

thinking.). Perhaps Wilberg's position/text could be held up as a reference point with which to consider illness philosophically?

References

- Boss, M. (1983). *Existential Foundations of Medicine and Psychology*. Aronson.
- Foucault, M. (1974). *The Order of Things: An Archaeology of the Human Sciences*. Routledge.
- Fulford, K.W.M. (1989). *Moral Theory and Medical Practice*. Cambridge.
- Heidegger, M. (2001). *Zollikon Seminars*. Northwestern University Press.
- Kabat-Zinn, J. (2005). *Full Catastrophe Living*. Delta Trade Paperbacks.
- Szasz, T.S. (1974). *The Myth of Mental Illness*. Harper and Row.

Daren Messenger

Can the World Afford Autistic Spectrum Disorder? Nonverbal Communication, Asperger Syndrome and the Interbrain.

Digby Tantum (2009). London: Jessica Kingsley

Neurotypicals may dominate the social world, but people with autistic spectrum disorders rank amongst the great explorers of the untrammelled mind

(Tantum D, 2009).

Some... love solitude and the dark and living apart from mankind, others love spaciousness, light, and meadowy surroundings, and gardens rich in fruit and streams. Some love riding, listening to different sorts of music, or conversing with wise or amiable people... Some sleep too much, some weep, some laugh.

(Klibansky R, Panofsky E, Saxl F. 1964).

'*Can the World Afford Autistic Spectrum Disorder?*' is a fascinating existential volume, with numerous new concepts and terms that are most rewarding for both the curious reader, and the psychotherapist. The book comprises of an introduction, 8 chapters, 16 pages of notes, a 10 page reference list, a subject index and an author index. Initially, book was titled, '*Things unsaid*', to emphasise the importance of what language usually leaves out. The experience of belonging emotionally and spiritually to a social group, is often lacking with people with an ASD, and they may never actualize the state Heidegger calls '*fallenness*'. The author speaks of subliminal nonverbal communication, or the concept of the interbrain, and central coherence, which for autistic people is easily interrupted, or generally weak. Social cues are often nonverbal and people with an ASD have difficulty in interpreting this specific signalling system. This type of

communication shapes normal neurotypical social behaviour, and the evidence is, that it is chronically impaired for autistic patients.

Often a particular utterance will depend on the nonverbal linguistic communication that accompanies it. For instance, a smile will add a friendly emotional flavour, as the human face has become a specialised organ of expression and identity. On the telephone, voice prosody is the only channel of communication other than the speech itself. When people who are emotionally close are physically separated, for example at a crowded party, they may use frequent gaze at each other to indicate attachment. The legs and feet are one of the channels that specialize in communicating unposed, '*leaked*', messages. People with an ASD often have particular difficulty in many of these situations, as they simply may not recognize the nonverbal signs that other people make, due to a reduced population of mirror and canonical neurones. Reading the face of a person is not like reading the face of a watch. It's much more like reading the weather: chancy, easily influenced by wishful thinking, and is not rule bound. Transient expressions are a kind of micro-movement, with most people with an ASD being known for their honesty, using a submissive smile anxiously to show their lack of threat. Also, telling the unvarnished truth to other people, without using the universal practice of 'white' lying, or perhaps making a social faux pas, similar to people who may have been kept in complete social isolation. Patients with an ASD may lack the entrainment of the rhythm of those around them, not being able to coordinate their lifestyle accordingly.

Tantum brings out a special sort of automatic, non-intentional connectedness in this work, and coins a new term for it: the '*interbrain*'. So, an absent or uncertain interbrain connection is the fundamental impairment in an ASD, with patients often experiencing not just one difficulty, but several. Complications associated with decision making, or, '*dysexecutive syndrome*', is attributed to impaired development of the frontal lobes and is another neuropsychological explanation about autism. This condition may also be a consequence of an upbringing without emotional warmth or a loving relationship, a phenomenon known as 'attachment theory', with the parents of ASD sufferers thinking their child may be deaf as they fail to respond to their name being called, and they later fall away in joint attention. Deafness is a major disability for dialogue with others and so it is not so different from low bandwidth interbrain connections. Eventually some people with an ASD become embittered about their treatment by neurotypicals and may actually laugh at ill treatment or adversity of this kind, but this is rare. However, the inability to work and the need for support, along with other difficulties requiring intervention, amount to a life expenditure by parents and society generally of \$3.2 million for every person diagnosed in childhood with an autistic disorder. Although, due to the low rate of diagnosis half of people with an

ASD do not receive any autism specific help because they are not recognized as needing it. It is the breakdown in communication that leads to much of the distress, social impairment and expenditure associated with an ASD. There are five main consequences: being victimised and bullied, which brings catastrophic social deterioration; being marginalised; being out of touch with one's feelings; making an identity; and thinking differently.

People with an ASD almost always have repeated experiences of being misunderstood. They do not assume that other people will see their point of view, do not readily volunteer concerns. Any kind of emotional interaction might be seen as draining, so empathising, is a priority in the use of limited interbrain bandwidth. Socially appropriate behaviour might be seen like a dance, made up of steps explicitly learnt by imitation via such an interbrain connection. Indeed, many such patients are excellent mimics, reflecting another person's way of speaking, way of moving, and even their opinions, without any resistance from their own identity.

However, people with an ASD who are not connected to the interbrain at times are highly individual as often identity is conferred, or socially prescribed, so their particular lifestyle is not so constrained. These people don't take things for granted, asking original questions, testing assumptions and they can be considerable social value. Take for instance John Nash, *'the most remarkable mathematician of the second half of the 20th century...'*, who, *'met the criteria for Asperger's syndrome'*, and, *'clearly in adulthood schizophrenia supervened'*, (Arshad M. and Fitzgerald M, 2002). Occasionally, people with an ASD do go on to develop schizophrenia in adolescence, which illustrates the issue of co-morbidity in psychiatry.

Society often rewards the unemployed with more public money than autistic patients, who are phobic of public transport, unfamiliar situations, and have no independence. Measures to deal with bullying and its aftermath, counselling or mentoring, support into work, and flexible working, including schemes for working at home, might or result in a long-term saving or the indirect costs of disability and unemployment payouts. Bullying is a kind of abuse that is tolerated more than it should be because the bullies act on behalf the conservative forces that resist change. Injustice to one person puts justice for everyone at risk. Many people react by withdrawal, isolating themselves from the social mainstream, which leads to exclusion. Sometimes saying that someone with an ASD is disabled is an act of humanity, and sometimes it is in the interest of a person with an ASD to accept this status. Having said this *'neurodiversity'* will be of key importance for the future of humankind, and collaboration with machines may well require more people with ASD, not less. So clearly, society needs to be kept in mind of this kind of innocence, and perhaps it cannot afford to be without it. Maybe it's easier for people with an ASD to experience

themselves as individuals than neurotypicals, who shuffle along in time to the typical viruses of the interbrain. By identifying with a patient we can refresh our sense of being alone yet unique, that demonstrates true individual awareness, and the exploration of all the spiritual dimensions of human existence.

I consider this book to be definitely worthwhile, achieving its goal of exploring and clarifying the status of autistic spectrum disorder, and elucidating the theories and terminology surrounding this topic. The text is scholarly, most intelligible and interesting, very well referenced, and informs the existential practitioner in an admirably humane manner of all necessary dynamics. So, I can recommend this title to both the academic, and the interested public. This book is an authoritative, useful contribution to the study of ASD.

References

- Arshad, M. and Fitzgerald, M. (2002). Did Nobel Prize winner John Nash have Asperger's syndrome and schizophrenia? *Irish Psychiatrist*. Vol.3. Issue 3.pp.90-94.
- Klibansky, R., Panofsky, E. and Saxl, F. (1964). *Saturn and Melancholy: Studies in the History of Natural Philosophy Religion and Art*. London. Thomas Nelson.

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Publications received for review

The following publications have been received for possible review. People who wish to be included in the list of book reviewers for Existential Analysis for these or other publications are requested to e-mail the Book Reviews Editor Martin Adams at adamsmc@regents.ac.uk.

- Birtchnell, J. (2002). *Relating in Psychotherapy. The Application of a New Theory*. London: Brunner Routledge.
- Ellis M and O'Connor N *Questioning Identities: Philosophy in Psychoanalytic Practice* London: Karnac
- Frost N (ed) (2011) *Qualitative Research Methods in Psychology: Combining Core Approaches*. London: OU
- Giorgi A. (2000) *The Descriptive Phenomenological Method in Psychology: A Modified Husserlian Approach*. Pittsburg: Dusquesne
- Hedges F. (2010) *Reflexivity in Therapeutic Practice*. London: Palgrave
- Joseph, A. (2009). *An Inquiry into Sexual Difference in Ernesto Spinelli's Psychology: An Irigarayan Critique and Response to Ernesto Spinelli's Psychology*. Sarrbrucken: VDM.
- Lewin, N. (2010). *Jung on War, Politics and Nazi Germany: Exploring the Theory of Archetypes and the Collective Unconscious*. London: Karnac.