[73] See. Baker, 2008.

condition, the equation of autism with savant skills can be quite distressing. This is why I feel obligated to limit my discussion in this paper and to emphasize that the target group of my investigations are those individuals who correspond to high-functioning autism, described within Level 1 on the severity threshold level.

Media representations of autistic people can, on the other hand, reinforce negative prejudices the society has when autism is in question. Such are the representations of autistic people as completely emotionless, unable to love or feel any kind of reciprocal emotion and, thus, unloved by their family members. Another deception about autistic behavior is related to the latter stereotype, namely to common presumption that given that autistics are unable to feel empathy, they are uncontrollable and dangerous for the society at large.[74] Other stereotypes depict autistic people as weird, unsocial and untrustworthy due to their inability to maintain proper social relationship with other people, including inability to conduct a conversation or make eye-contact.[75] Proper eye-gazing is important to social interactions, as gaze behavior play a role in how we evaluate a person and her testimonies. Wood and Freeth (2016) conducted a study on how students who have no autistic persons as close friends or family members think of autistic people. The participants were asked to name as many autistic stereotypes as possible. The most commonly mentioned were the following stereotypes: poor social skills, introverted, poor communication, difficult personalities or behavior, poor emotional intelligence, high intelligence, awkward, obsessive and low intelligence.[76] Thus, the conducted study demonstrated that the general perception of autistics is mostly negative, which, consequently, has a serious impact on the lives of the autistic people. Such, mostly negative, stereotypes and prejudices affect how society treats autistic persons and how it includes them into everyday relations. This type of negative discrimination limits a person in meeting the long and short term social goals, which in turn results in low self-esteem, feelings of guilt and diminished abilities. Autistics are considered incapable of doing any work, they are ignored, not accepted into society, marginalized, excessively controlled and perceived as victims of their own conditions, which undoubtedly leads to extreme feelings of isolation, rejection and depression.

Interestingly, it seems that highlighting the heterogeneity of the spectrum as an important factor in the stigmatization processes; namely, it can be speculated that

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[74] For discussion on the question of correlation of autistic traits and criminal activities, see. Maras et. al. 2015.

[75] Draaisma, 2009.

[76] Wood, C. and Freeth, M. (2016) Students' Stereotypes of Autism. *Journal of Educational Issues*, 2 (2). pp. 131-140.

stigmatization and discrimination increase with severity of condition. The diverse nature of the autism spectrum, ranging from high to low functioning, markers the way society perceives an autistic individual, mainly projecting more negative stereotypes to those who are on the severe end of the spectrum than to those who are considered to be at the less severe end. The heterogeneity of the spectrum is relevant in investigating the processes of stigmatization of autistic people, as they can have traits that are both stereotypic and counter-stereotypic.[77] Some autistic individuals fit the stereotypes, i.e. certain stereotypes about autism may be accurate, but its accuracy does not withdraw the generalization to the whole spectrum. Mentioned practices of attribution of unfit autistic features and inaccurate expectations lead to inability to be open for recognizing the real cognitive capacities of autistic persons, and, finally, to the practices of downsizing their capacity as a trusted knower.

In response to such unwarranted stigmatization and marginalization, autistic people have gathered around various activist groups with the goal of promoting the true colors of autism. One of the most significant amongst is the neurodiversity movement, which brings together autistic people in the fight for their specific autistic rights. Namely, the neurodiversity movement aims to break the illusory understanding of what the majority society considers autism, and to show that autism is a natural variation that includes many talents and abilities that makes up the identity of an autistic person.

3.4. The Neurodiversity

3.4.1. From neurodiversity to neurodiversity movement

In the chapter titled “Why can’t you be normal for once in your life? From a ‘problem’ with no name’ to the emergence of a new category of difference”, Judy Singer coined a new term to describe the new line of thought born amongst autism self-advocates:

> “For me, the key significance of the "Autistic Spectrum" lies in its call for and anticipation of a politics of Neurological Diversity, or "Neurodiversity". The "Neurologically Different" represent a new addition to the familiar political categories of class / gender / race and will augment the insights of the social model of disability. The rise of Neurodiversity takes postmodern fragmentation one step further. Just as the

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[77] Treweek, C., Wood, C., Martin, J. (2018) Autistic people’s perspectives on stereotypes: An interpretative phenomenological analysis. Autism. pp. 1362-3613.

> postmodern era sees every once too solid belief melt into air, even our most taken-for granted assumptions: that we all more or less see, feel, touch, hear, smell, and sort information, in more or less the same way, (unless visibly disabled) are being dissolved" (Singer, 1998: 64).

Steven Kapp (2020) insists on differentiating the concept of neurodiversity and the framework and activities of the neurodiversity movement. The former concept originated from Singer's writings with desire for explaining the non-autistics what it means to be autistic and to have a neurologically different brain set. In such fashion, as stated by Kapp, the term implicitly refers to a striving desire for inclusion in education, employment and housing, in addition to recognition of their universal rights.[78] The neurodiversity framework, however, is associated with activist practices merged with group-based-identity politics that acts as a minority group.[79] The exact paradigm-shifting (from understanding autism as a tragedy to autistic pride) event cannot be determined unequivocally: the impulse to acknowledge the various conditions on the autism spectrum has occurred through the continued accumulation of online blog spheres, forum discussions and public speaking by members and leaders of autistic advocacy groups.
In the mid and late 1990s, many of the high-functioning autistics whose main difficulties were connected to impairments in social communication have found the ideal medium through which they could speak about their condition, their daily lives, share their needs and problems - the Internet. Computers are the communications medium *par excellence* for autistics, as they allow them to incompase their autistic deficits. It is through the Internet that a new form of societal group found their platform. By the early 2000s, official online platforms specializing in the aspie community, or individuals with Asperger's disorder, were developing rapidly.[80] The coalition happened almost unexpectedly among people who were outcasts their whole lives, social misfits who were perceived by society as "nerds", "freaks", "loners" and "weirdos". By finding an adequate platform to enable them to communicate despite their innate social communication deficits, autistic self-advocates begin to join together in a new social movement that illuminates the understanding of an autistic self and struggles for recognizing autism as a "neurological difference": a concept that should be added to the categories of class / disability

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[78] Steven Kapp (ed.) 2020. Autistic Community and the Neurodiversity Movement: Stories from the Frontline, Palgrave Macmillan.

[79] For a discussion on the limits and possibilities of neurodiverse political activism, see Runswick-Cole, 2014.

[80] T*he Wrong Planet* was the focal point and one of the leading websites representing the digital voice of the autism community, with a membership of 62,000 by early 2012.

/ ethnicity / gender. The strive for recognition is a tendency to "move disability from the realm of medicine into that of political minorities, to recast it from a form of pathology to a form of ethnicity" (Thomas, 1997:6).

Autistic self advocates counter themselves to "neurotypical people" or NT, referring to the term they coined in order to stop using the term "normality" as contradictor to their condition. They premise their condition as a part of their being, inseparable from the person; a condition that should be respected by a neurological/ neurotypical majority.[81] In its core, the neurodiversity movement orients on consciousness-raising, but its ultimate goal is to establish an autistic community involved in the social, medical and juridical discourses on autism.

Jim Sinclair, the founder of Autism Network International (ANI), was among the first autistic self-advocate who raised concern over the lack of autistic voices in the discussion of autism. The leading voices in these discussions were non-autistics, neurotypical stakeholders (professionals, parents, and caregivers). The correction of such injustice was presented to Sinclair in the light of ANI, an email correspondence list, and then a forum, with the goal of engaging into autistic discourse, without the influence of neurotypicals. One of the most valuable impacts on the autism conscious-raising has been Sinclair's essay entitled "Don't mourn for us", published in the ANI's newsletter. In the essay, Sinclair presents autism and autistic firsthand experiences to those who experience autism secondhand – parents and caregivers. Interestingly, the essay is considered to be a ground stone of the neurodiversity movement as it implored society to embrace autistic persons:

> "Non-autistic people see autism as a great tragedy, and parents experience continuing disappointment and grief at all stages of the child's and family's life circle. (…) But this grief over a fantasized normal child needs to be separated from the parents' perception of the child they do have: the autistic child who needs the support of adult caretakers and who can form a very meaningful relationship with those caretakers if given the opportunity. (…) For their own sake and for the sake of their children, I urge parents to make radical changes in their perceptions of what autism means."[82]

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[81] Jaarsma, and Welin, 2011.

[82] The essay was published in the Autism Network International newsletter, Our Voice, Volume 1, Number 3, 1993. Retrieved from: https://philosophy.ucsc.edu/SinclairDontMournForUs.pdf. (Accessed on 15th January 2019)

This radical change of perspective has led autism advocate to exit from the sphere of online blogs and forums and create autistic communities that gather autistics, their parents, and caregivers with the mutual goal of advocating for autism as a way of being that is not possible to separate from the person. This positive note on autism challenged the public image of autistic persons as a personal tragedy, and promoted the true face of autism:

> "Each of us [autistic persons] who does learn to talk to you, each of us who manages to function at all in your society, each of us who manages to reach out and make a connection with you, is operating in alien territory, making contact with alien beings. We spend our entire lives doing this. And then you tell us that we can't relate." (opt.cit).

The neurodiversity movement recognizes the problems of stigmatization of the autism, as they claim that "people with autistic spectrum disorders are not victims of autism, they are victims of society (...), they suffer from prejudice, ignorance, lack of understanding, exploitation, verbal abuse - all this and more from the sector of society which considers itself socially able."[83] Similarly, Canguilhem (1989) suggested that the term "normal" only exists in relation to "pathological". He continues by stating that "every conception of pathology must be based on prior knowledge of the corresponding normal state (1989: 51), given that the "normal or physiological state is no longer simply a disposition which can be revealed and explained as fact, but a manifestation of an attachment to some value (1989:57). Thus, we can think of concepts of "normality", "abnormality" and "pathology" as situated within cultural values and social practices. This is why neurodiversity advocates refer to the social model of disability, which understands disability as a socially constructed phenomenon.

The main goal of the movement is to change the paradigm from disease- or disorder-based thinking about autism which labels and stigmatize autistics, to a more positive image of autism, one focused on autistic talents and potentials. Accepting autistic people as they are, with their deficits and talents, and insisting on affirmative understanding of diversity, along with understanding biodiversity as a richness of biological life, are key steps toward embracing the richness of brain diversity. Labels deny the opportunities of autistic people and reduce their self to their disorder, which is understood as a deviation from normality, strongly diminishing

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[83] Grace Hewson, "Letters to the Editor", The Guardian (2001) reposted on "Autism: The Question of Cure" neurodiversity.com. http://neurodiversity.com/cure.html (accessed 12 November 2019).

their potential, and the possibility of a positive image of autism. The recognition of various talents, strengths, abilities and intelligence is the basis for a necessary shift towards a different thinking about autism, one that will not be oriented solely to deficits but to the more positive dimensions of this condition. Realizing the importance of the affirmative image of autism in society and the correlation between stigmatization and autistic well-being, neurodiversity advocates insist on the production of a more positive naturalist language (as opposed to "negative" medicalized language) that will clearly indicate the value that neurodiversity holds for society as a whole.

The neurodiversity movement welcomes a new perspective which describes individuals acknowledging the diversity across identities[84], including the diversity in brain-wiring, i.e. neurological diversity. Jaarsma and Welin (2011) recognize at least two central neurodiversity movement claims:

(i) one related to the idea that there are brain-wiring, neurological differences among the human population, autism being one of them, and
(ii) one related to demands to recognition and acceptance.

In the broad sense, the neurodiversity claims for acceptance of autistic conditions as a natural human difference, a variation that should be accepted and tolerated by the society in the same manner as other human differences (e.g. sex, gender, race, nationality).[85] In this manner, an individual diagnosed with Autism Spectrum Disorder is not to be referred as person having autism, but as an autistic person.

3.4.2. Identity first language

The identitarian issue is followed with a shift in language attribution, differing *person-first language* and *identity-first language*. In the first-person language a noun referring to a person or persons precedes a phrase referring to a disability (e.g. people with autism). In identity-first language, the diagnosis procedes the personhood-noun (e.g. autistic person).[86] Even though the tendency of person-first language is to treat every referent as a person first, in

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[84] Robertson 2010.

[85] Griffin, and Pollak 2009.

[86] Gernsbacher, M.A. (2017). Editorial Perspective: The Use of the Person-First Language in Scholarly Writing May Accentuate Stigma, Journal of Child Psychology and Psychiatry 58:7, p. 859.

the same way as a person without disabilities, the studies showed that it accentuate stigmatization.[87] Thus, it is advised to use identity-first language, as it implies disability rights and equality. As Gernsbacher (2017) notes "identifying with a disability is empirically demonstrated to be associated with improved wellbeing, which is why identity-first language for persons with disabilities is often preferred". She continues, "scholarly writings endeavor to not use linguistic constructions that accentuate rather than attenuate the stigma associated with disabilities" (2017: 861). Autistic self-advocates also demand for identity first language:

> "When we say "person with autism," we say that it is unfortunate and an accident that a person is Autistic. We affirm that the person has value and worth, and that autism is entirely separate from what gives him or her value and worth. In fact, we are saying that autism is detrimental to value and worth as a person, which is why we separate the condition with the word "with" or "has." Ultimately, what we are saying when we say "person with autism" is that the person would be better off if not Autistic, and that it would have been better if he or she had been born typical. Yet, when we say "Autistic person," we recognize, affirm, and validate an individual's identity as an Autistic person. We recognize the value and worth of that individual as an Autistic person — that being Autistic is not a condition absolutely irreconcilable with regarding people as inherently valuable and worth something. We affirm the individual's potential to grow and mature, to overcome challenges and disability, and to live a meaningful life *as an Autistic*. Ultimately, we are accepting that the individual is different from non-Autistic people–and that that's not a tragedy, and we are showing that we are not afraid or ashamed to recognize that difference."[88]

3.5. Strengths and talents

Strong drive for the neurodiversity framework has its roots in cognitive strengths autistic persons share, which are not so commonly disused about in the same manner as the impairments. Some of the cognitive strengths autistic people share are exceptional attention to

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[87] Ibid.

[88] Brown, L. 2013. Identiy-first language; URL: https://autisticadvocacy.org/about-asan/identity-first-language/ (Accessed 23rd Feb 2020)

and memory for details, strong drive for systematization by detecting patterns, and the ability to make more consistent than neurotypicals decisions.

While savantism is seen only in a subset of autistic individuals, a universal feature seen across the autism spectrum is excellent attention to details. Autistic individuals show better performance than neurotypical control participants on tasks that require finding figures embedded in shapes and visual search tasks affected by a number of distractions. Participants with ASC also showed inability to integrate information into a coherent whole. Frith (1989) suggests that this inability is one of the basic features of autism, and she calls it weak "central coherence". Central coherence (CC) is the term coined for the everyday tendency to process incoming information in its context. Autistic people show detail-focused processing in which features are perceived and retained at the expense of global configuration and contextualized meaning. Children and adults with autism often show a preoccupation with details and parts, while failing to grasp the overall picture. Happé (1999) modifies weak CC account with the claim that it is better to understand it as a cognitive *style*, rather than cognitive deficit. Namely, the author concluded that the attention to local information could, in adequate settings, be advantageous.[89]

The inability to grasp a coherent whole can be seen in a positive manner, not as an inability, but rather as a superior ability to process local information. In this manner, Frith's original account of weak CC has been altered in three important ways. First, the original failure of autistic people to extract global meaning and form has transformed from a primary perceptual problem to a possible superiority in detail-focused processing. Second, the idea of core cognitive deficit was changed with the idea of processing bias or cognitive style. Third, the recognition of weak coherence was recognized as one of the possible aspects of autism. Weak CC in autism has also been demonstrated in studies that showed detail-by-detail drawing style and facility for copying incoherent figures. Mottron et al. (2001) situate the mechanism for weak coherence effects at the level of their "enhanced perceptual functioning (EPF). According to this account, "persons with autism may be over-dependent on specific aspects of perceptual functioning that are excessively developed and, as a consequence, more difficult to control and more disruptive to the development of other behaviors and abilities" (2001:137).

Unlike the original definition of the weak coherence account, the EPF account suggests superiority: "autism is characterized by the enhancement of several functions that share the

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[89] Happe, 1999: 218.

properties of low-level processing not necessarily associated with an imbalance between local and global processing" (2001: 139).

Howlin et al. (2009) argue that over a third of individuals with autism show unusual skills that are both above population norms and above their own overall cognitive functioning. Furter, the studies have showed that all autistic individuals share "stimulus overselectivity" – overly selective attention.[90] This over-selectivity is associated with bias toward local information, and, as in the case of weak central coherence, this feature can be interpreted in a positive, rather than in negative – inability oriented manner. The talent-based formulations of the autism spectrum disorder understood the weak central coherence as a cognitive processing style rather than a deficit, due to a superior ability to process local details exhibited through better performance in the block design and embedded figure tests in comparison neurotypical peers.[91]

Baron-Cohen et al. (2008) have proposed an *empathizing – systemizing account* of autism, relevant to the weak coherence account and the enhanced perceptual processing account. In their study, they argue that sensory hypersensitivity leads to excellent attention to details and improves the ability to "hyper – systemize", which leads to law – based pattern recognition. Systemizing refers to the drive to analyze and create systems, essential to which is an attention to exact detail. There are several types of systematization recognized in autistics: sensory systemizing (eating the same food every day, watching the same cartoon over and over), spatial systemizing (obsession with routes, drawing techniques), numerical systemizing (obsession with calendars or train tables, solving math problems), natural systemizing (learning Latin words to every plant in the garden, learning the etiology), collectible systemizing (creating lists and catalogues), and the like.

The hyper-systemizing ability autistic people share is to be understood as a *pattern-seeking* ability, which can

> "reveal scientific truths about the nature of reality, since their systemizing can help the individual understand how things work. These may be mechanical systems (like computers or car engines), abstract systems (like mathematics or syntax), natural systems (like a biological organ, or the weather), collectible systems (like a library or a

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[90] Lovaas, et al.1979.

[91] The studies showed that autistic participants exhibit the ability to see parts over wholes, "noticing every single tree in the forest"; see. Happe´ & Booth, 2008.

> lexicon), or even social systems (like a legal code or a historical chronology). What was previously dismissed as an “obsession” can be viewed more positively as a “strong, narrow interest” in a topic that, when harnessed, can lead the person with autism or AS to excel in a highly specific field” (2008: 69). He continues, “in this sense, it is likely that the genes for increased systemizing have made remarkable contributions to human history” (2008: 72).

Systemizing, in this context, refers to the ability to analyze and build systems in order to understand and predict the behavior or social situation.[92] Myers, Baron-Cohen and Wheelwright (2004) have listed the following six systems autistics are tend to built: (1) mechanical systems such as machines and tools; (2) natural systems such as biological processes and geographical phenomena; (3) abstract systems such as mathematical concepts and computer software; (4) motoric systems such as 3-D drawing or piano finger technique; (5) organizable systems such are used in library catalogue; and (6) social systems such as a management or a football team.[93]

Temple Grandin, university professor and a world-known autism advocate diagnosed with Asperger’s syndrome, is just one example of the cognitive benefits we can gain from autistics. She revolutionized cattle industry with her design of an objective scoring system for assessing handling of cattle and pigs at meat plants. When asked how she, as an autistic, designed the scoring system, she simply replied that it was not despite her diagnosis that she designed the system, but because of her diagnosis. Her brain is, as she describes it, like a web-browsers that goes from the specific to the general, mostly in pictures rather than in words, with a fast systemizing process.[94] She advocates cognitive diversity as a crucial epistemological maneuver for gaining new knowledge from individuals often perceived as poor knower, just like she was perceived at the beginning of her career. As Temple Grandin stated, half of Silicon Valley’s got mild autism, they are just avoiding labels.[95] Similar to her though, a recent survey showed

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[92] Baron-Cohen, S., 2009. Autism: The Empathizing – Systemizing (E-S) Theory. The Year in Cognitive Neuroscience: Ann. N.Y. Acad. Sci. 1156, pp. 68-80.

[93] Myers et al. 2004.

[94] Grandin, 2000.

[95] Grandin, T., 2013. The Autistic Brain: Thinking Across the Spectrum, Mariner Books.

that among Cambridge undergraduate students of mathematics, physics, engineering and Computer Science, mild autism (specifically Asperger's syndrome) is most likely to be found.[96]

3.6. Conclusion

The aim of this chapter was to provide the necessary background information on the history and current diagnostic picture of autism spectrum disorder. The heterogeneity of the spectrum is particularly emphasized, however, while recognizing the complexity and value of all conditions within the spectrum, in this dissertation I limit myself to cases of mild autism, that is, those classified as Level 1 in the impairment severity scale. The stereotyping and accompanying processes described in the chapter serve to identify the day-to-day challenges that autistic individuals face, but also to highlight how society's perceptions affect the quality of life of autistic community.

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[96] James I. (2003). Singular scientists. Journal of the Royal Society of Medicine, 96(1), 36–39.

4. THE EPISTEMOLOGY OF AUTISM

4.1. Introduction

In the first chapter, I laid the foundations for a discussion on epistemic injustices, with special emphasis on testimonial injustice. As I indicated, the discussion of epistemically irresponsible behavior has focused on various marginalized groups, but the literature has not yet recognized the treatment of autistic persons as a paradigmatic example of the practices of epistemic injustice. Therefore, the aim of this chapter is to focus attention on autistic persons as a group that is vulnerable to epistemic injustices. Injustices are manifested primarily in the neglection of the cognitive potentials of people with autism, stigmatization, and epistemic silence. Furthermore, as shown in the second chapter, the neurodiversity movement raised awareness of autism as a condition characterized not only by deficits, but also by numerous abilities and talents that are the product of precisely the autistic brain. Such activist aspirations have contributed to scientific researching of the topic of cognitive abilities related to autism, in isolation from deficit-focused analysis that stresses the importance of finding a cure for autism. Namely, it was the activism of the neurodiversity movement that advocated for the recognition of cognitive strengths and abilities related to autistic conditions (some of which being abilities for hyper-systemizing, detail-oriented perception, local information processing, etc.), which was further investigated and adopted in the form of policies practiced by medical professionals, psychologists, caregivers, and educational workers. Thus, the strengthening of autistic voices has resulted in re-framing the public image of autism, breaking down stereotypes and prejudices, and fight for de-stigmatization. The emphasis on autistic talents and abilities has contributed to the understanding that there is no objective neuro-scientific basis for excluding autistic people from the practice of making policies related to their lives (fought under the motto ‘Nothing about us without us’), that is, we can conclude, that there is no basis for epistemic injustice and epistemic silencing.

In this chapter, I will show that autistic individuals enter realm of groups that are victims of epistemic injustice. Namely, due to the stigmatization and generalization of autistic experiences, autistic testimonies are revoked and silenced on the assumption that people with autism, due to their diagnosis, are inadequate epistemic agents. Once we have established the mechanisms by which acts of epistemic injustice are realized, it is necessary to analyze the ways in which a neurotypical listener would behave epistemically correctly towards an autistic speaker. The nature of autistic testimony significantly differs from usual communication practices, and epistemic exchange is all the more specific. Nevertheless, the latter is certainly possible and desirable. Neurotypicals who enter into the testimonial exchange with an autistic person should not to hold prejudice, but to estimate the trustworthiness of an autistic speaker without their assessment being infected by overgeneralization. Every conversation situation is individual, especially when an autistic person is involved.

4.2. Epistemic injustice towards autistic speakers[97]

The notion of epistemic injustice has rapidly expanded and been recognized in the epistemic practices of the dominant group towards marginalized minorities. It, therefore does not come as a surprise the considerable amount of literature on how certain epistemic practices (knowledge acquisition, trust assessment and justification) tend to exclude women, African Americans, and homosexuals from fulfilling their epistemic potential to the fullest. However, as Kristien Hens, Ingrid Robeyns, and Katrien Schaubroeck[98] recognize, "philosophers have written much less about how these epistemic practices might also affect people with atypical ways of thinking, such as individuals with autism." (2017: 7). The purpose of this paragraph is precisely the latter, investigated through autobiographical narratives of autistic persons whose epistemic authority was denied on the basis of prejudicial judgments. Most examples of practicing such epistemic treatments are focused on the issue of the value of autistic self-reports, which, as feminist epistemology has shown for female speakers, represent epistemic value because of their unique insight and perspective.[99] Autistic testimonials constitutive a potential source of knowledge, and from their self-reports, we can gain valuable insights into the individual needs and experiences of the autistic speaker, but also about autistic experiences in general. By incorporating autistic perspectives, we strive for diversity and pluralism in the production of knowledge, and the recognition of valuable informants who should enjoy participation in epistemic activities as equal members.

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[97] The topic of epistemic injustice directed towards autistic individulas was previously disscused in Lekić-Barunčić (2019).

[98] Hens, K, Robeyns, I, Schaubroeck, K. (2019) “The ethics of autism”. *Philosophy Compass*. 2019; 14: e12559

[99] Medina, 2013.

I have shown how society, by projecting common stereotypes and prejudices, perceives autistic persons, whilst the stigmatization of autistic persons directly affects the assessment of their epistemic authority. Many reports of epistemic disqualification can be found in autistic self-reports written on online blogs or online forum posts. As already stated, the internet is a medium for communication of autistic persons, while online forums and blog spheres can be a good source of autistic testimonials. Gathering in online communities, autistic people generally share their daily activities, interests, and experiences in different situations, with a frequent topic in online forum discussions being precisely how neurotypical people behave when in a presence of a person with mild autism. As Shona Davies reports, such interactions are complicated, with a heavy burden of consistent effort to hide one's autistic behavior and attempt to prove she does not fit the presumed stereotypes about being autistic:

> "Life is difficult for me as an autistic woman. I've spent most of my life being criticised or rejected because of perceived social failings. It is difficult trying to keep up with conversations because my brain processes information more slowly, and people don't realize I need a few extra seconds to reply. It's difficult being in sensory overload because fluorescent lights exist (they wouldn't if autistics were the majority). I put in extra effort compared to most for every outing, every social interaction, everything I do, yet I still do not meet the appropriate 'standard' as defined by non autistic people." [100]

Neurotypical individuals often do not understand the conditions described above, which represent a large part of autistic experiences. The latter results in epistemic errors. In testimonial exchange, two deviations in assessing speaker credibility are potential. Some instances of such deviations are the cases described above, that is, instances where we underestimate the speaker's credibility and harm him or her as a cognition. On the other hand, there are cases where we overestimate the speaker's credibility. Both cases, interestingly, can be found within the research into the practices of epistemic assessment of the credibility of autistic speakers. Specifically, as noted in Chapter Two, the history of autism is marked by changes in diagnostic criteria and diagnostic labels, such that the DSM-5 unifies all conditions from the spectrum under one name, eliminating previous diagnostic labels such as Asperger's syndrome, autism, and pervasive developmental disorder. Interestingly, although such labels have been abolished and are no longer used in medical practice, stereotypes related to former

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[100] Shona Davies, 2018. Why I hate Autism; URL: http://www.thinkingautismguide.com/2018/07/why-i-do-not-hate-autism.html (Accessed 04.04. 2020.).

diagnostic conditions are still present. In this way, society makes a big difference in the treatment of those individuals whose diagnosis corresponded to the Asperger syndrome label and to individuals whose label indicated that they were in some other position within the autism spectrum. People diagnosed with Asperger's syndrome were more likely to experience a problem of overestimation of credibility by neurotypical individuals, since the stereotype associated with said syndrome was positively charged.[101] Because of the social image and popular culture, people with Asperger's Syndrome are thought to be savant with extremely high intelligence and unusual talent, especially in the fields of mathematics and physics. Autistic self-reports indicate that they have often been "victims" of overestimation by neurotypical individuals throughout their lives:

> "Overestimation due to my autism diagnosis being known does happen a lot as well. People have often assumed I am mathematically gifted. I dabble in mathematics, but I am far from gifted. "[102];
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> "Last week at work, my boss asked me if I could program something for a dynamic logo. I don't do programming, and my function in the studio is a graphic designer and type designer, but on account of my autism it is assumed I can program."[103].

The latter cases also represent epistemic deviations and errors, but they are not cases of epistemic injustice. Cases in which we overestimate the speaker's credibility do not offend the speaker's epistemic status. A specific feature of epistemic injustice is the underestimation, not the overestimation, of the speaker's credibility. The core of epistemic error is the ethical error caused by prejudice that results from a common social imaginative notion related to social identity. The example above clearly indicates the epistemic treatment that autistic individuals encounter in testimonial exchange. Due to the stigma that autism carries, presented in the previous chapter, autistic persons are abolished of epistemic authority and reduced to the level of non-credible speakers who do not understand the world around them nor their own needs and experiences. The idea that autistics have difficulties expressing their experiences in natural language has led to an examination of autistic experiences in general. Jim Sinclair (2013), in

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[101] Schriber, R. A., Robins, R. W., & Solomon, M. (2014). Personality and self-insight in individuals with autism spectrum disorder. *Journal of personality and social psychology*, *106*(1), 112–130.

[102]https://www.quora.com/Do-neurotypicals-who-don%E2%80%99t-know-that-you-are-autistic-underestimate-you-a-lot

[103]https://www.quora.com/Do-neurotypicals-who-don%E2%80%99t-know-that-you-are-autistic-underestimate-you-a-lot

this manner, stressed an important issue of the ways professionals treat epistemic status of autistic persons. Noting that autistic persons are often excluded from epistemic practices designed to contribute to the interpretations of autistic experiences, he introduces a phenomenon of the "self-narrating zoo exhibit":

> "If an autistic person is willing to answer personal questions and share her life story, do not overgeneralize and assume that what this one person reports about her own life is true for all autistic people. People do this a lot, and it causes misunderstandings and difficulties when they encounter other autistic people who don't meet their preconceptions."[104]

In this phenomenon, adult autistics explain their experience to the professionals, who, later on, use those insights as resources for understanding autistic experiences of others, especially autistic children. Sinclair stressed that the problem lies within the practices of overgeneralization of autistic experiences and of diminishing the unique value of the questioned subject.[105] When adult autistics are providing testimonies, Sinclair continues, they are not treated as subjects worthy of interaction, but as some type of prototypes of general autistic experiences. Their narratives are used only to overgeneralize autistic experiences with the assumption that reports of a one person are true for all autistic people. Thus, when an autistic person does not follow what is thought to be a standardized autistic experience, her testimony is being rejected as false, and her ability to express her experiences as default. As Sinclair reports, his testimony is often silenced, while his autistic condition is highlighted:

> „My credibility is suspect. My understanding of myself is not considered to be valid, and my perceptions of events are not considered to be based in reality. My rationality is questioned because, regardless of intellect, I still appear odd. My ability to make reasonable decisions, based on my own carefully reasoned priorities, is doubted because I don't make the same decisions that people with different priorities would make." (2013: 298)

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[104] Sinclair, J. in Ellermann, M. "Interview with Jim Sinclair"; URL: https://www.autism.se/RFA/uploads/nedladningsbara%20filer/Interview_with_Jim_Sinclair.pdf (Accessed July 5th 2020).

[105] Sinclair J. (2013) "Personal essays ", in: Eric Schopler and Gary B. Mesibov, High-Functioning Individuals with Autism, Springer, Boston, 2013, pp. 292-299.

The justification of extending distrust towards autistic persons is not as simple as it appears, given that autism is heterogeneous disorder and the trustworthiness of an autistic speaker is individual. However, the latter does not withdraw that autistic people should be, on basis of their condition, marginalized from the process of testimonial exchange all together. I stand that the hearer in the testimonial exchange between a neurotypical and an autistic person ought to preserve herself from assessing distrust based on prejudices and stereotypes, and focus on finding an adequate way of communicating with a person on the spectrum. Therefore, the failure to extend trust to autistic people cannot be justified in cases where the assessment of the speaker's trustworthiness is infected by prejudices and stereotypes the hearer has about the speaker's medical condition. Given that prejudices and stereotypes about autism are grounded deeply into social imaginary, autistic people are often victims of testimonial injustice. As Sinclear pointed, autistics' testimonies about their own conditions are often rejected as untrustworthy if they do not fit into the general autistic experiences. Autistic individuals are, as well, often treated as untrustworthy in the cases of science progression, especially in the processes of knowledge production on autism. While autistic persons are perceived as untrustworthy (with an assessment based on stereotypes and prejudices) or even completely silenced, the non-autistics, the neurotypicals, are given the credibility to testify about the experiences and needs of autistic people. The latter is, I believe, probably the most endured case of testimonial injustice towards autistic individuals. Needless to say that non-autistics' understandings of needs and experiences of persons on the spectrum are poor and sometimes even inadequate, which can reflect in challenges in accessing appropriate treatments for health problems related to autism.

The identity prejudices neurotypicals have about autistics and their experiences, often combined with insufficient knowledge regarding the nature of autism in general, lead not only to testimonial injustice, but to the general failure in communication. In the case of autistics, it is fair to say that miscommunication is not the fault of autistic speakers or neurotypical hearers, but the reason for miscommunication lies in the lack of hermeneutical resources. There are two types of hermeneutical injustice: the first is when a subject lacks understanding of her experience, and the second when a subject understands her experience, but lacks interpretive resources to explain those experiences to others. In the case of autistics, it is fair to say that miscommunication is not the fault of autistic speakers or neurotypical hearers, but the reason for miscommunication lies in the lack of hermeneutical resources. Autistics are disadvantaged within the hermeneutical resource system of neurotypicals, and this is why I call upon Dotson's solution to epistemic violence in the form of recognizing different needs a specific group has. Autistics are, because of their communicative difficulties, vulnerable in the process of linguistic exchange as the audience fails to meet their linguistic needs. Therefore, a hearer who wishes to understand the specific experiences of autistics needs to make an effort to enter into an interpretative framework adapted to their communication system. Fricker, to correct hermeneutical injustice, calls for "hermeneutical justice", i.e. the epistemic virtue of sensitivity towards the attempt of the speaker to communicate with given available hermeneutic resources, rather than rejecting the testimony as nonsense.[106] The testimonies of autistic persons can add a different dimension to understanding the disorder and advance the needs and interests of people with the autism diagnosis. Personal autistic perspectives and testimonies can provide insightful access to parents, caregivers and therapist to the person's developmental differences, their everyday experiences, their needs, their difficulties, and strength. However, it is up to the neurotypical audience to exhibit an appropriate reciprocity in the testimonial exchange practices, and to meet the needs of neurodiverse autistic speaker.

4.3.What is testimony?

4.3.1. The broad and the narrow view

Our knowledge, to a great extent, depends upon testimonies of other people. We could never posses the range of knowledge without others, given that our experiences and/or our cognitive abilities are limited. For instance, we know that the Moon orbits around the Earth or that Paris is the capital of France because we learn those facts from testimonies of scientists, teachers, and professors. The same follows for more complex knowledge formation: in everyday practice we rely on information provided by experts because we acknowledge that some knowledge go beyond our personal experiences. We all have different interests and specialize in different fields, inevitably becoming more competent informants than others. This is why we rely on testimonies of people with different expertise. The basic idea behind the knowledge acquisition through testimonies is that knowledge is transferred from the person who possesses the knowledge and who offers that knowledge through the testimony - informant or speaker - to the person who does not possess that knowledge - hearer.

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[106] Fricker, 2007:169.

To understand how testimonies of others are vital for our knowledge acquisition, we need to define what precisely counts as testimony? Does the statement “It’s a beautiful day.” and the statement “Currently there are approximately 1,886 artificial satellites orbiting the Earth.” both count as testimony? It seems that the second statement provides us with new knowledge, while the first only reflects speaker’s attitude. Philosophical accounts differ in understanding what exactly counts as testimony. For the purpose of this paper I shall explore what account of testimony presents the best framework for discussion on autistic testimonies.[107]

One of the first philosophers who defines the concept of testimony was C. A. J. Coady, according to whom:

S testifies by making some statement that p if and only if:

S’s stating that p is evidence that p and is offered as evidence that p

2. S has the relevant competence, authority, or credentials to state truly that p

3. S’s statement that p is relevant to some disputed or unresolved question (which may or may not be whether p) and is directed to those who are in need of evidence on the matter. [108]

Such narrow account[109] seems to cover cases that are not frequently met in our everyday epistemic practices. Coady’s speaker S is, in such cases, *par excellence* of reliable informant, given that she provides testimony that is by definition reliable source of justified belief. Also, testimony can be an epistemic source without the speaker’s intention to be one’s epistemic source. For our discussion on epistemic injustice towards autistic speaker, such definition of testimony is too narrow by far. Namely, since autistic speakers have difficulty expressing their conditions, experiences, and needs due to impairments in communication, Coady's narrow definition would not count their statements as valid testimonies. In fact, Coady's definition seems to be so narrow that it would not capture most of the day-to-day testimonial exchanges.

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[107] In this brief review of different accounts of testimony, I rely on Jessica Lackey’s book *Learning from Word*s, as it gives a great outline of the current positions in the epistemology of testimony.

[108] Coady, C. A. J. (1992). _Testimony: A Philosophical Study_. Oxford University Press, p. 42.

[109] Jennifer Lackey refers to Coady’s account as The Narrow View on Testimony. See. Lackey, 2008.

Contrary to Coady, Elizabeth Fricker[110] embraces the broad view on testimony and claims that

"it would clearly be a mistake to define the link of testimony so that only those occasions on which knowledge is successfully communicated count as instances of it. What we want is the notion of a type process such that on its favourable exercises knowledge is transmitted. This will leave, for example, cases where the speaker is lying, or is mistaken, as (unfavourable) instances of testimony" (Fricker: 1987, 68).

She defines testimony is an act of communication as "tellings generally" with "no restrictions either on subject matter, or on the speaker's epistemic relation to it." (1995: 396–7). Such testimonial exchange is, however, unburdened by the additional need that the speaker's testimony has to be adopted as evidence, with the role to resolve the issues that the audience is in need of. Hence, the act of testimonial exchange is therefore simplified and reduced to the act of telling.

Ernest Sosa[111] also embraces the broad view and holds that "a broad sense of testimony that counts posthumous publications as examples … requires only that it be a statement of someone's thoughts or beliefs, which they might direct to the world at large and to no one in particular." (1991: 219).

Sosa, thus, includes expression of thoughts into the scope of testimony. According to the Fricker and Sosa what counts as testimony is much wider than what Coady suggests. Namely, the speaker who offers testimony does not need to have her testimony as an evidence that should resolve the questions of the hearer; rather, the act of testimony is defined only as the act of telling.

4.3.2. Lackey's definition

Some philosophers acknowledged that Coady's account of testimony was too narrow, but also criticized the broad view according to which every act of communication is to be

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[110] Fricker, E. 1995. Telling and Trusting: Reductionism and Anti-Reductionism in the Epistemology of Testimony. Mind 104, pp. 393–411

[111] Sosa, E. 1991. Knowledge in Perspective: Selected Essays in Epistemology. Cambridge: Cambridge University Press.

accounted as testimony. In such fashion, Peter Graham[112] stated that “it should be noted that mere statements are not testimony. Saying ‘It is a nice day.’ is not usually taken as testimony about the weather (though it is, when said by the weatherman). Repeating what you have already said over and over does not count as testimony either, unless you have forgotten each previous utterance” (1997: 231). Michael Dummett[113] noted that “the utterance of a sentence serves not only to express a thought, and to refer to a truth-value, but also to assert something, namely that the thought expressed is true, or that the truth-value referred to is truth” (1981: 298). In a similar spirit, Jennifer Lackey[114] makes distinction between entirely non-informational expressions of thought and testimony. The reason for this distinction lies in the concern that the broad view of testimony is simply too wide. Lackey believes we need to find a balance between acts of communication that are completely uninformative and testimonies that can convey knowledge. She provides a preliminary definition of testimony as it follows:

> “T: S testify that p by making an act of communication *a* if and only if (in part) in virtue of *a*’s communicable content, (1) S reasonably intends to convey the information that *p*, or (2) *a* is reasonably taken as conveying the information *p*.” (2006: 3).

Lackey further claims that testimonies can be a source of new beliefs for listeners, even if the speaker does not have any intention of being an epistemic source. Namely, she adopts the concept of an act of communication broadly, in terms that “it does not require that the speaker intend to communicate to others; instead, it requires merely that the speaker intend to express communicable content” (2006: 188). The listener/reader, in this case, forms a belief based on the testimony of the speaker/author, even if the speaker/author does not have intentions to share any communicable content. Knowledge is, in such process, acquired through testimonies, when speakers transmit their beliefs, i.e. when they possess and offer the knowledge in question.[115] Lackey describes this testimonial chain through the metaphor depicting the chain of people who pass the bucket of water down to the next person, where there must be at least one person that acquires water from other source. Similarly, each speaker in the chain can transmit knowledge only if he or she possesses the knowledge in question, and where is at least one speaker who acquires knowledge from another source.[116] The goal of such testimonial chain is

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[112] Graham, P. J. 1997. What is Testimony?. The Philosophical Quarterly 47, pp. 227–232.

[113] Dummett, M., 1981, *Frege: The Philosophy of Language*, Second Edition, London: Duckworth.

[114] Lackey, J. 2006. The Nature of Testimony. Pacific Philosophical Quarterly. 87. 177 - 197.

[115] Ibid.

[116] Lackey, 2008.

not act as an conversational filler (which can be one of the roles of non-informational expressions of thought), but to convey information.

Lackey further stresses an interesting point: she claims that all the accounts of testimony failed to recognize the needs of the hearer or the receiver of the information, instead focusing solely on the speaker.[117] Thus, she introduces the difference between *testimony as an intentional activity on the part of the speaker* and *testimony as a source of belief or knowledge for the hearer*. She refers to them as *S-testimony*, one which "captures the sense in which testifying requires some intentions on the part of the speaker to convey information (2008: 31), and *T-testimony*, in which "a hearer may take a speaker's act of communication as conveying information comprising multiple propositions" (2008: 32).

Why is it important to make this distinction? Well, for one thing, such distinction differentiates the dualistic nature of the testimonial exchange process in order to specify the conditions that both parties must satisfy. The dualistic account's value lies in the recognition of both speakers' and hearers' epistemic role in the testimonial exchange practices.[118] The second importance of this account lies in the recognition that non-informational statements could also be counted as testimonies, as "...testimony does not depend on the intentions of the speaker but, rather, on the needs of the hearer" (Lackey 2006: 187). Her dualistic account of testimony recognizes speaker testimony as transmission of information with reasonable intention to convey the information that *p*, on the one hand, and hearer testimony, on the other, which captures cases where testimony is a source of new knowledge, but without testifier's intention to be epistemic source of the relevant knowledge.

As Lackey concludes:

> "For every speaker A and hearer B, B justifiedly believes that p on the basis of A's testimony that p only if: (1) B believes that p on the basis of the content of A's testimony that p, (2) A's testimony that p is reliable or otherwise truth conducive, and (3) B has appropriate positive reasons for accepting A's testimony that p." (2008: 170).

For the purpose of my discussion on epistemic deviations in form of failure of attributing credibility to autistic speakers, the third condition is of special importance. Namely, condition

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[117] Ibid.

[118] Lackey, 2006:187.

(3) refers to the hearer's role of adequately accepting the speaker's testimony while having positive reasons, i.e. without defeaters that could undermine the reliability of the speaker. I am particularly interested which account is more appropriate for discussion on autistic testimonies and their reliability: the broad testimony account or the account provided by Lackey. The insistence on the roles of both the speaker and the hearer in the process of testimonial exchange makes Lakey's account eligible for discussion, especially since in the communication with an autistic person the role of the hearer, who must engage in non-ordinary testimonial exchange, is crucial.

4.3.3. Autistic testimony

Autistic language is very economical, although it is often referred to as "poor language", as the instrumental requests are often achieved through short declarative statements.[119] Such language is used for the purpose of intentional transmission of information, most often the expression of needs and requests.[120] Further, I would like to stress that autistic persons often do engage in testimonial exchanges practices with intention of transmitting information. The latter can be traced in everyday relations with a person with a mild autism, autistic autobiographical narratives, lectures on autism given by autistics and autistic activist statements within the neurodiversity movement. For instance, there is no doubt that with the statement: "Nothing about us without us", autistic people are transmitting requests for an adequate chance to participate in shaping public policies related to autistic matters. Moreover, when Temple Grandin[121] writes "Teachers need to understand how autistic people think. How I think is different from how "normal" people think" (2007: 29), her testimony is highly informative because it offers a valuable autistic perspective and insights. Clearly, such cases are similar, but not equivalent to cases in which testimonial exchange takes place between two neurotypical persons, given that autistic speakers have difficulties understanding another person's perspectives and communication needs because they "have difficulty knowing that he or she has the responsibility to give the communication partner sufficient information to understand the message. In addition, he or she may have difficulty surmising what information the partner already has and what new information is needed" (Siegel, 1996: 43).

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[119] Siegel, 1996.

[120] Prelock and Wolf 2012.

[121] Grandin, T. 2007. Autism from the Inside. *Educational Leadership,* February 2007 | Volume 64, Number 5, pp. 29-32.

On the other hand, there are frequent cases of testimonies of autistic persons in which there is no aim of conveying information, nor do such individuals themselves have this intention. Rather, in such cases, autistic persons enter into a communication act without regarding for the presence of the listener and his or her interests. For example, there are frequent instances where an autistic person repeatedly talks about his or her narrow interests without considering the listener's need for information. One can talk about trains parts or calendar or quantum physics without taking into the account the conversational context or the needs of the listener. Martha Nussbaum, describing her relationship with her nephew Arthur who has Asperger’s syndrome, writes:

> “He [Arthur] loves machines of all sorts, and by now he has impressive knowledge of their workings. I could talk with Arthur all day about the theory of relativity, if I understand it as well as he does. On the phone with Art, it is always ‘Hi, Aunt Martha’, and then right into the latest mechanical or scientific or historical issue that fascinates him” (2006: 97).

From the latter we can read what does it mean that autistics are “isolated from the world” or “egocentric”[122]. They have a hard time understanding the needs of others (primarily emotional, but also communicative), and this is why it is important to accentuate the role of the hearer in such exchanges. As autistic speakers fail to recognize the needs of neurotypical hearers, they often do not understand the true meaning of the information transmitting processes. They often not only talk *about* themselves and their specific interests, but also have tendency to talk *to* themselves or talking out loud without any specific recipient.[123] Autistic persons who are on the higher end of the spectrum tend to talk aloud to self in public situations, while being completely unaware that others can hear them. Baron-Cohen (2005) recognized that the latter is a common feature of Asperger’s syndrome and that its source lies in the lack of empathy. Namely, empathy is an important factor in achieving proper communication, as talking ‘at’ a person does not count as a fulfilled communication act. Empathy implies that the speaker and the hearer are both sensitive to each other's communicative needs; its is an initiator and maintainer of the conversation as it drives us to ask about the listener's views and opinions, his experiences and needs. Contrary to neurotypical population, autistics have the so called “zero degree empathy”[124], and they fail to employ it in communication acts as well. This is why they

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[122] Frith, 2006.

[123] Baron-Cohen analyses the term “autism” from its etimology “autos” within the context of egocentrism. See. Baron-Cohen, 2005.

[124] Ibid.

feel more comfortable talking to themselves: they understand themselves, they do not have to read different social cues or “care” about the listeners needs. It is the empathy that makes typical speaker invested in conversational turn-taking, making both parties invested in adjustment of conversation and its course. In the second chapter I noted that autistics lack theory of mind which enables them to figure one’s thoughts and feeling in conversational contexts, their tone of voice and their facial expressions, which is a set of skills that is very important in proper communication acts. Nevertheless, even though autistics are “egocentric” in this manner, I think they can be valuable informants, even in cases where they talk to themselves. For example, Arthur talks to his aunt about the quantum physics as if she is not on the other end of the phone, but that does not imply that she cannot learn something new from his testimony. Likewise, focusing on understanding what autistic person is talking about when she talks to herself can open new horizons about her intrinsic self, her true feelings and needs. It could be a means of understanding what is truly like to be an autistic, to live a life “colored” with autistic experiences. I wish to note that the self-talk autistic practices and their relevance are similar to the example of a man talking to himself in his room, not knowing that his neighbours can hear him, described by Lackey.[125] Namely, Lackey acknowledges that the case in which Davis is engaged in a soliloquy in his room, and someone in the next room overhears what he is saying, without him being aware that he has a listener, such a soliloquy qualifies as an act of communication since he intends to express communicable content but does not intend to communicate.[126] I deem that the same is applied to autistic speakers who, because they lack empathy and/or social communication skills, possibly may not intend to communicate, but, nevertheless, do intend to express content (e.g. their needs, interests, experiences, etc.).

In this regard, I consider Lackey's account broad enough to cover relevant aspects of the transmission of testimony, especially when referring to the testimonies of autistic persons. Her account recognizes the dual nature of testimonial exchange and the role of both speaker and the hearer. The latter is especially valuable in the non-ordinary testimonial exchange between autistic speaker and neurotypical hearer. In such exchange the autistic speaker either has difficulties understanding communication context and hearer’s communication needs, or difficulties expressing the relevant information to other subjects through conventional

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[125] Lackey, 2006: 188.
[126] Ibid.

communication means. Thus, it is the role of the hearer to recognize such autistic needs and to extract the relevant information of autistic testimonies.

4.4. Assessing trustworthiness

Given that the speaker enjoys the privileged epistemic status and the infeasibility of the hearers to verify speaker's credibility or the veracity of the transferred belief, the hearer is put in an unfavorable epistemic position. The reliance we have on other people's testimony is based on an epistemic need derived from epistemic dependence[127]. Therefore, we depend on the person who owns the information and can convey it to us. The question of ascribing reliability to speakers' testimonies underlines one of the central discussion in the epistemology of testimony, with two opposing camps: *reductionism* and *non-reductionism*.

The earliest origin of such division in opinion is found in Hume and Reid. Namely, Hume recognized the important role of testimony in knowledge acquisitions, as he notes that "there is no species of reasoning more common, more useful, and even necessary to human life, than that which is derived from the testimony of men, and the reports of eyewitnesses and spectators" (1977: 74). Given that testimony is an indirect source of knowledge, Hume insists that the justification of someone's testimony only arises by virtue of using direct sources of knowledge. Hence, Hume's account is reductionist, as it reduces testimonial based justification to a combination of perception, memory and inferentially-based justification. Hence, the justification of testimony is *a posteriori*. Contrary, "Reid's position is that any assertion is creditworthy until shown otherwise; whereas Hume implies that specific evidence for its reliability is needed" (Stevenson, 1993: 433). Thus, according to non-reductionism, whose origins are found in the works of Reid, testimony is just as basic a source of information as direct epistemic sources, such as perception and memory.[128] The main focus of such positions is the question of epistemic responsibility in processes of attributing trust to other people's testimonies. Clearly, in a situation where we have to assess whether a person's testimony is true, that is, in an epistemic assessment situation, the listener is in an epistemically risky situation since she does not have sufficient information about the testimony itself to assess its

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[127] For a valuable discussion on epistemic dependence, see. Hardwig, 1985.

[128] For the detailed debate on reductionsim vs non reductionism see. Lackey, 2011.

verification. In such a situation, the listener must make an epistemic decision about the potential acceptance of the informant's testimony, but must find evidence to support her decision for it to be epistemically responsible. Snježana Prijić-Samaržija (2007), in light of the above posed problem, aligns with a position called *evidentialism* with respect to testimony. Namely, according to the evidentialist position a hearer is epistemically justified in accepting the testimony of a speaker only if she has the evidence that supports such acceptance as rational and justified. In such an account, the hearer must have sufficient evidence to show confidence in the speaker and her testimony. The question, however, is what evidence does one need?

Two options are possible: (1) the hearer must have such evidence to support the content of what the speaker claims, and (2) the hearer must have such evidence that indicates the moral and epistemic character of the speaker. Prijić-Samaržija rejects (1), emphasizing that the hearer is always in an inferior position to the speaker since he does not have the information available to the speaker. Therefore, we are left with an option (2). An assessment of the epistemic and moral character implies that the hearer has empirical and inferential evidence that the speaker is a trustworthy person. Because of our long history of engaging in testimonial exchange practices, Prijić-Samaržija continues, we are able to evaluate acceptability of testimonies. We do this with the help of background beliefs and the context in which the testimonial exchange is set out.[129]

The past history of interactions with other people and the testimonial exchanges in which we had the opportunity to evaluate what kind of informant we were talking about, taught us how to evaluate the speaker in an adequate manner. There are common practices that reveal when a person intentionally speaks false testimonials that we, as listeners, can recognize precisely because of constant testimonial interactions. In certain situations, there is a clear tendency to prescribe credibility to the testimony of the speaker, without overuse of epistemic tools. It seems obvious, as stated by Prijić-Samaržija (2007), that our attitudes will not be critical nor will we search for additional evidence about a passerby’s credibility when we ask him for directions to museum. However, we can imagine ourselves in a situation where a passerby intentionally gives us the wrong information about the location of the museum. Clearly, such a scenario is not something we often encounter in epistemic practices in our daily life, but it might be sufficient to reconsider the ease with which we attribute trustworthiness in such practices. For Elizabeth Fricker, enhancing the credibility of the speaker should not be as

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[129] Prijić-Samaržija, S. 2007. Evidencijalizam i povjerenje. *Filozofska istraživanja*, 27 (3), pp. 671-683.

generalized given that the speaker's trustworthiness depends on the local circumstances of each particular case of testimony. Precisely, Fricker states that trying to make undiscriminatory generalization about the reliability is no less of a mistake then trying to, for example, formulate a single general statement about how dark people's hair, or how many children they have.[130]

Generalization leads to considerable epistemic consequences, such as taking into account the testimony of a speaker who intentionally wants to deceive us precisely by using an epistemic practice in which we do not expect it (example of lying passerby).

Lying, one must admit, is a part of our everyday social interactions. Many non-verbal bodily behaviours such are eye-gaze aversion, postural shifts, nervous smiling or unusual blink rate are commonly understood as links to deceit. We trace those unusual behavior rather quickly; only a 100 milliseconds are enough to make a first impression of a novel face and form a trustworthiness.[131] By making such rapid evaluation we form an attitude whether we should avoid or approach the perceived person and whether we should attribute trustworthiness to that person. As Prijić-Samaržija points out, such a habit of recognizing an adequate informant is acquired through everyday social practices.[132] However, I would like to point out those cases in which the assessment of the informant's trustworthiness differs greatly from the common practice, in particular the cases in which a neurotypical speaker or audience assesses the credibility of speakers diagnosed with autism. As shown above, neurological development is different in children with autism, which is reflected in their different, often unusual behavior and communication skills, which can be interpreted by a neurotypical person in a wrong manner. Namely, I would like to point out that the epistemic practices of evaluation of the speaker, which we have brought to the level of automation, can be very damaging in cases of assessing the credibility of an autistic speaker. The cases of autism presented here - mild autism - are characteristic when it comes to communication skills precisely because of a good to very good developed language, but with difficulty in using and understanding non-verbal cues. The deficits in understanding social practices and gesticular behaviors of others often make autistic speakers seems like they are lying or cannot fully understand the experiences they are referring to.

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[130] Fricker, E. (1995). Critical Notice. *Mind, 104*(414), new series, 393-411.

[131] Willis, J., & Todorov, A. 2006. First Impressions: Making Up Your Mind After a 100-Ms Exposure to a Face. *Psychological Science*, *17*(7), 592–598.

[132] Prijić-Samaržija, 2007.

The most common observable traits of autism is the lack of eye-contact, which is also one of the common predictors of person's untrustworthiness.[133] Cook and Smith (1975) in their research on the evolutionary importance of eye gaze stated that people rate social targets more positively where there is increased eye-contact, making the eye-gazing linked to increased liking and social connection.[134] Contrary, the lack of eye-gaze is linked to social exclusion. The importance of eye-gaze in social interactions is that it modulates basic social cognitive phenomena, including those of person categorization and stereotyping.[135] Through eye-contact we recognize and process people as relevant or irrelevant social targets. There is a certain amount of information we get from looking at the face of the speaker, especially when the speaker avoids eye contact.

In the cases of autistic behaviour, eye gaze can be absent, fleeting or extremely fixed. Many autistic persons will, however, make eye contact but usually only very briefly. As a mother of a child with autism states:

> "If he is asked a direct question he will immediately drop his gaze or even physically turn away. He can only answer if able to stare at something "neutral" (e.g. at a wall or at the ground). Now that his teacher accepts that this is the case, he is doing well in school, where earlier he was in constant trouble and was believed to be evasive and untrustworthy" (citation in Lawrence, 2010: 46).

The inability of autistic persons to establish and maintain eye contact significantly influences the assessment of their credibility, since such behavior is different from the everyday practices we expect speakers to share in the communication process. Examples of such practices are evident when comparing cases of communication exchange with an autistic person on the one hand and a neurotypical person on the other. Let us imagine a situation in which you are a tourist in a foreign city and ask a passerby for directions. In the first case, the passerby is a neurotypical person, that is, he is not characterized by any autistic characteristics. When you ask him if he knows the location of the Museum of Modern Art, he will understand that the information we ask him involves the articulation of the direction of movement towards the museum. However, when you ask an autistic person the same question, since he is a local and

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[133] Lawrence, C. 2010. Explaining Autism Spectrum Disorder. Emerald Publishing: UK.

[134] Cook, M., & Smith, J. M. C. The role of gaze in impression formation. British Journal of Social and Clinical Psychology, 1975, 14, 19–25

[135] Hugenberg and Sacco, 2008.

knows where the Museum is, he will answer with a simple "yes" without understanding that we do not know the location of the Museum and that we ask for that information. The latter does not mean that an autistic passerby does not want to help us finding the Museum, but simply does not understand that the question "Do you know where is the Museum of Modern Art?" really means "Can you point me to the Museum of Modern Art". The communication climate is, therefore, in cases of exchanges with the autistic speaker significantly different from the everyday communication exchanges. Imagine a neurotypical local who, when asked if he knows where the Museum of Modern Art is, says yes and moves on. We would justifiably consider him as indecent and perhaps even unreliable informant on the basis of his behavior that diverges from the behavior we expect from him and which we expect based on communication practice.

For this reasons, I believe that Prijić-Samaržija's (2007) recommendation that in assessing a speaker’s credibility we should meet the expectations arising from everyday communication practices is, in the case of an autistic speaker's assessment, too narrow, in terms that it does not recognize the communicative needs of neurodivergent individuals. Rather, I find that the approach of *trust-contextualism* offered by Prijić-Samaržija (2007a) is epistemically more sensitive to neurological differences between a hearer and a speaker.

Namely, Prijić-Samaržija (2007a) proposes an approach called trust-contextualism, applying the general thesis of contextualism theory that "involves making a distinction between the high evidential standards for knowledge (and justification) that the skeptic seems to demand, and the lower evidential standards for knowledge and justification that seem to be in place when we are making ordinary epistemic evaluations” (2007a: 132). More specifically, contextualist hold that the truth conditions of knowledge attributions are relative to the context in which they are uttered. The position of trust-contextualism is characterized by five main theses, as described in Prijić- Samaržija[136] :

Neutral position. Acknowledgment of knowledge and sincerity to the reporting applicant or acceptance of testimony should be assessed individually. There is no unitary generalization or any indiscriminate general assumption that favors or refuses to accept testimony, no presumption in favor of blind trust or mistrust, no presumption in favor of false or highly sought

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[136] Prijić-Samaržija, S. 2007a. Trust and Contextualism. *Acta Anal* 22, 125–138.

after evidence. In null and void settings, testimony should only be admitted if it has adequate evidence to attribute to the respondent knowledge and honesty regarding his reporting on p.

Conversational context. Our accepted beliefs or background beliefs provide us with evidence to identify and evaluate the context of the conversation - whether in this very specific situation there are reasons to suspect the trustworthiness of the speaker or whether there is a possibility of error.

Context-sensible evidential standards. For each conversational context, there is a standard of how strong the listener's evidence must be in order to justify the listener's confidence in p.

Error-possibilities. Evidence standards are raised and lowered by the possibilities of error brought up due to the conversational context.

Disaggregation requirement refined. The distinction between ordinary and non-ordinary contexts is extremely simplified, to a level of finely grained scale of conversational context and corresponding evidential standard.

In cases of assessing the credibility of an autistic speaker's testimony, these five steps are of great importance. The emphasis is placed on individual approach with detailed reasoning of conversational situation and adaptation to it. The first thesis, *Neutral Assessment*, clearly indicates that epistemic assessment should not be guided by generalizations, but by all available evidence in null settings. As shown, the testimonies of autistic persons are often dismissed precisely because of the generalized picture of autism and the capabilities of those who have been diagnosed with a condition on the autism spectrum. Their individual testimonies are often rejected if they do not coincide with the generalized picture of autism and the accumulated testimonies of other autistic persons. Furthermore, unlike the situation in which we evaluate the validity of testimony based on established social and communication practices, this approach allows us to make an individual assessment that is not generalizable and is sensitive to the conversational context in which the listener and speaker are located. Prijić-Samaržija (2007a) mentions examples in which such a context is an important factor in epistemic assessment:

> "for instance, those powerful institutional and social constraints on us to speak truthfully and reliably in some situations and not in others, interests that can lead someone to overestimate their knowledge, the interest and intentions of the informant

> and the listener, the epistemic/expert status of the informant and the listener, the gains or losses for the speaker if I accept such a testimony as true, the constraints that vary according to such factors as sensitivity to the detection of deception of error, the expected costs to the informant once an error is detected and the rapidity and extent of communication about these findings (newspaper, business, everyday conversation, etc.), etc." (2007a: 136).

Another example of a case where the conversational context is an essential factor of epistemic assessment is the development of sensitivity for a neurodivergent speaker and the recognition of the fragility of epistemic status of such individual. In cases of testimonial exchange with an autistic person, the conversational context allows us to identify the communication needs and restrictions of such a speaker, and to adapt them in such a way as to enable the autistic speaker to present his or her testimony in a way that is appropriate to his or her conversational capabilities. Conversational context in this sense provides the neurotypical listener with the necessary context according to which he or she will epistemically evaluate autistic testimony, while at the same time acknowledging the specific needs of autistic speakers. More specifically, the conversational context allows, I believe, neurotypical listeners to recognize neurodivergent speakers as individuals who need different treatment in testimonial exchange, rather than different epistemic criteria in the processes of epistemic assessment. Specifically, such treatment should incorporate greater tolerance, more sensitivity, openness and a focus on content of the testimonies rather than on the informant herself and her medical diagnosis. Examples of such practices are numerous, from the neurotypical listener understanding that lack of eye contact is not an indicator of untrustworthy testimony, to allowing the autistic speaker to testify in an autism-friendly environment (without multiple stimulus inputs, by using unambiguous language, etc.). Providing appropriate communicational and environmental settings play a crucial part in exercising such sensibility. Jane Meyerding, an autistic writer, explained that autistics found the sensitivity, she failed to receive in the real-world, on the online spheres:

> "Like a lot of ACs (autistics and cousins), I find myself able to enjoy "community" for the first time through the internet. The style of communication suits me just fine because it is one-on-one, entirely under my control in terms of when and how long I engage in it, and, unlike real-life encounters, allows me enough time to figure out and formulate my responses. In real-world encounters with groups - even very small groups - of

> people, I am freighted with disadvantages. I am distracted by my struggle to identify who is who (not being able to recognize faces), worn out by the effort to understand what is being said (because if there is more than one conversation going on in the room, or more than one voice speaking at the time, all the words become meaningless noise to me)., and stressed by a great desire to escape from a confusing flood of sensation coming at me much too fast".[137]

I would also like to note the importance of *Context-sensible evidential standards*, recognized by Prijić-Samaržija (2007a), as an evidential standard for how strong the listener's epistemic position must be, with respect to utterance *p*. Given that autism is a specific disorder because of its heterogeneous spectrum, it is false to claim that all autistic individuals are trustworthy and that all cases of distrust are cases of epistemic injustice. As stated above, the autistic conditions are related to accompanying deficits which can be found in language impairment, perceptual impairments, epilepsy, memory deficit, and psychological states such are depression and anxiety. Individuals with lower-functioning autism may not be included into the process of information exchange, but the reason for it may not be injustice of any sort, but valid reasons based on his or her current individual medical condition and abilities. What is important, however, is for neurotypicals who enter into the testimonial exchange with an autistic person not to hold prejudice, but to estimate the trustworthiness of an autistic speaker without their assessment being infected by overgeneralization. Every conversation situation is individual, especially when an autistic person is involved.

4.5.The virtuous (neurotypical) hearer

Miranda Fricker extensively warns epistemic injustice to be detrimental to the individual over whom the injustice is exercised, as well as to the epistemic community at large.[138] She argues that society as a whole must not allow such epistemic practices, and that it must resist the social pressure in which prejudices and stereotypes are founded. Assessing norms of credibility influenced by stereotypes and prejudices tend to wrongly equate social distribution

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[137] Meyerding, J. 1998. Thoughts on Finding Myself Differently Brained.Retrieved from: http://www.planetautism.com/jane/diff.html (Accessed 13th of March 2020).

[138] Fricker, 2007.

of power and social status with credibility level. Therefore, Fricker suggests that in assessing the credibility of the informant, we have to be guided by an epistemic virtue - the virtue of testimonial justice - which can only be practiced in the light of testimonial responsibility on the part of the hearer of the testimony.[139] Note that by emphasizing epistemic virtues, the focus is on the active role of the epistemic agent, his conscientiousness and motivation to act in an epistemically unbiased way.

Such virtue is, Fricker stresses, a *hybrid* virtue, in a sense that it invokes the ultimate goals of both epistemic and ethical virtues. In such a manner, the virtue of testimonial justice is neither an intellectual virtue or an ethical virtue, but rather a combination of the two, a genuinely hybrid virtue. While intellectual virtues have truth as their ultimate aim, and ethical virtues have some form of good, hybrid virtues strive for both truth and good as their ultimate end. The epistemic and ethical ends are, in the specific case of neutralizing prejudice, in harmony.[140] The harm of testimonial injustice is, thus, exposed in the light of jeopardizing both the value of truth and the value of good, meaning that a victim of testimonial injustice is subject to both epistemic and ethical harm. An agent who judges the credibility of the speaker with awareness that his judgment may be biased by unjustified stereotypes and prejudices, is more likely to successfully acquire knowledge.

According to Fricker, in order to be epistemically just, the hearer must approach "distinctly reflexive critical social awareness" in the epistemic assessment of credibility (2007: 104). More specifically, the hearer in testimonial exchange must adopt a collective anti-prejudicial virtue, which involves the practice of other epistemic virtues such as intellectual thoroughness versus expedient spontaneity in assessing credibility, and critical reflection against non-reflective judgment inflicted by prejudices.[141] Such virtue can arise in cases where the hearer evaluates the credibility of the speaker's testimony by dismissing prejudices from the beginning of the judgment process and not including them as a relevant factor in his or her judgment.[142] On the other hand, the virtue of testimonial justice can also occur when the hearer makes a judgment

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[139] Fricker 2007.

[140] Ibid.

[141] Ibid, p. 125.

[142] Alcoff (2010) raises her concern with respect to the "conscious reflection" in the process of trust attribution, and states the following: "if identity prejudice operates via a collective imaginary, as she [Fricker] suggests, through associated images and relatively unconscious connotations, can a successful antidote operate entirely as a conscious practice? Will volitional reflexivity, in other words, be sufficient to counteract a non-volitional prejudice?" (p. 132).

about the speaker's credibility, but through critical self-reflection one realizes that such judgment is inflicted and must be corrected. A virtuous hearer must counteract the negative influence of prejudice on credibility judgment by assessing the credibility of judgment being inclined to make, and then account for the influence of the identity power element and the suspected prejudice.[143] Fricker notes that the responsible hearer must "respect [the speaker], respect his world, be as long as he merits it, and only be as long as he merits it" (Fricker, 2007: 123). In each testimonial exchange, both parties have distinctive features of identity power, which means that neither the speaker or the hearer is neutral - everybody has a gender, everybody has a race. However, it is the task and the responsibility of the hearer, not the speaker, to practice the virtue of testimonial justice. The ideal listener would therefore be a person who seeks to constantly correct known prejudices and who makes an assessment of the credibility of the speaker's testimony with active critical reflection.[144] Such doing is also in the interest of the hearer - since her epistemic interest is to obtain the truth about the relevant matter. Therefore, if the hearer fails to practice the virtue of epistemic responsibility and makes judgments on the basis of identity prejudices, she will most likely fail to obtain truth. The virtue of epistemic justice includes motivation, i.e, responsible disposition for attaining truth conductive beliefs, but also a number of accompanying intellectual qualities, such as openness, modesty, cooperation in terms of willingness to exchange ideas, caution, kindness, sensibility and the like.

Medina (2011) recognizes the virtue of epistemic sensibility as the fundamental faculty required for testimonial righteousness. Forms of active ignorance[145], Medina believes, operate on a kind of meta-level and should be considered as *meta-blindness.*[146] He refers to the

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[143] Ibid, p. 126.

[144] More specifically, Fricker insitis on the following: "The fully virtuous hearer, then, as regards the virtue of testimonial justice, is someone whose testimonial sensibility has been suitably reconditioned by sufficient corrective experience so that it now reliably issues in ready-corrected judgments of credibility. She is someone whose pattern of spontaneous credibility judgment has changed in light of past anti-prejudicial corrections and retains an ongoing responsiveness to that sort of experience. Full possession of the virtue, then, in a climate that has a range of prejudices in the social atmosphere, requires the hearer to have internalized the reflexive requirements of judging credibility in that climate, so that the requisite social reflexivity of her stance as hearer has become second nature (2007: 97).

[145] Mills affirms the term "epistemologies of ignorance" which generates "not merely ignorance of facts with moral implications but moral non-knowing, incorrect judgments about the rights and wrongs of moral situation themselves" (2007: 22). Mills' epistemology is involved in racially infused epistemic injustices. He coined the term "white ignorance" to point out the form of active ignorance of privileged white agents on racial matters.

[146] Medina, J. (2011): The Relevance of Credibility Excess in a Proportional View of Epistemic Injustice: Differential Epistemic Authority and the Social Imaginary, Social Epistemology, 25:1, 15-35

epistemic injustice that Fricker recognizes in Harper Lee's novel *How to kill a mockingbird*. Specifically, the novel's character Tom Robinson, a young black man, is accused of raping Mayella Ewell, a young poor white girl. The play is located in Alabama in 1935, in a place where racial segregation is in full swing. Fricker (2007) uses the example to show the struggle between the power of evidence and the power of racial prejudices the jurors hold.[147] Tom's testimony was completely dismissed by the judiciary as untrustworthy, although evidence (his disabled left arm) indicates his innocence. The reason for the presumed culpability lies in the fact that the unbiased judgment is interfered by jurors' racist prejudices that are part of their social imaginary. The aforementioned social imaginary produces active ignorance[148] and meta-blindness[149]. As Medina states, the jurors failed to see the whole picture, they were blind to their inability to understand the case outside of their perspectives.[150] If guided by epistemic virtues, the jurors would see their epistemic arrogance[151] and inflicted judgments, and would strive to correct their judgment by fulfilling their epistemic duties. In order to achieve the latter, they need to possess the virtue of epistemic sensibility. Medina, in particular, states that this virtue refers to the possibility of self-reflection in the sense of becoming “sensitive to the blind spots and the limitations of their own perspective” (2011: 30). Through critical self-reflection, the listener can become aware that his or her judgments are conditioned by the prejudice he or she has about the speaker. Epistemic sensibility in this sense requires involvement in *epistemic friction*.[152] Medina insists that epistemic friction is the antidote to meta-blindness, and implies an active search for alternatives than those noticed, to acknowledge them and, finally, to engage with them. Essentially, epistemic friction denotes the possibility of seeing the world with different eyes, through the perspective of the other, and the ability to hold different viewpoints at the same time.[153] In this way, the virtuous hearers will not be conditioned solely by our own prejudice-infected perspective, but will be able to have multiple perspectives that we will be able to compare and contrast. The goal is to develop the ability to think about the epistemic perspective of others whose epistemic perspective is different from ours, without leading to polarization and exclusion.

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[147] Fricker, 2007:23.

[148] Sullivan, S. & Tuana, N. (2007). Race and Epistemologies of Ignorance.

[149] Medina, 2011

[150] Ibid., p. 29.

[151] Medina identifies “epistemic arrogance” as a cognitive self-indulgence, or cognitive superiority complex. (See. Medina, J. (2012) The Epistemology of Resistance, Oxford: Oxford University Press, 2012, p. 31.)

[152] Ibid., p. 30-31.

[153] Ibid., p. 31.

The concept of epistemic sensibility is particularly interesting in discussion on autistic testimonies. Namely, because of the unusual nature of the testimonial exchange between the autistic speaker and the neurotypical listener, there is a need for greater caution in the process of judging the credibility of the speaker's testimony. With respect to the former, I align with Lackey’s dualistic account of testimony, as it recognizes both the cases where the speaker’s testimony is transmission of information with the intention to convey the information, and the cases where the speaker does not have the mentioned intention, but where the hearer, nevertheless, captures testimony as a source of new knowledge. As I pointed out, such an account is very valuable, as it insists on the role that the hearer plays in testimonial exchange. If it is a testimonial exchange with a autistic speaker, then the need for a stronger emphasis on the hearer’s role is even greater. Autistics’ participation in epistemic activities is often impaired, limited, or even completely denied due to socially structured biases about autistics’ abilities to learn, to comprehend the world and their experiences, and to be valuable informants. Autistic subjects share, in such structural settings, bad epistemic standing, in terms of epistemic disadvantageous such are denied access to epistemic resources or lack of credible voice. Such an epistemic position of autistics is embedded in social structures, that is, it exists as part of our social imaginary, integrated in our credibility assessment practices. In this sense, Fricker calls for repeated reflection and critical re-examination of our perspectives in epistemic processes, especially in the processes of recognizing the agent as a knower and attributing credibility to her testimony. Fricker notes that the hearer must practice the virtue of testimonial justice, in order to recognize true testimonies while respecting the speaker and his world. An epistemically just agent, in this sense, assesses credibility motivated by the search for knowledge, nurturing the virtues of accessibility, objectivity, modesty, openness, and the like. In a similar vein, Medina asks the attributor to develop the virtue for recognizing the perspective of the other, which follows the rejection of epistemic arrogance and the acquisition of the ability of objective judgment that transcends the subjective perspective. In this sense, implicitly, both Medina and Fricker emphasize the importance of respecting different opinions and perspectives. An epistemic agent assessing speaker credibility needs to recognize the importance of pluralism and diversity. I consider the pursuit of cognitive diversity to be one of the fundamental virtues of an epistemically just agent. The different views of the world, different perspectives and insight make diverse pool of representatives that increase the possibility of gaining knowledge. Cognitive diversity refers to pluralism of perspectives, and more specifically, denotes a diversity of interpretations (different perspectives and interpretations of the world), diversity of heuristics (ways of generating solutions to problems), and diversity in predictive models.[154] Epistemic responsibility would, in turn, imply openness in terms of recognizing sociocognitive heterogeneity and enabling inclusive cognitive diversity. In terms of autism studies, a group of scientists, for example, is more likely to acquire new insights about autistic cognitive functionings, i.e. would be more successful in obtaining new knowledge, if it includes different perspectives of autistic persons. When we talk about autistic testimonials, it is crucial to de-stigmatize autistic states and recognize their cognitive potentials in a pool of diverse cognitive styles. Namely, certain autistic conditions were originally recognized as biological defects, or as dysfunctions (coherence theory, hyper systemizing ability), but today they are recognized as different, valuable cognitive styles that differ from neurotypical cognitive toolbox. It is in this diversity that the true value of autistic experiences lies. However, stigmatization processes (in which diagnostic processes play a major role) have led to the loss of social and epistemic status, to the level of marginalization of such individuals as undesirable members of society, rejection of their cognitive potentials and unjust epistemological evaluation of their testimonies. Therefore, an epistemically just agent must recognize the value of epistemic pluralism in autistic testimonies. The latter can be achieved if he cultivates the virtue of openness to cognitive diversity that allows the agent to respect to plurality of perspectives and to sustain any prejudicial judgment about such differences. Because of the different ways of processing information, perceiving the world, and interpreting social cues, autistic speakers find themselves in a vulnerable position in the credibility assessment processes. Therefore, a just agent must recognize that the cognitively diverse speaker requires different treatment in testimonial exchange, rather than different epistemic criteria. Recognizing the needs of the speaker in the processes of testimonial exchange was emphasized by Dotson, stating that the listener must adapt to the communication needs of the speaker in order to enable him to convey the message. Therefore, a hearer who wishes to understand the specific experiences of autistics needs to make an effort to enter into an interpretive framework adapted to their communication system. Specifically, such treatment should incorporate greater tolerance, more sensitivity, openness and a focus on content of the testimonies rather than on the informant herself. Thus, rather than assuming, for instance, what autistic experiences are like, the virtuous hearer develops the habit of encouraging and listening autistic speaker's input and exhibits his willingness to learn.

The key is to refrain from automatically assessing the credibility of the testimony of an autistic person, which is biased due to shared social imaginary. Autism is a specifically

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[154] Page, 2007: 7.

heterogeneous condition, and accordingly we must approach each individual autistic person in each testimonial exchange in a unique way, in order to avoid generalization error. As will be shown in the next chapter, precisely because of this error and due to biased credibility assessment, autistic people have lost confidence in medical professionals, and express their dissatisfaction through activist movements.

4.6. Conclusion

The chapter primarily analyzes the position of autistic persons in the processes of testimonial exchange. Prejudices and stereotypes about autism are grounded deeply into social imaginary, making autistic people susceptible to testimonial injustice. The identity prejudices neurotypicals hold upon autistic speakers, often combined with insufficient knowledge regarding the nature of autism in general, lead to testimonial injustice, with implications for knowledge production processes, especially new knowledge about autism. The testimonies of autistic persons can add a different dimension to understanding the disorder and advance the needs and interests of people with the autism diagnosis. Personal autistic perspectives and testimonies can provide insightful access to parents, caregivers and therapist to the person's developmental differences, their everyday experiences, their needs, their difficulties, and strength. In order to act in an epistemically responsible manner, the neurotypical listener must “play her part”. In this sense in defining the nature of testimony I rely on Lackey which recognizes the dual nature of testimonial exchange and the role of both speaker and the hearer. The insistence on the roles of both the speaker and the hearer in the process of testimonial exchange makes Lakey's account adequate for discussing autistic testimonies, in terms that the communication with an autistic person the role of the hearer, who must engage in non-ordinary testimonial exchange, is crucial. The role of the listener is especially crucial when it comes to testimonial exchange and assessment of the credibility of autistic speakers. In these cases, due to the heterogeneous nature of autism, the neurotypical listener must be treated on an individual approach with detailed reasoning of the conversational situation and adaptation to it. In this sense also align with trust-contextualism offered by Prijić-Samaržija (2007a) which recognizes the individuality of each testimonial exchange. Notably, in the processes of credibility assessment, a just hearer needs to recognize the uniqueness of each communication situation and the context around it. Further, a just hearer needs to employ epistemic virutes, especially those of testimonial justice. Relying on Fricker’s and Medina’s account of epistemic sensibility, I call for virtue of openness towards cognitive diversity as a virtue a just hearer needs to employ in the epistemic assessment of an autistic speaker.

5. AUTISTIC WELL BEING

5.1. Introduction

The marginalized status of autistic people has an impact on their well-being and quality of life. Because of their reduced chances of accessing society’s resources and social structures as equals with the neurotypical majority, autistic individuals, especially those at a higher level of functionality, use various methods to disguise their autism. In everyday interactions, autistic people use the so-called camouflage strategies in order to fit into society and not be considered as weird or misfits. The consequences of constantly concealing one's condition and personality have led to increased stress, anxiety, depression and reduced well-being. Thus, on the one hand, their well-being is reduced if they use the camouflage, just like it is, on the other hand, reduced if they act like themselves, but being rejected by the society. Because of unjust access to social structures and decision-making processes, autistics represent a vulnerable group that no comprehensive political theory includes in its realm.

Martha Nussbaum (2006) recognized that political theories of justice lack an element of inclusion of those individuals who, because of their biological impairments, are excluded from the community and the decision-making process about their lives. Her starting point is the political notion of human being in general and of a dignified human life. She states that no social contract doctrine has yet included people with atypical physical and mental impairments in the group of those who choose upon basic political principles. Such people were, rather, stigmatized and excluded from the society all together, let alone from the participation in the choice of political principles. Nussbaum, therefore, strives to provide such an account, that will focus on capabilities that a just society should provide to all its members. Namely, the list of ten central human capabilities is „designed” to provide all citizens the same opportunities up to an appropriate threshold level. In such fashion, Nussbaum recognizes that the basic (political and social) needs of persons with cognitive impairments are the same as of the persons who are not impaired- namely, gathered in the list. However, I raise my concern with the inclusiveness of the list and the forms of dignified life it propagates. Namely, while the underlying motivation for Nussbaum's list of inclusion of marginalized groups - especially those with cognitive impairments that include autistic persons - and wants to offer a theory that will provide equal opportunities for all members of society, I find her approach inadequate for discussion on the autistic well-being.

5.2. Autistic camouflague strategies

Some disabilities, including autism, may not be so obviously perceptible to neurotypical bystanders. In this manner, mildly autistic people often have at least some control over whether they want to declare as autistics or not. However, it is interesting to explore what camouflage strategies they use and, most importantly, why do they use them. As Cureton (2018) recognizes, the desire to pass as non-disabled, in this case non-autistic, is often encouraged in disabled children by their doctors, families, schools, and wider society.[155] As presented earlier, the social circumstances in which autistic people live are prompt to stigmatize people who do not fit into the commonly accepted standard of what it means to be normal. Such negative social attitudes are the reason autistic people are invested in hiding their autism. Hull et al. (2017) conducted a research on common social coping strategies which autistic individuals use in their everyday social interactions.[156] These strategies are used order to be accepted to blend in with non-autistic, neurotypical society. Some of the camouflage strategies include suppression and hiding of "inappropriate" behaviors in forms of learning patterns for socially accepted behaviors and pretending to take interest in other people's concerns. For example, most adult autistics force themselves into making and maintaining eye contact during conversation in order to not appear so suspicious and untrustworthy.[157] Other camouflage strategies include imitation of gestures and facial expressions, pre-learned phrases and social scripts.[158] Hull et al. present reports of male and female autistic participants who struggle everyday to present themselves to the public as being non-autistics.[159] For example, many of the participants reported that they force themselves to maintain eye-contact even if they feel very uncomfortable doing so. Controlling their autistic behaviors is one of the biggest challenge they encounter with, especially controlling visible sings such as shaking their heads or legs, posture position or talking only about themselves and their focused interests. Participants often

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[155] Cureton, Adam & Hill Jr, (eds.) (2018). Disability in Practice: Attitudes, Policies, and Relationships. Oxford: Oxford University Press.

[156] An interesting fact is that research has shown that they are mostly women and use camouflage strategies. Namely, the rate of autism in women is much lower than in men, and therefore the diagnosis of autism spectrum disorder is often not absent in girls. Liane Holliday Willey describes her autism being diagnosed only in adulthood, which was a great relief for her as she was only able to relate her condition to the diagnosis. But before she was diagnosed with autism, she knew she was different from others, and she had been trying to hide it all her life using different strategies. (See. Hull, et.al. 2017.

[157] Lai et.al. 2019.

[158] Boren, R. (2017) Autistic Burnout: The Cost of Masking and Passing. URL : https://boren.blog/2017/01/26/autistic-burnout-the-cost-of-coping-and-passing/ (Accessed 25th Feb. 2020)

[159] Hull et.al. 2017.

use such techniques as “rules” or expectations from others that has to be met in particular social settings.[160] For each social context, the participants reported that they use a different “masks”:

> “I camouflage by putting on a character… I treat my clothes rather like costumes, and certain items of clothing help me to uphold certain personality characteristics of which character I am on that occasion. I have a repertoire of roles for: cafe work, bar work, uni, various groups of friends, etc. They are all me at the core, but they are edited versions of me, designed to not stand out for the ‘wrong’ reasons” (citation in Hull, 2017: 2526).

Hull et al. stress the vast consequences of using these camouflage strategies: the participants of the study univocally agreed that these strategies are physically, mentally and emotionally draining and have had great impact on their identity as well as on their mental well-being. They report feeling lonely and frustrated because they have to hide who they really are. Passing as non-autistic help autistic individuals to receive a fair treatment in employment, education, housing, even in forming personal relationships, contributing to shared goal or in epistemic exchange of information. The costs of passing as non-autistics are vast, as the psychological toll in inevitable. Stress and anxiety in every new social situation is increased, due to the difficulty of controlling autistic behaviors. Emotionally draining process of camouflaging one’s autism is followed by a high rate of depression that is found amongst the participants, as the outcome of their camouflage strategies is uncertain. By hiding disability one risks social disapproval from people who regard her as uncaring, rude and weirs for behaviors that are consequences of her autism. Well-being of autistic individuals who use camouflage strategies to prevent being stigmatized by society based on their diagnosis of autism has been severely impaired. Equally, the well-being of people who fail to hide their autism and are labeled by their diagnosis is also diminished.[161] The general prejudices about autistic individuals questions their ability to make sense of their own experiences, and, consequently, the ability to be a part of the society. These prejudices reflect the history of mistreatment, wrong diagnosis, and marginalization directed against anyone who does not fall under the category of neurotypicals. Any deviation from normality is positioned within a structure of social powers that reinforces the standard of “normality” and marginalizes anyone who falls short to this standard. The

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[160] Ibid.

[161] Kapp, 2018.

consequences of such hierarchy of social power are the exclusion from both social and epistemic community and serious impact on well-being. Miranda Fricker (2015) stresses the importance of belonging into epistemic community for the process of human flourishing in general and personal well-being in particular.[162] She identifies consequences marginalization and exclusion have on the well-being of an individual, and proposes the epistemic contribution as the central human capability, in the line of the famous list of ten central human capabilities provided by Martha Nussbaum.

5.3.The capabilities approach

5.3.1. Sen's and Nussbaum's account

Amartya Sen's preoccupation with social justice has led him to the notion of capabilities as an indicator of quality of life. According to Sen, capabilities – what people are able to do and to be – provide the optimal basis for thinking about human development in general.[163] Sen's approach also identifies constraints that restrict and influence well-being of an individual. Thus, at its core, the capabilities approach provides a framework for the evaluation of individual's well-being:

> "The capability approach to a person's advantage is concerned with evaluating it in terms of his or her actual ability to achieve various valuable functionings as a part of living" (Sen, 1993: 30).

The notion "well-being" is used in terms of individual's capabilities to engage in everyday functionings that include working, resting, education, being healthy, belonging to a society, etc.[164] Now, a clear distinction between the terms "capabilities" and "functionings" needs to be spelled out, as they are closely related, but distinct. Functionings are the "beings and doings" of an individual, and capabilities are "various combinations of functionings that a person can

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[162] Fricker, M. (2015). „Epistemic Contribution as a Central Human Capability ". In: Hull, G., (ed.) The Equal Society: Essays on Equality in Theory and Practice. Lexington Books, Lanham, Maryland, pp. 73-90.

[163] Nussbaum, M. (2003). „Capabilities as Central Entitlements: Sen and Social Justice ". Feminist Economics, 9(2 – 3), pp. 33 – 59.

[164] Sen A. (1987). The Standard of Living. (Hawthorne G). Cambridge: Cambridge University Press;

achieve” (Sen, 1987: 36). Therefore, the notion of capabilities includes the functionings that a person could have achieved:

> “A functioning is an achievement, whereas a capability is the ability to achieve. Functionings are, in a sense, more directly related to living conditions, since they are different aspects of living conditions. Capabilities, in contrast, are notions of freedom, in the positive sense: what real opportunities you have regarding the life you may lead” (Sen 1987: 36).

The relation between an achievement and the ability to achieve certain beings and doings is relative due to three conversion factors: first, the personal characteristics (e.g. physical condition, intelligence, sex, disability); second, the social characteristics (e.g. social norms, gender roles, political practices); and third, the environmental characteristics (e.g. institutions, public goods, climate).[165] Interestingly, the capability approach is not interested in the functionings that a person has achieved, but with person’s real freedom, i.e. with their capability to function. The core interest is thus people’s capabilities and their affective freedom to be whom they want to be and do what they want to do.

Sen’s capability approach was endorsed and advanced by Martha Nussbaum (2003, 2006, 2011). Capabilities, Nussbaum argues, give us a general sense of what societies ought to strive to achieve, but lack a sense of a minimum level of capability for a just society.[166] Even though Sen’s and Nussbaum’s approaches are very closely related, they differ on number of issues. Most importantly, Nussbaum and Sen have different goals with their capabilities approaches: Nussbaum aims to set the universalistic political principles that a government ought to guarantee to all its citizens, while Sen was interested in answering the question of “equality of what?”. Nussbaum tries to provide an account on capabilities that will ensure constitutional principles that citizens have a right to demand from their government.[167] For this reason she specifies ten human capabilities that are to be incorporated into a just constitution.

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[165] For further elaboration of these factors see: Chikunda, 2012.

[166] Nussbaum, C. M. (2011). Creating Capabilities: The Human Development Approach. The Belknap Press: Harvard University, Ch. 2, pp. 33.

[167] Nussbaum, C. M. (2007). Frontiers of Justice. Disability, Nationality, Species Membership.

The list includes the following ten capabilities[168]:

1. Life. Being able to live to the end of a human life of normal length.
2. Bodily Health. Being able to have good health; to be adequately nourished; to have adequate shelter.
3. Bodily Integrity. Being able to move freely from place to place; to be secure against violent assault; having opportunities for sexual satisfaction and for choice in matters of reproduction.
4. Senses, Imagination, and Thought. Being able to use the senses, to imagine, think, and reason – and to do these things a way informed and cultivated by an adequate education. Being able to use imagination and thought in connection with experiencing and producing works and events of one’s own choice. Being able to use one’s mind in ways protected by guarantees of freedom of expression with respect to both political and artistic speech, and freedom of religious exercise. Being able to have pleasurable experiences and to avoid non beneficial pain.
5. Emotions. Being able to have attachments to things and people outside ourselves.
6. Practical Reason. Being able to form a conception of the good and to engage in critical reflection about the planning of one’s life.
7. Affiliation.

A. Being able to live with and toward others, to recognize and show concern for other human beings, to engage in various forms of social interaction; to be able to imagine the situation of another.

B. Having the social bases of self-respect and non humiliation; being able
to be treated as a dignified being whose worth is equal to that of others.
(nondiscrimination on the basis of race, sex, sexual orientation, ethnicity, caste, religion, national origin)

8. Other Species. Being able to live with concern for and in relation to animals, plants, and the world of nature.
9. Play. Being able to laugh, to play, to enjoy recreational activities.
10. Control Over One’s Environment.

A. Political. Being able to participate effectively in political choices that govern one’s life; having the right of political participation, protections of free speech and association.

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[168] Ibid.

B. Material. Being able to hold property (both land and movable goods), and having property rights on an equal basis with others; having the right to seek employment on an equal basis with others; having the freedom from unwarranted search and seizure.

The listed capabilities reinforce and support each other, but are to be seen as separate. Nussbaum's capabilities approach holds that the capacity achievements are different also in quality, not only in quantity and cannot be reduced to a single numerical state. Capabilities represent a "core human entitlements that should be respected and implemented by the governments of all nations, as bare minimum of what respect for human dignity requires" (2006: 70). The fundamental idea of Nussbaum's capabilities list is the idea of human diversity, given that the capabilities stand as the source of political principles for a liberal pluralistic society.[169] She critically reflects upon social contract thinkers, both classical theorists and modern exemplars, because despite their contribution to political philosophy, they fail to properly recognize contracting agents. Namely, the classical theorists all imagined a man as their contracting agent, while women, children and elderly people were omitted from the discussion. Those limitations were rectified to some degree in the contemporary contract doctrines, but Nussbaum insists that they still fail to recognize people with severe and atypical physical and mental impairments as those by whom basic political principles are chosen. People with mental disabilities, for example, are often marginalized from society to the point of complete exclusion. Moreover. societies even treated such persons as incompetent and inadequate for society, which was reflected in their exclusion from the educational system, the epistemic sphere and political life. Therefore, it is not surprising that modern contract theories did not recognize a person with mental disabilities as members of society who are equal in capacities.

The capability approach presented by Nussbaum (2006) aims to lay the foundations for social justice, one that ensures the inclusivity of oppressed and marginalized groups in discussions about distributive justice. Nussbaum understands the list of ten central human capabilities as opportunities for functionings that she believes the whole society can agree are necessary for flourishing life. The motivation, as stated, is to give marginalized groups of society the same opportunities that will allow them to lead a dignified human life. In this

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[169] Nussbaum, 2006: 70.

manner, the list stands as central requirements of life led with dignity.[170] In such a group of marginalized individuals, Nussbaum is particularly interested in cases of persons with cognitive impairments. She stresses that political theories have not recognized the need for providing an adequate accounts of social justice and equality for those who differ from the majority of society members – those whose conditions are considered to be a deviations from normality.[171] Such individuals are not being treated as equal members of the society. Moreover, we can say that they are victims of epistemic injustices, namely, of testimonial silencing, because "their voices are not being heard when basic principles are chosen" (Nussbaum, 2006: 15).

Nussbaum, therefore, strives to provide such an account, that will focus on capabilities that a just society should provide to all its members. Namely, the list of ten central human capabilities is „designed" to provide all citizens the same opportunities up to an appropriate threshold level. In such fashion, Nussbaum recognizes that the basic (political and social) needs of persons with cognitive impairments are the same as of the persons who are not impaired- namely, gathered in the list.[172] Hence, the list is the same for all citizens, followed by the threshold level of each of the capability, which is taken to be a minimum beneath which a dignified life is not possible.[173]

However, I raise my concern with the inclusiveness of the list and the forms of dignified life it propagates. Namely, while the underlying motivation for Nussbaum's list of inclusion of marginalized groups - especially those with cognitive impairments that include autistic persons - and wants to offer a theory that will provide equal opportunities for all members of society, I find her approach inadequate for discussion on the autistic well -being. Moreover, as I will argue, her list represents a certain conception of a well-seen dignified life that autistic persons, due to a lack of biological predisposition to action, cannot attain. The list of abilities is not, as I understand it, broad enough to encompass those forms of life that are valuable to all members of society. More specifically, my critique is directed towards the threshold of capabilities, under which a subject cannot lead a dignified human life.

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[170] Nussbaum, 2006: 71.

[171] Ibid, 5.

[172] Not all people with mental impairments could be included in the group of political choosers, especially those whose impairments are severe. Nevertheless, Nussbaum assess their potential for such contribution (2006:15).

[173] Ibid, p. 179.

5.3.2. The threshold level; cases of Kesha, Arthur and Jamie

The question of the level of threshold and the one list for all citizens both with and without cognitive impairment is of crucial importance for the understanding of Nussbaum’s motivation. Her starting point is the political notion of human being in general and of a dignified human life. She states that no social contract doctrine has yet included people with atypical physical and mental impairments in the group of those who choose upon basic political principles. Such people were, rather, stigmatized and excluded from the society all together, let alone from the participation in the choice of political principles.[174] Such omission of people with impairments and disabilities contributed to deeper stigmatization and exclusion from the conversation about basic principles. Wanting to make a more inclusive political theory that would set foundations for social justice, Nussbaum offers an account she believes is the object of overlapping consensus[175] among people who have different comprehensive conceptions of the good.[176] Her intuitive idea of human dignity is pursued through the idea of a *threshold level* of each capability. There is no genuine human functioning below the threshold level, and it is the task of society to ensure that all its members reach levels above this capability threshold.[177]

The threshold level is understood in accordance to Nussbaum’s notion of human nature, which is *ethically evaluative*: we select some features of a characteristic human form of life as normatively fundamental to extend that life without the possibility of exercising one of them is not a fully human life.[178] Once the basic level of threshold is identified, Nussbaum aims at seeking the level where the *good life* becomes possible, focusing on the social conditions of that life. Note that by introducing the ten capabilities, Nussbaum recognizes the human diversity, as the list provides enough space for different kinds of human flourishing. At the same time, however, she insists the list to remain single, not because the span of human

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[174] Ibid. 9-15.

[175] The overlapping consensus is the idea that people with different metaphysical and religious conceptions can agree upon the core of the political conception.

[176] Ibid, p.70.

[177] Ibid. As Nussbaum continues; her goal is not to provide a complete account of social justice. She refers exclusively on inequalities of those below the threshold and provides instructions for just society on how to bring those members above the threshold. However, it does not say anything about the inequalities above the threshold. The goal is, hence, to provide an account of minimum core social entitlements.

[178] Ibid, p.181. For example, permanent vegetative state is a condition that a person from living a fully human life.

flourishing is narrow or single, but because it is reasonable to agree on a single set of the fundamental opportunities for a fully lived dignified life.

It is important to understand that the capability is equivalent to opportunities, thus the list of the ten central human capabilities serves as a list of ten central human opportunities that a just society should ensure to its members. In a such society an Amish who does not want to vote has a full right not to exercise the given opportunity to be political active, while at the same time he preserves and respects such an opportunity for the rest of a just society.[179] In the same fashion, for example, if a person is a misanthrope and does not want to exercise the capability of having relations with others, she can rightfully chose to continue in her misanthrope. However, even though it is not an important for her fulfillment, she understands that this opportunity is vital for human flourishing of other members of her society. Now, let us see if the same can be applied to those individuals who have cognitive impairments. Namely, should the threshold or the list itself be the same to those who, generally, lead a different life than those who are not born or affected with any impairments.

Nussbaum starts her discussion of social inequality, for which she offers a capability account, with cognitively impaired individuals, whose states she discusses through the examples of three individulas - Sesha, Arthur and Jamie.

(i) Sesha, daughter of philosopher Eva Kittay, is a girl in her late twenties diagnosed with contingental cerebral palsy and severe mental retardation. Sesha, despite her impairments, enjoys music and beautiful dresses, affectionate reacts to her parents and is happy when surrounded by other people. But despite the capacities for delight and affection, Sesha cannot take care of herself, at all times she needs substantive support and custodial care.

(ii) Arthur an eight-year-old Nussbaum’s nephew with Asperger's syndrome. In the chapter above, I cited Nussbaum's testimony of her conversations with Arthur, who is obsessed with machines of all sorts and the theory of relativity. Despite his high intelligence, Arthur is not able to learn in the public classroom and cannot be left unsupervised. He is clumsy and he cannot master the games that younger children adopt at an early age. Arthur is educated in a privately owned specialized school

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[179] Ibid.

funded by the state in which he resides and who carefully approaches his gifts and disabilities.

(iii) Jamie is a boy with Down Syndrome who requires constant care from his parents and professionals. Due to additional medical problems, he must be fed through a tube. Jamie, on the other hand, is a very curious child who enjoys the company of his peers.

Nussbaum’s proposal is very closely linked to the problems of autistic individuals presented in the previous chapter. Specifically, in the above quote, it is clear that Nussbaum is referring to the demining of the epistemic status of persons with cognitive impairments. On the basis of stereotypes and prejudices, society rejects their epistemic authority and declares them as "dumb", just because they deviate from the established ones. But, as Nussbaum warns, such treatment prevents the development of the (epistemic) potential of such persons but also prevents society from understanding these potentials in terms of epistemically valuable sources. This almost mirrors the proposed problem of epistemic treatment of autistic individuals who are subject to epistemic injustice and epistemic silencing. The implementation of social injustice, in the form of the Nussbaum’s theory, is closely linked to the pursuit of epistemic justice. It is the task of society as a whole to correct such injustices and to enable persons with cognitive impairments to develop the capacity for the need for a higher level of functionings. In that sense, I completely agree with Nussbaum's initial hypothesis.

However, there are two issues I would like to address regarding Nussbaum's account. The first problem, which I will present and discuss in the next section, is the issue of the list’s inclusivity. As is evident from the example of Sesha, persons who, due to their inborn limited abilities, cannot reach the threshold level are actually not only living an undignified human life but are not, Nussbaum insists, living a *human* life at all. By this, I am referring specifically to autistic persons who, because of their biological predispositions, cannot reach the threshold for certain capabilities. The second problem I will elaborate is the problem of treatment of those persons who at a given moment cannot reach the threshold. Nussbaum believes that for the persons below the threshold whose impairments can be corrected by medicine or genetic engineering, the state needs to provide enough resources so that they could be "corrected" and abled to meet the conditions required for a dignified life.

5.4.The inclusivity of the list

5.4.1. The motivation behind the list

In order to understand Nussbaum's motivation for a list of competencies that will ensure equality for all citizens, with particular emphasis on vulnerable groups such as people with cognitive and physical impairments, it is necessary to recognize Nussbaum's philosophical foundations. Specifically, the capability account proposed by Nussbaum is based on an Aristotelian project to promote human flourishing. Recently, however, Nussbaum has embraced Rawlsian liberalism, which focuses on the autonomy of individuals and the theory of righteousness that avoids "being dictatorial about the good".[180] Therefore, its purpose is not to create or endorsing a comprehensive conception of the good. On the contrary, the capability approach seeks to enable “people a lot of liberty to pursue their own conceptions of value” (Nussbaum, 2000: 55). The development of such an approach has been driven by the idea that all individuals deserve equal substantive opportunities to lead a decent human life. By focusing on capabilities as opportunities, the approach suggested by Nussbaum avoids “pushing citizens into certain valued ways” of life.[181]

The proposed list, therefore, is not designed to set the concept of good, but to set the minimum conditions that just society should provide for its members. The stated minimum conditions expressed through capabilities as opportunities for functionings are equated with the realization of human potential and human flourishing. Access plurality is derived from states for which, according to Nussbaum, it is possible to achieve overlapping consensus on those functions we can agree to be necessary to a flourishing life. However, since the list is single and definite, it seems that some functionalities that are more valuable than others have to be selected. My concern goes in the direction of concern for those persons who do not value, but more specifically, who cannot perform, and central functioning Nussbaum represents as an integral element for a valuable life. More specifically, in this chapter, I will explore whether we can consider autistic lives as dignified and good human lives, although they cannot perform certain functions because of their inborn inabilities to develop abilities for functionings.

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[180] Nussbaum, C. M. (2000), Women and Human Development: The Capabilities Approach, Cambridge: Cambridge University Press.

[181] Nussbaum, C. M. (1992), Human functioning and social justice. In defense of Aristotelian essentialism. *Political Theory*, 20(2): 202–246.

5.4.2. The inability for capability

Autistic individuals have difficulties with social interaction behaviors, including establishing and maintaining relationships, reciprocating social interaction, and communicating with others. These include deficits in sharing interests with other people, in using non-verbal communication (such as making eye contact), and in developing and maintaining relationships (such as making friends). With respect to the latter, one of the most enduring psychological theory tends to expand the triad of impairment by adding a key deficit to all autistic individuals share - the impaired "theory of mind" (ToM), or a condition of "mind-blindness". This account can explain why children with autism have difficulties with simple behaviors such as joint attention[182], pretend play[183], and telling lies[184].

The Theory of Mind (ToM) is a cognitive capacity to attribute mental states to self and others.[185] Namely, by "the theory of mind we mean being able to infer the full range of mental states (beliefs, desires, intentions, imaginations, emotions, etc.) that cause action" (Baron-Cohen 2001: 174). The most famous empirical discovery about the development of ToM is the discovery by Wimmer and Perner (1983) of a cognitive shift in children between three and four years. The research showed that children at the age of three fail a false-belief task, having, at the age of four, children tend to succeed on the test. Difficulty in understanding other people's beliefs, intentions, and emotions is a core cognitive feature of autism spectrum disorders. Some studies have shown that autistic children, regardless of IQ, are "mind blind", meaning that they are "blind" when it comes to understanding other people's intentions. Studies have shown that most autistic children fail *false belief tasks*[186], to understand the distinction between appearance

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[182] Joint attention or indicating behaviors "involve the use of procedures (e.g. showing a toy) to coordinate attention between interactive social partners with respect to objects or events in order to share an awareness of objects or events" (Mundy et al. 1986: 657).

[183] Autistic children exhibit deficits to engage in imaginary scenarios or to understand pretend play. Chan et al. (2016) conclude that autism severity level influences the ability for pretend play performances, with respect to diminished theory of mind.

[184] Williams et al. (2015) study the correlation between theory of mind and lie-telling behaviors of autistic children in comparison to typically developing children, and conclude that theory of mind limits the ability of autistic children to purposely deceive other.

[185] Margolis et al. 2012.

[186] The classic false belief test, the "Sally-Anne test" shows Sally placing a marble in a basket and leaving the room. While she is away, Anne removes the marble from the basket and hides it in a box. Participants are then asked, "Where will Sally look for the marble?" The participants exhibit their cognitive capability of mindreading if they answer that the Sally will look in the basket. The participants who answered correctly understand that Sally's belief does not represent the reality of the situation, as she does not know that Anne moved the marble.

and reality, and to not understand the complex causes of behavior such as beliefs[187]. In addition, the lack of theory of mind affects the ability to imagine. More specifically, autism symptomatology indicates impoverished creativity and inability to engage in pretend play and scenarios. Baron-Cohen (1995) insisted that autism should be interpreted through the lens of the theory of mind hypothesis, and viewed mindblindness as a core autistic deficit. His motivation is to make "widely accepted that individuals with autism are impaired in the intuitive understanding that people have mental states" (Hill and Frith, 2004: 6). Nonetheless, the Baron-Cohen's hypothesis was not without criticism.

Interestingly, not all research result univocally exhibits that mindblindness is the key mechanism underlying social interaction impairments seen in ASD. The degree of understanding of intentional behavior in autistic children is thus uncertain, as experimental results do not match: one research stream claims that "autistic individuals are relatively unable to understand" (Gallese, Eagle, and Migone 2007: 152), the intentions behind one's action, while the other stream shows that the majority of children with autism understand that others have intentions and behave toward reaching them.[188] These studies conclude that what autistic children lack are not the skills to understand the intentional behavior of others, but the motivation and capacities for sharing psychological states with others. The latter is one of the diagnostic criteria for ASD, given that the capacities for intention-reading and the motivation to share psychological states with adults or peers interact during the first year of life. Thus, it was concluded that what autistic children do not understand is not the intentions themselves, but it is the decision-making process behind the intentional activity. These implies that autistic children and adults have some basics of the theory of mind (i.e. they are not completely "blind"), but have difficulties in using it appropriately within social engagements.

These criticisms have pushed Baron-Cohen (2002) to complement and comprehend the *theory of mind* hypothesis, by making the introduction of *extreme-male-brain* theory of autism.

This understanding of other people's beliefs is called first-order belief attribution. See. (Happe and Frith 1996: 1377–1400).

[187] Charman et al. 1997: 781 – 789.

[188] Some studies concluded that autistic children, in fact, understand other people's intentions, but lack the skills and motivation for sharing mental states, as well as the interest in other person's' psychological states. For example, a study performed by Carpenter et al. (2002) showed that autistic children imitated adult's unconventional actions (such as turning the light with the head), but also that they understand the intentions of the unconventional actions (they looked at the light with anticipation).

Specifically, according to this theory, people with autism have a male brain that has a stronger systematic ability, but a reduced empathizing ability, in relation to a female brain. Since autism is more common in men than in women, Baron-Cohen concluded that autism is an extreme form of the cerebellum. It is because of such brains that autistic individuals are extremely talented at detecting patterns and systematizing large groups of information.[189] However, equally, such a brain is the reason why autistic persons have difficulty or cannot perform the metal tasks of imagining that they are in the skin of another subject, that is, of identifying with another persons and their perspective. The latter prevents them from nurturing feelings of empathy towards others. From the mind-blindness hypothesis came the theory that autism disorder can be interpreted in part as *empathy disorder*. Emotion enables us to be simultaneously ourselves and the other, that is, from our own position, to understand and affectionately respond as if we were in the position of another. To do this, an understanding of another's emotional state is required. According to Frith (1989) "the most general description of social impairment in Autism is lack of empathy. Autistic people are noted for their indifference to other people's distress, their inability to offer comfort, even to receive comfort themselves" (1989: 159). Similarly, Yirmiya et al. (1992) wrote that "one of the most striking characteristics of autistic individuals appears to be their inability to share emotional states with others" (1992: 150).

The most interesting account of autistic inability to engage in emotional states of empathizing was offered by Baron-Cohen (2011). According to him, autistics share a *zero-degree empath*y. However, their lack of empathy is not correlated with cruelty. Baron-Cohen emphasizes that not all the absence of empathy is negative: there are at least one condition in psychiatry, that is, an autism spectrum condition, where individuals have the so-called positive zero degree of empathy. The prefix positive in the positive lack of empathy indicates that such a lack does not pose a danger either to themselves or to the people around them.[190]

Let us now return to the central capabilities that Nussbaum holds to be the kind of conditions of a good life, more specifically the capabilities for imagination, empathy and affiliation. Note that she takes affiliation, alongside practical reason, as of special interest, as these two capabilities "suffuse all the other capabilities, making them fully human. So here too we may

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[189] Baron-Cohen, S. (2002). The extreme male brain theory of autism. Trends in Cognitive Science, 6, 248–254

[190] Baron Cohen, S. (2011) Zero Degrees of Empathy: A New Theory of Human Cruelty and Kindness. Penguin Books, New York.

feel uneasy when adult citizens want to function in a way that ignores these very prominent capabilities, though we are convinced they still have them.' (Nussbaum 2000: 92)

As presented above, autistic individuals lack the capacity for empathy, and for imagination, the two capabilities of Nussbaum stresses are central to human flourishing and dignified human life. Moreover, due to their social communication deficits, autistic persons have difficulties in and are often unable to perform a functioning affiliation. Note that some high functioning autistic persons not only cannot perform functionings, but they do not have the biological predispositions to develop the capabilities required for capabilities understood in terms of functionings opportunities. In this regard, autistic individuals do not seem to have the capabilities for functionings that enable them to lead a dignified and human life, thus potentially implying that their lives are not counted as valued and dignified.

Unlike in the case of an Amish who has the capability but does not practice it; autistics do not simply choose not to perform a functioning, but they are incapable, due to their condition, of possessing such an opportunity in the first place. They do not want the affiliation to be accounted for as central human capability (in terms that capacities are essential to a dignified life). Hence, I raise several concerns with Nussbaum's view that the threshold level is the line that distinguishes human from non-human life:

(i) capability for affiliation should provide autistic individuals with "substantial" freedoms, but they cannot be provided with the freedom to engage in social interactions when in fact, they are incapable of engaging in this practice;
(ii) does the last withdrawal that autistic lives are not fulfilled or flourished?
(iii) the ten central capabilities theory recommends society to 'help' those who do not possess the capabilities, but it seems that autistic individuals do not want this help, as it does them no good, as they have a different conception of the good life.

5.4.3. The potential criticism of the neurodiversity movement

The lack of biological precondition for a certain action or opportunity could not, at least in some cases of autism, be understood as a deviation from normality, but rather a difference, or as the neurodiversity advocates claim, as a different way of being. Neurodiversity proponents essentialize autism as caused by biological factors and celebrate it as a human variation. They reject the idea that autism should be cured and advocated for celebrating autistic behaviors and ways of communication.

Many autistic individuals believe that their lives are fully flourishing and dignified, even if they do not possess capability as an opportunity to perform certain functions. It seems that they would not accept (and would rightly be offended) that without having the latter they cannot lead a decent human life, given that, according to central capabilities theory, it is an essential component of a good life.

The neurodiversity movement, as well as autistic persons who, although not possessing capabilities for functionings, still lead a dignified life, are a problem for Nussbaum's list of central abilities. Nussbaum would probably, as an answer to the neurodiversity, insitis on the following: “if we start fashioning different levels of political entity we lose a strong incentive ... for making every effort we can develop the capacities of people with disabilities to the point at which they are able to exercise these entities on their own '(2008: 363-4).

I find the latter deeply problematic, especially in terms of imposing the capability of an affiliation on autistic individuals as something that would make their lives fulfilled. Neurodiversity movement advocates and activists for autism rights would reject Nussbaum's idea that society needs to "help" them to develop affiliations (in Nussbaum's rich concept), especially when this help does them no good[191] (high level of stress and anxiety in every new social situation), on the one hand, and, on the other, they could (and do) feel like their autistic traits are recognized as traits of having a bad life, and that such individuals need to be normalized. It seems that Nussbaum fails to preserve her initial idea of human diversity by creating a list that is, for some individuals, imposed upon and discriminatory. As I see it, Nussbaum falls into the trap that she's been trying to avoid. Namely, the reason why she insists on the single list and the same level of threshold for every citizen is that enabling each and every citizen to fulfill her potentials and not be restrained by a list that corresponds to what society thinks an impaired person can achieve. However, while trying to achieve equality for all citizens, the list ends up discriminating against certain groups of people, by claiming that their lives are cases of bad luck and an unhappy state of affairs.

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[191] I agree with Arneson who recognized that "justice according to the capability approach obliges society to 'help' [people] in ways that do [them] no good by [their] own lights" ('Perfectionism and Politics, p.61). Promoting one form of life as valuable, while stating that other forms of life are not human is inevitably damaging to a person’s well being. Such approach promotes an image of autism as a condition that restricts person from living a fully human life, and as such, it needs to be eradicated through the help of the state.

The latter critiques are already, to some degree, recognized in the literature. Namely, Richard Arneson critically commented Nussbaum’s capability theory as follows:

> “I doubt that a list as expansive as hers is really a list of functionings all of which any person must achieve at some threshold level if her life is to count as attaining a decent or adequate level of well-being... one can imagine lives that are high in well-being despite failing to attain any positive amount of some items on Nussbaum’s list.’ (Arneson 2000: 48).

Arneson’s objection presupposes that Nussbaum’s approach insist on functionings in a certain valued way, in a manner that a person needs to realize all the items of the list in terms of exercising all the functionings in order to lead a good and dignified human life. However, as stressed elsewhere, Nussbaum’s approach does not insist on the functionings, but rather on the capabilities which are to be understood as opportunities.[192]

5.4.4. The Humoruless Warior and the Autistic

Another critical remark on Nussbaum’s capability approach can be found in Rutger Claassen (2018). Referring to Eric Nelson and his critique of the list of ten capabilities, Classen stresses that Nussbaum expects the state to guarantee the central capabilities of each citizen by defending “the view of the good life that her theory is supported to be applicable to all human beings, everywhere around the world” (2018: 24). However, this does not seem to be the case in the real world:

> “There is certainly no sense in which [Nussbaum's list] is neutral with respect to the good. It's not rational to want the things on the list 'whatever else one wants'. Suppose I am celibate, and I believe sexual satisfaction is sinful; or suppose I am a misanthrope who does not see any value in associating with other human beings” (Nelson 2008: 99; in Claassen 2018: 25).

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[192] “The conception does not aim at directly producing people who function in certain ways. It aims, instead, at producing people who are capable of functioning in these ways, who have both the training and the resources so to function, should they choose. The choice itself is left to them.” (Nussbaum 1990: 214).

The problem is, Claassen continues, that “even if a theory only provides capabilities (hence leaving the choice to individuals as their functions), it still relies upon a specific theory of the good to select these capabilities” (2018: 25). In the paper *The Foundations of Capability Theory: Comparing Nussbaum and Gewirth*, Claassen had a similar concern in mind, which he presented through an example of an imaginary creature called the *Humorless Warrior*.

> Apart from other normal human features, two things are peculiar about him: he utterly lacks the capacity for humor, he rarely if ever laughs, nor does he make jokes; he is just a very, very serious fellow. He is also aggressive; he usually does not have the patience to resolve conflicts peacefully but fights them out instead; he is predisposed to using physical force against others. We take it that we can recognize these two features as human: seriousness and physical aggression seem to be fairly common among us. Nonetheless, the capability to laugh is on Nussbaum's list while the capability to fight is not.[193]

The example of the Humourless Warrior posits two purposes: first, to critique the presence of human capabilities on the list, and second, to critique the presence of a concrete list. What is important about this matter is the second critique, that is, imposing a Humorless Warrior that capability to laugh is central to a fulfilled life. Even though Nussbaum might reply that the majority of society likes to laugh and that this capability is only guaranteed by the state as an opportunity, not as functionings, the Humourless Warrior could, nevertheless, state that “the fact that it is on the list means that the political community values capability to laugh as part of a theory of the good; the Warrior rightly feels that this does not represent his views.” (Claassen and Düwell, 2013: 497). I agree with Claassen that Nussbaum's list aims at promoting capabilities that do not necessarily form one's conception of the good. However, I propose that the case of autistic individuals portrays the latter in a better manner than the example of the misanthrope or the example of the Humourless Warrior.

In the case of an autistic person, not only does she not see the value in associating with other human beings (as is the case with misanthrope), but she has no biological predisposition to develop the ability to associate with other human beings as required by Nussbaum's rich concept of affiliation. Furthermore, not only does such a person want to be excluded from social

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[193] Claassen, R. & Düwell, M. (2013). The Foundations of Capability Theory: Comparing Nussbaum and Gewirth. Ethic Theory Moral Prac, Vol 16, pp. 493-510

relations (just like the Humorous Warrior does not want to laugh), but social engagement is something that threatens her well-being (followed by high levels of stress and anxiety). Therefore, I believe that autistic individuals present a good case for rejecting Nussbaum's rigid list, much because they are not some thought experiment, but a real example of how central human capabilities can, while trying to achieve equality for all citizens, end up in the discriminating certain group of people. Furthermore, I will present in the next paragraph that the Nussbuam’s list needs additional supplements. The latter is proposed by Ingrid Robeyns and Miranda Fricker. Robeyns[194], in this sense, recognized the list's inadequacies in relation to the well-being autistic persons, while Fricker[195] stresses that Nussbaum's list ignores the relevance of epistemic contribution for the processes of human flourishing.

5.5. Autistic well-being and additional capabilities

Ingrid Robeyns (2016) stretches the notion of human diversity and calls for capabalitarian approach with core idea of human neurodiversity – the idea that conditions like Autism Spectrum and ADHD are results of normal variations in the human genome, and not diseases or disorders. The neurodiversity movement promotes subjective well-being of autistic individuals, rather than typical functioning. In their attempts to function as neurotypicals, autistic individuals often use various strategies to “camouflage” their conditions, which leads to increased stress, anxiety, depression and decreases their well-being.

She recognized the need for neurodiversity framework in the capability literature, and by questioning the usefulness of the capability approach for autistic well-being, recognizes the three major strength the capability approach has: (1) pluralistic approach (autistics lives are extremely diverse, due to their different conditions, abilities, and their environment); (2) human diversity (different people have different needs); (3) the resonation with the phenomenological account found in (auto-) biographies and narrative accounts.[196] The strengths have their own place when we discuss well-being from an autism point of view. Robeyns proposes the extension of Nussbaum’s list so it will do justice to autistic individuals, but the extension itself

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[194] Robeyns, I. M. A. (2016). „Conceptualising Well-being for Autistic Persons “. Journal of Medical Ethics, 42 (6), pp. 383-390.

[195] Fricker, M. (2015). „Epistemic Contribution as a Central Human Capability “. In: Hull, G., (ed.) The Equal Society: Essays on Equality in Theory and Practice. Lexington Books, Lanham, Maryland, pp. 73-90.

[196] Robeyns, 2016.

is also needed for the non-autistics. The first additional capability Robeyns advocates is the capability to “avoid sensory overload”. The absence of sensory overload is of great importance for autistic well-being, as atypical sensory experience occurs in 90% autistic individuals. Thus, the understanding of the importance of sensory difference in autism has strong implications for autistic well-being, as well as for creating autism-friendly environment. The second additional capability is the capability of “being able to communicate”. This capability is closely related to Nussbaum’s 7th cluster of capabilities, i.e. “to engage in various forms of social interaction”, where the question of communication is not made explicit. Hence, Robeyns stresses the need for the distinguished capability to communicate, especially since enabling proper communication for autistics requires special efforts. In addition to the capability to communicate are the capability of “being properly understood” and the capability of “being cared for and loved”. The capability of “being properly understood” was not mentioned prior Robeyns in the capability literature, despite its importance for both autistics and non-autistics. Autobiographical narratives describe how autistics do not feel like they are understood by non-autistics, primarily by caregivers, social workers and other public officers.

This capability is, I argue, central for autistic well-being and for fulfillment of, not only social, but also epistemic justice. The need for being properly understood is closely related to the need of being counted as a knower, a person who possesses knowledge about the world and about oneself, and participates in the sharing of information. The general prejudices about autistic individuals questions their ability to make sense of their own experiences, and, consequently, the ability to contribute to the process of sharing information. These prejudices reflect the history of mistreatment, wrong diagnosis, and marginalization directed against anyone who does not fall under the category of neurotypicals. Any deviation from normality is positioned within a structure of social powers that reinforces the standard of “normality” and marginalizes anyone who falls short to this standard. The consequences of such hierarchy of social power are the exclusion from both social and epistemic community.

Concerning about the correlation between being an equal member in an epistemic community and well-being, Miranda Fricker (2015) stresses the importance of belonging into epistemic community for the process of human flourishing. She identifies consequences marginalization and exclusion have on the well-being of an individual, and, in addition to Nussbaum’s list, proposes the capability of epistemic contribution as the central human capability. Fricker notices that two items from Nussbaum capabilities list are directed towards human capacity for reason: the first is *Practical reason*, and the second is *Senses, imagination,* *thoughts*. However, no special place is given to our rational functionings, i.e. theoretical reason, responsible for our functionings as contributors to shared information and understanding. The rational functioning is of great importance for human flourishing and individual's well-being, as we need our reason to make sense of our experiences and shared social lives. Nussbaum, unlike Fricker, seems to sees individual as "the person as a receiver", which was criticized by Wolff and De-Shalit:

> "Nussbaum's list of functionings is surprisingly over-influenced by what can be called "the language of justice": who gets what in the process of distribution; and in the "language of liberalism": what one is entitled to. This emphasizes the person as a receiver, seeking to expand his or her possessions and as an individual promoting his or her material well-being (Wolff and De-Shalit, 2007: 45 in Fricker, 2015).

They underline the need for a more diverse view of the person, a person who is a giver. Fricker welcomes these critiques and argues for introduction of another capability that will be fundamental for human flourishing – epistemic contribution. The latter is to be understood as a individual's part of contributing to the pool of shared epistemic information, and as a relation between epistemic giving and epistemic receiving. Epistemic giving is divided into two groups: (1) informational materials (e.g. information, evidence, hypothesis, argumentation, critique) and (2) interpretive materials (e.g. justification, reasonability, making sense of the social world). No matter the cultural context, who will be included into epistemic giving of informational and interpretive materials is a locus of human flourishing. Furthermore, Fricker insists on consequences the exclusion from epistemic contribution has on individual's well-being, in forms of epistemic frustration, loss of epistemic courage and stigmatization. Systematic and persistent exclusion from the epistemic pooling of knowledge based on prejudices and stereotypes is what Fricker identifies with epistemic injustice.

For people diagnosed with some kind of disorder or disability, the risk of getting excluded from epistemic community is very high. Marginalized and stigmatized because of their medical conditions, these individuals are victims of epistemic silencing that affects their specific well-being and the way they understand themselves and the world around them.[197] Such is the case

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[197] The concept of epistemic silencing can be also found in John Stuart Mill's critique in "On Liberty" where he claims that "the peculiar evil of silencing the expressions of an opinion … [leads to] robbing the human race …

of autistic persons whose experiences are largely obscured because of the dominant stereotypes about autism. Treated as persons who lack sense of their own self, autistics are systematically and persistently being excluded from the pooling of knowledge. Therefore, we need to focus on what autistic individuals can do and what are their talents, rather than focusing on their impairments and difficulties. Being acknowledged as diverse individual could provide autistic individuals a chance to be included into the process of epistemic giving, particularly of giving of interpretative materials. The autistic voices should not be mistreated and rejected as untrustworthy, or as meaningless, but are to be heard and accepted by neurotypical society. Autistic individuals can provide interpretative materials in a form of making sense of their own experiences, and sharing those experiences with others, in order to raise an awareness of their condition. In this manner, autistic individual will be accepted, on the social and epistemic basis, as an individual who is different then most members of the society, but equally valuable. Such a picture is much more inclusive than the one Nussbaum proposes with his list of abilities, since the former recognizes the pluralism of needs and cognitive contributions. The problematic nature of Nussbaum's list stems from its closedness (as recognized by Robeyns and Fricker) and strong evaluative components rooted in opportunities for functionings fundamental for the notion of the human life (recognized by Anderson and Classessen). Namely, Nussbaum sets a limit above which one's life can be characterized as human. Below the threshold, by contrast, there is no possibility of human flourishing since below the bare minimum a person does not lead a human life, but leads a different form of life. Those who are below the threshold, lack the capability we as a society agree is of great importance, to extend that we agree that those who do not possess it does not lead a human life. The role of society is to bring such individuals who lack distinctively human characteristics (capabilities) to at least a minimum of threshold, by investing resources in their education, treatments, drug discovery, and, if available, genetic enhancement.

5.6. Can autistic life be a „human "life?

5.6.1. The "dignified" life

Nussbaum's philosophical thought regarding the capability approach is divided into two phases. The first period of Nussbaum's philosophical activity (1988-1997) was marked by

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of the opportunity of exchanging error for truth" (1977: 229). In such respect, the notion of silencing and of political exclusion are inextricably linked.

strong liberal perfectionism. At that time a list of ten central human abilities emerged as a kind of theory of the good. Perfectionism in moral and political philosophy is associated with theories of human flourishing based on some form of good. It inevitably ties in with the issue of a good and well-led life, human nature and well-being, and political conclusions over the past. Therefore, in the moral and political philosophy, the concept of capabilities is discussed in relation to the aristotelian project. As Nussbaum sees it, ethics should be based on the essentialist concept of human nature that underlines the idea of understanding human life through the prism of its defining features.[198] In this idea, Nussbaum finds the starting point of her project, to pursue a "historically sensitive account of the most basic human needs and human functions" (1992: 205).

It is not surprising, therefore, that Nussbaum's approach is based on the Aristotelian concept of dignity, in the way that the theory of entitlements for functions and just society should provide for its members. The Aristotelian background in the capability approach is evident in the dichotomy between capabilities and functionings. In *Nicomachean ethics*, Aristotle sets out to postulate the human good, one that serves as a goal in life. The latter is found in the notion of eudaimonia that equates happiness, human progress, flourishing and well-being, but such a notion is subject to disagreement, since not all members of society can agree unanimously on the criteria for happiness. Aristotel tries to solve the latter problem by calling for understanding about the ergon (function) of human life. The justification for eudaimonia interpreted through the *ergon* is as follows:

> “Presumably, however, to say that happiness is the chief good seems a platitude, and a clearer account of what it is is still desired. This might perhaps be given, if we could first ascertain the function of man. For just as a flute player, a sculptor, or any artist, and, in general, for all things that have a function or activity, the good and the " well " is thought to reside in the function, so it would seem to be for man, if he has a function. Have the carpenter, then, and the tanner certain functions or activities, and has a man none? Is it naturally functionless? Or as the eye, hand, foot, and in general each of the parts evidently has a function, may one lay it down that man similarly has a function apart from all these? (NE 1.7 1097b22–33)

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[198] Nussbaum, M. C. (1992). Human Functioning and Social Justice: In Defense of Aristotelian Essentialism. *Political Theory*, *20*(2), 202–246.

The human function is, he continues, “an active life of the element that has a rational principle” (1098a3-4). Nussbaum takes on Aristotle's reflection on the *ergon* and states that human beings want a life that uses all our capacities, as such a life both involves the exercise of reason and requires a rational direction.” (Nussbuam, 1976: 106)[199]. Therefore, justification of the list of abilities is derived from the thought that all human beings share basic needs for certain functions, that is, from the position of *internal essentialism*. Nussbaum notes that for Aristotle, the question of whether a certain function is a part of our human nature is a special sort of evaluative question. Namely, evaluative standard lies in the question of whether the relevant function is to that degree important that a being who lacks it would not be judged to be human at all.[200]

Nussbaum, on the other hand, sharply rejects interpretations of Aristotle's essentialism as external, by claiming that human nature cannot be validated from the external perspective, because human nature is just an inside perspective.[201] External essentialism, in this sense, advocates for the formation of the facts about what is essentially human to be “a matter of natural scientific facts, not of ethical value” (Nussbaum, 1995: 88). Nussbaum contrasts her internalist essentialism with forms of essentialism that are fundamentally externalist, arguing that the latter interpretations of Aristotle’s work are inaccurate.[202]

The notion of human dignity is interpreted in terms of value inherent in human nature. Accordingly, Nussbaum argues that "all human beings ought to acknowledge and respect the entitlements of others to live lives commensurate with human dignity" (2006: 53). It is problematic, however, to clearly define what the concept of human dignity encompasses, since it is an “intuitive notion that is by no means utterly clear” (2011: 29). Instead, human dignity should be understood in relation to a set of three other notions. Dignity, Nussbaum states, is

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[199] Nussbaum also acknowledges Aristotle's uniformity of the good human life, which he understands as following: When I imagine a picture of a good or valuable life, and think of wishing it for myself or for another, I ought to get clear about the relationship between that valuable life and the conditions of my (my friend's) continued existence. I ought, that is, to ask closely whether this imagined life is a life that could be lived by such a being as I am - by a being, that is, who shares all those characteristics that I consider to be truly constitutive of my (my friend's) identity.”. See. Nussbaum, 1976.

[200] Nussbaum 1988, p. 177.

[201] Nussbaum 1995, p. 121.

[202] Nussbaum specifically argues against externalist interpretations such are those by Bernard Williams and Alasdair MacIntyre, who offered a justification of Aristotle’s virtue ethics by invoking to a metaphysical biology. Such attempts seem to interpret Aristotle’s approach as externalist, namely as appealing to external facts that can be traced in human nature and detected by science.

related to respect. A person living a dignified life must lead a life that demands respect from other members of a shared society. Alongside, dignity is agency related, or what people are able to do and perform in order to make their lives valuable. Finally, dignity is related to equality, given that all members of society should enjoy equal rights. All three are contained in capabilities that represent political entities that the society must ensure and protect.[203]

As already mentioned, for the capability project as presented so far we say that the result is Nussbaum's earlier work. Her later work (1997-present) is characterized by a move to political liberalism, deeply influenced by John Rawls. The difference, roughly, is that Nussbaum finds justification for her capabilities list in her work papers on the basis of a “self-validating” argumentation strategy, while in later works she embraced the list justification through overlapping consensus. In later works, Nussbaum argues that the list can be justified by overlapping the consensus, but not that its list is the subject of a current consensus. We are not asking individuals what they think is necessary for a good life, but the list is based on the assumption that all individuals, when asked if they agree that these capabilities are key to a good life, will come to a consensus. However, as can be seen from the example of autistic individuals, who have no predisposition for certain capabilities or functions, that not all individuals will agree and that consensus will not be reached. Autistic people might accept that the capabilities for empathy and imagination are important for the development of culture in general, and that it may be very valuable to some neurotypical individuals, but they will not accept the thesis that a life without the capacity for empathy or creative expression is a life not worth living, or, even more strongly put, a life that cannot be characterized as human life. Nussbaum seems to be calling for justification through potential overlapping consensus, in fact, requiring members of society to agree that some capabilities are essential to human life, even if they themselves cannot possess those capabilities.

5.6.2. The role of a just society in providing a dignified life to its citizens

Nussbaum argues that individuals should agree on the role of society in promoting these same capabilities. Here we come to the question of the role of society towards those individuals who are below the threshold level. Nussbaum's whole approach is end-result based, since the capability approach measures justice in terms of society's ability to secure all its members and

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[203] Nussbaum, 2011.

a list of central capabilities up to a suitable threshold level.[204] Nussbaum emphasizes that every decent society must provide protection for people like Sasha, Jamie, and Arthur by addressing their needs for care, education, self-respect, activity, and friendship. Social contract theories focus on fully cooperative members of society, while those who do not exclude it from the conversation. It is crucial for society to recognize those members of society who have some form of impairment so that it can adequately address their needs. Nussbaum notes that impairment raises the problem of social justice in the face of fair treatment for people with impairments who need varieties of care and help in ordering to live fully integrated and productive lives. The starting point of the latter is to de-stigmatize such individuals and rectify the unjustly attributed prejudices: namely, "the prejudice that these children were just "dumb" and ineducable prevented and an accurate understanding of what they could achieve" (2006: 189). In this sense, he refers in particular to Arthur, who speculates that he would have been interpreted fifteen years ago by society as an extremely smart child by parents messed up emotionally. A just society is a society that takes care of all its members, regardless of their cognitive or physical conditions, "would not stigmatize these children and stunt their development: it would support their health, education, and full participation in social and even, when possible, political life" (2006: 100).

Nussbaum herself states that for Sesha, the possibility to vote is nothing to her, not because she holds a comprehensive conception of value that forbids her to vote (as is the case of the Amish), but because her cognitive capacities will never allow her to understand the concept of voting.[205] Is it really fruitful and fair to claim that the same threshold level and the same list should be the level that makes a dignified human life? Nussbaum claims the latter and the stresses that this practice will ensure that all individuals reach their potential. In a society that limits children with Down Syndrome and allows them the capabilities that society thinks they can achieve, the potential that differs from that list may not be recognized. She particularly states that

> "Arthur might have been prematurely judged to be a child who could simply not form good relationships with other children and who would never be able to be a member of society. But because parents, educators, and, ultimately, the law placed great emphasis

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[204] Nussbaum, 2006: 281.
[205] Nussbaum, 2006.

> on sociability in the public conception of education, Arthur (...) learned good social skills and has made friends" (2006: 190).

The very threshold level is thus needed to provide a rigid level of good life, a "set of non-negotiable social entitlements" that every citizen should achieve. Those with cognitive impairments, Nussbaum continues, would be dependent upon the help of the state that would "work tirelessly to bring all children with disabilities up to the very threshold of capability that we set for other citizens" (190). More specifically, Jamie and Arthur can achieve the prerequisites of a good human life with the help of the state in forms of educational and health policies.

Education is of particular importance, as "all [individuals with impairments] have impediments that education must address, in an individualized way where possible; and all, given suitable care, can become capable of central functions on the list" (191). If, however, education fails to prepare the individual for the attainment of capabilities, then "this is an unhappy state of affairs". Notably, Sesha, with her limited cognitive abilities cannot learn how to exercise her abilities, is also excluded from the list. However, if there is a cure for Sesha's condition, the state must cure her impairments and lift her up to the threshold, but no matter the costs. Nussbaum here makes a clear statement that just society should invest in care, treatment, education, and, if available, cure, for its cognitively impaired members, in order to denigrate their competencies and potential contributions to society. The public space should, Nussbaum continues, be adequately designed to support individuals such as Arthur and Jamie, so that they could fulfill their potentials.

What is particularly interesting, however, is the way in which Nussbaum perceives the role of society in their task of enabling everyone to reach the threshold. I would like to mention here that I consider Nussbaum's motivation to be extremely valuable in the discussion of the inclusion of people with mental impairments in social and political life. Namely, Nussbaum believes that such persons are too often dismissed as unworthy members of society, while their potentials and abilities are negated. This is precisely the aim of this paper, to point out that autistic persons have epistemic potential that represents valuable insight for society as a whole. In that sense, Nussbaum's and my motivation collide. But while it proclaims equality and empowering people with cognitive impairments to fulfill their potential and actualize themselves as valuable participants in the conversation about choosing basic political principles, Nussbaum goes a step too far in arguing that, if possible, the state must allow such individuals to be “corrected”. More specifically, when talking about Sesha, Nussbaum insists that the society, if possible, should provide all the resources to cure Sesha’s condition and bring her up to the capabilities threshold. Strong emphasis is put on the society which have an obligation to pay such a treatment once it becomes available. We can all agree that this recommendation, without going into the resource problem, is highly altruistic. Also, we can agree that most citizens would agree that for people like Sesha, who needs substantive support and, in essence, suffers from their impairment, should be provided with the means that will enable them to alleviate or eradicate their difficulties. Moreover, if there are available technological achievements that would enable genetic engineering in the womb in order to eradicate or decrease the severity of the impairment, a decent society would provide such an opportunity. However, Nussbaum hints a rather problematic issue of applying the same principles for individuals like Jamie and Arthur as well, in cases where such individuals cannot attain central human capabilities from the list:

> “we do not say this about Jamie or Arthur, precisely because there is a realistic prospect that they will attain the capabilities that we have evaluated as humanly central. Thus, the view does not entail engineering Down syndrome away, or Asperger’s, or blindness and deafness, although it does not clearly speak against this either.” (2006: 193).

Therefore, while Jamie and Arthur have a real possibility that attain the listed capabilities, correction through girls or genetic engineering is not recommended for their conditions, but only allowing them to reach the threshold through education and treatment. However, as I described in detail in the previous paragraph, Nussbaum does not take into account that Arthur does not have the biological capacity to develop certain capabilities for functionings. If she saw Arthur's lack of empathy as a lack of capabilities that cannot be learned, then Arthur would have the same problem as Sesha, who would never be able to learn the concepts of voting and political engagement. In this sense, it seems that Nussbaum would say that Arthur, like Sesha, should, if available, should be cured from his impairment. As presented, such conclusion would do great harm and unjustice to the neurodivegent population.

5.7. The capability approach as the disability model?

Nussbaum's theory of human capabilities can be interpreted as a theory about what it means to live a life worth living, that is, what human life means. The list of capabilities, therefore, aims to ensure that all those with biological predispositions reach the level of threshold are supported by their society and the state in terms of securing the necessary resources. No one disputes the contribution of Nussbaum's theory that recognizes the systematic exclusion of persons with cognitive or physical impairments from conversations about well-being and political ideas that treat all citizens as equal and free. However, there also appears to be negative consequences regarding the Nussbaum’s approach, which are seen in dismissing some of conditions as essentially human. This implication is linked to the belief that some life forms are simply not worth living. Such attitudes are often linked to a range of mental and physical impairments, although Nussbaum urges us to look for criteria at the threshold level. However, as we have seen, in order for a particular individual to reach the minimum required by the threshold level, he or she must possess the biological prerequisites to develop such capabilities. For example, Sesha will never reach the level of understanding of political life and voting prowess due to severely impaired mental ability. However, as I have shown in the previous chapter, Nussbaum does not realize that the same applies to autistic individuals who cannot reach the threshold level in terms of capacity for affiliation, empathy and imagination, due to their impairments in biological functions in relation to such abilities. Therefore, like Sesha, Arthur leads a life that is not a human life, nor is it a life worth living. A counterbalance to this conclusion can be extracted from the real world; namely, can be found in the testimonies of disabled people who testify that good life, and life worth living, is also possible with impairment. In this regard, I refer primarily to the neurodiversity movement, although the same thought holds true among other disabled people's movements. Hence, I conclude that the notion of “well-being” cannot be universalistic, but needs to be pluralistic, in means that it recognizes diversity among people, the conditions and environment they live in, and their abilities to make their lives the best possible. The element of diversity is crucial, for it recognizes that different people have different needs. In this manner, the element of neuro-diversity has a large role in creating a pluralistic notion of “well-being” that would describe what is the best life not only for neurotypicals, but also for autistic individuals. Instead of treating their conditions as tragedies, autistic self-advocates understand their condition as an aspect of human diversity. Such diversity not only implies the existence of different ways of functioning in daily life, but also suggests a broader understanding of human flourishing and of a good life. Namely, proponents of the neurodiversity movement believe that in their lives they may attain human goods in an atypical way, or even some new goods specific to their lives. They do not consider their condition an impairment that prevents them from leading valuable lives, but, moreover, nurture a special sense of pride, thus interpreting their diagnostic image as their personal identity. Such individuals share the resentment of being born with autism and promote affirmative attitudes regarding autism as a worthwhile diversity. However, a kind of recruiting is perceived in relation to the social environment, which is systematically perceived and treated as less valuable, ableisting prejudices and stereotypes about autism. Such prejudices reinforce social and epistemic wrongs towards autistic individuals, deepen the exaggerated sense of impact on the bearer's well-being, and prolong the inability to see the potential of such individuals. Clearly, such injustices also affect the social perceptions of autistic persons and the political and moral attitudes associated with the practices of finding a cure that could determine the unwanted and tragic condition called autism.

In this sense, calling for a cure which would allow an individual to live a good life is a problem for those conditions, such as high-functioning autism, whose carriers do not consider themselves leading less valuable lives than most of society. The statement that only a cure will give them a dignified life implies that such persons do not lead a dignified life and that their conditions do not allow them to flourish humanly and well-being, or, more accurately, present their conditions as harmful to their well-being. It is interesting to look at this evaluative approach to mental disorders through the question of what we define as mental disorders, mental illness and mental disorder. In this respect, the question arises whether the list of abilities disables the model? It should be noted that Nussbaum herself does not seek to define illness and disease, but aims to offer an approach that includes those members of society with mental and physical disabilities in the spectrum. Therefore, this approach is not metaphysical (as Megone's approach to mental illness, which is, like Nussbaum's, grounded on Aristotle's philosophy), but strictly political, with the aim of promoting a list of abilities that society must provide to all its members. In line with the above, Nussbaum uses the concept of human flourishing that relies on human nature in the sense of fully realizing the egon. Such an approach is purely evaluative, in the sense that the concept of function is positioned in a way that is related to the question of whether that function is so important that a creature who lacks it would not be judged to be properly human at all. Therefore, although Nussbaum does not enter into the debate about defining “illness” / “disorder”, her theory clearly implicates the normative criteria that are key in defining the concept of “human life”.

5.8. Conclusion

Unfair epistemic practices, as well as social structures and relations, have a significant impact on the well-being of autistic people and their quality of life. In this chapter, I have presented one of the significant contemporary political theory based on the concept of well-being as a fundamental criterion of a just society. Martha Nussbaum’s capability approach tackles the question of how a just society can treat *all* its members as free and equal. The answer is offered through a list of ten human abilities that make up the determinants of a human life. The problematic nature of the list expressed in the chapter relies on the limitedness of the list and the impossibility of including pluralism of values. Namely, Nussbaum's line of argumentation introduces the possibility of leading a life that is not a human life, which can also be attributed to cases of autistic lives. However, as neurodiversity movement testifies, lives led with autism are inherently human and valuable. As will be shown in the following chapters, all reasonable and rational agents can agree that an autistic life is worth living. But before we analyze the normative criteria for evaluating autistic life, it is necessary to clarify what makes autism, in the first place, an undesirable, pathological condition that, even according to Nussbaum, needs to be cured.

6. THE “D” in “ASD”

6.1. Introduction

The correlation between mental illness and social exclusion is strongly reinforced by prejudice, stereotypes and general fear of the mental patients. Stigmatization is caused by a social structure in which a person with a mental disorder is a negation of a normal member of the society. It is the society itself that determines what is normal, typical, and what is pathological, atypical. In this sense, the global politics of disability rights created the social explanation of disability - the social model. In order to understand what this model recalls for and what are the consequences for health policies, I shall first describe what is the role of modelling in general. Second, I will present the medical model of disability, and third, its counterpart - the social model of disability that is somewhat of the grounding framework of the neurodiversity claims.

6.2. The models of disability

Smart (2004: 25–29) points out that models of disability play a role in several processes and are to be understood as the following: models of disability provide definitions of disability; models of disability provide explanations of causal attribution and responsibility attributions; models of disability are based on (perceived) needs; models guide the formulation and implementation of policy; models of disability are not value neutral; models of disability determine which academic disciplines study and learn about disability; models of disability shape the self-identity of persons with disability: models of disability can cause prejudice and discrimination.

Such models of disability strongly affect the lives of those individuals who are mentally or physically disabled. It is important to mention that even though autism is not defined as a mental disability, the medical professionals use the medical model of disability, while the autistic self-advocates use the social model of disability.

According to the medical model, the patient is the embodiment of the medical category, which must receive adequate medical intervention so that it can, at least to some extent, adapt to society, More precisely, disability is understood as a medical and biological problem that resides exclusively within the individual, i.e. the patient[206]. The nature of such medical model is perceived as defect or a failure of a bodily system, which makes such a state as abnormal and pathological. Medical professionals, in this sense, share the goals of intervention in forms of cure, amelioration of physical disability to the best possible extend, rehabilitation or psychological treatments. Any deviations from normality were considered to be pathological states that negatively impact the lives of their carrier.

The medical model was called into question precisely because of its correlation with the stigmatization of people with medical disabilities. Namely, because it presents disability in a negative way, the medical model also referred to as the "personal tragedy" model[207], "a personal tragedy for both the individual and her family, something to be prevented and, if possible, cured" (Carlson, 2010: 5). Persons with mental or physical disability are, according to the medical model, a deviation from normality, that needs to be treated or cured. The main objection is that the medical model treats people as problems, without taking into account person's perspective, needs or general life quality.[208]

As the opposing force to the medical model of disability, which primarily takes into account medically determined impairment and the need for adequate intervention, a different awareness of disability, disorders and illness generally arises through the social model of disability. The aim of this shift was to take control of one's life and to express the opportunities that persons with medical disabilities have when it comes to adequate participation in society.[209] The emphasis on the inability and disability supported by the medical model shifts to the capabilities and potentials of the person who is thought to be impaired. The social model thus presupposes that disability is not a feature that disables an individual, but that it is the society the one who disables (physically impaired people).[210] Contrary to the medical model which targets disability

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[206] Persons with disabilities are expected to avail themselves of the variety of services offered to them and to spend time in the role of patient or learner being helped by trained professionals." (Olkin, 1999: 26)

[207] Thomas, and Woods, 2003.

[208] Barnes, Mercer, G. and Shakespeare, 2010.

[209] Oliver, 1981.

[210] The Union of the Physically Impaired Against Segregation (UPIAS) was an early disability rights organisation in the United Kingdom. In 1976 they published the "Fundamental principles of disability, Union of the Physically Impaired against Segregation", which considered one of the manifests of the disability-rights movement. In this letter, the UPIAS stressed that the physical disability should not be accounted for as a disability if there were a society that could respond adequately to their specific needs and constraints. Namely, if people with physical disabilities could live in a society that would enable them to move freely, by changing their infrastructure of physical space (disabled ramps, parking places) and by assuring full participation in social structures (adequate schooling, employment, housing), their physical condition would not be considered as disorderdering or disabling.

within an individual by focusing on her bodily and biological system, the social model promotes “disability” as a term imposed on top of an actual biological impairment. Namely, the proponents of the social model claim that such term has a pejorative force to unnecessarily isolate and exclude the impaired members form the full participation in society. Union of the Physically Impaired Against Segregation (UPIAS), in this respect, strongly advocates that the disabled members of a “normal” society are an oppressed group. Society marginalizes certain members of society who differ from the majority in their physical characteristics, imposing upon them the medical classification of disorder as a state that is bad in its nature, abnormal and pathological. The oppressing mechanisms derive from the misconception that impaired members of the society are disabled. Namely, UPIAS clarifies their understanding of their own conditions as following:

> “To understand this it is necessary to grasp the distinction between the physical impairment and the social situation, called ‘disability’, of people with such impairment. Thus we 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 little or no account of people who have physical impairments and thus excludes them from participation in the mainstream of social activities (UPIAS 1976: 3-4, 14).

The most interesting feature of the social model is the change in interpretation of disability and impairment. According to the social model, persons with disabilities are not disabled for the sole reason of their impaired bodies, but because of the barriers that exist in society.[211] Inevitably, the paradigm shift reflected in the area of mental health care as well, where the so-called “anti-psychiatry movement”[212] occurred. Within such an approach, the emphasis is not on medical impairment, but on social injustice that marginalizes and damages individuals who do not fit into the socially normative concept of normality. Therefore, we can understand the social model as a progressive political movement that fights against the medical model as the most used model in the health professions.

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[211] Swain, and French, 2000.

[212] Anti-psychiatry is a movement based on the view that mental disorders do not exist as biological facts, but as socio-cultural constructs. Such a movement advocates the abolition of psychiatric treatments, which are considered to be more often damaging than helpful to patients. For a review of anti-psychiatric ideology see. Nasser, 1995.

The arguments of the social model can be explained through five hypothesis[213]:

(i) there is a sharp distinction between impairment and disability, as the impairment is the functional limitation within the individual caused by physical, mental or sensory impairment. Disability is the loss or limitation of opportunities to take part in the normal life of the community on an equal level with others due to physical and social barriers" (Barnes, 1991: 2);

(ii) impairment is culturally and socially constructed concept;

(iii) the exclusion of disabled people from their full participation in mainstream social activities is a result of specific social and economic structures;

(iv) disabled people are an oppressed social group;

(v) disability is not to be understood as a personal tragedy, nor disabled person is to be understood and perceived as a victim.

Many social activists embrace this consent, arguing that the medical model is a part of the social establishment. As they claim, "models are ways of translating ideas into practice and the idea underpinning the individual [medical] model was that of personal tragedy, while the idea underpinning the social model was that of externally imposed restriction." (Oliver, 2004, 19). In this fashion, the social model of disability presents a practical tool, rather than a theory.

The dominant model in autism research and studies is the medical model of disability. However, as Richard Woods (2017) notes,

> "the social model can be used to achieve autism emancipation by creating positive societal attitudes towards autism and shifting the imbalanced burden of adapting away from autistic individuals (...) [which] can prevent damage to autistic individuals' mental health, helping to prevent the undue loss of autistic lives and leading to the full emancipation of the autistic population" (2017: 1094).

Similarly, Runswick-Cole, disability researcher and a mother of a child with "this thing called 'autism'" stresses that the most advantageous aspect of the social model of disability is the possibility of interpreting autism in a different, non-conventional manner. Namely, the social model indicates that "autism is not the problem; it was the systems, attitudes, and environments

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[213] Barnes and Mercer (2004).

that disable people with autism" (2016: 23). The social model of disability, thus, has an emancipatory role that can be used as a political tool for claiming policy changes, rights and recognition. Thus, it is not unexpected that the social model served as a framework for the newly emerged neurodiversity movement.

In relation to autism research, some authors critically reflect upon autism experts' achievements for whom they claim are reluctant to acknowledge that the more researches are done and the more studies are published, the further away we seem to be from the goal of isolating a biological marker of autism.[214] Following this line of thought, neurodiversity proponents argued that the reason for failed attempts of finding biological underpinnings of autism lie in the fact that autism does not exist at the biological level. They assume, rather, that autism is nothing more than a socially constructed phenomenon.

6.3. The D in ASD - Disorder or Difference?

6.3.1. What is mental disorder?

The effects of mental disorders[215] are pervasive. They can be traced in suffering, diminished well-being, loss of life opportunities, disadvantageous positions in educational systems, job employment, etc. Such effects are resulting from the internal aspect of the disorder, namely, the mental disturbances caused by biological damage, but also from the external aspect, seen in the light of marginalization and stigmatization within social structures. Typically, labeled by a diagnosis, an individual is encountering with positive responses in the light of the provision of adequate care and treatment, but equally, with negative responses, associated with the negative public conceptions about individuals with any psychiatric diagnosis. Bolton (2008) recognizes the latter as the tension between the concepts of "normality" and "abnormality", where normal mental functioning is equivalent with making sense of your own experiences and world in general, along with belonging to a community of shared practices, emotions, and beliefs. By contrast, abnormal mental functionings refers to

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[214] Runswick-Cole, K., Mallet, R. amd Timimi, S. (eds) (2016). Re-thinking autism: Diagnosis, identity and equality, London: Jessica Kingsley Publishers.

[215] The "mental" in mental disorder is especially significant in discussions of the intentionality of states, such as beliefs and desires, and normative standards of justification and rationality. However, it should be emphasized that in this sense "mental" does not refer to res cogitas, as opposed to res extensa, that is, that there is no need to treat the mind and the brain as two separate substances

inability to make sense of one’s experiences, behaviors, emotions, and beliefs.[216] Once the professionals label one’s mental condition as abnormal, the society at large seems to fail to perceive such an individual as a valuable informer, an agent among us. In this chapter, I am primarily interested in the standards or norms that divide the groups of people who are considered normal and those whose mental functionings are considered abnormal. My main concern is whether such norms are strictly scientific or are they postulated in relation to social norms and expectations.

In a broad sense, psychology investigates mental and behavioral functionings.[217] Such research is always relational to the concept of "normal" functioning and the principles of such functioning, which makes it possible to adequately detect those cases that deviate from standardized norms. After detection, the task of psychology is to normalize such conditions rather than pathologize. The term mental disorder itself, as well as the classification and criteria of certain conditions, has changed greatly throughout the history of psychiatry, but today practitioners are advised to use the definition provided by the American Psychiatric Association the DSM-5:

> “Mental disorder is a syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning.
> Mental disorders are usually associated with significant distress or disability social, occupational, or other important activities, an expectable or culturally approved response to a common stressor or loss, such as the death of a loved one, is not a mental disorder.
> Socially deviant behavior (eg political, religious, or sexual) and conflicts that are primarily between the individual and society are not mental disorders unless the deviance or conflict results from a dysfunction in the individual, as described above” (APA 2013, p. 20).

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[216] Bolton, D. (2008). What is Mental Disorder?: An essay in philosophy, science, and values. Oxford, UK: Oxford University Press.

[217] Luo, Jun. (2008). José Luis Bermúdez, Philosophy of Psychology: A Contemporary Introduction, Routledge Contemporary Introduction to Philosophy Series. Minds and Machines.

The aforementioned definition has been significantly expanded over the definitions of mental disorder in the previous DSMs as the recent definition lists three potential etiologies: psychological processes, biological processes and developmental processes. These three potential etiologies are the potential source of dysfunction in three domains: cognitions, emotional regulation, and behavior.[218] The differences between the individual diagnostic marks are so blurry that there is no presumption that each diagnostic category is an entity in itself.[219] The problematic aspect of the diagnostic manuals is that the norms of mental functioning are descriptive and relative to the average reference group occupying the position of normal. It is not clear, however, why all deviations from the reference group should be labeled as disorders. Also, it is not entirely clear whether diagnostic manuals rest solely on reliable medical knowledge, or whether the definition of a mental disorder is based on the cultural settings of social norm functioning.

Thus, how should be understand the term “mental disorder”? The first approach is to understand the term as referring to the state of damage within the delicate bonds in mental functioning manifested by emotional dysfunction (lack of emotion or excessive emotion), unfounded and unjustified beliefs, or behaviors that are unwillingly controlled or inconsistent with the person's goals and beliefs.[220] The criticism of such an approach is that not every behavior that matches the above should be classified as a disorder, since it is possible to find and ascribe the meaning of the relevant behavior if we understand the context in which some interruption of meaningfulness took place.

Another approach for explaining mental disorder focuses on the observation of the mental dysfunctioning as a result of structural or functional lesion within certain nervous processes.[221] The problem with this approach is the inability to uniquely identify the lesions in clinical settings. The third approach is to explain mental disorder as below-average functioning relative to the statistical average of normal functioning, which raises the question of the reference group with which we compare the test group. Finally, the fourth approach calls for an evolutionary explanation of mental disorder as a departure from the design principle of mental functioning. Neither the latter can be adequately examined in clinical settings. Furthermore, it withdraws

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[218] Stein, et al. 2010.

[219] Fulford, et al. 2006.

[220] Bolton, 2008.

[221] Ibid.

the greater problem of begging the question related to the correlation between the evolutionary design (nature) and environment (nurture).[222]

There are many controversies related to attempts of defining and explaining mental disorders, leading to the question of whether, and if so, how we can talk about mental disorders. One major difficulty, for instance, is the inseparability of a specific mental functioning from the historical and cultural stigmatization of the mentally ill. The question arises as to whether mental disorders, with the accompanying problems of treatment and classification, can be explained solely through the prism of psychiatry and medicine, or whether the importance of social and cultural characteristics is necessary for an adequate explanation. Equal concerns are evident in the divide between the medical and social model of disability. The question is whether the same could be mapped to the psychiatric states of mental disorders. Specifically, in the social model of disability, it is clear how society renders certain members of society disabled, in the sense that it does not provide adequate ramps in relevant and frequent positions. However, can the same model be applied to people with impaired mental functionings? Are the standards by which we classify someone as mentally ill a matter of social agreement and evaluative standards? Notably, the history of psychiatry indicates that such practices existed. For example, behaviors that did not conform to public standards for appropriate behavior of women were once diagnosed as hysterical disorder.[223] Similarly, homosexuality was considered a mental disorder for a long time and was even introduced in the diagnostic and statistical manual as a disease of abusive and deviant sexual behavior.[224]

It is therefore clear why the concept of mental disorder is approached with caution, but it is also evident why there is so much criticism at the expense of explaining the concept of mental disorder. Bolton (2008) extracts three relevant criticisms: psychological, sociological, and evolutionary theory of mental disorder.

6.3.2. The "mental disorder" theories

Psychological theory of mental disorder relies on psychology, which aims to normalize mental states rather than pathologize them. The pursuit of normalization of mental states requires, first and foremost, a change in the discourse and way of understanding the concept of

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[222] Ibid.

[223] Voren, 2009; Willoughby, 2018.

[224] Drescher, 2015.

abnormality. In line with the above, psychological theory advocates an approach to understanding all the diversity of behavior through understanding the overall scope of behavior. Such a reflection would be derived from a statistical approach that looks at the curve of one's behavior: for example, socially maladjusted behaviors of autistic persons would be understood in this sense as the more extreme point of such a trait.[225] What is particularly significant about this approach in relation to the above is that it does not proclaim the treatment and pathologization of the endpoints of a particular ability curve, but proposes a change in the paradigm of mental disorder that will be directed toward understanding rather than normalization and treatment.

Such an approach should change the implications derived from the concept of mental disorder. Above all, abnormality as a concept is not value-neutral, but moreover evaluatively negatively charged. In this sense, the concept of abnormality carries a normative weight that characterizes and stigmatizes the person suffering from it. The mechanisms of stigmatization are effective because the mentally disordered represent a minority, that is, because the occurrence of a mental disorder is - in the statistical sense - rarity.[226] The detection of these cases occurs at the level of binary oppositions according to which the individual labels herself as abnormal compared to normal, ill in relation to healthy. All members of society who come under the concept of “normal mental functioning” share belonging in the community of mentally normal people, while everyone else, i.e. those with impaired mental functionings, are outside this realm. A psychological approach, as social theories claim, undermines such an understanding of a mental disorder.

The social critique of mental disorder develops in the 1960s, characterized by anti-psychiatric movements and fierce opposition to the psychiatric concept of mental disorder.[227] Specifically, social critique emerged as a critique of the medical model, which, as stated in the previous chapter, emphasized the pathologization of mental states that were contrary to social standards. In this sense, this critique is identical to the social model described above. The theory that marked the beginning of critical analysis of established practice within psychiatry was the controversial theory of Thomas Szasz, who offered a series of argument lines for the purpose of "exposing" the concept of mental illness. Specifically, Szasz argued that mental illness is

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[225] Bolton, 2008: 54.

[226] Ibid.

[227] Ibid., p. 51.

merely a socioculturally conditioned myth.[228] His epochal article, “The Myth of Mental Illness”, begins with the question "is there such a thing as mental illness" and immediately offers a negative answer. Szasz’s analysis starts from the understanding of mental disorder as a delirious condition or intoxication of the brain that manifests in the peculiarities of thinking and behavior. In this regard, mental illness is no different from other physical impairments.[229] Szasz emphasizes that the primary problem of this theory is the equalization of mental illness with brain disease: deviation in the functioning of the central nervous system would be evident in symptoms such as blindness or paralysis of some part of the body rather than disruptions in emotions or behaviors.[230] Furthermore, Szasz emphasizes the epistemological component of complex psychological behaviors that are treated as symptoms of neurological functionings:

> “In other words, it is an error pertaining not to any errors in observation or reasoning, as such, but rather the way in which we organize and express our knowledge. In the present case, the error lies in making a symmetrical dualism between mental and physical (or bodily) symptoms, and a dualism which is merely habitat of speech and which no known observations can be found to correspond” (1960: 114).

Szasz states that dualism is evident in the following. When we talk about physical disorders we use medical terms like sign (e.g. fever) and symptoms (e.g. pain). However, when we talk about mental symptoms we refer to the patient's statements about himself and the world around him. Further, if the patient speaks of himself as Napoleon, such communication will be regarded as a mental symptom.[231] However, Szasz states that, unlike physical disturbances that exist independently of medical professionals (e.g. the patient's pain exists even if there is no doctor to indicate that it really exists), the statement that x is the mental symptom of disturbances involves rendering a judgment from psychiatric professionals. Such judgment is inseparable from the social context of the patient's society. Therefore, mental illness cannot be equated with physical illness.[232]

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[228] Szasz, T.S. (1960). The myth of mental illness. *The American Psychologist*; 15: 113–118

[229] Ibid., p. 113.

[230] “Extending the criterion of disease from malfunctions of the body to malfunctions of the human mind introduces a fatal infection into the materialist medical definition of disease. The mind is not a material object; hence it can be diseased only in a metaphorical sense” (Szasz 2000, 4).

[231] Ibid., p.114.

[232] Ibid.

Rejecting mental illness as a brain disease, Szasz argued that what psychiatry calls mental illness and dysfunction are life's difficulties and "personal problems of living" that do not require medical treatment.[233] Szasz further emphasizes that the concept of illness, physical and mental, implies deviation from some defined norm. In the case of physical, bodily illness, it is clear that this norm is prescribed by the concept of health, which relies on anatomical and physiological terms. However, it is unclear what constitutes a defined norm regarding mental illness. Although the norm cannot be determined unequivocally, Szasz states that in psychiatry, there are mental conditions and behaviors that can only be characterized as deviant from a perspective of legal and moral practices or generally accepted epistemic principles.[234] Moreover, Szasz believes that what people call mental illness are for the most part expressions of unacceptable ideas, often framed in usual idiom.[235]

In this way, psychiatry classifies some mental conditions as disorders according to social values and categories of social power. Such classification aims at controlling the social structures of power. Bolton (2008), in the context of antipsychiatric movements, cites the example of a 19th century psychiatric burst that used the diagnosis of "drapetomania" to American slaves who wanted to escape.[236] An example of similar practice is also found in “Sluggish schizophrenia” or slow progressive schizophrenia applied to political dissidents in the Soviet Union, and diagnosed even in patients who showed no symptoms of schizophrenia on the assumption that these symptoms would appear later in life. As mentioned above, the classification of conditions that society considers unacceptable on the basis of normative judgment is found in the recent history of psychiatry, in cases of classification of homosexuality as a mental disorder. In relation to such practices within psychiatry, there is a clear skepticism that has arisen regarding the validity and authenticity of the notion of mental disorder.

The same concern is recognized in Robert Kendell, who stated that the fundamental issue in psychiatry has become the question of whether the concept of mental disorder is based on value

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[233] In this sense, Szasz emphasizes that psychiatry is much more tied to the problems of ethics than is medicine, and the problems of living are not problems of neurology but problems of human relations that need to be investigated within a social and ethical context.

[234] Szasz lists states such as chronic hostility, vengefulness, suicidal tendencies, states judged by using legal and ethical concepts as mental health norms. (Szasz, 1960: 115)

[235] Ibid.,p. 116.

[236] Bolton, 2008: 87.

judgments or value-free scientifically based on facts.[237] He represented the latter, that is, he believed that it was possible to establish a medical model of mental disorder that would satisfy the criterion of objectivity. In defining mental disorder, he conffers to the notion of "biological disadvantage". According to him, the condition is biologically disadvantageous if it is brought to increased mortality and reduced or impaired reproductive capacity.[238] Such an analysis of mental states, Kendell believed, provides a criterion for the objectivity of a medical explanation of a disorder by setting medical norms and criteria that differentiate mental disorders from other mental conditions through an analysis that includes the biological disadvantage factor. More specifically, Kendell posits an objective fact to diagnose a mental disorder that consists in recognizing those abnormalities that cause a life shortening or impair the reproductive potential of the individual.[239]

Bringing mental disorder into correlation with biological disadvantage has allowed Kendell to break the normative standards from the definition of mental disorder and to establish a theory that will be independent of the values of the medical community or society at large. Kendell is, however, critical towards psychiatry practices. Notably, he acknowledges that there are certain mental states, such as personality disorders, that should not be classified as a mental disorder, since there is no clear correlation between that condition and biological disadvantage.[240] Kendell's explanation of mental disorder appears to be a major step forward in psychiatry, recognizing the need to classify only those conditions that are subject to the criteria of biological ineligibility. But, on the other hand, the criteria listed by Kendell do not seem to be sufficient to determine whether a mental condition is in fact a disorder. Kendell's criteria include only two symptoms - reproductive failure and reduced life expectancy - and are not sufficient to classify a condition as a pathology that needs be treated. An example of such an inadequacy of Kendell's criteria is precisely the example that has caused great controversy in psychiatric practice - an example of classifying homosexuality as a mental disorder. Namely, according to Kendell's criteria, homosexuality should be considered as biological disadvantageous, since it directly affects a person's reproductive capacity, that is, diminishes

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[237] Kendell, (1986: 25)

[238] Kendell 1975: 309

[239] Wakefield J. C. (2007). The concept of mental disorder: diagnostic implications of the harmful dysfunction analysis. World psychiatry : official journal of the World Psychiatric Association (WPA), 6(3), 149–156.

[240] Kendell, R. (2002). The distinction between personality disorder and mental illness. The British journal of psychiatry : the journal of mental science. 180. 110-5.

reproductive success.[241] There is a crucial problem with the incompleteness of Kendell's theory, which allows some conditions to be considered disorders or diseases even though they are not. In other words, it seems that Kendell's theory must incorporate some value judgments in order to recognize that, although some conditions do fit the criteria for disorder, society does not consider them to be pathological. Thus, Kendell's explanation of mental disorder has no correlation with current illness attribution practices. The example of homosexuality clearly indicates that the definition of mental disorder cannot be separated from the social definition of illness. Furthermore, the same example indicates a need for consideration of the additional criteria for identification of a disorder, such as the harm criteria. An important criterion by which homosexuality would not be classified as a mental disorder seems to be that such a condition does not constitute a detriment to the person of such orientation or a detriment to his or her environment.

Both Szasz's and Kendell's theories proved flawed, in the sense that they excluded a biological (Szasz) or a social component (Kendell) in formation of the concept of mental disorder. There are several influential authors who have interpreted the concept of mental disorder through a hybrid model of the naturalistic approach, and here I will highlight Christopher Boorse and Jerome Wakefield in particular. Both authors accept that the concept of mental disorder must include both scientific and social norms. However, they find their task in attempting to explain psychological dysfunctions in the biological sense, therefore, extricated from the social values.

Boorse's contribution to the debate primarily consists in highlighting the relevant difference between the concepts of illness and disease. He states that the theoretical concept of disease is applied indifferently to organisms to all species, since it is analyzed in biological, rather in ethical terms. Illness, on the other hand, is a subclass of disease that has some normative features shared by members of an institution that practices medicine. As such, disease is used as a term that encompasses physical impairments that are defined using medical terminology, that is, deviations from the biological functions of the organism. In this sense, disease is value-neutral. On the other hand, illness is a serious condition with incapacitating

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[241] This problem is recognized in Wakefield, 1992. Namely, he states the following: "Relative reproductive fitness must be distinguished from possession of some reproductive capacity; the ability to have children is commonly considered a benefit and its deprivation is commonly considered a disorder, although even this has been disputed because of its implications for the classification of homosexuality." (p. 384).

effects that makes it undesirable.[242] It is precisely for the sake of invoking undesirability that "the term” ill "has a negative evaluation built into it" (Boorse 1975: 61). Furthermore, Boorse lists three criteria for understanding a disease as an illness[243]:

(i) undesirable for its bearer;
(ii) a title to special treatment; and
(iii) a valid excuse for normally criticized behavior.

Boorse sets these criteria keeping in mind physical health, but states that the same criteria apply when it comes to "mental illness". With respect to criterion (i), Boore points out that there are obstacles in transferring the general argument about the desirableness of physiological health to the psychological domain, since mental states are not neutral to the choice of actions, as opposed to physiological states.[244] The latter is manifested in the specific role of desires and preferences that can play a significant part in determining the condition as an illness. To explain the above criteria, Boorse uses the example of homosexuality. On the one hand, it is undeniable that the normal function of sexual desire is to promote reproduction. In this regard, we can say that there are reasons why homosexuality would be a dysfunction in normal biological function. But these reasons are not enough to classify homosexuality as a mental illness. For such a classification, Boorse continues, there must be strong moral reasons in support of the claim that homosexuality is undesirable for its bearers, or that they represent the right to special treatment and to claim reduced responsibility. Boorse believes that such reasons do not exist, and therefore, homosexuality cannot be classified as a disease. He concludes as follows:

> “I have suggested that biological normality is an instrumental rather than an intrinsic good. (...) If it were possible, then, to maximize intrinsic goods such as happiness, for the ousevers and others, with a psyche full of deviant desires and unnatural acts, it is hard to see what practical significance the theoretical judgment of unhealthiness would to." (p. 63).

The value of Boorse's theory lies precisely in the latter. Specifically, there is a clear need to understand that the explanation for the notion of mental disorder is a combination of biological

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[242] Boorse, C. (1975). On the Distinction between Disease and Illness. *Philosophy & Public Affairs, 5*(1), 49-68.
[243] Ibid., p. 61.
[244] Ibid., p. 62.

and social features. If the range of features is approached appropriately, we can set adequate criteria for distinguishing mental states from illness. In doing so, they emphasize the positivity of the medical model, which is a necessary factor in the theory of mental disorder, since the question of what separates a mental state from illness cannot be left to the normative judgements. On the other hand, equal importance is attached to social values. Both features combined, Boorse believes, form a key in psychiatric practice. The similar is found in Jerome Wakefield.

Wakefield's motivation stems from the concern whether the concept of mental disorder can be separated from social norms and values, and interpreted in a distinctive medical and scientific sense. He is particularly interested in what constitutes a certain mental condition a disorder. He begins his analysis by formulating two key problems: (1) the question of what do we mean when we say that a mental condition is a disorder, and not some other form of human suffering, and (2) the question of classifying mental conditions as pathological mental disorders.[245] The disorder binds to the dysfunction from which results a certain harm in the sense that a mental disorder is a harmful failure of a natural function. In line with the previous, his theory is often called "harmful dysfunction" analysis.[246] The notion of a “normal function” stems from an understanding of functioning in the way designed in evolution. His theory incorporates a value component in terms of *harm*, and a factual component in terms of *dysfunction*. His “hybrid account” is seen in the following:

> “I argue that disorder lies on the boundary between the given natural world and the constructed social world; A disorder exists when the failure of a person's internal mechanisms to perform their functions are designed by nature impinges harmfully on the person's well-being as defined by social value and meanings. The order that is disturbed when one has a disorder is thus simultaneously biological and social; neither alone is sufficient to justify the label disorder” (1992: 373).

According to his account, Wakefield places emphasis on value criterion, but attaches the equal value to the objective component as well, claiming that the damage itself, in value, is not enough to declare a condition disorder. For a certain harmful mental condition to be classified

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[245] Wakefield, J.C. (1992) The concept of mental disorder: on the boundary between biological facts and social values. Am Psychol. 47:73–88.

[246] Murphy et al. 2000.

as a mental disorder, there must be some kind of objective dysfunction in relation to natural functioning designed in evolution. He concludes that "all disorders must involve failures of naturally selected mechanisms" (1992: 383). Accordingly, problematic and undesirable behaviors, in the absence of dysfunction, would not be classified as mental disorders. Moreover, Wakefield believed that certain conditions described in the DSM have not undergone the harmful dysfunction analysis. He considered the psychiatric manual to be over-inclusive and mistakenly identified certain conditions as disorders.[247]

Neither Boorse's nor Megone's theories are without criticism. Namely, both theories successfully separate social values from biological facts. However, it can be argued that these facts are not as separable from social norms, since they are also not value neutral. Neither the concept of "biological disadvantage" nor the concept of "harmfulness" can be reduced to a value-neutral notion of biological function, which makes them value laden theories.[248] In this direction, Bill Fulford's line of argument argues that the discussion of mental disorders is completely misguided by the assumption of a dichotomy between the value judgments related to mental disorders and physical illness. Fulford states that it is not the case that mental disorders are value-colored, whereas physical illnesses are characterized solely by value-neutral scientific terms. He emphasizes, contrary, that the concepts of mental and physical illness are a kind of value-colored concept of illness.[249] In a similar fashion, Christopher Megone (1998) develops a theory of mental disorder based on the evaluative standards he derives from Aristotle's ethics and metaphysics. Namely, his approach recognizes the necessity of defining the notion of health, and therefore of disease, in order to determine the function of an organism that can be classified as healthy or ill. But his account is Aristotelian in that it is a concept of function based on a metaphysical rather than biological view. Accordingly, Megone maintains that the function of a particular organism should be defined according to the question

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[247] Wakefield (1992) noted that “all theories of mental disorder presuppose a common pretheoretical concept of mental disorder, as expressed in DSM-III-R’s theory-neutral definition. The concept specifies the domain of conditions that such theories must explain if they are to be theories specifically of mental disorder. The concept thus provides the glue that holds together the mental health field. Because the concept is theory neutral, it can serve as a basis for the creation of an atheoretical manual. To accomplish this, the set of criteria for each category of disorder listed in the DSM-III-R must possess validity as an indicator of disorder when judged by the shared concept of mental disorder alone, independent of any additional theoretical assumptions” (p. 232)

[248] See, for example, Bolton 2008; Fulford 1989

[249] Fulford, K. W. M. 1989. Moral Theory and Medical Practice. Cambridge: Cambridge University Press.

of what makes a particular organism a good specimen of its species.[250] His account, in this sense, is called *medical aristotelianism*[251]. Megone elaborates on his position in three main claims:

> “... that it is part of the meaning of illness that is bad for its possessor, so that the concept of illness is essentially evaluative; that if a person has a mental illness, that is a fact about him; and that the same concept of illness is applicable in the case of mental illness as in that of physical illness. "

Megone, with his theory, wants to point out errors in the theories of Szasz, Wakefield, and Fulford, that is, to prove that the concept of biological function is always evaluative, and that the judgment about impairments of mental functions is normative in nature. The term "functions" is explained as follows: Megone considers that humans, like members of any other natural species, possess functions that can be explained by purpose: "fundamentally the function of a thing is that aspect of the thing's behavior (whether the thing is a whole or a part) that is open to teleological explanation.” (Megone, 2000: 57). More specifically, he argues that the concept of a functional human organism should be understood as the realization of a natural goal or purpose that is *good*. Since the judgment of the function of the organism in relation to the attainment of the goal involves a normative component, it is evaluative.[252] The basic idea is that function is goal-oriented, which can be considered good from some perspective. For instance, the function of the heart, i.e. pumping the blood, can be understood as achieving such a goal if it contributes to the persistence of the species. Megone, following Aristotle, continues to be "a function of the human being ... the life of a fully rational animal" (2000: 56). The term “rationality” denotes the ability to reason and draw conclusions. Thus, the proper functioning of the human being is equivalent to the use of the ability to rationally form beliefs and judgment, followed by the ability to act in the right way. Consequently, the term "illness" should be understood in the context of failure to realize / actualize this human function.[253]

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[250] Megone, C. 1998. Aristotle's Function Argument and the Concept of Mental Illness. *Philosophy, Psychiatry, & Psychology* 3: 187–201.

[251] Glackin, S.N. 2016. Three Aristotelian Accounts of Disease and Disability. *J Appl Philos*, 33: 311-326

[252] Megone, C. 2000. Mental Illness, Human Function and Values. Philosophy, *Psychiatry & Philosophy* 7: 45–65.

[253] Ibid.

Rachel Cooper raises several concerns with the latest account presented. Firstly, she states that Megone's definition of illness is too inclusive.[254] By offering an example of a lazy person who does not want to get out of the bed and actualize her potential in terms of the prosperity of her life, Cooper wants to emphasize that not all failures of actualization understood in Megone's sense count as illness. Furthermore, Cooper questions the issue of illness as a condition that is "bad for their possessor". She does this through three examples: a black person suffering from racial discrimination, a gay person wanting to have children, and an ugly person unable to find a partner. She notes that all three cases raise the question of the role of society and evaluative standards in the processes of disorder-attribution:

> ". . . in that they can potentially be solved either by changing the individual or by making changes to society. Black people could have their skin bleached or society could stop being racist. The gay man could have sex with a woman, children could be obtained through artificial insemination, or changes in adoption law could allow his becoming a parent. The ugly person may have plastic surgery or social notations of the beautiful or qualities required in a partner could shift." (2007: 37).

Cooper points out that impaired prosperity is not a sufficient criterion for defining disorders, since there are social undesirable conditions that also impede the individual's prosperity.

In the same fashion, Shane Glackin criticizes Megone's account using the example of Deaf communities. Specifically, Glackin states that it may seem difficult for us to imagine that there is a society in the hearing community that, although not belonging to that community in terms of its deafness, is not considered socially of functionally disadvantageous. But the fact is that such a minority exists.[255] Deaf communities do not see their condition as a tragedy or as something that limits them to fulfill their prosperity. Moreover, they equate their condition with that of persons belonging to another linguistic minority. In this sense, Deaf communities have struggled to develop their "minority" language, literature, specific facilities and a politically active agenda. They completely reject claims that their condition is ilness or disability, which diminishes their chances of achieving a good life, and even advocate abolishing cochlear implants. In line with the latter efforts to prevent hearing impairment, the members of Deaf communities are committed to changing the public image of deaf persons so that the hearing-

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[254] Cooper, R 2007. Aristotelian accounts of disease: what are they good for?. *Philosophical Papers*, vol 36, no. 3, pp. 427-442.

[255] Glackin, 2016.

majority understands that being deaf is a good thing for them and that their condition does not withdraw negative evaluative judgments.[256] In relation to Megone's theory, the presented example points to the problem of judging certain conditions as mental illnesses. Namely. such judgements cannot be a subject of public decision making, since there are different perspectives on the conditions that are necessary for human prosperity. In this sense, the hearing majority does not have the same perspective on "the human good" and "leading a good life", compared to the perspective of the deaf minority gathered in Deaf communities.

The stated aspirations of Deaf communities are similar to the aspirations of autistic individuals gathered around the neurodiversity movement.[257] Namely, just like Deaf communities, autistics are committed to changing the paradigm of interpreting autism as a tragic condition which makes for its bearer impossible to lead a good life. In the wake of activist minority groups, the neurodiversity movement is committed to social change, as they believe that the interpretation and understanding of the term autism, especially high-functioning autism, is based on the exclusively evaluative standards of the majority. In this way, we could say that neurodiversity claims rely on externalist theories about mental disorders.

Specifically, explanations for the term “mental disorder” differ in their emphasis on the *internal* or biological components of dysfunction within the organism, or on the *external* or social, evaluative components. The former includes Megone and Nussbaum, who promote their internalist interpretation of the good human life through their Aristotelian projects. On the other hand, externalist theories hold that a comprehensive understanding of the term "mental disorder" must include external components, that is, "an individual's psychiatric condition and her social, cultural, and material environment." (Roberts, Krueger, Glackin, 2019: E-51). In our discussion of autism and the neurodiversity movement, social externalism and epistemic externalism in relation to the mental disorder are of particular interest.

6.4. Externalism in relation to the notion of the mental disorder

Positions of externalist approaches occur primarily within the philosophy of the mind as a counterbalance to those theories that do not include aspects of the influence of social and

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[256] Ibid.

[257] The same is recognized in Friedner and Block (2017).

material environments in explaining psychological phenomena (beliefs, desires, thoughts, emotions). Externalist approaches in this regard argue that cognition is not limited to neurological processes, but that it is embodied, embedded, extended and enactive. The latter is summarized in the literature under the heading of *4E cognition*.[258]

Recognizing that mental phenomena depend on external, non-neural components soon tuned the question of defining the concept of mental disorder, that is, to the fundamental questions of the classification and differentiation between mental states and mental illness. From the perspectives of 4E cognition, psychiatry found a tool to develop a new understanding of the nature of psychiatric disorders, especially in terms of how the mind relates to the body and the world. In the 1990s, Varela, Thompson and Rosch set the stage for such an approach with their seminal book "The Embodied Mind" in which they put emphasis on brain-body-environment coupling. Their basic idea, within their enactive approach to cognition, was that human beings are self-producing and self-sustaining beings with a cognitive process that belong to the "rational domain of the living body coupled to its environment" (1991, 2016, xvii). Note that such an approach greatly differs from the reductionist and functionalist approaches to cognition (and psychiatry) that are brain-oriented in terms of oversimplifying understanding of cognition, reducing it to mere biological functionality.[259] Theories of 4E cognition have enabled psychiatry to recognize the importance of understanding the psychological properties within organized social settings that have implications for defining what is a mental disorder in the first place, but also in the impact of treatment and care.

Externalist approaches to psychiatry have, as elaborated in Roberts, Krueger, and Glackin (2019), two fundamental tasks. The first is in determining the conditions under which it is appropriate to attribute mental illness to an individual. The authors refer to the latter as the *status question,* i.e. the question of "what must be true of an individual if she is reasonably attributed to the status of having a particular psychiatric condition?". Further, the second question relates to material underpinnings of mental illness and is referred to as the *constitution*

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[258] Newen et al. 2018.

[259] Thomas Fuchs & Hanne De Jaegher in this respect argue that even the investigation of "social brain" and particularly mirror neuron favoured a third-person paradigm of social cognition as a passive observation of others' behaviour, attributing it to internal process in the individual brain, detached from her social environment. See. Fuchs and De Jaegher, (2009).

question, i.e. the question of "what is the physical basis for a person's individual psychiatric condition, if there is one?" (2019: E52).[260]

Externalism could provide, as will be presented below, a valuable framework for understanding the specific psychiatric condition of autism, namely the conditions of high-functioning autism in the first place. With respect to the neurodiversity movement and their inclination for promoting their conditions in terms of difference, rather in terms of disorder, I align with externalist approaches to disorder exclusively for the case of high functioning autism. Namely, as I described above, the neurodiversity proponents are mostly individuals who were, before the DSM-5, diagnosed with Asperger's syndrome or with high-functioning autism. Such individuals, with respect to the DSM-5, would match the threshold of the severity level 1. Having such individuals on mind, I call for externalist approach to autism attribution.

Autism is a heterogeneous condition that includes various conditions different severity. As a disorder, however, autism cannot be traced within individual's brain. The biological underpinnings for autism that would match all the individuals with autism does not exist. The main problem regarding biological description of autism is precisely that not everybody with an autism diagnosis have the same underlying conditions. There are, as I have shown, theories about autism that invoke the definition of autism through dysfunctions of certain brain's functions. Although there is no consensus on the particular biological marker of autism, we find in the literature "the big five" (Frith 2003) influential theories. They are the following:

(1) theory of mind[261] (interprets autism as a dysfunction of understanding and 'mentalizing' the states of others),
(2) weak central coherence theory[262] (autism as a dysfunction in understanding the overarching context and being able to see the big picture,
(3) executive functions theories[263] (autism as frontal lobe dysfunction and its executive functions that include, at a minimum, inhibition, memory, attention, flexibility, planning, and problem solving),

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[260] The distinction between these two issues Roberts et al. explain through the example of the passport: the status question for the passport example refers to the issue of social and legal structures and conventions that make the passport a means of facilitating international travel; on the other hand, constitution question refers to the physical constitution of a passport, namely the card, paper, and ink.

[261] Baron-Cohen, S. (1997). Mindblindness: An essay on autism and theory of mind. Cambridge, MA: MIT Press.

[262] Happé F. (2013) Weak Central Coherence. In: Volkmar F.R. (eds) Encyclopedia of Autism Spectrum Disorders. Springer, New York, NY

[263] Geurts, H., de Vries, M. and Bergh, S. (2014). Executive Functioning Theory and Autism. 10.1007/978-1-4614-8106-5_8.

(4) broken mirror neuron hypothesis[264] (autism as dysfunction in mirror neural system that underlies everything from speech perception to social interaction),

(5) the social motivation hypothesis[265] (autism as dysfunction in processing of social and nonsocial rewards).

Even though all these theories describe certain impairments that occur in some cases of autism, none of them provide a comprehensive account of autism that recognizes biological markers specific to autism, that is, which can be identifiable in all cases of autism. Therefore, each of the above theories is incapable of providing a comprehensive account of autism spectrum disorder.[266] Also, none of the aforementioned theories can successfully respond to criticisms and pointed deficiencies.[267] Further, I raise my concern regarding the issue that none of the theories, even if we neglect its shortcomings, proves that autism is a pathological condition, but merely offers a description of conditions that differ from the normalized behaviors of a particular society. To specify, theories offer a description of dysfunctions to explain that the causes of inconvenient or disordered behaviors are found in the brain. However, no theory provides an adequate answer to the question of why these described conditions represent the dysfunctional and disadvantageous position. The latter is the most clearly visible crisis of weak central coherence theory. Namely, according to this theory, autism was primarily presented as a core cognitive deficit in the adequate grasping of wholesomeness of perceived data, but soon the weak central coherence became recognized as a cognitive *style* different from the typical cognitive style in a detailed and localized approach. Therefore, it seems that the difference in the understanding of weak central coherence as an ability or rather a disability lies in the external, social judgments by which we evaluate and judge desirable behaviors.

My claim is, thus, the reason for the inadequacy of these theories lies in the obsession with neurocentric individualism which reduces any differences to neural malfunctions. The similar thought can be find in De Jaegher (2013), who argues that autistic conditions are being studied and defined in methodologically individualized fashion, making no, or very little, “concern for the embodiment and situatedness of the autistic person” (2013: 3). Precisely, even studies on

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[264] Ramachandran and Oberman, 2006.

[265] Chevallier, et al. 2012.

[266] See Gallagher and Varga, 2015.

[267] See Boucher 2012; Lopez, Leekan & Arts, 2008; Frith 2008, Mottron 2011.

social impairments in autistic individuals were considered exclusively as individually based deficits.

Contrary to the above presented theories, the comprehensive theory of autism should include heterogeneity of autism conditions, “whose outcome is driven by the interplay of diverse factors operating at different time-scales (evolutionary, cultural, social, individual-psychological) and levels of description (biological, cognitive-behavioral, phenomenological, sociocultural)” (Roberts, Krueger & Glackin, E59).

By the time being, no genetic or neurological basis for autism has been established, which enables autism, as diagnostic category, to carry out implications about the aetiology of the disorder, or to provide indications for treatment.[268] Autism spectrum conditions are not identified through any specific biological marker, but through clusters of atypical behavior.[269] The failure to pin any specific biological or psychological marker that identifies autism implies that the attribution of the diagnosis is, at least to some extent, evaluative. I wish to stress that in this sense I refer exclusively to high functioning autistics within level 1 severity threshold. To claim that some autistic conditions (namely, high-functioning autism) are results of evaluative social and cultural standards is by no means to claim that autism has no biological dysfunctions whatsoever, but that the diagnosis of autism is, to some extent, evaluative. Specifically, the behavior of high functioning autistics who, for instance, fail to understand sarcasm or humor, are evaluated in comparison to the same abilities as exhibited in her peers. Thus, such practices are externalist, given that the practices of attributing a diagnosis of autism are grounded on evaluating atypical behaviors in comparison to behaviors of typical majority. The same line of thought can be found in Roberts, Kruger and Glackin (2019), who are interested in externalist position in psychiatry and its applicability to autism disorders. Namely, relying on the DSMs, the authors agree that the answer to the status question lies in the symptoms described, whose degree of abnormality is manifested in relation to the wider population. In this sense, the status question in relation to autism corresponds to two theories of externalism: *population externalism,* according to which the mental state of an individual is analyzed and evaluated on the basis of the deviation of his mental states from the statistical norm; and *social externalism,* according to which the attribution of mental illness is a socially entrenched practice. As such, it rests on social customs, conventions, folklore, but also

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[268] Happe et. al, 2016..

[269] Dean: 2018: 116.

prejudices, biases and stigmas shared by society at large. Therefore, it is appropriate for an individual to receive a diagnosis of autism in cases where society evaluates its conditions and symptoms as impairments, in relation to its peers and statistical norms. Such practices can be linked to above described models of stigmatization mechanisms. With respect to neurodivergent individuals, I claim that the attribution of mental disorder to high functioning autistics is a result of the dominant cultural beliefs, shared normative standards and practices of segregation of labeled persons into distinct categories - namely category of mental disorder. Once in such categories, the individuals experience social, but also, as presented beforehand, epistemic status loss.

The epistemic status of an individual, along availability to epistemic resources, play a significant role in diagnosis attribution. Bolton, in this respect, recognizes that the exercises of social power and social status have to be accounted as relevant components in the discussions of health and disease. Precisely, the themes of *group cohesion* and *allocation of resources*, as Bolton emphasized, have to be recognized as crucial "parts of the biological-environmental-social-psychological whole picture" of the adequate disability model (2019: 91). Social relations and social power cultivate agency and, oft, control the interaction in a disqualifying way. Bolton states the following: "agency can be denied by various processes of psychosocial exclusion: if a person is not noticed, not consulted, not listened to, has no place at the table when important decisions affecting them are being made—then, so far, they have no opportunity for agency in the social group." (2019: 91-92). Note that such social disqualification is, in fact, rooted in practices of epistemic injustices, and, ultimately, epistemic disqualifications from the discussions on health-related matters. The role of epistemic disqualification in theorising health risks, however, has still to be worked out.[270]

A valuable contribution on this matter, with particular attention to autism-related epistemic practices, can be found in Roberts, Kruger and Glacin. Their attempt to provide a comprehensive account of autism, one that will recognize the importance of situated environment the autistic individuals live and function within, starts from Gallagher's (2013) notion of social forms as external vehicles of cognition. Namely, Gallagher argues that legal systems, scientific research, social structures and many other socio-cultural practices, which he collectively calls "mental institutions", are externals enhancers of cognition. The authors

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[270] Bolton 2019: 91.

complement his theory and explore how mental institutions affect the way we think about autism and offer an account on how mechanisms of autistic dysfunction may extend across both internal and external factors in both a synchronic and diachronic sense. They claim the following: mental institutions hold tracks on established social standards and their normative character. Over time, we repeat certain socially standardized behaviors, which in turns shapes long-term habits and skills that become part of general repertoire of embodied social capacities. With respect to autism, the authors report that autistic individuals are disadvantaged, in relation to neurotypical majority, insofar as they lack, due to their social impairments, fluent synchronic and diachronic access to the mental institutions shared by neurotypicals. Without an access to external cognitive support, the autistic individuals cannot realize the epistemic gain which enables neurotypicals mutual understanding.[271]

Hence, such an account puts emphasis on the individual's position within a web of interpersonal relations and social conventions. Consequently, disadvantageous position within such structures impacts individuals' cognitive and affective condition. Therefore, in order to understand the complexity of autism, we need to see a broader picture, one that is not focused only on neural functionings. Note that such diminished access is harmful to both neurotypical and neurodivergent parties, as while the neurodivergent individuals lack access to neurotypical mental institutions, the neurotypical people likewise lack fluent access to the mental institutions of those with autism. The latter can create strong tensions between medical experts and professionals and autistic self-advocates who acknowledge themselves as exclusive autism-experts. The stumbling block of these two currents is the question of defining autistic states and, consequently, the question of treating and curing autism.

The discourse on disorders is inevitably linked to the issue of the cure; that is, there is an unbreakable link between being a disorder and being a condition that should be treated

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[271] Such externalist account invokes the classic argument for extended mind thesis according to which the mind extends into the physical world. The argument is as as follows: Otto, a person with Alzheimer, and Inga are traveling to a museum. Otto, because his condition, has written all of his directions, including the directions to museum, in his notebook which he carries everywhere with him. The notebook, hence, serves the function as Otto's memory, so he needs to seek for the directions towards a museum within his notebook. Contrary, Inga is able to recall the directions to museum from her memory. They will, eventually, both find a way to a museum. The argument shows that the only difference between Inga and Otto is that her memory is internal, while his is extended to the notebook. The authors conclude that just as "Otto's memory might be attenuated were he to suffer obstructed access to the stored contents of his notebook, so an impairment to an individual's fluency in everyday interpersonal forms of thinking might reflect a failure to successfully negotiate a distributed, participatory space of rule-governed practices, and a concomitant failure to exploit these resources' cognitive potential" (2019: E-63).

(Wilkinson 2000). In this regard, we can refer to Wakefield, who believes that the correct definition of mental disorder can help demarcate “special responsibilities of mental health professionals from those of other professionals such as criminal justice lawyers, teachers, and social welfare workers” (1992: 373).

Why is it crucial to offer a clear explanation for the term mental disorder, especially in terms of autistic disorder? The nature of this dissertation highlights the issues that arise from the mechanisms that are associated with the social picture of mental disorder, but also the numerous consequences that inadequate classification of certain mental states can have for the wellbeing of individuals. Specifically, we need to clearly delineate the extent to which we talk about mental disorders or illnesses about biological dysfunctions that affect the patient in a diminish wellbeing way, or talk about the sociocultural phenomenon of making judgments based on established value judgments. A proper definition of a mental disorder should allow us to set adequate goals in psychiatry that specifically address the elimination of biological disorders. In this regard, we refer to mental disorders as conditions requiring medical intervention and for which such intervention is justified. On the other hand, the issue of intervention becomes a burning problem if the concept of mental disorders is based on social standards and social structures of power. In this case, the practice of medical intervention may be ethically and politically questionable.

6.5. Conclusion

In this chapter, following Nussbaum’s aspiration to set criteria for “dignified human life”, I analyzed theories of mental disorder. At the core of the debate over mental disorder, its definition, diagnosis, and treatment, lies the problem of the inseparability of scientific facts and sociocultural norms. As I have shown in the chapter, the question of autism must be viewed through the prism of such inseparability, that is, we must be aware that the definition of autism is, at least to some extent, of an evaluative nature.

7. NEURODIVERSE BIOLOGICAL CITIZENSHIP

7.1. Introduction

Contemporary society is increasingly cultivating a picture of the diversity of its members, recognizing that the status of its members different from the majority is conditioned by negative prejudices and stereotypes deeply rooted in social imaginary. The reason for such a paradigm shift lies in the raise of thought that even marginalized members of society have a voice, often gathered around the movement to fight for their rights to be treated as equals.[272] In this sense, we are talking about activist tendencies of feminist movements, racial and national minorities, queer movements, and the like. The point of an activist nature was to break away from identity policies that placed them in the position of oppressed members of the society. The same impetus arose among people with physical and mental impairments and illness, gathered around disability activist groups who fought to change the paradigm of illness as a tragedy that makes it impossible to lead a dignified life.[273] In this way, persons with physical or mental illnesses seek minority status, with all associated social and political rights. Within such a practice, a neurodiversity movement has emerged while advocating for a cognitive pluralism in terms of recognizing and valuing mental states that differ from the established norm of what the society considers to be a normal mental functioning. The emphasis on cognition, and more specifically, the brain, is a phenomenon of contemporary twentieth-century society. In this sense, we recognize a new kind of citizenship, formulated by disability groups, which links citizens to their biological conditions. We refer to such form of citizenship as a biological citizenship.[274] In this manner, the explanations of identities and personhood are all brain- or, broader, biology- based. More specifically, citizens identify themselves with their biological conditions (whether they are congenital biological defects or acquired forms of biological deficiency), by demanding that society recognize them as carriers of such conditions and, as such, value them and allow them to practice specific rights and freedoms.

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[272] For an overview of the rise of autistic activist voices which began on the online platforms, see. Tisoncik, Laura. (2020). Autistics.Org and Finding Our Voices as an Activist Movement. 10.1007/978-981-13-8437-0_5.

[273] For a comprehensive overview of disability activism in the neoliberal society, see. Berghs, M. (Ed.), Chataika, T. (Ed.), El-Lahib, Y. (Ed.), Dube, K. (Ed.). (2020). The Routledge Handbook of Disability Activism. London: Routledge,

[274] Petryna, A. (2004). Biological Citizenship: The Science and Politics of Chernobyl-Exposed Populations. OSIRIS, 19 250-265.

7.2. The biological citizenship [275]

The basic thesis of biological citizenship is that their specific biological conditions affect their self-perception and their identity which is constructed on the template of the biological state they carry. They became biological citizens through the mechanisms called *making up people*, elaborated by Ian Hacking (2002) as the set of practices that make people who they are. Hacking relies on Michel Foucault’s notion of the technologies of the self. Foucault's defines the technologies of self as techniques that allow individuals to transform themselves.

The notion of making up people was further elaborated in Nikolas Rose and Carlos Novas’ work on biological citizenship and investigation of “neurocentrism”[276] as a powerful ideology. The identification as a citizen based on her biological conditions was firstly developed by Ariana Petryna (2002) in her study of the post-Chernobyl Ukraine. Such study was conducted with the aim to achieve justice for those citizens affected by the Chernobyl tragedy, in terms of acquired deficiencies on their biological bodies. The government of the newly independent Ukraine based its claim to a right to govern on the democratically expressed will of its citizens. And those citizens who have been exposed to the radiation effects of the nuclear explosion at the reactor, believed that they had rights to health services and social support from the government.[277] In this context, Petryna argued that such political activism has changed the perspective of what it means to be a citizen, with respect to negotiation of economic and social inclusion of population affected by the Chernobyl tragedy, by “using the very constituent matter of life” (2002: 5). Namely, such population fight for their rights by relying on their damaged biological bodies, that is, by invoking to their biological damage as a foundation for rights and freedoms.

Rosa and Novas recognize the same practices within disability groups. Namely, the “making up” techniques were interpreted as strategies for creating the biological citizen, namely, as tools for shaping the way in which a person with a certain biological condition is perceived and understood by authorities. In this sense, they refer to all types of authorities, be they political authorities, medical personnel, legal and penal professionals, potential employers, or insurance

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[275] The notion of the biological citizenship was previously disscussed in relation to the reliability democracy, in Lekić-Barunčić (2020).

[276] Neurocentrism is a set of theories that interpret human experience and behavior from the predominant or even exclusive perspective of the brain.

[277] Petryna, A. (2002) Life Exposed: Biological Citizens After Chernobyl. Princeton, Princeton University Press.

companies. The reasons for the change of the public perspectives lie in the biased attitudes towards people with certain biological impairments, who were perceived through their biological label, namely in terms of categories such as the chronically sick, the disabled, the blind, the deaf, the child abuser, the psychopath. Thus, the making-up-biological-citizen's practices refer to making a change in public perception, within framework of what is considered to be unwanted conditions, changing the relation between those who posses that condition and those who do not. Namely, biological citizens primarily demand that society change the way a person with biological impairment is perceived. Such a person is most often marginalized and stigmatized because of their medical condition. The biggest criticism is directed at the medical authority, which treats any behavior that in some way deviates from the established norm, as a disease that requires treatment and cure. Medical authorities initiate the process of stigmatization by labeling the individual and thus differentiating her from the rest of society. Such a label affects a person's wellbeing in a way that prevents her from enjoying certain rights and resources, such as the right to education, job employment, political activity, and the like.[278] Hence, their goal is to de-stigmatize their biological conditions, with respect to changing the social imaginary. However, while using the strategies of making up biological citizens to change the public perceptions, such strategies affect the relation of persons with specific condition to themselves and their identities. Namely, such group of citizens will use the terminology from natural sciences in order to describe aspects of themselves, or in some cases, to describe their identities. Such practices are best understood through the insistence of disability groups on the use of identity or disorder fist language which gives primacy to their biological characteristics (e.g. an autistic person, instead a person with autism). By using a language of medicine or psychology, biological citizens are condition by it, insofar as they use it to make judgements of how could or should act, what can they expect from life, what should they adhere to, etc. All of the above takes part in shaping citizens' understanding of their conditions, but also of their understanding of their personhood.

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[278] Interestingly, such practices have been recognized by the EU Committee who discussed how to tap into the potential of "neurodiversity". At the January 2019 meeting of the Section for Transport, Energy, Infrastructure and the Information Society (TEN), the members of the European Economic and Social Committee (EESC) discussed how to tap into the potential of these so-called cognitive minorities to integrate socially. They report that the "people with autism, a high IQ, hyperactivity, and dyslexia find it difficult to fit into society due, mainly, to general prejudices and their particular verbal communication difficulties. Nevertheless, although they may not have standard social skills, they are able to acquire highly technical skills. This could undoubtedly help many European companies bridge the technological gap, providing at the same time an opportunity for social integration."For recommendations of incorporating neurodiverse individuals into the labor market, see. https://www.eesc.europa.eu/hr/news-media/news/digitalisation-opportunity-unlock-potential-cognitive-minorities (Accessed 14th Feb 2020).

The key component that unites biological citizens is of an activist nature. As people who consider themselves oppressed, biological citizens call for active change. Activism primarily refers to changing the way biological individuals perceive themselves to their “damaged” bodies, by putting “impairment” at the forefront in order to demand political demands and changes in social structures through such a political identity.

In this sense, Petryna defines biological citizenship as „a massive demand for, but selective access to, a form of social welfare based on medical, scientific and legal criteria that both acknowledge biological injury and compensation for it”. (2002: 6). Thus, what is at the core of the biological citizenship project is a demand for particular protection, for particular policies and/or actions and access to special resources. Biological citizens, as opposed to being oppressed and silenced, are gathered around an active form of citizenship that produces new identities, claims to expertise and access to resources oriented around biological claims related to their condition.

7.3. Patient -experts

As Rose and Novas affirmed, „biological citizenship requires active political engagement – it is a manner of becoming political. A certain amount of education and technical administration is required in order to make one’s individual and collective voice heard” (2005: 454). The activism starts with education on their specific biological conditions. Rose and Novas emphasize the importance of the processes of self-education through reading and immersing oneself in the scientific literature, but also through active quest for knowledge through the Internet. By gaining a better understanding of their biological condition, biological citizens engage in the process of biomedical self-shaping, but they are also re-shaping the public image of their biological condition.

The goal of education is primarily individual, that is, it refers to the collection of information about one's biological state, the course of development, and the various possibilities for therapy. On the other hand, the goal of education is collectivizing, that is, it is about disseminating information, raising awareness, campaigning for rights and combat stigma, and sharing experiences with other citizens with whom they share a specific biological condition.[279] The ultimate goal of the processes of education and self-education is to “demand their own say

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[279] Rose, N. and Carlos N. (2004). Biological Citizenship, in: A. Ong/S. Collier (eds.) Global Assemblages. Technology, Politics, and Ethics as Anthropological Problems, Malden

in the development and deployment of medical expertise" (Rose and Novas, 2005: 144). The latter is the next step of making-up citizens; once self-shaped, the biological citizens shape health policies and form the so called patient expertise.

The term "expert patient" first appeared in the UK Parliament in 1999 as an initiative to help deal with chronic illness, based on developing the motivation of patients to use their own skills and knowledge to take effective control over their lives. In this manner, active biological citizens exhibit scepticism about the medical professional authority, as they claim that lived experiences of a person with certain biological condition are more insightful and more complex than clinical assessments. Distrust of experts is the result of systematic practice of silencing patients and their experiences. Biological citizens feel that medical authority denies their unique access to patient experiences, which they believe is the only true expertise.[280]

In order to regain their epistemic authority related to the biological conditions they carry, biological citizens adopt the language and terminology of the medical profession so that they can engage, as equal parties, in conversations with medical experts. Such efforts stemmed from the intricacies of medical diagnostic practice that would use complex terminology that deviates significantly from the patient's vocabulary. It is through the acquisition of language that the patient-experts have striven themselves as credible. Notably, as Epstein (1996) recognizes, biological citizens have successfully presented themselves as representatives, i.e. the legitimate, organized voice of people with certain biological states.[281] The clear example of the latter is to be found in the neurodiversity movement activism which claims expertise on the basis of experiential knowledge of living with autism. The movement's goal is to demonstrate how medical, psychological, political and educational elites of experts entirely exclude autistic perspectives, giving the privilege to parents or caregivers as if the autistics' testimonies are untrustworthy. They claim that an autistic testimony needs approval and validation from neurotypical person, and too often it has been rejected completely, provoking misunderstandings and stereotypes about autistic identity. Autism activists want to reclaim trustworthiness and reframe the public image on autism as a devastating tragedy.

Advocates of this perspective believe that autism is a unique way of being that should be validated, supported and appreciated rather than shunned, discriminated against or eliminated. They believe quirks and uniqueness of autistic individuals should be tolerated as the differences of any minority group should be tolerated and that efforts to eliminate autism should not be

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[280] Rose, 2006.

[281] Epstein, 1996.

compared, for example, to curing cancer but instead to the antiquated notion of curing left-handedness.

As I have claimed above, autistic persons are victims of persistent and systematic testimonial injustice. Many experts in the position of power completely ignore autistic voices and treat their testimonies as less valuable or completely silence them based on prejudice that autistic individuals cannot make sense of their experience. Cases in which autistic persons have their epistemic credibility canceled in the circumstances of trust assessment by medical and psychological professionals are especially common in psychiatric treatments. Most autistics report that they feel like their medical professional does not understand them, or do not take them nor their testimonies seriously. As reported by an autistic person: “doctor refused to talk to me because I ‘did not understand anything’.’” [282]

Such treatment has led to the development of mistrust not only for medical professionals but also for a society that reinforces autistic stereotypes and deepens the stigmatization and marginalization of such individuals. In such circumstances, neurodiverse biological citizens demand respect and recognition, whilst pointing out how medical, psychological, political and educational elites of experts entirely exclude autistic perspectives, giving the privilege to parents, caregivers and medical experts as if the autistics' testimonies are untrustworthy. Needless to say that non-autistics’(parents and caregivers) understandings of needs and lived experiences of persons on the autism spectrum are often poor and sometimes even inadequate, which can reflect in challenges in accessing appropriate treatments. The strongest criticism of neurodivergent biological citizens directed at experts is that they fail at exhibiting trustworthiness towards autistic individuals. In other words, experts fail to treat autistic people as authentic sources of knowledge. Autism advocates claim that an autistic testimony needs approval and validation from a neurotypical person, and too often it has been rejected completely, provoking misunderstandings and stereotypes about autistic identity. Thus, the ultimate goal is to reclaim trustworthiness, alter the public image of autism as a devastating tragedy and converse from “victims” into “activist-experts”.

Although it may seem strange to claim that the only real experts are those who share the states about which certain decisions are made, this practice is not lone. Specifically, a paradigmatic example of patient activism, opposed to the medical profession, seeking a change in treatment

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[282] Sequenzia, A. 2013. “It’s about respect”; URL: http://www.thinkingautismguide.com/2013/01/its-about-respect.html (Accessed 14 March 2020).

practice is found in AIDS activists in the United States in the mid-1980s. The members of the AIDS activist groups have established their credibility as people who legitimately speak the language of medical science, even though they were laypeople.[283] Through mass and highly publicized demonstrations, AIDS activists (also known as “buyers clubs”) rebelled against the paternalistic medical policies of drug regulation and rejection of experimental treatments. They felt excluded from the policy-making table, so they fought to reclaim their role of citizens, of patients and of true experts on living with AIDS:

> “With independent information and analysis, we can bring specific pressure to bear to get experimental treatments handled properly. So far, there has been little pressure because we have relied on experts to interpret for us what is going on. They tell us what will not rock the boat. The companies who want their profits, the bureaucrats who want their turf, and the doctors who want to avoid making waves all have been at the table. The persons with AIDS who want their lives must be there, too.” (James, 1986 in Epstein, 1995:416, emphasis added).

By taking a seat at the decision-making table and entering into discussion, activist-experts want their testimony as people with lived experience to be considered essential, to reclaim their positions of representatives, and to have a prominent role in the decision-making processes related to their conditions.

Can neurotypical persons be experts on autism matters? On the one hand, we can reasonably assume that medical professionals who have adequate education, training, and experience (alongside resources and body of evidence) can legitimately claim autism expertise. However, on the other hand, we can also reasonably assume that the lived experiences and testimonies of autistic individuals are an integral part of the knowledge about autism and its manifestation. Although the two presumptions seem separate and opposing, reconciliation might be reachable if we consider the possibility of social mechanisms and procedures that will include neurodiverse biological citizens, their testimonies, claims, and needs. Such practices involve strengthening communication between experts and citizens, one that does not do epistemic injustice but treats all participants in the conversation as equals with equally valuable, albeit different, knowledge.

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[283] Epstein, 1995.

First of all, I strongly suggest that both parties must be guided by intellectual virtues, in particular, open-mindedness and intellectual humility, in order to properly take into account, the views of the opposite party. Clearly, disagreements among neurodiverse biological citizens and experts on whether autism is a disorder or an identity and consequently whether autism should be cured or accepted as a difference will vary depending on what conception of autism one acknowledges. In this manner, Ortega (2009) recognizes that not all autistic individuals agree that autism should not be treated, referring to those who are on the lower end of the spectrum, i.e. those who have severe autism, with severe behavioral problems or suffering. Considering the heterogeneity of the autism spectrum, it seems very hard, and even impossible, to establish who has the authority to speak on behalf of all people with autism. It is clear that the raise of the distrust towards the community of experts is present because of the systematic discrimination against autistic persons regarding their credibility and the ability to understand their experiences and their states. The upsurge of autism activism and the neurodiversity movement is a result of the desire for empowerment, but such empowerment of the autistic community must focus on establishing a doctor-patient relationship in which patients will not take the position of either an expert or a passive patient.

Neurodiverse biological citizens, must carry out the role of assessing which experts deserve trustworthiness and whether reliable mechanisms truly succeed in preserving it. It is up to them and to other citizens to establish to whom will they acknowledge expertise, which knowledge claims are to be accounted as credible and to collect enough evidence about the reliability of procedures through which experts will make their decisions. Experts, on the other hand, need to consider the testimonies of autistic persons as valid and relevant to decision making processes. Given that autism is a specific condition because of its heterogeneous spectrum, it is false to claim that all autistic individuals are trustworthy and that all cases of distrust are cases of epistemic injustice. Individuals with lower-functioning autism may not be included in the process of information exchange, based on the valid reasons of his or her current individual medical conditions and abilities. What is important, however, is for experts who enter into testimonial exchange with a neurodiverse biological citizen not to hold prejudice of any kind, but to estimate the trustworthiness of an autistic speaker without their assessment being infected by prejudices and stereotypes about autism. The AIDS community activism presented above can serve as an example of a requirement for such a practice. Specifically, once they were allowed to enter information pooling, AIDS activists urged experts to reconsider previously established treatment practices and drug regulation. The role of citizens must be active rather than passive, especially in communicating with experts and setting goals. Equally, not only do I see room for such collaboration between neurodiverse biological citizens and experts, but I find such practice to be present. Namely, it was the activism of the neurodiversity movement that advocated for the recognition of cognitive strengths and abilities related to autistic conditions (some of which being abilities for hyper-systemizing, detail-oriented perception, local information processing, etc.), which was further investigated and adopted in the form of policies practiced by medical professionals, psychologists, caregivers, and educational workers.

Establishing a conversation in which an autistic speaker and a neurotypical hearer practice epistemic virtues can result in changes in the treatment of medical professionals toward autistic persons, in the sense that they will be more open to their testimonies, that they will recognize and eliminate the prejudices they have about autism, that they will provide autistic patients with adequate environmental settings, etc. However, I am quite skeptical about the contribution that such talk can have to the treatment of autistic conditions. Namely, as I have already shown in the chapter above, autistic people gathered around the neurodiversity movement interpret autism as their personal identity that distinguishes them from other members of society. They invite neurotypical individuals to recognize their conditions as positive variations, not pathological conditions that need to be cured. On the other hand, medical experts unequivocally treat autism as a pathological condition described in the diagnostic manuals, with prescribed symptoms and impairments. Such an image of autism is based on functionalized postulates of health, which defines any deviation from the norm as a pathological condition. Therefore, the inability to reach a consensus on the cure of autism, I believe, stems primarily from the difference in conceptual understanding of the term "autism" itself.

With the strengthening of the neurodiversity movement and the increased visibility of high-functioning autistic persons in the public sphere, a debate has been sparked among autism experts on how to properly understand the differences between autism in general and high functioning autism in particular. Baron-Cohen, who advocates a critical rethinking of the established topics used in healthcare, has made key assumptions here. Baron-Cohen (2017) argues for a clear distinction between the terms disorder, disability and difference. Clinical and scientific researchers often use these terms loosely, with a strong consequence for the discussed target groups - labeling and stigmatization. According to Baron-Cohen (2017) disorder should be used when there is nothing positive about the condition or when the person is unable to function properly despite trying different environmental modifications. This is why the term “disorder” is problematic for autism society, given that autism itself is not all negative in terms of cognitive difference from neurotypicals. While the term “disorder” is incompatible with neurodiversity, the term “disability” in some way can be compatible, given that it describes the condition below and the average level of psychological or physical functioning. The most thought-provoking term that is closely related to the neurodiversity framework is the term “difference”:

> “Difference should be used when a person is simply atypical, for biological reasons, relative to a population norm, but where this difference does not usually affect functioning or well-being. ” (Baron-Cohen 2017: 746).

In postulating that the concept of difference must enter the debate about mental states, Baron-Cohen explicitly advocates a paradigm shift that will recognize high-functioning autism as a difference, rather than a disorder. Moreover, in the article "Neurodiversity - a revolutionary concept for autism and psychiatry", Baron-Cohen is committed to recognizing the concept of "neurodiversity". Primarily, he believes that the concept of neurodiversity indicates that there is no single way to a brain to be normal. Rather, there are different options and different paths for the brain to be wired up. If one's brain-set is different or if one's brain functions differently, it does not imply that such a brain-set or such way of functioning is pathological. Second, Baron-Cohen believes that the language used to refer to and describe mental disabilities is value-laden. Contrary, such language must be more ethical and non-stigmatizing since the diagnostic label labels individuals and ultimately affects his social status and well being. Accordingly, we must find an adequate framework for discussing mental disorders and differences, one that will not focus on conditions as pathological phenomena, but which, with impairments, will recognize the positive outcomes of the condition in question. Finally, regarding neurodivergent conditions, Baron-Cohen concludes that: "Genetic or other kinds of biological variation are intrinsic to a person's identity, their sense of self and personhood, which is seen through a human rights lens, should be given equal respect alongside any other form of diversity, such as gender ”(2017, 476-77).

7.4. The validity of the movement

Autism self - advocates promote autism as a "way of being", a "difference", opposed to care and medical practices that ignore the specific needs of autistic persons, focusing only on "normalizing" those persons. Neurodiversity proponents essentialize autism as caused by biological factors and celebrate it as a human variation. They reject the idea that autism should be cured and advocate for celebrating autistic behaviors and ways of communication. Autistic self-advocates premise their condition as a part of their being, inseparable from the person; a condition that should be respected by a neurological / neurotypical majority. In its core, the neurodiversity movement orients consciousness-raising, but its ultimate goal is to establish an autistic community involved in social, medical, and juridical discourses on autism. Even though the neurodiversity movement is often compared to the civil right movement, especially women's and queer's rights movements, I raise my concern about its inclusivity. There are at least two potential problems with the neurodiversity movement: (1) anti-medicalization / anti-treatment problem and (2) under-representation of the heterogeneity of the autism spectrum.[284]

Behind the idea of autism as a natural human variation lies the idea of anti-medicalization. The movement is broadly speaking, opposed to cure-oriented scientific research and activism, as it presents autism as a variation that cannot be treated or cured. It is in the very line of thought that they claim that autism is a crucial and integral part of autistic person's identity, and therefore, it cannot be extracted from a person. The neurodiversity movement framework is grounded in the social model of disability, an idea that normality and abnormality are not objective facts, but socially constructed categories. The social model of disabilities attempts to depathologize psychiatric conditions and illnesses, claiming that society of neurotypicals created categories of abnormalities based on prejudices and stereotypes erected by society. Advocates claim that autism is not an illness, but a difference that is, due to stereotypes and prejudices, being socially constructed in an attempt to exclude individuals with these differences from society. Furthermore, they urge that an attempt to cure autistic traits of individuals is a violation of autistic rights. The harmful consequences of such attempts to depathologize autism are vast. The anti-treatment attitude insists on the rejection of all medical interventions, as such are considered not needed in the lives of autistic persons. I strongly raise my concern towards these anti-treatment propagandas. The severity of autism varies from one individual to another. Some autistic individuals suffer from extreme deficits in language communication, enduring social communication problems, aggressive and auto-aggressive tantrums, troublesome regulating emotions and intellectual disabilities. No person diagnosed with autism spectrum disorder is the same; Each person on the spectrum presents a unique set

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[284] I identified the mentioned problems in Lekić-Barunčić, 2019.

of more or less visible autistic traits, and can deal effectively or less effectively with those traits. Anti-treatment propaganda makes sense only when patients are high-functioning autistic individuals whose autistic traits allow them to function properly in terms of everyday activities and self-preservation. As Sue Rubin, a low-functioning autistic who was the subject of the documentary *Autism in a World*, strongly emphasizes:

> "As a person who lives with autism daily and will not live a normal life, I find people who are high functioning and saying society should not look for a cure is offensive. They have no idea what our lives are like. Killing autism lets me enjoy life with great friends and lets me go to college, but I must never fly down my guard or autism will take over. " (Rubin 2005)

People diagnosed with, what is prior to DSM-5 called, Asperger's Syndrome or any other form of high-functioning autism, are the driving force behind the neurodiversity movement, and as Rubin stresses, they cannot understand the experiences of those who are on the lower end of the spectrum. This is where I raise my second concern over the neurodiversity movement and its understanding of the spectrum. Movement is led by people at the higher end of the spectrum and there is a potential threat of over-representing such individuals. The concern is that movement does not represent the full range of the autism spectrum and its heterogeneity.[285] By reducing the spectrum to only high-functioning autistic experiences, the movement can easily fail to include the experiences of those who are on the other scale of the spectrum, falling into the trap of testimonial injustice toward people with severe autism. The threat of the neurodiversity movement is the overgeneralization of autism, and the marginalization of the needs and experiences of those autistic individuals who are not on the high-end of the spectrum. With this in mind, we should also approach the issue of treatment. Specifically, the neurodiversity movement demands that individuals be allowed to choose whether or not to treat their autism, but also some movement members are even seeking to discontinue research into finding a cure for ending autism. As is well known, there is no cure for autism. However, for supporters of the neurodiversity movement, the search for a cure that will normalize that their condition is a serious attack on their identity and deepens the presumption that autism is a

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[285] Similar is found in Russell, who states that "the start of my chapter concerns critiques that apply to identity politics more broadly: that they dichotomize allied groups into factions (this prevents smaller identity groups from linking up, causing rivalries and discord). Russell G. (2020) Critiques of the Neurodiversity Movement. In: Kapp S. (eds) Autistic Community and the Neurodiversity Movement. Palgrave Macmillan, Singapore

pathological condition that needs to be cured. However, as I stated earlier, the neurodiversity movement runs into the problem of marginalizing and silencing individuals who occupy the other, lower, end of the spectrum. Notably, there is a serious harm if treatment decisions are made on their behalf. Proponents of the neurodiversity movement are mostly on the higher end of the spectrum, with symptoms of autism that do not impair their quality of life. On the other hand, there are autistic persons like Rue on the other end of the autism spectrum, and whose condition prevents them for leading a good life. Therefore, the treatment debate that the neurodiversity movement wants to bring to the scene must first and foremost be clearly defined within the framework of action. To say that the entire spectrum of autism does not need to be treated is unreasonable and dangerous. On the other hand, it seems that a high functioning autistic individual may have reasonable reasons to reject the cure for her condition. Therefore, it is necessary to define which persons can be accounted for as a neurodivergent person. Following Baron-Cohen's recommendation, I believe that the concept of neurodiversity and the ideas that have integrated into the autism community through this movement can only be applied to individuals belonging to a high-functioning group of autistics, that is, those with mild autism symptoms that correspond to Level 1 on the severity scale. In this context, we can talk about the idea of diversity, not disorder, since there is no harm or relevant dysfunction in cases of high functioning autism. On this view, the difference implies a different cognitive style, in terms of Happe’s interpretation, understood in terms of alternative form of neurological functioning. Such functioning could be a result of natural variation, but I shall not speculate about the origin of such differences in this paper. Further, in this sense, I acknowledge that points about curing autism apply to some conditions and not others.

The core argument of the neurodiversity movement is that their autism is not a barrier to well-being or that autism is doing them harm. The difficulties they encounter are, rather, resulting from societal structures arranged to suit neurotypical needs exclusively. Therefore, they believe that the resources spent on attempts to locate the biological markers of autism and, consequently, the search for a cure, should be altered and used for providing educational, professional and social opportunities for neurodivergent members of society. The reason for the latter, they argue, lies in the fact that it is the society who produces harm to autistic individuals, not the autism itself.

7.5. Conclusion

Biological citizenship is a phenomenon of a modern society whose citizens demand rights based on their biological bodies. Although in the literature there is no correlation between the neurodivergent autistic citizens and the aspirations of biological citizenship, I believe that such a connection is strong and is manifested in the demands, both political and social, of the neurodiversity movement. In this chapter, I thematized the political demand of the neurodiversity community for the refusals of treatment and cure imposed by the neurotypical majority. Treatment policies are linked to the question of the value of autistic lives, that is, to the policies of reproductive practice in cases where the end-product is a child with autism.

8. CHOOSING A CHILD WITH AUTISM

8.1. Introduction

In the not-too-distant past, the means of medicine were not sufficiently developed to adequately indicate potential damage to the embryo or fetus. But in modern medicine, such practices are possible, accessible and very common. Non-invasive screening and testing methods have proven to be a safe and reliable option for prenatal information gathering - especially in the field of testing and detecting damage to human genomes. In this way, screening enables the parent to receive information about actual or potential impairments on embryo (prior to in vitro fertilization) or the fetus (in ongoing pregnancy). Due to the availability and reliable results, many parents opt for such tests to find out the course of pregnancy and its consequences. As a result, parents-to-be, in cases where screening and additional diagnostic tests indicate the presence of some type of impairment, are faced with difficult decisions about the further course of pregnancy or fertilization. Such decision-making processes are related to the moral responsibility of parents-to-be. It is up to them to make a joint decision, with the advice of medical experts, to select the best embryo possible (that is, one that will have no damage) - in the case of in vitro fertilization, or termination of pregnancy - if ongoing pregnancy. The emphasis, in both cases, is on the well-being of the potential child, which rests on the premise that a good life is a life without suffering and pain, which are the potential consequences of damage.

Biological citizens believe that a general misconception about mental and physical differences has led to the promotion of wrong values in reproductive practices. Specifically, since the focus was placed on impairments as a disadvantageous condition, the question of parental moral responsibility arose. Parents, in this sense, hold themselves morally responsible for the child's well being and quality of life. According to some authors, would-be parents have the moral responsibility to opt for having a child without an impairment, rather than a child with some type of impairment, given that the former child would have more opportunities to fulfill their potentials and enjoy well-being. Note that decision-making processes are specifically negative selections, i.e. selection against the disabled child. What are the reproductive consequences of such practices, and, more specifically, what are the consequences of such anti-disability paradigm on the lived lives of people with disabilities, will be central questions of this chapter. I shall investigate the former issues through the recommendation of Savulescu and Kahane, who explicitly argue for the negative selection of an embryo with tendency towards developing Asperger’s syndrome, given that such a child would not lead the best possible life, in terms of flourishing and wellbeing. Note that the same recommendation would follow from Nussbaum’s capability threshold level, given that it distinguishes human life from other forms of living, and confer that those below the bare minimum level of the threshold cannot experience human flourishing. However, we learn from the neurodiversity movement proponents that autistics can and do live a valuable, flourishing life, through the exercise of their autistic potentials and talents. Hence, autistics claim that their lives are valuable, not in spite of their autism, but in fact, because of it. As I shall claim in this chapter, there are reasons for justifying autistic life as a life worth living that every member of the society can reasonably accept.

8.2. The principle of procreative beneficence[286]

Julian Savulescu and Guy Kahane (2009) believe that parents who are planning offsprings must provide certain conditions that will allow the future child to lead a good life. Most often, these conditions relate to a stable financial situation, material and emotional resources. But the authors note that in the same line of thought, one can claim that the potential parents must ensure the health of the child. The latter refers to the selection of embryos based on the most favorable biological set. Potential parents thus have the task of choosing the embryo that is realistic to expect to lead a good life, in terms of the biological health. The authors note that such a task rests on moral responsibility that parents have towards their potential child. Therefore, the authors conclude that parents have moral reasons to choose, in the process of genetic selection, the most advantaged embryo, and thus ensure their future child a good life and wellbeing. The authors term this moral suggestion as *the principle of procreative beneficence (PB)*. The principle suggests that if a couple, or single reproducer, has the ability to choose an embryo, then they have significant moral reasons to select an embryo that can be expected, in light of available information and predictability factors, to lead a good life. [287] The principle of PB is not an absolute moral obligation, but a claim that potential parents have *significant moral reasons* to select the child who is expected to have the most advantaged life. The selection of the best possible embryo would greatly affect the life the future child, by determining the best possible genetic structure, such that is not biologically defected. Hence, Savulescu and Kahane give authority to parents to choose for their future child. They do not tackle the general framework of permissible genetic interventions and manipulation, but speculate that a good life is a life led without biological impairments. The authors do not offer a specific definition of what stands for good or the most advantaged life, but asks us to apply in procreative decisions the same concepts of a good life we employ in our everyday lives. The principle of procreative beneficence, hence, implies that when the selection of, for instance, a non-disabled child is possible, we have a significant moral reason to choose

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[286] The practices of the principle of procreative beneficience in the cases of autism, alongside to the question of moral permisability of genetic engineering of an autistic embryo is discussed in Baccarini and Lekić-Barunčić (2018).

[287] Savulescu and Kahane, 2009: 274.

a child who does not have the condition that is recognized as a disability. Note that it does not claim that potential parents have moral reason to select the child who is non-disabled, but gives reasons to select the most advantaged child out of the possible children a couple can select.[288] The key to the discussion is the following. Namely, Savulescu and Kahane, enumerating some conditions that prevent an individual from leading a good life and which should be avoided in the processes of genetic selection, specifically mention states of autism. More specifically, they argue that potential parents should, in the processes of genetic selection, prevent choosing an embryo with disposition towards autism, or, in the processes of natural reproduction that could end with a child with autism, prevent such an outcome. Reproducers, in their opinion, have a strong moral reasons to prevent even an innate tendency towards conditions that include impairments, and specifically call upon in vitro fertilization (IVF) in cases where natural reproduction could result in child having Asperger's syndrome. Savulescu and Kahane classify autism, and Asperger's syndrome in particular, as a severe impairment in social skills which endanger the quality of life. Embryos with tendency to develop such impairments can never have the best chance for the best life. Hence, the potential parents, the authors recommend, should not choose embryos with autism, nor should they proceed with the pregnancy that will end in child with autism.

Embryologists, in the process of IVF, use the basic kinds of selection of embryos by choosing those embryos who are most likely to survive and to be healthy. However, survival and health are not the only criteria for a good life. Buchanan et al., discussing about what makes human life valuable, introduce the concept of general purpose means, i.e., traits that are valuable no matter what kind of life a person lives. Some of the putative goods they mention such are intelligence, memory, self-discipline, and patience are goods that persons with autism can have. They also mention goods that autistic persons do lack such are sense of humor, empathy, sympathy and the capacity to live socially with others. Some of the putative goods such as intelligence, memory, self-discipline, and patience are capacities that persons with autism can have. However, autistic persons lack some of the mentioned goods such as a sense of humor, empathy, sympathy and the capacity to live socially with others. Does the latter make autism, and particularly Asperger's syndrome, a condition characterized by impairments that does not

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[288] In this sense, from the group of embryos who have dispositions towards various biological defects, the potential parents are advised to select the embryo with the least severe condition.

allow a potential child to lead a valuable life? More specifically, are decisions of negatively select an embryo with autism justified?

8.3. The meaning of the "good life"

Parents are advised to choose an embryo with genetic features that will not prevent them from leading a good life. But the weak conception of the good life that Savulescu and Kahane use without providing a clear definition, but ask readers to recognize the features of the good life in everyday relationships, is a problematic component in their general theory. Thus, the question of the choice of the genetic features of an individual is related to the question of what society considers desirable traits. However, reliance on social preferences and characteristics that society considers advantageous in genetic selection processes will result in the elimination of all conditions that could, in a sense, be disadvantageous to the future citizen. Social conditions and practices have yielded various features that are, at least in some situations, disadvantageous. For example, in employment situations, even in modern society, it is disadvantageous to be a woman. Clearly, it would be illegitimate to recommend potential parents to negatively select an embryo that would develop in a female child. The reason for this lies in the fact that the property of being a woman is recognized as valuable by most people, although it is potentially disadvantageous in various social situations and cultural contexts. But the property of being a woman is not disadvantageous because of the characteristics of "femininity" or "womanhood", but because of the social conditions and identity policies that condition the position of women in social structures. Therefore, being a woman is not disadvantageous *per se*, but due to social conditions that need to be changed. In a society that treats women as equal to men with equal rights and freedoms, the property of being a woman would not be disadvantageous.

Therefore, it is evident that measures of social preferences are not legitimate reasons for negative selections of certain embryos, since if we adopt the thesis that a potential parent should choose an embryo that can be expected to lead a good life in terms of having predispositions that society will recognize as valuable characteristics, then we come to the case of negative embryo selection based on its genetic markers for being male or female.[289]

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[289] Pier Jaarsma and Stellan Welin use this argument to argue against the Savulescu and Kahane principle of procreative beneficence. Precisely, they conclude that: In other parts of the world, e.g. in countries where women

A potential critique of the latter could go in the direction of objecting that the negative selection of embryos to develop in a female child is not equivalent to the negative selection of embryos with hearing impairments. In this sense, the objection suggests that in embryo selection the emphasis is on quality of life in terms of biological health and fitness, rather than in terms of opportunities within social structures. If we understand that it is justified to choose a negative embryo with hearing impairment, and, however, it is not justified to choose a negative embryo of the female sex, then we are talking about disabilities that are disadvantageous independent to the social and cultural situation.

However, the objection is not strong enough, in the sense that it does not take into account that certain states of disability are precisely due to social practices. In this context, I envoke to the social model according to which the society is what makes individuals disabled in a way that it does meet their specific needs. In discussing justice distribution with particular interest in citizens with disability, Wolff (2009) emphasizes that there is a key difference between the terms “impairment” and “disability”. In light of this, Wolff considers that impairment is genetically reduced capability (for instance, reduced capability to hear is an impairment), while disability is its manifestation. Crucially, Wolff concludes that society and social structures are responsible for creating disability out of an impairment. Clearly, there are certain impairments that are biological harms to their bearers, such as spina bifida or severe mental retardation. Such impairment we consider to be, regardless of social and cultural contexts, forms of disabilities that prevent an individual from leading a good life given that such a life is led with enduring pain. But if we have in mind some other conditions, such as deafness or high-functioning autism, it seems that we cannot account them as examples of disabilities that are completely independent of social standards, nor as forms of disabilities that enables an individual to lead a good life.

I have shown above how the Deaf community insists on its authenticity, in terms of nurturing its culture, language and literature. Members of the deaf community do not perceive their deafness as a disorder that prevents them from leading good lives. On the contrary, equating themselves with members of other linguistic minorities, members of the Deaf community feel

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and gays are still discriminated, PB would rule against female and gay embryos. For an elaborate argument against the PB, see. Jaarsma, and Welin, 2013.

that society should provide them with the resources to fulfill their potentials within their Deaf culture.[290] On the other hand, hearing community treats deafness as disability and seeks ways to correct it medically or genetically. In this sense, the hearing majority does not have the same perspective on "the human good" and "leading a good life", compared to the perspective of the deaf minority gathered in Deaf communities. The clash of these two "cultures" is most visible in the context of reproductive policies.[291] One's person's disability can be another person's culture, so finding a line by which we can determine which conditions should be chosen in genetic selection is a challenging task.[292]

Equally, the same is applied in reproductive practices in which the positive or negative choice of embryos with predispositions to autism is decided. Primarily, in this context, it should be emphasized that there are no genetic markers for autism, nor, as shown in the previous chapter, is there a biological determination of specific autistic conditions. Therefore, the discussion of the possibility of selecting or rejecting an embryo with autism rests on the assumption of applicability at a time when the latter is possible. It is the impossibility of unambiguously defining autistic states through biological dysfunctions that has raised the question of the strength that the components of evaluative judgments have in the processes of defining autism as a mental disorder.

Similar to the Deaf community who see their deafness as a gift, instead of disability, the autistic community, through the concept of neurodiversity, nurtures autism as a neurological difference that should be respected in the range of respect for other differences such as gender, gender, race or sexual orientation. Therefore, we can assume that the neurodiversity proponent might consider that negative embryo selection with predispositions for autism is equivalent to an illegitimate decision of negative embryo selection with genetic markers for female gender. The reason for this lies in the assumption that autism is not harmful in itself, that is, it does not in itself represent a disadvantageous condition. Rather, it is the society that reinforces the

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[290] Grodin and Harlan, 1997.

[291] Dance, 2017.

[292] The debate focused on whether to choose an embryo with genetic markers for deafness has expanded to the issue of enabling deaf potential parents to undergo PGD methods to ensure that their child, like them, will be deaf. A specific case of such practice is described in Savulescu (2002); namely, as reported in the article, a deaf lesbian couple have deliberately created a deaf child, in accordance to their beliefs that deafness is not a disorder or defective condition. He states that some may "see deliberately creating deaf babies as the most perverse manifestation of creating designer babies". However, my discussion is limited to the practices of negative selection; thus, the question of legitimacy of intentional designing babies is not in the scope of this paper.

disadvantageous position of the autistic in society, in a way that marginalizes all states that deviate from the norm.[293]

Clearly, it is necessary to distinguish which autistic conditions are in question, that is, it is necessary to approach the issue of autism with some caution since it is a heterogeneous spectrum of conditions that include more and less severe conditions. Not all autistic conditions are harmful to the carrier, but some certainly are. For example, it is legitimate to claim that a person with severe autistic impairments involving severe impairments in social communication, underdeveloped speech, lowered IQ, etc. autism is harmful to a substantially greater extent than it is for people diagnosed with mild autism. For conditions of severe autism, since they represent an impairment regardless of the sociocultural context, we can reasonably agree that severe autism represents a condition that greatly affects the quality of life of an individual and the ability to lead a good life.[294] But the same is not true for a person who corresponds to severity level 1, since her condition is disadvantageous in relation to the society she belongs to. In particular, due to the stigmatization of autism and unfair epistemic treatment, autistic individuals who respond to highly functional or mild autism (level 1) are denied opportunities for human flourishing. Kapp and Ne'eman express their concerns regarding the introduction of a severity scale for the ASD diagnosis, as its outcome

> "would likely result in clinicians inappropriately discouraging autistic traits as an emphasis of intervention (…) rather than focusing on functional skills with more direct impacts on quality of life" (2012: 3).

8.4. The importance of the autistic talents

Autism is related to the special talents, abilities and savant skills, such are calendar calculation, perfect-perspective drawing, persistence, extraordinary memory for facts, instant multiplication and precise attention to details. The list of the talents found in mild autism goes on, as recent studies discovered the connection with autistic conditions and the following abilities: high level of focus, creating rule-based systems; system analysis and evaluation,

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[293] We find the similar position in Glackin who argues that the concept of medical illness in terms of mental illness is a social construct. Hee notes that all judgments of medical dysfunction reflect society's collective willingness to tolerate and accommodate the conditions in question.

[294] As with other severe disability that is disadvantageous regardless of social circumstances, the assumption that such a condition affects the ability to lead a good life does not draw an evaluative judgment about the negative value of such a life.

recognizing repeating patterns in a complex system, exceptional attention to details, excellent record-keeping and memory, the ability to perceive and process a large quality of information from multiple sensory modes, high ability to excel at repetitive tasks, understanding the world as a rule-governed; problem-solving skills (logic), react very well to high-level technology because of the controllable predictable environment and multisensory stimulation.[295]

These talents and skills are far more common in autism spectrum than in any other group[296], and should be put into spotlight. Howlin et al. (2009) argue that over a third of individuals with autism show unusual skill that both above population norms and above their own overall cognitive functioning. The autistic abilities and talents are to be found across the spectrum, primarily within the category of Level 1 of impairment severity classification. This is why I advocate that the autistic persons who do not suffer from the severe autism and following disorders can achieve good life by practicing their skills and talents. These compensating abilities overcome their difficulties, which presents, I shall argue, a reason for choosing an embryo with autism instead of rejecting it for the non-autistic one.

I find the heterogeneity of autistic conditions to be a key element in the discussion of reproductive policies, such as that on the genetic selection of embryos with autism. It is in this segment that I see the failure of Savulescu and Kahane to issue a recommendation to potential parents to negatively select a child with Asperger's syndrome. Savulescu and Kahane make an error of generalization. Namely, they understand autism as a homogenous condition and reduce the complexity of the spectrum to the conditions of mere social impairment, neglecting remarkable talents that persons with this diagnosis exhibit. Such an error leads to the wrong conclusion that all autistic conditions should be treated in the same way, that is, it implies that all autistic conditions should be negatively selected in the embryo. Alongside, Savulescu, and Kahane make the mistake of reducing mild autism to exclusively impairments, not taking into account the epistemic gain that society can derive from its autistic members. By diminishing their epistemic status, Savulescu and Kahane make an epistemic mistake, insofar as they fail to treat autistic persons as valuable precisely because of their unique epistemic position, that is, insofar as they fail to treat them as knowers. Rather, the authors focus on the impairment of social communication as a trait that prevents autistic individuals from leading a good life. But

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[295] Hermelin (2001), Joseph and Tager-Flusberg (2012).

[296] Howlin, et al. 2009.

they do not take into account the cognitive talents and abilities of autistic people that are valuable, not only to society, but to their quality of life and well-being. Furthermore, we can conclude that with such treatment the authors make testimonial injustice, namely, by postulating their recommendation for a negative selection of a child with autism, the authors do not take into an account or simply reject the testimonies of those individuals who report that their lives are valuable not despite, but precisely because of autism and accompanying talents.

With regards to justificatory concern of such practices, I invoke Richard Dean's (2018) thoughts experiments. Namely, Dean sets up two thought experiments: in one society consists of individuals with highly functional autism, in the other society consists of individuals who occupy a different position on the autism spectrum. For the first society, Dean continues, we have plausible reasons to argue that society as a whole would function without the need for members of society to heal. He recognizes that a society of highly functional autistic people would be very different from our society, in terms of social communication, organization of educational institutions and workplaces, but also with specific structures that our society does not have, such as a quiet room with a sensory function. But regardless of such differences, there is no obvious reason to doubt that high-functioning autistics could maintain a society that served their needs in an appropriate manner. Contrary, for the society of autistic individuals who occupy a different position on the autism spectrum (i.e. who are on the lower scale), Dean continues, there are obvious reasons to think that such a society would "face disaster", fail to be able to coordinate their action, to organize their lives due to the intellectual limitations of its members.[297]

The example of a society of highly functional autistic people points to the implication that the social environment has in creating autistic lives. In a society that creates an environment where an autistic person can lead a good life in terms of providing her better opportunities for affirming her values and achieving goals, highly functional autism is not a disadvantageous condition. Additionally, highly autistic citizens have different sets of talents and abilities that the society recognizes as valuable.

Hence, I believe that the principle of procreative beneficence, in the case of autism, should be revised. The potential child with disposition to mild autism (Level 1) without accompanying

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[297] Dean, 2018: 131.

disorders (such as learning disability, mental retardation, epilepsy, and other), should be chosen by her potential parents. Although the potential child in question will have social impairments to some degree, the talents that child will exhibit can reasonably be constituent of a good life. The talents and skills that embryo with mild autism will have once born can be reasonably constituent of the most valuable life, especially because there are ways of improvement their quality of life.[298]

It could be assumed that the latter claim stems from the efforts of the Deaf community described above. But there seems to be a significant difference between cases of highly functional autism and deafness, which relates to the possibility of a person's capacity in terms of her talents. Both conditions are treated as disability, and following Trevor Johnston's line of argument, "insofar as deafness is a disability, it is to be avoided, if possible." (2005, p. 429). But we also showed how members of the Deaf community, as well as the autistic community, consider their condition a gift and a difference, as opposed to disability. Also, it is clear that in both cases the quality of life of individuals with these conditions to some extend is conditioned by social structures and collective values and preferences.

However, cases of autism appear to be specific because, in addition to impairment, an individual with the condition exhibits some talent that could be valued by society as an advantageous, in the cases of a child with Asperger's syndrome, the advantages outweigh the disadvantages. On the other hand, it seems that for the Deaf community we cannot say that in addition to hearing impairment they possess a talent or ability that we have reason to claim to be valuable. Hence, for autistic people we can claim that, despite impairments, they have abilities and talents that any reasonable individual can accept as valuable.

Pier Jaarsma and Stellan Welin came to a similar conclusion, relying their argument on the differences between Savulescu and Kahane's principle of procreative beneficence and Nussbaum's capability approach which they interpret in terms of the principle for genetic selection of embryos. Criticism against the principle of procreative beneficence relies on the problem of the social situations and structures that impose certain standards and preferences. In this sense, the property of being a woman can be interpreted as an undesirable property. On the other hand, Jaarsma and Welin hold that Nussbaum's principle of human capability could be an adequate framework for discussing genetic selection, as it relies on intrinsic good,

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[298] E.g. by providing them a proper education surroundings or a proper autism-friendly environment where they can excursive and improve their social skills.

independent of social and cultural contexts. In light of this, they conclude that Nussbaum's position would accept mild autism as a desirable condition, since an individual with this condition can achieve human flourishing by using capabilities, while deafness would be an undesirable condition, since a deaf individual has no senses — one of the fundamental human capability. They also recognize that even autistic individuals do not have the ability to reach the threshold level for certain capabilities, but they do have, in contrary to individuals with hearing impairments, compensating capabilities such as hyper systemizing ability or detail oriented information processing.[299]

However, I believe that the use of the principle of human capability is insufficient in the process of genetic selection, for the reasons stated in Chapter Five. Nussbaum's list of central human capabilities is based on social preferences and evaluative standards, thus promoting only those values that society considers more valuable than others. The singularity and definiteness of such a list promotes certain values as criterias for leading a good life, in a way that rejects some other values that an individual might consider valuable for his life. More specifically, the list is, I believe, discriminatory as it does not take into account different perspectives on the values of the good life. With this in mind, we can conclude that Nussbaum would not accept that autistic individuals' compensating capabilities have the same value as the ten central human capabilities from the list. The mere extension of the list indicates that the list is insufficient and does not include pluralism of values. Therefore, just as the list is not adequate for defining the state of the disease, I believe that the list is not adequate for the principle by which potential parents should be guided in the processes of genetic selection. Conversely, although I agree with Jaarsam and Welin that mild autism should be treated as a condition that, along impairments, has advantages for which society has reasons to hold valuable, I believe that the principle of human capabilities is not an adequate framework to offer public justification for such claim. Rather, I think it is necessary to offer a different justificatory framework, one that will show how the cases of mild autism can represent examples of overall human lives that we can reasonably judge as valuable.

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[299] Due to the compensating capabilities recognized in autism studies, Jaarsma and Welin claim that mild autism should be accepted by the society as a difference, rather than a disorder. The conditions of mild autism could vary in severity because of the entanglement of the external and internal circumstances of the person with mild autism. External circumstances should be understood in the light of social, cultural or economic standards, while internal circumstances should be understood in terms of quantity and quality of compensating capabilities. (2013:820).

8.5. The principle of public justification

I approach the justificatory question by placing the emphasis on the special abilities and talents shared by autistic individuals that should be judged as valuable by the society. This means that I advocate for justificatory framework that exhibit how the talents of a child with mild autism can be reasonably judged as constituents of a valuable life.

Rawls ’political thought is grounded on the view that political decisions are legitimate only if grounded in reasons for which we can reasonably expect all citizens, as free and equal, to accept. Such a model of public justification is consensual, in terms that it confers legitimacy on grounds of what can be reasonably expected to be endorsed by all rational citizens as free and equal (Rawls, 2005). In this sense, a just society is regulated by a public conception of justice, given that each member of such a society acknowledges the same principles of justice. The main premise of Rawls’s conception of justice is that each member of a just society has an interest in protecting and advancing her two moral powers: of rationality and reasonableness. To preserve these powers, individuals voluntarily agree to live in a society that runs on reciprocal and fair terms of cooperation. Such a society is, further, the site of the practices of an overlapping consensus among the plurality of reasonable worldviews and comprehensive doctrines. The members of a just society “those norms they view as reasonable for everyone to accept and therefore as justifiable to them; and they are ready to discuss the fair terms that others propose” (Rawls, 1996: 54). Furthermore, a reasonable member of a society will also accept the idea of *public reason*, that is, he will agree that for the fairness of social cooperation there must be a justification by appeal to reasons all reasonable persons can accept. In that sense a reasonable member of society will refrain from appealing controversial and doctrinal claims (e.g. religious ideas), and appeal to those public ideals (e.g.the idea of citizen as free and equal) for which it can be assumed that all persons as reasonable and rational will agree upon.[300] Such practices in which citizens provide public reasons when justifying laws and policies present the ideal of public reason. Namely, Rawls considers public reason as a characteristic of a democratic people,

> “the reason of citizens, of those sharing the status of equal citizenship. The subject of their reason is the good of the public: what the political conception of justice requires

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[300] Rawls 1995, 142-9

> of society’s basic structure and institutions, and of the purposes and ends they are to serve” (Rawls 1993, 213).

Even though the public reason thesis was intended by Rawls for the specific domain of constitutional matters, I extend its application to various normative decisions in society; more specifically to the identification of values relevant for decision-making policies in the genetic selection practices. Hence, public justification by the public reason does not apply only to issues of political ideals, i.e. to the questions of the foundation of the constitution. Rather, the scope of the application extends to issues of fundamental rights and freedoms, with particular emphasis on issues of equality and opportunities. [301]

Namely, the application of the public reason thesis on the question of selection of autistic embryo is that, in order to have a valid public reason for selecting an autistic child, one must have a reason for which we can reasonably expect that it will be accepted by each agent as free and equal. This rules out controversial reasons, i.e. reasons about which agents can disagree as free and equals. The opposite concept of “public reason” is that of “personal reason”. Personal reasons are related only to the values, norms, beliefs, preferences, etc. of an agent and they justify decisions for an agent that regard her personal life, but not public decisions. I am particularly interested in the justification practices through public justification. The application of the public reason to the embryo-selection practices could provide us with a valid reason to justify public decisions. Note that the emphasis of such proposal rests on reasonable pluralism, which implies that justification of public decisions should not be made for sectarian reasons, but for reasons that can be accepted by all rational agents. By applying such broad framework of public justification by the public reason, we make sure that every member of the society has an equal access to the decision-making process, with assurance that her perspective will be respected in the formulation of public policy. Such a justificatory framework will allow us to encompass what McCarthy calls "the irreductible pluralism of modern life," with respect to "the question of the good life ... the question of happiness and virtue, character and ethos, community and tradition" (1992: vii-viii). In such a society, pluralism of perspectives specifically, in the context of this paper, refers to different views on what it means to live a good, valuable life. Specifically, the question is about which fundamental characteristics we can agree to form the fundamental constituent of a good life. The possibility of reaching a

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[301] The narrowness of the scope of Rawls ’public reason thesis application was recognized in Baccarini and Malatesti (2017). They rely on Gauss, for whom they feel he has recognized the importance of the diversity of perspectives, with his model of justification that the value of different manifestations of the lives of individuals.

consensus on this issue can be considered through public reason, i.e. reasons to lead a good life that can be accepted by all rational and reasonable citizens.

In addition to Rawls's model of public justification, I further invoke to Gerald Gaus's distinction between valid public reasons and victorious public reasons.[302] The former are legitimate reasons to justify a public decision, but frequently they do not lead to unanimous decisions, i.e. to decisions that all reasonable agents need to choose. A victorious (best) reason leads to a justification that all reasonable agents must endorse.

My proposal is that, in order to recommend potential parents which embryo to choose or reject, we must have a victorious public reason, one that would be endorsed by all reasonable agents. In this sense, the principle of procreative benefit should apply only to those cases in which the end result of such reproductive practice, namely a potential child, would not have criteria that all reasonable agents can agree to be a constituent of a good life. Is autism such a state?

In virtue of the complexity of mild autism, I claim that there is not a victorious public reason for negatively selecting a child with mild autism. Specifically, if the potential child has a disposition to mild autism diagnosed with the severity level 1 without accompanying disorders understood in terms of biological rooted dysfunctions (such as learning disability, mental retardation, epilepsy, at the like), then there is no victorious public reason to suggest to the potential parent to negatively select that child. Although the potential child in question will have social impairments to some degree, the talents that the child will exhibit can reasonably be constituent of a valuable life. Hence, I advocate that even though embryos with mild autism will, when born, not have the goods such as empathy, sympathy, and the capacity to live with others[303], there is no victorious public reason to offer to the potential parents to reject the embryo with mild autism. The talents and skills that the embryo with mild autism will have once born can be reasonably judged as founding an overall judgment about a valuable life.

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[302] Gaus, 1996.

[303] In their discussion on the constituents of a good human life, Buchanan et al. introduced the concept of general purpose means, i.e., traits that are valuable no matter what kind of life a person lives. Some of the putative goods they mention such are intelligence, memory, self-discipline, and patience are goods that persons with autism can have. However, they also mention goods that autistic persons do lack such are sense of humor, empathy, sympathy and the capacity to live socially with others.

The reason behind such a conclusion is that such a child has capacities and talents that can be judged as having high value by agents as free and equal. Likewise, agents can judge that there is no victorious reason to say that a life with specific talents, as well as with impairments characteristic of mild autism, is less valuable that a life deprived of both the talents and the impairments.

8.6. Conclusion

The chapter thematized reproductive policies in which the end result is a child with autism. More specifically, I problematize Savulescu and Kahane's view that Asperger syndrome is a condition that a potential parent should avoid, that is, that should be negatively chosen in the processes of selecting the best possible embryo. Their thesis is that this condition causes deficits in quality of life and as such is an undesirable condition. I have shown how the authors base their recommendation on the generalization of autistic disorder and on stereotypes about life led by autism. Also, precisely because they do not take into account the experiences and testimonies of people with autism, I find them to constitute testimonial injustice as well as epistemic silencing of autistic speakers. Their PB, as well as Nussbaum's capability approach, fails to incorporate the pluralism of perspectives. Therefore, I believe that, in discussions of reproductive policies in relation to autism, we must invoke a justificatory framework that will take into account the perspective of all citizens. As I have shown, I consider such a framework to be the principle of public justification offered by Rawls and, in part, Gaus.

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9. CONCLUSION

The tendency of the doctoral thesis stems from the propensity to connect philosophical concepts with real-world problems. More specifically, the lived problems of autistic people have not entered into the realm of philosophical discussions in an appropriate manner, although they represent a valuable case-study, especially in terms of the scope of real-world epistemology. The starting and fundamental point is to indicate the systematic and persistent biased epistemic treatment that autistic individuals face in everyday social interactions. Their credibility is suspect and often completely denied based on the stereotypes and prejudices that rest in the social imaginary.

The consequences of such epistemic treatments are primarily epistemic, in a manner of loss of epistemic courage, deprivation of new (autistic) insights, doubt in systematically silenced autistic experiences, and, finally, the exclusion of valuable perspectives from the process of gaining knowledge. Epistemic injustice caused by negative stereotypes and prejudices is tied to corrupt moral attitudes society holds on autistic individuals, which makes these practices inseparable from ethical discussions about the well being of the individual.

Hence, the consequences of epistemic injustice are moral, in so far as they support the unfounded stereotpyes about autism, but also influence the formation of normative judgments about autism as a pathological condition that deeply affect the bearer’s quality of life. In accordance with the latter, the paper focuses on the issue of autistic well-being, through the analysis of autistic real-life experiences and pluralism of values in relation to different perspectives on the criteria for a good human life. The notion of “well-being” cannot be universalistic, but needs to be pluralistic, in means that it recognizes diversity among people, the conditions and environment they live in, and their abilities to make their lives the best possible. Hence, the element of diversity is crucial, for it recognizes that different people have different needs.

Moral attitudes towards autistics often rely on scientific descriptions according to which autism is an undesirable, pathological condition that needs to be treated / normalized. However, no scientific theory of autism manages to capture the complexity and heterogeneity of autistic states, nor the peculiar talents and abilities that occur within the spectrum. Throughout the history of psychiatry, the notion of mental illness has been interpreted in different ways, but the key assumption is that the classification of a mental state as a mental disorder is, at least to some extent, based on the evaluative criteria of a society. In this light, I analyze the high-functioning autism that has entered the public and political scene through the activism of the neurodiversity movement. The pursuit of recognizing autism as an identity based on biological (and non-pathological) differences is a fundamental postulate of the neurodiversity movement that seeks to change the concept of autism as it exists in social imaginery, but also to dvelve into the practice of political decisions and policy-making.

Persistent epistemic discrimination of autistic persons is related to the wrong attribution of values of autistic lives, as the neglect of epistemic potential of autistics causes some discrimination of the eugenic type and influences the health policies of the potential cure-treatment of autistic states, as well as reproductive decisions that end with an autistic child.

The literature on the above discussions lack the understanding of autism as a condition that is not consisted exclusively of deficits, but is linked to numerous valuable talents and abilities that all reasonable and rational persons can agree to be constituents of a good life. Therefore, in this paper I have put emphasize on autistic talents and abilities as fundamental reasons for valuing autistic lived lives, their experiences and their unique epistemic status.

LITERATURE

[1] Alcoff, L. M. 2000. On Judging Epistemic Credibility: Is Social Identity Relevant?. In: Naomi Zack (ed.), *Women of Color and Philosophy*. Blackwell, Malden, pp. 235–262.

[2] Alcoff, L.M. 2010. Epistemic Identities. *Episteme*, 7:2, pp. 128-137.

[3] American Psychiatric Association, 2013. *Diagnostic and Statistical Manual of Mental Disorders, 5th edition*. Washington, DC.

[4] Arneson, R. J. 2000. Perfectionism and Politics. *Ethics* 111, no. 1: pp. 37-63.

[5] Asperger, H. 1944. Die "autistischen Psychopathen" im Kindesalter. *Archiv fur Psychiatrie und Nervenkrankheiten*, 117, 76–136 [Autistic psychopathy in childhood. U. Frith (Ed.), Trans., (1991). *Autism and Asperger syndrome*, Cambridge, England: Cambridge University Press, pp. 37–92].

[6] Autism Network International newsletter, 1993. *Our Voice*, Volume 1, Number 3. Retrieved from: https://philosophy.ucsc.edu/SinclairDontMournForUs.pdf

[7] Baccarini E. and Malatesti L. 2017. The moral bioenhancement of psychopaths. *Journal of Medical Ethics*. 43, pp. 697-701.

[8] Baccarini, E. and Lekić-Barunčič, K. 2018. Parental Selection and Autism. *Etica & Politica / Ethics & Politics*. XX, 1, pp. 21-34.

[9] Baker A. D. 2008. Recognizing Jake: contending with formulaic and spectacularized representations of autism in film. In: Osteen M. (ed.). *Autism and representation*. Taylor & Francis; New York, NY/London, UK. pp. 229–243.

[10] Barnes, C., and Mercer, G. (eds.) 2004. *Implementing the Social Model of Disability: Theory and Research.* Leeds: The Disability Press.

[11] Barnes, C., Mercer, G. & Shakespeare, T. 2010. The social model of disability. In A. Giddens and P. Sutton (eds.), *Sociology: Introductory readings*, 3rd edn. Polity Press, Cambridge, pp. 161–166.

[12] Baron Cohen. B. et al. 2009. Talent in autism: hyper-systemizing, hyper-attention to detail and sensory hypersensitivity. *Philos Trans R Soc Lond B Biol Sci*. 364: 364, pp. 1377–1383.

[13] Baron-Cohen, S. 1997. *Mindblindness: An essay on autism and theory of mind*. Cambridge, MA: MIT Press.

[14] Baron-Cohen, S. 2002. The extreme male brain theory of autism. *Trends in Cognitive Science*, 6, pp. 248–254

[15] Baron-Cohen, S. 2005. Autism – 'autos': literally, a total focus on the self?. In: Feinberg, T. E., and Keenan, J. P. (eds). *The Lost Self: Pathologies of the Brain and Identity*. Oxford University Press.

[16] Baron-Cohen, S. 2008. Autism, Hypersystemizing, and Truth. *Quarterly Journal of Experimental Psychology*, 61, pp. 64-75.

[17] Baron-Cohen, B. 2011. *Zero Degrees of Empathy: A New Theory of Human Cruelty*. London, Allen Lane.

[18] Baron-Cohen, S. 2009. Autism: The Empathizing – Systemizing (E-S) Theory. *The Year in Cognitive Neuroscience:* Ann. N.Y. Acad. Sci. 1156, pp. 68-80.

[19] Baron-Cohen, S. 2017. Editorial Perspective: Neurodiversity – a revolutionary concept for autism and psychiatry. *J Child Psychol Psychiatr,* 58, pp. 744-747.

[20] Baron-Cohen, S., Leslie, A., and Frith, U. 1985. Does the Autistic Child Have a 'Theory of Mind'?. *Cognition*, 21, pp. 37–46.

[21] Baron-Cohen, S., Wheelwright, S., Lawson, J., Griffin, R., and Hill, J. 2002. Empathizing and Systemizing in Autism Spectrum Conditions. In: U. Goswami (ed.),

Blackwell handbooks of developmental psychology: Blackwell handbook of childhood cognitive development. Blackwell, pp. 491-508.

[22] Ben-Zeev, D., Young, M., Corrigan, P. 2010. DSM-V and the stigma of mental illness. *Journal of mental health*, 19, pp. 318-27.

[23] Berghs, M., Chataika, T., El-Lahib, Y., Dube, K. (eds.). 2020. *The Routledge Handbook of Disability Activism*. London: Routledge.

[24] Bleuler E. 1950[1911]. *Dementia Praecox or the Group of Schizophrenias*. New York: International Universities.

[25] Bolton, D. 2008. *What is Mental Disorder?: An essay in philosophy, science, and values*. Oxford, UK: Oxford University Press.

[26] Bolton, D., and Gillett, G. 2019. *The Biopsychosocial Model of Health and Disease: New Philosophical and Scientific Developments*, Springer Verlag.

[27] Boorse, C. 1975. On the Distinction between Disease and Illness. *Philosophy & Public Affairs*, *5*(1), 49-68.

[28] Boren, R. 2017. *Autistic Burnout: The Cost of Masking and Passing*; URL : https://boren.blog/2017/01/26/autistic-burnout-the-cost-of-coping-and-passing/

[29] Boucher, J. 2012. Putting theory of mind in its place: psychological explanations of the socio-emotional, communicative impairments in autistic spectrum disorder. *Autism: The International Journal of Research and Practice*, 16(3), pp. 226–246.

[30] Brady, M. S., and Pritchard, D. H. (eds.). 2003. *Moral and Epistemic Virtues*. Oxford: Blackwell.

[31] Brown, L. 2013. *Identity-first language*; URL: https://autisticadvocacy.org/about-asan/identity-first-language/

[32] Bueter, A. (forthcoming). Public epistemic trustworthiness and the integration of patients in psychiatric classification, *Synthese*, 1-19.

[33] Canguilhem, G. 1989. *The normal and the pathological*. New York: Zone Books.

[34] Carlson, N. R. 2010. *Physiology of behavior*. Boston: Allyn & Bacon.

[35] Carpenter, M., Pennington, B., and Rogers, S. 2002. Understanding of Others' Intentions in Children with Autism. *Journal of autism and developmental disorders*. 31, pp. 589-99.

[36] Charman, T. 1997. The relationship between joint attention and pretend play in autism. *Development and Psychopathology*, 9(1), pp. 1-16.

[37] Chevallier, C., Kohls, G., Troiani, V., Brodkin, E. S., and Schultz, R. T. 2012. The social motivation theory of autism. *Trends in cognitive sciences*, 16(4), pp. 231–239.

[38] Chikunda, C. 2012. „A Capability Approach: Its Potential for Transformative Education Research Focusing on Education for Sustainable Development and Gender Issues in Science Teacher Education.*Southern African Journal of Environmental Education*, 29, pp. 132-150.

[39] Claassen, R. & Düwell, M. 2013. The Foundations of Capability Theory: Comparing Nussbaum and Gewirth. *Ethic Theory Moral Prac*, Vol 16, pp. 493-510.

[40] Coady, C. A. J. 1992. *Testimony: A Philosophical Stud*y. Oxford University Press.

[41] Coady, C. A. J. 2006. “Pathologies of testimony”, in: Lackey, J. and Sosa, E. (eds.). *The Epistemology of Testimony*. Clarendon Press.

[42] Code, L. 1987. *Epistemic Responsibility*. Hanover: University Press of New England for Brown University Press.

[43] Cook, M., and Smith, J. M. C. 1975. The role of gaze in impression formation. *British Journal of Social and Clinical Psychology*,14, pp. 19–25.

[44] Cooper, R. 2007. Aristotelian accounts of disease: what are they good for?. *Philosophical Papers*, vol 36, no. 3, pp. 427-442.

[45] Corrigan, P. 2004. How Stigma Interferes with Mental Health Care. *The American psychologist*, 59, pp. 614-625.

[46] Corrigan, P. 2007. How Clinical Diagnosis Might Exacerbate the Stigma of Mental Illness. *Social Work*, Volume 52: 1, pp. 31–39.

[47] Corrigan, P. W., Druss, B. G., and Perlick, D. A. 2014. The Impact of Mental Illness Stigma on Seeking and Participating in Mental Health Care. *Psychological Science in the Public Interest*, *15*(2), pp. 37–70.

[48] Cosgrove L, Krimsky S, Vijayaraghavan M, Schneider L. 2006. Financial ties between DSM-IV panel members and the pharmaceutical industry. *Psychother Psychosom*, 75(3), pp. 154-160.

[49] Craig, E. 1990. *Knowledge and the State of Nature – An Essay in Conceptual Synthesis*, Oxford: Clarendon Press.

[50] Cureton, A. and Hill Jr. (eds.). 2018. *Disability in Practice: Attitudes, Policies, and Relationships*. Oxford: Oxford University Press.

[51] Dance, A. 2017. "Better beings?", *Nature Biotechnology* 35, pp. 1006–1011.

[52] Davies, S. (2018). *Why I hate Autism*; URL: http://www.thinkingautismguide.com/2018/07/why-i-do-not-hate-autism.html

[53] De Jaegher, H. 2013. Embodiment and sense-making in autism. *Frontiers in Integrative Neuroscience*, 7 (15), pp. 1–19.

[54] Dean, R. 2018. Neurodiversity and the Rejection of Cure. In Cureton, A., Hill, T. A. (eds), *Disability in Practice*, Engaging Philosophy, Oxford: Oxford University Press.

[55] DeFilippis M. 2018. Depression in Children and Adolescents with Autism Spectrum Disorder. *Children* (Basel, Switzerland), 5(9), 112.

[56] Dotson, K. 2011. Tracking Epistemic Violence, Tracking Practices of Silencing. *Hypatia* 26, pp. 236 – 256.

[57] Dotson, K. 2012. A Cautionary Tale: On Limiting Epistemic Oppression. *Frontiers* 3,1, pp. 24–47.

[58] Dotson, K. 2014. Conceptualizing Epistemic Oppression. *Social Epistemology*, 28:2, pp. 115-138,

[59] Draaisma D. 2009. Stereotypes of autism. *Philosophical transactions of the Royal Society of London. Series B, Biological sciences*, 364(1522), pp. 1475–1480.

[60] Drescher J. 2015. Out of DSM: Depathologizing Homosexuality. *Behavioral sciences*, *5*(4), pp. 565–575.

[61] Dummett, M. 1981. *Frege: The Philosophy of Language*, Second Edition, London: Duckworth.

[62] Epstein, S. 1996. *Impure science. Aids, activism, and the politics of knowledge*, Berkeley.

[63] Fricker, E. 1995. Telling and Trusting: Reductionism and Anti-Reductionism in the Epistemology of Testimony. *Mind* 104, pp. 393–411

[64] Fricker, M. 1998. Rational authority and social power: Towards a truly social epistemology. *Proceedings of the Aristotelian Society* 98 (2), pp. 159– 177.

[65] Fricker, M. 2006. Powerlessness and Social Interpretation. *Episteme: A Journal of Social Epistemology* 3, pp. 96 – 108.

[66] Fricker, M. 2007. *Epistemic Injustice: Power and the Ethics of Knowing*, Oxford University Press, Oxford.

[67] Fricker, M. 2015. Epistemic Contribution as a Central Human Capability. In: Hull, G., (ed.) *The Equal Society: Essays on Equality in Theory and Practice*. Lexington Books, Lanham, Maryland, pp. 73-90.

[68] Frith, U. 1989, 2003. *Autism: Explaining the enigma*. New York: Wiley.Blackwell.

[69] Frith, U. 2008. *Autism: A Very Short Introduction*, Oxford: Oxford University Press.

[70] Frith, U. 2006. Egocentrism, allocentrism, and Asperger syndrome. *Consciousness and Cognition* 14(4), pp. 719-3.

[71] Frith, U. and Happé, F. 1999. Theory of mind and self-consciousness: What it is like to be autistic?. *Mind and Language* 14 (1999) 1, pp. 1–22.

[72] Fuchs, T. and De Jaegher, H. 2009. Enactive intersubjectivity: Participatory sense-making and mutual incorporation. *Phenom Cogn Sci* 8, pp. 465–486.

[73] Fulford, K. W. M. 1989. *Moral Theory and Medical Practice*. Cambridge: Cambridge University Press.

[74] Fulford, K.W.M., Thornton T, and Graham G. 2006. T*he Oxford Textbook of Philosophy and Psychiatry*. Oxford: Oxford University Press.

[75] Gallagher, S. 2013. The socially extended mind. *Cognitive Systems Research*, 25–26, pp. 4–12.

[76] Gallagher, S., and Varga, S. 2015. Conceptual issues in autism spectrum disorders. *Current Opinion in Psychiatry*, 1.

[77] Gallese, V., Eagle, M., and Migone, P. 2007. Intentional Attunement: Mirror Neurons and the Neural Underpinnings of Interpersonal Relations. J*ournal of the American Psychoanalytic Association.* 55, pp. 131-76.

[78] Gaus, G. 1996. *Justificatory Liberalism. An Essay on Epistemology and Political Theory*. Oxford, Oxford University Press.

[79] Gaus, G. 2011. *The Order of Public Reason. A Theory of Freedom and Morality in a Diverse and Bounded World*. Cambridge, Cambridge University Press.

[80] Gernsbacher, M.A. 2017. Editorial Perspective: The Use of the Person-First Language in Scholarly Writing May Accentuate Stigma. *Journal of Child Psychology and Psychiatry* 58:7.

[81] Geurts, H., de Vries, M. and Bergh, S. 2014. Executive Functioning Theory and Autism. 10.1007/978-1-4614-8106-5_8.

[82] Giles, D. 2013. DSM-V is taking away our identity': The reaction of the online community to the proposed changes in the diagnosis of Asperger's disorder. *Health* 18:2.

[83] Glackin, S. N. 2016. Three Aristotelian accounts of disease and disability. *Journal of Applied Philosophy*, 33 (3), pp. 311–323.

[84] Goldman, A. 2010. Why social epistemology is real epistemology. In: Adrian Haddock, Alan Millar & Duncan Pritchard (eds.), *Social Epistemology*, Oxford University Press, pp. 1-29.

[85] Graham, P. J. 1997. What is Testimony?. *The Philosophical Quarterly* 47, pp. 227–232.

[86] Grandin, T. 2000. My Mind is a Web Browser: How People with Autism Think. *Cerebrum*, Vol. 2, No.1, pp. 14-22.

[87] Grandin, T. 2007. Autism from the Inside. *Educational Leadership*, Volume 64, 5, pp. 29-32.

[88] Grandin, T. 2013. *The Autistic Brain: Thinking Across Spectrum*. Boston, Houghton Mifflin Harcourt.

[89] Grandin,T. 2005. *Emergence: Labeled autistic. A true story*. Grand Central Publishing, New York.

[90] Griffin, E. and Pollak, D. 2009. Student experiences on neurodiversity in higher education: Insights from the BrainHe Project. *Dyslexia*, 15, pp. 23-41.

[91] Grodin, M, and Harlan L. 1997. Ethical issues in cochlear implant surgery: An exploration into disease, disability, and the best interests of the child. *Kennedy Institute of Ethics Journal* 7 (3), pp. 231–251.

[92] Hacking, I. 2009. Autistic autobiography. *Philosophical Transactions of the Royal Society B* 364, pp. 1467–1473.

[93] Happé, F. G. E. 1993. Communication and theory of mind in autism: A test of relevance theory. *Cognition., 48,* pp. 101–119.

[94] Happé, F.G.E. 1994. An advanced test of theory of mind: Understanding of story characters' thoughts and feelings by able autistic, mentally handicapped, and normal children and adults. *J Autism Dev Disord* 24, pp. 129–154.

[95] Happe, F. and Uta F. 1996. The Neuropsychology of Autism. *Brain* 119, pp. 1377–1400.

[96] Happé F. G. E. 1999. Autism: cognitive deficit or cognitive style?. *Trends Cogn Sci*.3(6), pp. 216-222.

[97] Happe´, F., Ronald, A. & Plomin, R. 2006. Time to give up on a single explanation for autism. *Nat. Neurosci*. 9, pp. 1218–1220.

[98] Happe´, F. G. E. & Booth, R. D. L. 2008. The power of the positive: revisiting weak central coherence in autism spectrum disorders. *Q. J. Exp. Psychol*. 61, pp. 50–63.

[99] Happé, F., and Frith, U. 2009. The beautiful otherness of the autistic mind. *Philosophical transactions of the Royal Society of London. Series B, Biological sciences*, 364(1522), pp. 1346–1350.

[100] Happé F. 2013. Weak Central Coherence. In: Volkmar F.R. (ed.) *Encyclopedia of Autism Spectrum Disorders*. Springer, New York, NY.

[101] Hardwig, J. 1985. Epistemic Dependence. *Journal of Philosophy*, 82. pp. 335-349.

[102] Haslanger, S. 2014. Studying while Black: Trust, Opportunity, and Disrespect. *Du Bois Review: Social Science Research on Race* 11 (1), pp. 109-136.

[103] Hens, K, Robeyns, I, Schaubroeck, K. 2019. The ethics of autism. *Philosophy Compass*. 2019; 14: e12559.

[104] Hermelin, B. 2001. *Bright splinters of the mind: A personal story of research with autistic savants*. London, England: Jessica Kingsley Publishers.

[105] Hewson, G. 2001. Letters to the Editor. The Guardian; reposted on “Autism: The Question of Cure” ; URL: neurodiversity.com. http://neurodiversity.com/cure.html

[106] Hill, E. and Frith,U. 2004. *Autism: mind and brain*. Oxford: Oxford University Press.

[107] Horwitz, A. V., and Wakefield, J. C. 2012. *All we have to fear: Psychiatry's transformation of natural anxieties into mental disorders.* Oxford University Press.

[108] Howlin, P., Goode, S., Hutton, J., and Rutter, M. 2009. Savant skills in autism: psychometric approaches and parental reports. *Philosophical transactions of the Royal Society of London. Series B, Biological sciences*, 364(1522), pp. 1359–1367.

[109] Hugenberg, K. and Sacco, D. 2008. Social Categorization and Stereotyping: How Social Categorization Biases Person Perception and Face Memory. *Social and Personality Psychology Compass*. 2, pp. 1052 - 1072.

[110] Hull, L., Petrides, K. V., Allison, C., Smith, P., Baron-Cohen, S., Lai, M. C., & Mandy, W. 2017. "Putting on My Best Normal": Social Camouflaging in Adults with Autism Spectrum Conditions. *Journal of autism and developmental disorders*, *47*(8), 2519–2534.

[111] Jaarsma, P. and Welin, S. 2011. Autism as a Natural Human Variation: Reflections on the Claims of the Neurodiversity Movement. *Health Care Analysis* 20: 1, pp. 20-30.

[112] Jaarsma, P. and Welin, S. 2013. “Human capabilities, mild autism, deafness and the morality of embryo selection. *Medicine, Health care and Philosophy*, (16), 4, pp. 817-824.

[113] James I. 2003. Singular scientists. *Journal of the Royal Society of Medicine*, 96(1), 36–39.

[114] Johnston, T. 2005. In One's Own Image: Ethics and the Reproduction of Deafness- *The Journal of Deaf Studies and Deaf Education*, Vol. 10: 4, pp. 426–441.

[115] Kanner L. 1943. Autistic Disturbances of Affective Contact. *Nervous Child* 2, pp. 217–50.

[116] Kapp, S. 2018. Social Support, Well-being, and Quality of Life Among Individuals on the Autism Spectrum. *Pediatrics 141* (Supplement 4), pp. S362-S368.

[117] Kapp, S. (ed.) 2020. *Autistic Community and the Neurodiversity Movement: Stories from the Frontline.* Palgrave Macmillan.

[118] Kapp, S., Gillespie-Lynch, K., Sherman, L., and Hutman, T. 2012. Deficit, Difference, or Both? Autism and Neurodiversity. *Developmental psychology*, 49.

[119] Kapp. S. and Ne'eman,A. 2012. *Asd in Dsm-5: What the Research Shows and Recommendations for Chang*e. Washington, DC, Autistic Self Advocacy Network.

[120] Kendell, R. E. 1975. The Concept of Disease and its Implications for Psychiatry. *British Journal of Psychiatry* 127, pp. 305–315.

[121] Kendell, R. E. 2002. The distinction between personality disorder and mental illness. *The British journal of psychiatry: the journal of mental science.* 180, pp. 110-5.

[122] Kendall, C. 2009. *The Asperger Syndrome survival guide: What you and your family need to know.* Solana Beach, CA: Visions Research.

[123] Kutchins, H., and Kirk, S. A. 1997. *Making us crazy: DSM : the psychiatric bible and the creation of mental disorders*. New York: Free Press.

[124] Lackey, J. 2006. The Nature of Testimony. *Pacific Philosophical Quarterly*. 87, pp. 177 - 197.

[125] Lackey, J. and Sosa, E. (eds.). 2006. *The Epistemology of Testimony*. Clarendon Press, Oxford.

[126] Lackey, J. 2008. The Nature of Testimony. In *Learning from Words: Testimony as a Source of Knowledge*. Oxford University Press.

[127] Lackey, J. 2011. Testimony: Acquiring Knowledge from Others. In: Alvin Goldman and Denise Whicomb (eds.). *Social Epistemology: An Anthology*. Oxford University Press, Oxford, pp. 71-91.

[128] Lai, M. C., Lombardo, M. V., Chakrabarti, B., Ruigrok, A. N., Bullmore, E. T., Suckling, J., Baron-Cohen, S. 2019. Neural self-representation in autistic women and association with ‘compensatory camouflaging. *Autism*, *23*(5), pp. 1210–1223.

[129] Lai, M. C., Lombardo, M.V., Chakrabarti, B., Baron-Cohen, S. 2013. Subgrouping the Autism ‘‘Spectrum’’: Reflections on DSM-5. *PLoS Biol* 11(4): e1001544.

[130] Lawrence, C. 2010. *Explaining Autism Spectrum Disorder*. Emerald Publishing: UK.

[131] Lekić Barunčić, K. 2019. Epistemic Injustice, Autism, and the Neurodiversity Movement. *Filozofska istraživanja*, 39, pp. 171-188.

[132] Lekić, K. 2019. Collective intentionality and autism: Against the exclusion of the “social misfits. *Filozofija i društvo*, 30, pp.135-148.

[133] Lekić Barunčić, K. 2020. Biological citizenship in the reliability democracy. *Filozofija i društvo,* 31, pp. 24-36.

[134] Lenroot, R.K., Yeung, P.K. 2013. Heterogeneity within Autism Spectrum Disorders: What have We Learned from Neuroimaging Studies?. *Front Hum Neurosci*. 7,733.

[135] Link, B. G. and Phelan, J.C. 2001. Conceptualizing stigma. *Annual Review of Sociology*. 27. pp. 363–385.

[136] López, B., Leekam, S. R., & Arts, G. R. J. 2008. How central is central coherence? Preliminary evidence on the link between conceptual and perceptual processing in children with autism. *Autism: The International Journal of Research and Practic*e, 12 (2), pp. 159–171.

[137] Lovaas, O., Koegel, R. and Schreibman, L. 1979. Stimulus overselectivity in autism: A review of research. *Psychological bulletin*. 86, pp. 1236-54.

[138] Luo, J. 2008. José Luis Bermúdez, Philosophy of Psychology: A Contemporary Introduction. In: *Routledge Contemporary Introduction to Philosophy Series. Minds and Machines*, Routledge.

[139] Malatesti, L. and Jurjako, M. 2016. Vrijednosti u psihijatriji i pojam mentalne bolesti. In: Prijić-Samaržija, S., Malatesti, L. and Baccarini, L. (eds). *Moralni, politički i epistemološki problem na društvene devijacije.* Rijeka: Filozofski fakultet u Rijeci, pp. 153-181.

[140] Maras, K, Mulcahy, S. and Crane, L. 2015. Editorial: Is autism linked to criminality?. *Autism*, vol. 19, no. 5, pp. 515- 516.

[141] Margolis, E., Samuels, R., Stich, S., and Goldman, A. 2012. Theory of Mind. In: *The Oxford Handbook of Philosophy of Cognitive Science*. Oxford University Press.

[142] Medina, J. 2011. The Relevance of Credibility Excess in a Proportional View of Epistemic Injustice: Differential Epistemic Authority and the Social Imaginary. *Social Epistemology*. 25:1, pp. 15-35.

[143] Medina, J. 2013. *The Epistemology of Resistance: Gender and Racial Oppression, Economic Injustice, and the Social Imagination*. Oxford: Oxford University Press.

[144] Megone, C. 1998. Aristotle's Function Argument and the Concept of Mental Illness- *Philosophy, Psychiatry, & Psychology* 3, pp.187–201.

[145] Megone, C. 2000. Mental Illness, Human Function and Values. *Philosophy, Psychiatry & Philosophy* 7, pp. 45–65.

[146] Meyerding, J. 1998. Thoughts on Finding Myself Differently Brained, URL: http://www.planetautism.com/jane/diff.html

[147] Michele Friedner & Pamela Block 2017. Deaf studies meets autistic studies. *The Senses and Society*. 12:3, pp. 282-300.

[148] Mills, C. 2007. White Ignorance. In Shannon Sullivan Nancy Tuana (ed.), *Race and Epistemologies of Ignorance*. State Univ of New York.

[149] Molloy, H. and Vasil, L. 2002. The Social Construction of Asperger Syndrome: The pathologising of difference?. *Disability & Society - DISABIL SOC*. 17, pp. 659-669.

[150] Mottron, L. 2001. *Enhanced perceptual functioning in the development of autism*. LEA Publisher: NJ.

[151] Mottron, L. 2011. Changing perceptions: The power of autism. *Nature*, 479 (7371), 33–35.

[152] Mundy, P., Sigman, M., Ungerer, J. and Sherman, T. 1986. Defining the Social Deficits of Autism. *Journal of Child Psychology and Psychiatry*, 27, pp. 657-669.

[153] Murphy, D., & Woolfolk, R.L. 2000. The Harmful Dysfunction Analysis of Mental Disorder. Philosophy. *Psychiatry, & Psychology* 7(4), pp. 241-252.

[154] Murray, S. 2008. *Representing Autism: Culture, Narrative, Fascination*. Liverpool University Press.

[155] Myers, P., Baron-Cohen, S., Wheelwright, S. 2004. *An exact mind: an artist with Asperger syndrome*. Jessica Kingsley Publisher, UK.

[156] Nasser, M. 1995. The rise and fall of anti-psychiatry. *Psychiatric Bulletin*, 19(12), pp. 743-746.

[157] Newen, A., De Bruin, L., Gallagher, S., Newen, A., Gallagher, S., & De Bruin, L. 2018. 4E Cognition: Historical Roots, Key Concepts, and Central Issues. In *The Oxford Handbook of 4E Cognition*. Oxford University Press.

[158] Newson, A. 2002. From Chance to Choice: Genetics and Justice. *Journal of Medical Ethics - J MED ETHICS*. 28, pp. 60-80.

[159] Nussbaum, M. 1976. The Text of Aristotle's De Motu Animalium. H*arvard Studies in Classical Philology*, 80, pp. 111-159.

[160] Nussbaum, C. M. 1992. Human functioning and social justice. In defense of Aristotelian essentialism. *Political Theory*, 20(2), pp. 202–246.

[161] Nussbaum, M. 1995. Aristotle on human nature and the foundations of ethics. In J. Altham & R. Harrison (eds.), *World, Mind, and Ethics: Essays on the Ethical Philosophy of Bernard Williams*. Cambridge: Cambridge University Press.

[162] Nussbaum, C. M. 2000. *Women and Human Development: The Capabilities Approach*. Cambridge: Cambridge University Press.

[163] Nussbaum, M. 2003. Capabilities as Central Entitlements: Sen and Social Justice. *Feminist Economics*, 9(2 – 3), pp. 33 – 59.

[164] Nussbaum, C. M. 2007. *Frontiers of Justice. Disability, Nationality, Species Membership*.

[165] Nussbaum, C. M. 2011. *Creating Capabilities: The Human Development Approach*. The Belknap Press: Harvard University.

[166] Oliver, M. 1981. A new model of the social work role in relation to disability. In J. Campling (ed.). *The handicapped person: A new perspective for social workers*. RADAR, London, pp. 19–32.

[167] Oliver, M. 2004. The social model in action: if I had a hammer. On C.Barnes and G.Mercer (eds). *Implementing the Social Model of Disability: theory and research*. The Disability Press, Leeds.

[168] Olkin, R. 1999. *What psychotherapists should know about disability.* Guilford Press.

[169] Ortega, F. 2009. The Cerebral Subject and the Challenge of Neurodiversity. *BioSocieties* 4-1, pp. 425–455.

[170] Ortega, F. 2015. The Cerebral Subject.and the Challenge of Neurodiversity. *BioSocieties*, 4 (4).

[171] Page, S. E. 2007. *The Difference: How the Power of Diversity Creates Better Groups, Firms, Schools, and Societies.* Princeton University Press.

[172] Petryna, A. 2002. *Life Exposed: Biological Citizens After Chernobyl* Princeton University Press.

[173] Petryna, A. 2004. Biological Citizenship: The Science and Politics of Chernobyl-Exposed Populations. OSIRIS, 19, pp. 250-265.

[174] Phelan, J.C., Lucas, J.W., Ridgeway, C.L., and Taylor, C.J. 2014. Stigma, status, and population health. *Soc Sci Med*. 2014;103. pp. 15-23.

[175] Prelock, P. and Wolf Nelson, N. 2012. Language and Communication in Autism: An Integrated View. *Pediatric Clinics*, Volume 59:1, pp. 129 – 145.

[176] Prijić-Samaržija, S. 2007. Evidencijalizam i povjerenje. *Filozofska istraživanja, 27* (3), pp. 671-683.

[177] Prijić-Samaržija, S. 2007a. Trust and Contextualism. *Acta Anal* 22, pp. 125–138.

[178] Prijić Samaržija, S. 2018. *Democracy and Truth: The Conflict between Political and Epistemic Virtues.* Milano, Udine: Mimesis International.

[179] Quora: "Do neurotypicals who do not know that you are autistic underestimate you a lot?" URL: https://www.quora.com/Do-neurotypicals-who-don%E2%80%99t-know-that-you-are-autistic-underestimate-you-a-lot

[180] Ramachandran, V. and Oberman, L. 2006. Broken Mirrors: A Theory of Autism. *Scientific American.* 295, pp. 62-9.

[181] Rawls, J. 1993/1996/2005. *Political Liberalism*. New York, Columbia University Press.

[182] Report from the European Commission Council, URL: https://www.eesc.europa.eu/hr/news-media/news/digitalisation-opportunity-unlock-potential-cognitive-minorities

[183] Riggs, W. 2003. Understanding ‘Virtue’ and the Virtue of Understanding. In: DePaul, M. and Zagzebski, L. (eds). *Intellectual Virtue: Perspectives from Ethics and Epistemology*, Oxford: Oxford University Press.

[184] Riggs, W. 2006. The Value Turn in Epistemology. In: Hendricks, V. and Pritchard, D. (eds). *New Wave in Epistemology*, Aldershot: Ashgate.

[185] Roberts, T., Krueger, J. and Glackin, S. 2019. Psychiatry Beyond the Brain; Externalism, Mental Health, and Autistic Spectrum Disorder. *Philosophy, Psychiatry & Psychology*. 26. E-51.

[186] Robeyns, I. M. A. 2016. Conceptualising Well-being for Autistic Persons. *Journal of Medical Ethics*, 42 (6), pp. 383-390.

[187] Rorty, R. 1989. *Contingency, Irony and Solidarity* Cambridge University Press.

[188] Rose, N. 2006. *The Politics of Life Itself: Biomedicine, Power, and Subjectivity in the Twenty-First Century*. Princeton.

[189] Rose, N. and Carlos N. 2004. Biological Citizenship. In: A. Ong/S. Collier (eds.). *Global Assemblages. Technology, Politics, and Ethics as Anthropological Problems*. Malden.

[190] Rubin, S. “Acceptance versus cure”, URL: http://edition.cnn.com/CNN/Programs/presents/shows/autism.world/notebooks/sue/notebook.html

[191] Runswick-Cole, K. 2014. “‘Us’ and ‘them’: the limits and possibilities of a ‘politics of neurodiversity’ in neoliberal times. *Disability & Society*, 29:7, pp. 1117-1129.

[192] Runswick-Cole, K., Mallet, R. and Timimi, S. (eds). 2016. *Re-thinking autism: Diagnosis, identity and equality*. London: Jessica Kingsley Publishers.

[193] Russell G. (2020). Critiques of the Neurodiversity Movement. In: Kapp S. (eds) *Autistic Community and the Neurodiversity Movement.* Palgrave Macmillan, Singapore.

[194] Sass, L. and Parnas, J. 2003. Schizophrenia, Consciousness, and the Self. *Schizophrenia bulletin*. 29, pp. 427-44.

[195] Savulescu, J. 2007. In Defense of Procreative Beneficence. *Journal of Medical Ethics*, 33(5), pp. 284-288.

[196] Savulescu, J. 2015. Procreative Beneficence: Why We Should Select the Best Children. *Bioethics*, 15, pp. 413-426.

[197] Savulescu, J. 2016. Genetic Interventions and the Ethics of Enhancement of Human Beings. *Gazeta de Antropologia*, 32, pp. 646-651.

[198] Savulescu, J. and Kahane, G. 2009. The Moral Obligation to Create Children with the Best Chance of the Best Life. *Bioethics*, 23(5), pp. 274-290.

[199] Schriber, R. A., Robins, R. W., & Solomon, M. 2014. Personality and self-insight in individuals with autism spectrum disorder. *Journal of personality and social psychology*, *106*(1), pp. 112–130.

[200] Sen A. 1987. *The Standard of Living*. (Hawthorne G). Cambridge: Cambridge University Press.

[201] Sequenzia, A. 2013. “It’s about respect”; URL: http://www.thinkingautismguide.com/2013/01/its-about-respect.html

[202] Shapin, S. 1998. Placing the view from nowhere: historical and sociological problems in the location of science. *Transactions of the Institute of British Geographers* NS 23: 1, pp. 5-12.

[203] Siegel, B. 1996. *The world of the autistic child: Understanding and treating autistic spectrum disorders*. New York: Oxford University Press.

[204] Sinclair, J. 2012. Don’t Mourn for Us. *Autonomy, the Critical Journal of Interdisciplinary Autism Studies* 1, pp. 1–4.

[205] Sinclair J. 2013. Personal essays. In: Eric Schopler and Gary B. Mesibov, (eds.). *High-Functioning Individuals with Autism*. Springer, Boston, 2013, pp. 292-299.

[206] Sinclair, J. in Ellermann, M. “Interview with Jim Sinclair”; URL: https://www.autism.se/RFA/uploads/nedladningsbara%20filer/Interview_with_Jim_Sinclair.pdf

[207] Singer, J. 1998. Odd People. In: *The Birth of Community Amongst People on the Autism Spectrum: A personal exploration of a New Social Movement based on Neurological Diversity*. Faculty of Humanities and Social Science University of Technology, Sydney.

[208] Greco, J. 1992. Virtue Epistemology. In: *A Companion to Epistemology*. Oxford: Blackwell.

[209] Greco, J. 1999. Agent Reliabilism. In: J. Tomberlin (ed.). *Philosophical Perspectives*. pp. 273-96.

[210] Greco, J. 2002. Virtues in Epistemology. In: P. Moser (ed.). *Oxford Handbook of Epistemology*. New York: Oxford University Press.

[211] Goldman, A. I. 2001. The Unity of the Epistemic Virtues. In: L. Zagzebski and A. Fairweather (eds.). *Virtue Epistemology: Essays on Epistemic Virtue and Responsibility*. Oxford: Oxford University Press, pp. 30-48.

[212] Sosa, E. 1980. The Raft and the Pyramid: Coherence versus Foundations in the Theory of Knowledge. *Midwest Studies in Philosophy* 5, pp. 3-25.

[213] Sosa, E. 1991. *Knowledge in Perspective: Selected Essays in Epistemology*. Cambridge: Cambridge University Press.

[214] Stein, D. J. 2008. T*he Philosophy of Psychopharmacology: Smart Pills, Happy Pills, Pep Pills.* Cambridge: Cambridge University Press.

[215] Stein, D. J., Phillips, K. A., Bolton, D., Fulford, K. W., Sadler, J. Z., and Kendler, K. S. 2010. What is a mental/psychiatric disorder? From DSM-IV to DSM-V. *Psychological medicine, 40*(11), pp. 1759–1765.

[216] Sullivan, S. and Tuana, N. 2007. *Race and Epistemologies of Ignorance*. SUNY Press.

[217] Swain, J. and French, S. 2000. Towards an affirmation model of disability. *Disability & Society* 15(4), pp. 569–582.

[218] Szasz, T. S. 1960. The Myth of Mental Illness. *American Psychologist* 15, pp.113–118.

[219] Szasz, T.S. 2000. Second Commentary on "Aristotle's Function Argument. *Philosophy, Psychiatry, & Psychology* 7(1), pp. 3-16.

[220] Szasz, T. S. 2007. *Coercion as Cure: A Critical History of Psychiatry*. New Brunswick, NJ: Transaction Publishers.

[221] Tager-Flusberg, H. and Joseph, R. 2003. Identifying neurocognitive phenotypes in autism. *Philosophical transactions of the Royal Society of London. Series B, Biological sciences*. 358, pp. 303-14.

[222] Thomas, D. and Woods, H. 2003. *Working with people with learning disabilities*. Jessica Kingsley Publishers, London.

[223] Thomson, R. G. 1997. *Extraordinary Bodies: Figuring Physical Disability in American Culture and Literature.* New York: Columbia University Press.

[224] Tisoncik L.A. 2020. Autistics.Org and Finding Our Voices as an Activist Movement. In: Kapp S. (ed). *Autistic Community and the Neurodiversity Movement*. Palgrave Macmillan, pp 65-76.

[225] Treweek, C., Wood, C., and Martin, J. 2018. Autistic people's perspectives on stereotypes: An interpretative phenomenological analysis. *Autism*. pp. 1362-3613.

[226] UPIAS, 1976. "Fundamental Principles of Disability", URL: https://disability-studies.leeds.ac.uk/wp-content/uploads/sites/40/library/UPIAS-fundamental-principles.pdf

[227] Varela, F. J., Thompson, E., and Rosch, E. 1991. *The embodied mind: Cognitive science and human experience*. The MIT Press.

[228] Vidal, F. 2008. Historical considerations on brain and self. In: *The Educated Brain: Essays in Neuroeducation*, pp.20-42.

[229] Vidal, F. and Ortega, F. 2017. *Being brains: Making the cerebral subject*. Fordham University Press.

[230] Volkmar F.R. and B. Reichow, 2002. Autism in DSM-5: Progress and Challenges. *Molecular Autism*, 4, pp. 1-6.

[231] Voren, R. van. 2009. Political Abuse of Psychiatry-An Historical Overview. *Schizophrenia Bulletin* 36, pp. 33–35.

[232] Wakefield, J. C. 1992. The Concept of Mental Disorder. On the Boundary Between Biological Facts and Social Values. *American Psychologist*, Vol. 47, No. 3, pp. 373-388.

[233] Wakefield J. C. 2007. The concept of mental disorder: diagnostic implications of the harmful dysfunction analysis. *World psychiatry: official journal of the World Psychiatric Association (WPA)*, 6(3), pp. 149–156.

[234] Wilkinson, S. 2000. Is 'Normal Grief' a Mental Disorder?. *The Philosophical Quarterly*, 50: pp. 290-304.

[235] Williams, S., Moore, K., Crossman, A. and Talwar, V. 2015. The role of executive functions and theory of mind in children's prosocial lie-telling. *Journal of experimental child psychology*, 141.

[236] Willis, J., and Todorov, A. 2006. First Impressions: Making Up Your Mind After a 100-Ms Exposure to a Face. *Psychological Science*, *17*(7), pp. 592–598.

[237] Willoughby, C. D. E. 2018. Running Away from Drapetomania: Samuel A. Cartwright, Medicine, and Race in the Antebellum South. *Journal of Southern History* 84, pp. 579–614.

[238] Wimmer, H., and Perner, J. 1983. Beliefs about beliefs: Representation and constraining function of wrong beliefs in young children's understanding of deception. *Cognition*, 13(1), pp. 103–128.

[239] Wing, L. 1981. Asperger's syndrome: A clinical account. *Psychological Medicine,* 11(1), pp. 115-129.

[240] Wolff, J. 2009. Cognitive disability in a society of equals. *Metaphilosophy*, 40 (3-4), pp. 402-415.

[241] Wolff, J. 2009a. Disability Among Equals. In: Kimberly Brownlee and Adam Cureton (eds). *Disability & Disadvantage*. Oxford: Oxford University Press.

[242] Wood, C. and Freeth, M. 2016. Students' Stereotypes of Autism. *Journal of Educational Issues*, 2 (2). pp. 131-140.

[243] Woods, R. 2017. Exploring how the social model of disability can be re-invigorated for autism: in response to Jonathan Levitt. *Disability & Society*, 32:7, pp. 1090-1095.

[244] Yirmiya, N., Sigman, M.D., Kasari, C., Kwon, H. 1992. Responses to the negative emotions of others by autistic, mentally retarded, and normal children. *Child Dev*. 1992;63(4), pp.796-807.

[245] Zagzebski, L. 2003. The Search of the Source of Epistemic Good. *Metaphilosophy*, 34, pp. 12-28.

[246] Zagzebski, L. 2004. Epistemic Value and the Primacy of What We Care About. *Philosophical Papers* 33, pp. 353-76.

[247] Zagzebski, L. 2006. The Admirable Life and the Desirable Life. In: Timothy Chappell (ed.) *Values and Virtues*. Oxford: Oxford University Press, pp. 53–66.