UNSTRANGE MINDS: REMAPPING
THE WORLD OF AUTISM


Perhaps nowhere in medicine is it more apparent than in the world of psychiatry that illness cannot exist outside culture. How a person perceives a symptom and how a society defines a disorder determine whether a physician ever makes a diagnosis and attempts a treatment.

It is this premise that Roy Richard Grinker, an anthropologist and the father of an autistic child, uses as a starting point to illuminate the history and current state of autism, a genetic and developmental disorder, in Unstrange Minds. He leads the reader across cultures and continents but observes that even when the diagnostic definitions of autism vary, the challenges and devastation for patients and their families are often the same.

Grinker begins by walking the reader through his daughter Isabel’s early symptoms and life in Washington, D.C. Like so many parents, Grinker and his wife realized that Isabel was different only when they had another child. Her inability to communicate or make friends, her use of repetitive speech, and her unusual preoccupations all added up to the diagnosis of autism in 1994. The Grinkers then faced the struggles and stigma familiar to any family of a child with a psychiatric or developmental disorder.

Autism is now reported in 60 of 10,000 live births. Psychiatrists in the United States can refer to the Diagnostic and Statistical Manual of Mental Disorders, fourth edition, for the clear criteria, which have been continually broadened, for the autism spectrum syndrome. But there is still no specific laboratory test or radiographic evidence for this psychological paradox, first identified in 1943 by Leo Kanner, that causes children to crave repetition, to appear unable to interact with others, and to be overly sensitive to sights, sounds, and smells. Clinically, symptoms can vary, and the disorder resists consistent recognition even within cultures. According to Grinker, some cultures do not identify autism as a pathology. Autistic children in Senegal, for example, are referred to as “marvelous children.” The Navajo Indians regard children with autistic symptoms as “perpetual children.” In South Korea, a child with classic symptoms of autism is thought to be “more pure than others and closer to God,” and beliefs about autism differ substantially between peoples in Africa and India.

Ultimately, it is through a historical account of psychiatry that the author illuminates the origins of autism and attempts to explain how it changed from an invisible illness to what many now consider an epidemic. Autism increased in prevalence from 1 in every 3000 births in the mid-1990s to as high as 1 in every 150 births today. But is there an autism epidemic? Grinker and others think not. The rise in diagnoses may be due mostly to the broadening of the diagnostic criteria, increased awareness among parents and the media, skilled teachers and astute physicians, aggressive epidemiologic methods, and the mere fact that autism is a relatively new disorder. Better methods of diagnosis and of counting those who are affected have swollen the numbers but do not represent a true rise in incidence. Grinker also posits other factors that contribute to an increase in diagnoses of autism — namely, insurance incentives and research dollars.

Fortunately, these marvelous children — once labeled idiots, imbeciles, and feebleminded — are benefiting from early diagnosis as well as from progressive parents, practitioners, and educational methods and interventions that offer assistance. In his book, Grinker reveals that his daughter, now a teenager, has become a cellist, an artist, and a loving sister.

This book was written for professionals who want to appreciate the history and epidemiology of autism and learn why we should continue to look for environmental links to the disorder, although the author believes we are unlikely to find any. It is also written for parents of autistic children who want to learn from personal, cross-cultural stories and gain insight into valuable information about interventions and educational
settings, as well as for the curious person who wants to reflect on cultural influences on the disease and understand the growing phenomenon of autism. All these people will be enlightened after reading this book, which was thoughtfully written by a father and scientist trying to understand his daughter and illuminate her disorder.

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THE MARK OF SHAME: STIGMA OF MENTAL ILLNESS AND AN AGENDA FOR CHANGE


Stephen Hinshaw’s book will be of interest to readers well beyond the fields of psychology and psychiatry. He begins with a critical analysis of concepts and deftly summarizes the major schools of thought regarding what mental illness is, removing the comfort zone created by the hegemony of our academic departments, disciplines, and personal beliefs. He shows clearly that although many models of mental illness can help us understand various aspects of psychopathology and treatment, no extant model — nor, perhaps, any conceivable model — can fully explain what mental illness is or what it means.

The most exciting and engrossing part of this book is the detailed historical analysis of popular and medical thought regarding mental illness. Hinshaw analyzes how beliefs about mental illness held by medical practitioners and religious leaders in different parts of the world and at different points in history have influenced persons suffering from mental illnesses and have contributed to their stigmas. Since this is a historical account, only severe mental illnesses — severe depression and psychoses, including mania — are addressed. The more common and less severe mental illnesses generally were not recognized until the 20th century. Hinshaw points out some intriguing contradictions in the conception and treatment of mental illness; for example, the idea that treatments we would now describe as torture were used effectively to treat psychosis seems at odds with the belief that psychiatric illnesses have physical causes.

Institutionalization receives extensive attention in this book. It is easy for the reader to think about the rise and fall of institutionalization during the 20th century, but in fact, institutionalization has been waxing and waning throughout history. The influence of institutionalization on stigma has been profound. When institutions look like prisons and when patients are treated as though they are prisoners, the sense that people with mental illnesses are dangerous is reinforced. When entry fees are charged to the public to watch the antics of the patients, the sense of otherness, strangeness, and depravity is increased. It is little wonder that closing institutions and leaving the inhabitants to their own devices is frightening to the public at large.

Hinshaw discusses various approaches to fighting stigmas, including past successes and failures and the best hopes for future work. He includes some intriguing case studies, such as a stigma-reduction campaign in Canada that actually increased the stigma in the intervention town when rumors circulated that the researchers intended to build a large psychiatric facility in the vicinity. Hinshaw points out that facilitating contact with mentally ill persons has been successful in reduc-