

# Neuroqueer rhetorics: Gazes, spaces, & relationships

**Content:** talk of eugenics, suicide, psychiatric abuse, gender conformity, and a hell a lot of microaggressions

## Part 1: Clinical gazes in queer spaces

I cannot remember the first time a therapist told me that I had a male brain. It was probably years ago, in a clinic, an otherwise benign reference to the non-benign things I spend my time on. Things like memorizing bus schedules, or listening to Electric Light Orchestra songs in alphabetical order. Things like repeating words over and over, because words are crisp and comforting when they echo in my brain, and don't I know that repetition and order and memorization are manly man things for manly man brains?

“You have a male brain,” the therapist explains. “That’s what autism does to you.” Or: “Autism makes you *think* you’re queer.” Or: “Autism is why you hate wearing dresses.” Or: “Autism is why you crush on Anne of Green Gables.” Or: “Your disorder reduces your capacity for empathy.”

It is hard to remember the first time that a therapist told me that I have a male brain. Moments abound beyond count — they hang in the air, queered but not really queered, stale and bothersome and just always there.

To say that autism is a politicized diagnosis would be an understatement. But autism is expressly political when we consider its construction as a disorder of not only *norm-breaking*, but *involuntary norm-breaking*. An autistic person subverts social norms not because she is critically savvy or activist-minded; rather, an autistic person subverts social norms because *there is something neurologically wrong with her* (or so the logic goes). Today, I’m concerned with how such a

framework results in the backdoor pathologization of queer commonplaces and identities. To be disabled and queer is to be redundant: How can one be queer if mental disability is reason for queerness? How can one claim queerness when it is rendered as not only a symptom — but *the neurological foundation* — of a disability that, per public desire, is demanding of cure?

It is almost commonplace now, when describing the people and the problems that autism encompasses, to cite the work of Simon Baron-Cohen. Among Baron-Cohen's contributions to autism studies is his 2003 book *The Essential Difference: Male and Female Brains and the Truth About Autism*. In this blood pressure-raising pop psych narrative, Baron-Cohen contends that autistic people have “extreme male brains” (and that people with borderline personality disorder have “extreme female brains”). Baron-Cohen's contention rests on a number of problemed hypotheses, ranging from conjectures about empathy vs. systematizing to studies on in-utero testosterone levels. But of most importance, I think, are the ways in which his body of work marginalizes disabled women and disabled people who identify as queer and/or non-binary. In a separate 2011 study with co-authors Rebecca Jones and others, Baron-Cohen suggests that trans\* autistics aren't really trans\*, but are rather victim-captives of a faulty neurology:

Girls with a higher than average number level of autistic traits tend to have male-typical interests, showing a preference for systems over emotions. They prefer not to socialise with typical girls because they have different interests, and because typical girls on average have more advanced social skills. Both of these factors may lead girls with a higher number of autistic traits to socialize with boys, to believe they have a boy's mind in a girl's body, and to attribute their unhappiness to being a girl. (U of Cambridge, 2011, n.p.)

In autismland, to be autistic is to be erased and made pathological. And yet, I don't want to linger or focus on Baron-Cohen. In many respects, he's a timely and worthy target, someone who deserves to be sicced by a posse of queer theorists. (Hint, hint.) But the queer import of autism doesn't begin or end with Baron-Cohen (much like it doesn't begin or end with autism). In fact, my prime argument here is

that autism's very beginnings — as a clinical category, as a locus of therapeutic intervention — is imbued in a fear of the queer. Autism as a category is highly intersectional, is implicated in myriad cultural panics ranging from eugenicist fears of reproduction to concerns about sex-role deviance, from moral objections to masturbation and fetishism to concerns about social propriety and the social horrors of cripples and queers having sex.

What autism signifies, then, across historical moment, is a site of intervention — a way of being that is profoundly queer and thereby, in the minds of researchers, necessitating treatment, recovery, and cure. Autism becomes means and motive for pathologizing any number of queer commonplaces (including, but not limited to, gesture, intent, invention, and style).

My own intervention, as it were, is to consider the ways in which the rhetoric of the *neuroqueer* has the potential to enable autistic people to recoup agency and definitional power in an otherwise pathological landscape. Here I am using *neuroqueer* in like fashion to queer autistic bloggers, including and especially my co-panelists. While neuroqueerness signifies *what doctors do to us*, it also represents a site of reclamation — to resist, as Robert McRuer describes, both compulsory able-bodiedness and compulsory heterosexuality. To claim a neuroqueer identity is to claim an intersectional politics, to theorize one's neurotype in the manner one would apprehend hir sexuality and/or gender identity. What of the spaces between us? What of our relations? What of the ga(y)ze?

And yet, in order to embrace these sites of reclamation, it's likewise important to attend to the competing histories, many of them painful, so that we might better direct our own neuroqueer futures. In this narrative, then, I am neuroqueering my history, and, more largely, the history of my people(s). Consider this, then, my queered remapping of autismland.

In the spirit of Alicia Broderick's work on autism and the rhetoric of behaviorism, I'd like to offer two watershed moments that, I believe, paved the way for conceptual confluences of autism and queerness, conceptions that, indeed, signify

autism as a variant of neuroqueerness. Given time constraints, I am unable to do full justice to these moments, and I am likewise omitting great swaths of history in my compilation of this neuroqueered narrative. Nonetheless, I offer the following two vignettes to illustrate how deeply, rhetorically, and ideologically imbricated autism is in non-queer discourse on queers.

As a clinical marker, autism is relatively nascent. Its emergence in psychiatric literature dates to the 1920s, but the earliest sustained case studies didn't transpire until World War II and the immediate postwar years, with studies led by Leo Kanner, Hans Asperger, Bruno Bettelheim, and others. As important as these studies are to constructions of autistic neuroqueerness, eugenicist histories and their focus on eliminating both “feeble-minded” and racialized bodies predate autism by a number of decades (Dolmage, 2014). Even though the constellation of symptoms and traits we now know as autism were not *named* autism until the 1930s, autism is haunted by broader narratives of racial cleansing, as well as narratives concerned with eradicating intellectual and psychiatric disability. In the late 1800s, as social darwinism and eugenicist advocacy impelled forward, physicians sought not only to prevent “imbeciles and idiots” from reproducing — they sought to quell any and all sexual and homoerotic activity.

Objections to masturbation and homosexuality arose from their purported “ick” factor, but physicians at the time also contended that masturbation and homosexuality were *the direct cause* of mental disability (Kellogg, 1928; Sillin, 1995; Woodill, 1992). In our contemporary moment, one that swells abuzz with the activity of neuroscientific rigor and fMRI machines, the autism-queer connection suggests autism as a neurophysiological trigger for queerness (all postulated around hormonal imbalances, white matter discrepancies, and impaired theory of mind modules). Conversely, through the early 20<sup>th</sup> century, a moralistic approach to sexuality claimed the reverse — that aberrant sexual activity was the root cause of cognitive difference. (And so, the age-old question for autistic queers: Which came first — the autism or the gay?) In the U.S., Samuel Gridley Howe represented one such gay-brain theorist; John Harvey Kellogg<sup>1</sup> represented another (and, among

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<sup>1</sup> The conference center in which we sit was funded by the W.K. Kellogg Foundation. Will Keith was

other things, co-developed Corn Flakes as a cure-all for masturbation in the asylum, and also mutilated the genitalia of his patients) (Howe, 1848; Kellogg, 1881; Rofes, 2005, p. 60; Woodill, 1992).

I here want to fast-forward several decades, to 1974, a second watershed moment. In the interim time period, autism was born and blamed on the coldness of so-called “refrigerator mothers.” But as studies on autistic-imbued queerness were just beginning to ramp up, studies on effeminate, non-autistic boys were already well underway. One iconic (and horrific) piece of queer history is shared by a contemporary autistic reality — that of Applied Behavior Analysis.

What is in 2014 considered the “gold standard autism therapy” (see Autism Speaks website) was in 1974 the therapy used to train out the queer in transsexual, effeminate, and homosexual boys. You may recall the study by George Rekers and Ole Ivar Lovaas, which featured a four-year-old boy named Kraig who cross-dressed and displayed “pronounced feminine mannerisms, gestures, and gait, as well as exaggerated feminine inflection and feminine content of speech” (p. 174). Rekers, now a prominent gay conversion advocate (one recently in the news for picking up a male escort), chronicled the process by which Kraig’s effeminate behaviors were punished — variously by abuse from his father and silent treatment from his mother — and his masculine behaviors were rewarded (with praise and toys). In our present-day moment, we now know Kraig to be Kirk Murphy, who committed suicide at the age of 38. And, in our present-day moment, (most) mainstream psychiatry refuses to support the use of behavioral analysis as a mechanism for exorcising queerness.

And yet — when autism enters the mix, ABA as queer cure-all resumes, posed as a methodology that recoups normalcy for the abnormally brained. In the autistic community there has emerged a distinctive ex-ABA movement, one led by autistics and parents alike. ABA survivors speak of hours-long sessions spent on inculcating compliance, assent, and normalized gender roles, hours spent in discrete trials that

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John Harvey’s brother and partner in cereal-production and distribution at the Battle Creek Sanitarium.

reinforce stereotypical and heteronormative behaviors.

ABA and the 19th-century asylum are but two moments among many in neuroqueer history. But these moments remain iconic, for they reify heterocentric conceptions of gender and sexuality, while concurrently assuming that autistics are fundamentally, deviantly, and neurologically queer. These moments are also historically pervasive, feeding both accepted medical practice and pseudo-scientific approaches toward recovery and cure. Today's common practices include forced medication, ranging from sterilization to heavy sedation. For instance, one of the antidepressants I took for years, mirtazapine, has only been studied in autistic populations for its potential to stop masturbation and fetishism (Albertini et al., 2006; Coskun & Mukaddes, 2008; Coskun et al., 2009; Nguyen & Murphy, 2001; Posey et al., 2001). Another drug, Lupron, a chemical castration drug developed for sex offenders, has been used by “doctor” Mark Geier to control the aggression and sexual expression of autistic teens.

And yet, these rhetorical webs of autism and queerness are not just notable for their horrors. They invoke all of the tough, meaty questions that any kind of intersectionality demands. How do we account for where queerness begins and disability ends? It may well be that I am only queer because my neurological disability predisposes me to queerness. But does that *matter*? What are the consequences of saying that I'm queer *because* I'm autistic — or, conversely, that I'm autistic *because* I'm queer?

Or, to step back even further: How do we theorize the neurologically queer? Even though my focus here is on autism, in many respects, this isn't a paper on autism at all. Madness and mental disability are inextricable from queer histories. In what ways are categories like *OCD* or *bipolar disorder* shaped and controlled by the heterocentric residue of the psychiatric establishment? What ethical lapses surface when we take on the task of teasing out the multiply identified, when we assert causality, when we find new and inventive ways of re-marginalizing the marginalized, all in the name of scholarly pursuit?

## Part 2: Nipple play

I began this narrative in a clinic. I will not end there. I think I will end in a field. A field filled with pinwheels. I will stim in this field, hands wrenching, full and swaying body movements, words that are cool and crisp, like *pulchritudinous*, all echo-localized, parallelism is repetition but repetition isn't always parallel, pinwheels, pinwheels, pinwheels.

I am lately working on a book project, a book project about the neurologically queer and how we crip rhetorical traditions. In support of my book project, I've had to read a great deal of psychiatric literature, the kind of literature that beholds the mentally disabled as though they are ants writhing beneath a magnifying glass. The gaze, the psychoanalytic gaze: autistics are insects, and we will break their appendages one by one. Ivar Lovaas constructs his shock room in the late 1950s. He lines the floor with electrodes. He sends in a child patient, a child patient with a flappy, swaying, stimming body. He flips a switch. The child convulses. She learns her lesson, until she stims again, until she finds her neuroqueer self brooding and spinning in clinical spaces with shocking gazes.

Frances Tustin in 1972 declares that the nipple is an autistic object. I first read Tustin while in the field, my hands flapping, fingers tangled in rubber bands. The nipple is an autistic object, she writes. Five years earlier, Bruno Bettelheim analyzed drawings from his "feeble-minded" child patients, in search of nipples. Nipples he found. Nipples, and breasts, black breasts and white breasts, racialized interpretations of autistic drawings, nipples, finger paintings plentiful in nipples, oh, the rhetoricity of the nipple.

I am stimming as I read these things, clinicians and their autistic objects. Tustin suggests that stimming, that autistic gesture writ large, is a kind of psychogenic nipple play: Autistics are always searching for breasts, for that which they supposedly lost. Breasts are to autistics as car keys are to neurotypicals. I imagine Tustin rummaging through a pocketful of breasts, a fruitless search. I look at the

dust jacket on my book, where a reviewer in 1995 notes that Tustin's work is still relevant "today." How long must we dwell in "today"?

1967. Bertram Rutenberg and Enid Wolf declare that echolalia — the repetition of words — is a kind of autistic autoeroticism (or, is *autistic autoeroticism* redundant?). *Nipple*, I mutter to myself. *Nipple, nipple, nipple*. I think about arousal and the so-called prison that is autism, a prison so-called by breast-obsessed shrinks and the proteges of B.F. Skinner. I think about rhetorical arousal, erotic rhetorics, autistic eros. I wonder about the nipple as an autistic placeholder: the meaning in movement, the queering of pinwheels in a field, where autistic objects of all sorts commune.

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