Is autism a mental disorder?

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Abstract: The supporters of the neurodiversity movement contend that autism is not a mental disorder, but rather a natural human variation. In a recent paper Jerome Wakefield, David Wasserman and Jordan Conrad argued against this view relying on Wakefield's harmful dysfunction theory of mental disorder (the HD theory). I argue that their arguments against those of the neurodiversity movement are plausible, but that their claim that high functioning autism in general is not a disorder is not well supported and probably false. I argue, in fact, that the disorder status of those with high functioning autism should be judged on a case-by-case basis, depending on the harmfulness of the condition. In this regard, I argue that the list of basic psychological capacities provided by George Graham provides an adequate conceptualization of harm to extend the coarse-grained conception of harm in Wakefield's traditional formulation of HD. Moreover, this offers an appropriate tool for a case-by-case assessment of psychiatric relevant harm.

Keywords: Mental disorder; Autism; Neurodiversity movement; Social model of disability; Harmful dysfunction (HD); harm in psychiatry; basic psychological abilities

1. Introduction

Since Leo Kanner (1943) has introduced the notion, autism has been raising many controversies and questions, as the one whether it is a mental disorder (Wakefield, Wasserman and Conrad 2020). The disorder status of autism is relevant for determining treatment and other social

responses to this condition as, for instance, the criminal responsibility of autistic offenders, because most legal systems have the mental disorder requirement to be exculpated from criminal responsibility (Malatesti, Jurjako and Meynen 2020).[1] While the medical view is that autism is a mental disorder (Cushing 2018), the proponents of the neurodiversity movement dissent (Blume 1998; Meyerding 2014; Sinclair 1993; Armstrong 2015; Chapman 2019; Jaarsma and Welin 2012; Ortega 2009). Some philosophers have reacted to the argument of these advocates of neurodiversity (Lekić Barunčić 2019; Hughes 2021). Differently from these latter authors, Jerome Wakefield, David Wasserman and Jordan Conrad's (2020) have further engaged with the challenge of grounding their criticism of the argument of neurodiversity movement on an explicit account of mental disorder. This is Wakefield's influential harmful dysfunction analysis of mental disorder (HD for short) (Wakefield 1992; 2007; 2014).

The aim of this paper is to discuss Wakefield et al. (2020) criticism of the arguments advanced by the advocates of neurodiversity who deny that autism is a mental disorder. I argue that HD is a satisfactory account of mental disorder that overcome several difficulties of antagonist accounts. Although I agree with Wakefield et al.'s rebuttal of the arguments by the proponents of the neurodiversity movement, I question their claim that high functioning autism is most likely not a disorder. I argue that a general conclusion on this matter cannot be decided in advance for all cases. Rather, it should be decided on a case-by-case basis depending on how much high-functioning autists can be harmed by their condition. Given this conclusion, I argue that the harm component of Wakefield´s account is too coarse-grained to support such decisions, and thus it should be better elaborated. I contend that the list of basic psychological capacities offered by George Graham (2010) is an appropriate framework for such a case-by-case assessment of harm that is relevant for mental disorder. Moreover, I think that Graham´s conceptualization of harm offers furthers grounds for refuting skepticism about the mental disorder status of autism. I also explain how a distinction between an objective, that is universal, and a subjective, that is contextual, notion of harm is important in this regard.

[1] It is important to clarify issues regarding the terminology which refers to persons with autism in this paper. I will use identity-first language (i.e., "autists") instead of person-first language (i.e., "persons with autism"). By doing so I have no intention to violate their dignity as persons. As it will be mentioned later in the discussion of neurodiversity movement, many autists think about autism as a part of their identity which they are proud of and they prefer identity-first language (Brown 2013). Furthermore, according to studies, usage of person-first language increases stigmatization (Gernsbacher 2017).

In the paper, I proceed as follows. I first present the conceptualization of autism spectrum disorder in the fifth edition of the *Diagnostic Statistical Manual* (from now on DSM-5, American Psychiatric Association, APA, 2013). Then I move on to present the claims of the supporters of the neurodiversity movement. I contend that a proper evaluation of their arguments should be based on the backdrop of a general account of mental disorder. Thus, we must engage with the central debate in philosophy of psychiatry concerning the definition of the concept of mental disorder. The key problem in this debate is how to determine when certain mental states, behaviors or personality traits represent a symptom of mental disorder. I opt for Wakefield's harmful dysfunction analysis. After that I apply the HD view to the case of autism. Finally, I go on to show how this account can be extended by means of Graham's account of the basic psychological capacities to address the issue of the disorder status of the conditions of individuals in the autistic spectrum.

2. Autism in DSM

According to the fifth edition of the *Diagnostic Statistical Manual* (from now on DSM-5), autism spectrum disorder is a neurodevelopmental disorder characterized by a lack of empathy, deficit in verbal and nonverbal communication, difficulties in understanding and maintaining human relationships, limited range of interests, repetitive behavior and problems in adjusting behavior to different circumstances and changes (APA 2013: 299.00; F84.0). Symptoms are divided into two categories: (1) Social Communication and (2) Restricted and Repetitive Behaviors. DSM differentiates three levels of symptoms severity: level 1 ("Requiring support"), level 2 ("Requiring substantial support") and level 3 ("Requiring very substantial support"). These levels represent environmental alterations necessary for normal everyday living.

Level 1 includes autists who live independently and have a satisfactory quality of life despite problems in social communication and struggles adapting to changes (e.g., starting and proceeding with conversation and lower interest in social interaction). These obstacles require behavioral therapy. Level 2 encompasses autists with social impairments, decreased verbal and nonverbal communication abilities and slight behavioral inflexibility (e.g., difficulties in dealing with changes, limited interest and lower reactivity to social cues). They need assistance and therapy to achieve good quality of life. Level 3 covers autists with minimal social interactions which

mostly lack the ability to speak. They have significant problems in everyday functioning and adapting to environmental changes.

In previous versions of DSM, the terms *Asperger syndrome* and *Pervasive Developmental Disorders – Not Otherwise Specified* were used to mark autism of level 1 and *Rett syndrome* and *Childhood disintegrative disorders* to mark autism of level 3.

From this it can be noticed that autism is a heterogeneous disorder, including people with severe learning and verbal impairments as well as high-functioning ones with average or outstanding IQ and mild autistic traits. There are many differences between autistic individuals and every autist is specific.

In the next section I will provide a short overview of the disability theory which is relevant for understanding the arguments advanced by the neurodiversity movement supporters.

3. The neurodiversity movement against the medicalization of autism

From the medical perspective embedded in DSM-5, autism is a mental disorder. However, proponents of the neurodiversity movement oppose such a view. According to the claims of many autists (Blume 1998; Meyerding 2014; Sinclair 1993) and academics (Armstrong 2015; Chapman 2019; Jaarsma and Welin 2012; Ortega 2009), autism involves a normal human variation in brain functioning. Many of the claims endorsed by the neurodiversity movement are based on the backdrop of the social model of disability. Thus, in what follows I will supply an overview of the main claims underlining the social model of disability.

Authoritative publications on disability distinguish between impairment and disability. On the one hand, impairments are seen as "problems in body function or structure such as a significant deviation or loss" (World Health Organization 2001, 10). On the other hand, in various documents such as the *International Classification of Functioning, Disability and Health,* the U.N. *Standard Rules on the Equalization of Opportunities for People with Disabilities*, the *Disability Discrimination Act* (U.K.), and the *Americans with Disabilities Act* (U.S.), disability is construed as "(1) a physical or mental characteristic labeled or perceived as an impairment or dysfunction … and (2) some personal or social limitation associated with that impairment" (Wasserman et al. 2016).

There are two principal perspectives on disability: the medical and the social model. According to the medical model, exclusively a physical or mental incapacity of persons themselves causes barriers which imposes limitations on their daily functioning. In contrast, the social model emphasizes the society's role in limiting daily functioning of persons considered to have a disability because of inappropriate environment and social organization (Wasserman et al. 2016). For example, according to the social model, it is not bodily or physical impairments which makes most buildings in Rijeka inaccessible for wheelchair users, but the absence of ramps and elevators.

Some of the claims made by the supporters of the neurodiversity movement are also related to claims made by the supporters of movements for civil rights, such as the movement for LGBT rights as well as with the antipsychiatry movement. Both the neurodiversity and antipsychiatry movement agree that psychiatry is often used as a means of oppression of people whose behavior does not fit with the prevailing social norms and values. However, in contrast to the antipsychiatry movement, the neurodiversity moment does not contest psychiatry in general, as it usually acknowledges that severe autism should be treated and thus considered a mental disorder (for discussion, see Graby 2015).

Finally, it should be noted that the neurodiversity movement is a social movement aiming to change policies toward autists, rather than a well-articulated philosophical position in the debate whether autism is a disorder. However, before examining the claims of the supporters of neurodiversity we need a general framework within which we might evaluate them. Relevant for our context is the framework that can help us to decide whether a condition is a mental disorder. Thus, in what follows, I turn to this issue.

4. An account of mental disorder

Accounts of mental disorder are usually classified into three categories: naturalism, normativism and hybrid accounts (Kingma 2013; Malatesti and Jurjako 2016; Radden 2019). According to naturalist accounts, mental disorder should be defined exclusively in terms of biological dysfunction (e.g., dysfunction in a neural or psychological mechanism). In contrast to naturalists, normativists contend that mental disorders involve deviations from social, epistemic, legal and moral norms. Hybrid theories construe mental disorders as involving both naturalistic (e.g.,

dysfunctions in some physical or psychological systems) and normative components, such as harm, that refer to deviations from societal standards.

The plausibility of naturalism lies in the fact that the history of science suggests that science has provided us with successful explanations, predictions, and treatments of various medical conditions (Malatesti and Jurjako 2016, 154). For example, the discoveries of Robert Koch and Louis Pasteur in the middle of the 19th century of microorganisms that cause illnesses have been a turning point in medicine, because they showed that biological or chemical description of the causes enables the development of successful drugs and treatment of illnesses (Malatesti and Jurjako 2016, 155).

However, naturalistic criteria are not sufficient to determine the disorder status because, although some condition, such as homosexuality, might be biologically dysfunctional, we will not consider it as disorder, unless it is harmful for the subject or the society. Thus, it appears that mental disorders cannot be defined exclusively in naturalistic terms (Malatesti and Jurjako 2016, 163). Therefore, a reference to norms and values in the definitions of mental disorders cannot be avoided. Here comes normativism which acknowledges the fact that the concept of mental disorder is value-laden and susceptible to social, moral, legal, and epistemic norms. Thus, normativists are right in claiming that many conditions which are considered to be disorders are not so, such as homosexuality, because they are not harmful.

But purely normative accounts are problematic, insofar they might imply skepticism about the existence of mental disorder of the type advocated by Thomas Szasz (see, for instance, Szasz 1960). Szasz argued that mental disorders are deviations from social, moral, and epistemic norms and as such they are not real disorders. According to him, real disorders are deviations from the norms of the anatomy and physiology of human body, which are objective. Consequently, if mental disorders are not objective disorders of the brain, then they do not exist. At most they could be considered as problems of living. Take the example of drapetomania which was "discovered" by Samuel Adolphus Cartwright (1851), and which allegedly caused Afro-American slaves to run away from slaveholders. It is obvious that drapetomania is not a mental disorder. At most, it presents a deviation from norms and values which are contingent and grounded on the limited perspective of slaveholders and supporters of slavery. Thus, normativist criteria alone are also not satisfactory, but we also need some criteria that can guarantee the objectivity of mental disorders

and enable us to distinguish them from problems of living. These considerations altogether bring me to the conclusion that a hybrid approach to mental disorders should be adopted.

I advocate the account of mental disorder offered by Jerome Wakefield (see, for instance, 1992; 2007; 2014), which is summarized in the following oft-cited quote:

> A condition is a disorder if and only if (a) the condition causes some harm or deprivation of benefit to the person as judged by the standards of the person's culture (the value criterion), and (b) the condition results from the inability of some internal mechanism to perform its natural function, wherein natural function is an effect that is part of the evolutionary explanation of the existence and structure of the mechanism (the explanatory criterion). (Wakefield 1992, 384).

Wakefield uses in his account a view of natural function inspired by Larry Wright (1973). According to this latter theory, the natural function of some system is determined by its evolutionary history, i.e., by natural selection, which "designed" this system to perform a particular function. For example, the function of heart is to pump blood because the organisms that had hearts outlived those that did not have it.

Wakefield thinks that it is necessary that some condition is both harmful and caused by a dysfunctional physical or psychological mechanism. I will give two examples which illustrate the value and explanatory component. Even if there is a dysfunction in the case of homosexuality, this condition is not a disorder because it is not harmful for individuals who have it. In the case of the antisocial personality disorder (ASPD), a person with ASPD is harmed because their behavior often gets them into trouble for which they spend much time in prison, but such a condition would not be a disorder unless we were able to show that it is caused by a psychological or biological dysfunction.

There are two reasons why Wakefield's account is preferable to alternative ones. The first one is its explicit inclusion of the notion of harm, which I take to be indispensable for thinking about the nature of disorder. I think that it is uncontestable that the main role of medicine (but not the only one) is to cure or treat disorders. But if some condition is not harmful there is *prima facie* no reason to cure or treat it and for thinking of it as a disorder. Of course, there are cases of medical intervention when there is no disorder present, but the aim of intervention is to prevent potential

harm in the future by improving health in the present. The second reason consists in the fact that Wakefield's account is close to how the medical profession already thinks about the concept of mental disorder, as it is captured by the dominant psychiatric diagnostic manuals, such as e.g., DSM and ICD (Murphy 2006, 35; cf. Amoretti and Lalumera 2019).

In what follows, I will thus examine whether high-functional autism is a mental disorder according to Wakefield's account.

5. Harmful dysfunction view and neurodiversity

Neurodiversity advocates contend that the "autistic essence" confers many advantages while, at the same time, many of the harms usually associated with autism as such are not part of this condition. These harms are, instead, contingently associated with it. Baron-Cohen offered the following instance of this kind of argument:

> Some will object that a child with autism who has epilepsy is not an example of neurodiversity but rather he or she has a disorder. And they are right. Epilepsy is a sign of brain dysfunction and causes disorder (fits) and should be medically treated. But epilepsy, while commonly co-occurring with autism, is not autism itself. Others may say that a child who has language delay or severe learning difficulties is not an example of neurodiversity but has a disorder, and I would support their demand for treatments to maximise the child's potential in both language and learning. But again, although commonly co-occurring these are not autism itself. (Baron-Cohen 2017, 744)

However, Wakefield et al. (2020, 507) note that the idea of autism including an essence does not take seriously enough the heterogeneity of ASD. In contrast to the essentialist perspective, they concur with Daniel Weiskopf that autism is more properly construed as a "network category defined by a set of idealized exemplars linked by multiple levels of theoretically significant properties" (Weiskopf 2017, 175). Thus, autism as a category is not coherent enough to be considered as "an adaptive trait or a distinct perceptual and cognitive style" that could make plausible the claim that autists have a shared essence that is distinct from possible accompanied physical, psychological or social impairments (Wakefield, Wasserman, and Conrad 2020, 507).

The second argument used by the members of the neurodiversity movement is based on Uta Frith's "weak coherence" theory, according to which autists have a diminished capacity to incorporate data into a coherent whole (Frith 1989). Autists are often obsessed with details but misunderstand relations between them and their meaning in a context. For example, an autist could remember all the details of the story without understanding the meaning of the whole story (Frith 1989; Happé 1999). Interestingly, Frith thinks this might be perceived as an exceptional ability to operate with local data, rather than a handicap. Similarly, advocates of the neurodiversity movement see weak coherence as a natural biological variation (Baron-Cohen 2009). In addition, it has been discovered that autists perform better on some cognitive tasks than the neurotypicals. For instance, in some situations, unlike the neurotypicals, autists are immune to optical illusions due to reduced context sensitivity (Doherty et al. 2010).

However, Wakefield et al. (2020) argue that context insensitivity is often harmful, and people normally grow out of it. For instance, children with underdeveloped perceptual abilities are also more immune to optical illusions, indicating that people may be more prone to optical illusions as their perceptual capacities mature. Here it is important to note that sensitivity to context seems to be a necessary component of psychological maturing because difficulties in this sense can be life-threatening. Wakefield et al. (2020) illustrate this by the case of an autistic young adult who, while on a ship cruise, jumped overboard because he wanted to take a swim (McLaughlin and Sutton 2018). Engaging in this type of behavior might be explained by the abnormal understanding of the situation which then cannot inhibit impulses that in other situations would be recognized as detrimental. It can be concluded that context insensitivity can be more harmful than beneficial when it comes to autistic traits.

It should also be noted that there is a relation between the level of functioning and impairments in context sensitivity. The level of functioning and impairments in context sensitivity are inversely proportional which means that more severe impairments in context sensitivity imply lower level of functioning and *vice versa*. If there would be a balance between the lack of contextual understanding and functioning, then autism could be considered as beneficial natural variation. However, Wakefield et al. (2020, 509) note that there are many empirical issues regarding this claim. It is not clear whether lower context sensitivity is advantageous enough to be evolutionary "designed". Whether it is distinctive for autists or is a natural variation in general

population and whether autists possess some other capacities which might render lower context sensitivity beneficial.

There are autists who possess special abilities often referred to as “savant abilities” such as outstanding memory for some types of events, calendrical calculation, precise drawing and so on, which is why some proponents of the neurodiversity movement think about autism as being underpinned by a special but natural way of brain-functioning. However, Wakefield et al. (2020, 510) argue that the savant abilities argument is unpersuasive from the perspective of the harmful dysfunction analysis, because in most cases harm caused by autism is more severe than the benefits brought by savant abilities. Different disorders can bring about some advantages, such as Chron´s disease which decreases weight, but this does not change the fact that autism and Chron´s disease are in other respects harmful conditions.

It might be argued that savant abilities at some point in the evolutionary past were beneficial enough for autists to be selected regardless of their deleterious aspects. Thus, it might be argued that the apparent deficiencies of autism are, when thought from the perspective of an evolutionary trade-off, offset by their beneficial features, similarly to how the negative aspects of morning sickness are offset by their usefulness for preserving healthy pregnancy.

Wakefield et al. (2020, 510) argue that for such a claim to be true there should be a tight relationship and a suitable equipoise between benefits and harms of autism. For example, if some benefit inescapably leads to adverse consequences, or if some designed trait impedes the development of other traits. Wakefield et al. (2020, 510) think that this way of thinking about autism is not plausible for three reasons. First, only 10–25 percent of autists exhibit savant talents and skills (Happé 2018; Meilleur, Jelenic, and Mottron 2015). Second, collaboration and social interaction are needed to put in effect these capacities, which is not possible in the case of severe autism. Third, savantism can be related to different brain illnesses and brain damage such as frontotemporal dementia (Miller et al. 1998; Treffert 2009). Thus, it is not necessary to think that autistic talents are results of beneficial evolutionary trade-offs.

Wakefield et al. (2020, 511) conclude that some cases of high-functioning autists might be seen as exemplifying natural neurodiversity. However, these cases are exceptions which fully fit with idea that lower-functioning autism represents a genuine disorder. Before moving on to discuss

further arguments offered by the neurodiversity advocates, let me comment on a question of dysfunction in autism.

Although definitive biological markers of autism are not known yet, I think that the fact that each of the current theories can successfully explain some of autistic features with a reference to a dysfunction in the brain is a sufficient reason to expect that autism is underpinned by a biological dysfunction of some kind. I think it might even be that all the theories at the table are true to some extent and that none of them should be entirely rejected. To formulate a comprehensive theory of autism is a very hard task. Requiring that only such a comprehensive theory constitutes a proof of dysfunction is too demanding due to the heterogeneity of autism.

Furthermore, we do not need to know exactly which dysfunctions are present in autism to think that there is a dysfunction of some sort. Imagine a case of a man who has been poisoned with a mysterious and unknown substance and scientists do not know which one it is, although they recognize clear signs of poisoning. The same thing can be said in the case of autism; we know there is a dysfunction, but we cannot specify it.

My previous type of argument can be clarified and supported by using the distinction between personal and sub-personal explanations, which is essential for Rachel Cooper's (2007) refutation of Thomas Szasz´s skepticism about mental disorder. Personal-level explanations refer to someone's mental states such as beliefs and desires that explain their behavior (Cooper 2007, 18). For example, if I want to have good marks and believe that I will achieve this by studying, then this explains why I study so hard. On the other hand, sub-personal-level explanations include references to biological and sub-personal psychological mechanisms. As we have seen, Szasz thinks that some behavior is caused by a mental disorder only if it is caused by a brain lesion. In other words, the requirement is that in case of mental disorders we must rely exclusively on sub-personal explanations of the behavior. Cooper argues that this criterion is too demanding because for some behaviors we cannot provide such an explanation but still it is plausibly to assume that they are caused of a disorder. In fact, we can still think that they are caused by the mental disorder given that we cannot *rationally* explain them (Cooper 2007, 18–19). The fact that we cannot give a personal level explanation shows that there is a high chance that this behavior is caused by an underlying disorder and that there is an adequate sub-personal explanation underpinning it, even if we cannot provide it now. For example, the fact that we cannot explain in terms of wishes and

beliefs why some person exhibits extreme behavioral rigidity makes us believe that this person has a mental disorder (autism) which can be explained on a sub-personal level, even if we do not yet know all details of biological and psychological mechanisms responsible for it. This kind of explanation is known as an inference to the best explanation.

Another set of arguments provided by the neurodiversity movement is to assume that autism is essential to personal identity. However, as noted by Wakefield et al. (2020, 512), the identity possessed by autists has nothing to do with the question whether autism is a disorder or not. The sense of identity can make a treatment harder, but a condition can be treated without that person losing her identity. Even in the case of accepting that autism is a vital part of someone´s identity, this would not change the fact that autism is a disorder.

According to Robert Chapman (2016) and Simon Cushing (2018) autism is a socially constructed category given the heterogeneity and great expansion of it in DSM through time. As stated by Jennifer Sarrett (2016) and Berend Verhöff (2012), instead of alleged autistic essence, what autists have in common are properties which have arisen because of their being stigmatized as autists which for them means that it makes more sense to view autism as a culture. and those affected as members of a community, rather than a disorder. Some authors, such as Joseph Straus (2013) also argue that such autistic community and culture should be appreciated and maintained. The fact that autists form their own communities and have a culture suggest that autism is not a mental disorder.

However, Wakefield et al. (2020, 512) contend that, although society has influenced the formation of autism as a category this does not tell us anything about whether autism is caused by a dysfunction or whether it is harmful. Furthermore, they assert that the existence of autistic communities has nothing to do with the illness status, since there are many communities of people who share political and religious beliefs, taste in music and movies, dietary habits, etc. The fact that people who share autistic traits have decided to establish a community does not imply anything about disorder status of autism. Finally, they argue that regard for the autistic community and culture is fully consistent with the idea of providing help to ameliorate the disorder on which the community is based. This can be seen in the case of communities of individuals afflicted by different major illnesses. Wakefield et al. (2020, 512–13) mention cases of natural diversity among people (e.g., Western European monastic culture or Yiddish culture in the United States) which

disappeared as a result of assimilation. It is possible to appreciate the decision of people who accepted the dominant culture while at the same time feel remorse because of cultural extinction which occurred as a result of assimilation. The same thing might happen with Deaf community in case of progress in treatment which would be widely accepted by deaf persons and such a process would not be morally contestable.

Wakefield et al. (2020, 513) note that although belonging to such communities might mitigate harm, it does not remove it. Members of these communities are still in an unfavorable position outside of their respective subculture or community. They contend this is:

> analogous to medical treatment continuously required to prevent symptoms; in both cases, the lack of apparent harm does not challenge the judgment of disorder because the potential for harm remains and is only mitigated by continuous intervention. (Wakefield, Wasserman, and Conrad 2020, 513)

Finally, the most radical proponents of neurodiversity movement argue that autism is not harmful at all. Such an approach assumes that the capacities of autists should be taken as a starting point when assessing their well-being (Robeyns 2016). According to this argument, many autistic conditions would not be regarded as harmful if harm is assessed in accordance with capabilities which autists possess. However, it is obvious that this approach does not work in cases of severe autism. Wakefield et al. (2020, 513) conclude that the inability to communicate and to form an emotional attachment to others and feeling of sensory overload in public places can seriously impede well-being, however it is conceived.

The proponents of neurodiversity movement argue that most harms associated with autism are caused by unfriendly environments, which are designed for people with typical brain functioning, just like people with physical impairments are excluded from the society because social environments are designed for people without physical impairments. Harms suffered by autist are not a consequence of autism as such. They are, rather, consequences of prejudice and stigmatization and the organization of the social environment or even physical space.

The same sort of arguments was applied to the case of homosexuality when it was removed from DSM-III's list of disorders (Jaarsma and Welin 2012). In this respect there is a distinction between harms that are caused immediately by a dysfunction and harms that resulted from a

reaction of the society to the condition. This distinction was introduced by Robert Spitzer, who played a key role in de-pathologizing homosexuality in DSM. Together with Paul Wilson, he defined disorder as being "regularly and intrinsically associated with subjective distress" or "impairment" which means that "the source of the distress or impairment in functioning must be the condition itself and not with the manner in which society reacts to the condition" (Spitzer and Wilson 1975, 829; Spitzer and Endicot 1978, 18).

In the case of homosexuality, it is obvious that harm is caused by misconceptions and inappropriate reactions from other members of the society. Proponents of the neurodiversity movement argue in the same way that disadvantageousness of autism is partly caused by misconceptions about autism and absence of adjustment (Dominus 2019). Wakefield et al. (2020, 514) see two difficulties with such an application of the social model to autism. The first problem is the misuse of the difference between direct/indirect or intrinsic/extrinsic harms. There are disorders which are socially related, but they are nevertheless disorders, such as aphasia which consist in a communication incapacity. Since the language ability can be plausibly considered to be an evolutionary selected capacity which is required for social interaction, and social interaction is indispensable for well-being, so harm resulting from autism cannot be greatly ameliorated. It is caused by a biological dysfunction which leads to the negative consequences in social relationships.

However, the level of social detriments is influenced both by the perception of autism in the society and by the way society treats individuals with the condition. This influence is higher, for instance, than in the case of aphasia. In the case of a cheap social price that would be paid to essentially decrease negative impacts of autism, it is sensible to expect from society to adjust to the needs of autists. Chong-Ming Lim (2017) asserts that there are few aspects that should be considered when assessing whether the adjustments are sensible or not, such as finances and demands from non-autists to change their behavior, fundamental conventions and values. Wakefield et al. (2020, 514) conclude that in any case, it is not sensible to change our social conventions in a way that we do not pay attention to emotional cues, contexts and conversational implicatures, etc.

Wakefield et al. (2020, 515) argue that the second problem regarding attempts to reconcile autism with the social model of disability is the great heterogeneity of autistic conditions. It is

plausible that only high-functioning autism fits well with the social model. Detriments in cases of high-functioning autism could be successfully treated in contrast to those in cases of severe autism.

Wakefield et al. (2020, 504) contend that moderate neurodiversity is a plausible position. Moderate neurodiversity acknowledges the disorder status of classic severe autism but rejects to qualify higher levels of autism, like high-functioning autism and Asperger´s syndrome, as disorders. This position is in-between strong neurodiversity which is the claim that the whole autism spectrum is not a mental disorder, and weak neurodiversity which leaves open the disorder status of high-functioning autism but does not qualify it as a disorder.

I agree with Wakefield et al. that the arguments of neurodiversity advocates are not plausible, but I disagree with their view that high-functioning autism is a mental disorder. I think that, due to the heterogeneity of autistic conditions, we cannot give one ultimate answer to the question whether high-functioning autism is a disorder or not. Any general claim on this matter would be inappropriate both because of our present lack of knowledge and conceptual issues regarding the definition of high-functioning autism and low-functioning autism. There are no clear criteria on how to precisely distinguish between these two categories and as Wakefield et al. (2020, 505) noted “we should expect disagreement and uncertainty in many cases”.

I think that there are both cases of high-functioning autism which represent a disorder and those which do not, and that in each case individual assessment of functioning should be made. In other words, it should be determined whether autistic condition is harmful in a psychiatric relevant way in each case and if it is harmful, to which extent. Since disorder status of high functioning autism should be determined in a case-by-case manner, I think that Wakefield's concept of harm is vague and should be more fine-grained. In his seminal paper, in fact, his account is that harm is something negatively judged by our society (Wakefield 1992). Therefore, in the next section, I will define the notion of harm more precisely and argue for what I believe to be a good tool for assessment of harmfulness in cases of high-functioning autism.

6. The notion of harm

I adopt the view according to which some condition is harmful if it heavily impedes well-being and functioning of the subject. I think that the list of basic psychological capacities offered by

George Graham (2010, 147–48) represents a very good elaboration of what is relevant for the notion of harm because they are:

> not derived from our individually variable desires or capacities, but from competencies that we are bound to value and need, regardless of which specific goals we possess and pursue (Graham 2010, 147).

His list includes the following capacities (Graham 2010, 147–49):

> 1) Bodily/spatial self-location. We need to be aware of our self-location in space so that we can move around, maintain bodily balance and take other actions. For example, I am aware that I am at my desk in the room and that there is a computer screen in front of me.
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> 2) Historical/temporal self-location. We need to know our present position in time and understand ourselves as an individual that lasts through time and can influence what happens in the future.
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> 3) General self/world comprehension. We need to be aware of ourselves and the world around us in order to function in it. We are sometimes mistaken in our beliefs about the world, but we need to understand the world around us enough to function, for example I need to know if my electric wheelchair is safe to use, where to get food I need, whether I can trust my friends, and so on.
>
> 4) Communication. In order to be able to communicate with each other about yourself and the world, we must possess sufficient listener and speaker competence in some system of communication (e g. the mother tongue). In interaction with others we assess the soundness of utterances of others, but to do this we first need to understand their meaning. Communication is an important source of information and it connects people with each other.
>
> 5) Care, commitment and emotional engagement. People usually are committed to and take care of things and people they consider important in life and as a consequence they feel bad if things or people they care about are in some way endangered or feel happy if they are not.

6) Responsibility for self. We are able to take care for ourselves, which means that we can control our behavior by forming intentions, assessing impulses and inhibitions, making practical decisions and self-reflective choices. We are able to conform our behavior to our decisions and choices; mostly we do not behave impulsively.

7) Recognition of opportunities or "affordances". We are able to recognize different possible choices we can make in the process of decision-making. Although many people feel great deal of anxiety about making decisions, people usually want to take a certain direction in life and alter it. They are aware of different paths opened to them.

Graham thinks these capacities are basic psychological capacities because they pass the veil of ignorance test originally offered by John Rawls (1971). Rawls uses the veil of ignorance as a hypothetical situation to discover basic principles of justice which will be agreed upon by free, equal and rational people who do not know anything about their gender, race, nationality and socioeconomical status. Analogously, Graham (2010, 139 – 42) uses this model to construe his list of basic psychological capacities and wonders which capacities are universally needed for a decent life by all people, regardless of their specific condition. I think that this approach to conceptualization of harm ensures objectivity of the relevant values in ascribing psychiatric disorder in such a way that it somewhat refutes skepticism about mental disorder as expounded by Tomas Szasz.

Graham makes a few remarks on this list of abilities. First, not all of these abilities are impaired in all cases of mental illness (Graham 2010, 150). Second, impairment of any of the above abilities does not mean that a person cannot live a decent life, as some impairments can be successfully treated, and some are such that they do not lead to radically bad consequences. Impairments make harder to achieve a decent life but do not necessarily preclude possibility of it. Third, one ability can be (simultaneously) impaired in multiple ways and to varying degrees, and impairment of one ability can also lead to impairment of another (Graham 2010, 151). Let us now go back to the case of autism.

Following the symptomatology of Autism from DSM-5, we can plausibly say that capacities of communication and emotional engagement are impaired in autism. I also think that capacities underpinning responsibility for self and recognition of opportunities also might be

impaired because autists show repetitive behavior, and they possess a limited range of interests. Repetitive behavior might be caused by an inability to control impulses and inhibitions.

Baron-Cohen (2011) argued that the lack of empathy exhibited by autists is not dangerous because it is not dangerous neither for them nor for others. However, I think that the fact that the lack of empathy is not dangerous does not mean it is not harmful for autists. Due to the lack of empathy, autists have difficulties recognizing the needs and mental states of other people expressed by different social cues such as facial expressions and tone of voice. This impairs their functioning in standard social situations.

I think we should distinguish between two questions here: 1. What are the capacities whose impairment causes a harmful condition which can be characterized as a mental disorder? 2. To what degree a person needs to possess these capacities in order to claim that her condition is not harmful? The first question represents what I call the objective aspect of the concept of harm because it is answered by delineating the capacities all people need to have.

On the other hand, the required degree to which people need to possess these capacities and their assessment depends on sociocultural norms. For example, in the society which cherishes ideals of extreme individualism and independence, lower abilities of communication and emotional engagement showed by high-functioning autists would not be harmful at all or at least would be harmful to a much lesser extent than it would be in the society where such ideals are not cherished. It also depends on personal values and goals of individuals, so this aspect of the concept of harm can be construed as subjective. Such analysis implies that not all cases of high-functioning autism are disorders and that individual assessment in relation to a context of living and functioning should be made.

The objective aspect of the concept of harm is important because it delineates mental disorders from problems of living. It is not the case that any harmful condition should be characterized as a mental disorder, nor just any capacity is impaired in mental disorder. As mentioned above, mental disorders are conditions in which universally needed capacities are impaired. In contrast to this, a possible list of the capacities which are relevant in the cases of problems of living would depend entirely on specific goals and values which differ greatly from a person to person and would never be completed due to such heterogeneity.

7. Conclusion

In this paper, I have argued that the hybrid theory of mental disorder is appropriate for discussing the question whether autism is a mental disorder. More specifically, I relied on Wakefield's hybrid view of medical disorder according to which a condition is a disorder if it is harmful and caused by a dysfunctional mechanism. On the background of this view, I have discussed several arguments provided by the neurodiversity movement against the assumption that autism is a mental disorder.

I have concluded that severe autism is a mental disorder. I have also argued that a general conclusion about disorder status of high-functioning autism cannot be drawn due to the heterogeneity of autism. I have claimed that in every single case of high functioning autism a specific evaluation of the harm should be offered to determine the disorder status of that condition. I further elaborated that the concept of harm relevant for the hybrid theory of mental disorder can be construed as having subjective and objective aspects. On the one hand, the objective aspect refers to an impairment in a core psychological capacity that is universally shared among people and is necessary for their well-being. On the other hand, the subjective aspect refers to the assessment of performance of these capacities which is based on a sociocultural background of values. The distinction between objective and subjective aspects of harm in cases of mental disorder ensures the demarcation between mental disorders and problems of living. Furthermore, it reconciles two central features of mental disorders which seem incompatible at the first glance: their objectivity and their value-ladenness.

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