"Humans are not solitary creatures but animals who require relationships with others for their well being". Heidegger (1962) in Being and Time says:

"The nature of Dasien is being-in-common, human existence is shared existence and the social interdependence of your everyday experience is primordial and constitutive. My full self consciousness and self affirmation derive from my consciousness of others, it is not that I begin with myself as given and indubitable and somehow deduce the existence of other like myself. Thus I am constituted both of my preoccupations in which I make use of objects as tools and by my solicitude for persons."

Unlike other living creatures human beings reflect upon their living. We constantly reflect upon those aspects of experience which we feel we comprehend and, through our comprehension, in some way control, or at least predict. Hence we apply reason, rational logic and scientific thought, so that those aspects of our experience which are beyond our comprehension, yet we must in some way explain, if we are to overcome our existential terror. We use imagination and fantasy which are individualistic and idiosyncratic to restructure experience according to our needs, overcome anxiety/fear and to defend ourselves.

Definition and Description :

Autism means self-isolation. It includes an individual's capacity to retreat into a private, inner world. Autistic processes are characterized by a lack of responsiveness to other people, affect isolation and unrelatedness to others, and subsequently a communication failure. There is an insistence on sameness, orderliness and an obsessive need to structure the world. This may find an expression in pre-occupation with mechanical objects and other cianimste substitutes instead of humans. Interaction with persons is more in terms of objects or as Buber (1958) says "I-it"
relation instead of 'I-thou' relationship. It is really a survival mechanism to cope with the many stimuli impinging on us, through selectivity so that the world becomes coherent, structured, predictable and thus within our control and safe. This world includes the child's psycho-socio-physio-ecological environment.

In this research paper autism/autistic processes have been used as convenient heuristic devices not in reference to the clinical manifestation of the syndromes, but in relation to processes or traits which seem to resemble typical autistic traits or are parallel to them in normal or everyday life. It is in fact, used here as an extension of a metaphor. They are discernible and are, demanded and induced by many groups, institutions or even cultures. Autistic process/thinking is an individual's reaction and adaption to the environmental conditions for his/her protection and survival. It is the most primitive response from birth to 12 month of age. According to Mahler, the neonate is wrapped in a protective shell of the stimulus barrier with survival being the main task. Here experience is self contained and hallucinatory, wish fulfilment is a predominant mode of thinking. It is a continuous process in a human life cycle.

Autism-like traits can be seen in many sectors of a technologically modern world or modernizing society and many areas of life specially now, in 'a rain man' generation wrapped within itself. These traits are a result of the social-psychological mechanism creating a shell and jacket around the individual to avoid unbearable facets of reality. They are fostered by cultures, societies, professions and disciplines where one is often forced to become self-oriented in order to ensure professional success, and sometimes even survival. Autism in our conceptualization, becomes disease only when these traits overpower the individual. But in their normal version, these traits may constitute a new code of conduct or a new form of social behavior which, though considered undesirable earlier, are now demanded and induced by certain groups or professional cultures. To that extent they begin to define a new normality and a new social ideal.

Theoretical Basis of the this Study

This study aims to understand autistic processes in everyday life as individual and as a social phenomena, through case histories of doctors and scientists. The theoretical basis of the study is the belief that normality and abnormality are not two diametric extremes, but ends of a continuum.
All personality states reflect something of both normalities and abnormalities. In most cultures, what is abnormal and what is normal is always debatable, with time, context, social circumstances, etc. deciding or influencing the answer. Symptoms associated clinically become functional with time and are no longer considered dysfunctional by societies and even positively reinforced by them. The study is about one such trend, autism and other such similar processes which certain groups seem to demand as necessary for a smoother functioning within that particular institution.

In the autistic trends and traits studied here, a sample of scientists and doctors have been taken. It is not the aim of the study to show that doctors and scientist are abnormal, but to understand the abnormality-normality 'relation', and study social change and the process in the society culture etc., whereby certain traits resembling autism like behaviors are demanded by them.

Major social changes have taken place and continue to do to at a rapid pace due to the maturing of science, communication, a technology, and medicine. Beyond dispute science has been 'reified' and 'deified' and is the blanket term for prosperity, modernization and better lifestyle. Scientists, technologists, and doctors, as the bearers of this sacred knowledge, too are eulogized, and they are crucial decision makers and determining agents of change. Their life experiences, attitudes etc. become important because they are changing the course of civilization and take crucial decisions regarding life of others.

The rationale behind studying autism like traits is a natural consequence of the former hypothesis. In a society which is changing as fast as the new discoveries in science and technology, adapting to this tremendous information and stimulus overload is a monumental task. Natural survival mechanism would involve filtering and selection of perceptual stimuli. Autism, in its most basic and elemental form is just that the tendency to isolate and restructure reality to cope with the overload of information constantly impinging on the individual. The perceptual filtering could be excessively restrictive so that everything is screened out and thereby is of concern, a typical clinical manifestation of autism, whereby a person just shuts in and 'self-isolates'.

But this does not imply that there is only one way of reacting to the environment. There are many reactions to this environment, or stimuli. There could be a breakdown of the perceptual
filters so that no information is screened like in schizophrenia, or could be anything else. The purpose of this study is to understand only one such reaction to the fast changing environment with its innumerable stimuli and information, how one uses autism like traits to deal and cope with it. To study the process whereby some amount of autism like behaviors are becoming a new normality endorsed and reinforced by the society, culture etc. and some manifestation of such traits by individuals are no longer considered pathological but are a necessary requirement of this new normality, this new world order and constitute a radical kind of social change.

Objectives of the Study

The aim of the present study is to understand some aspects of contemporary society through a study of autistic processes as an individual and social phenomena. We use autism/autistic processes/and autistic thinking interchangeably for the sake of convenience. They do not refer to the clinically established processes associated with the syndrome but to processes akin to it.

The study has the following objectives:

1) To study autistic processes in a sample of scientists and doctors and, through that, study the importance and occurrence of such processes in the society.

2) To further examine empirically the proposition that normality abnormality constitute a continuum rather than clear cut division, that behavior considered abnormal can very much be normal and vice versa in many societies. By studying autistics a sample of normal doctors and scientists, processes which are pathological are explored. Also how far certain psychological pathologies have been accepted as a part of our everyday life.

3) To further study whether people who are autistic go to certain professions or certain professions induce autism like traits in the individual, through a sample of 'structured isolated' institutes of scientific research and medical schools.

4) To study the effect of cultures or social groups and individual on each other and how they change each other.

The following autistic characteristics have been studied - 1) Aloofness 2) Affect Isolation 3) Impairment of Emotional Relationships 4) Indifference to people 5) Inappropriate emotions 6) Social cognition lacks 7) Scienticization 8) Resistance to change 9) Psychological Rigidity
Method

Sample: For the purpose of present study a sample of scientists and medical doctors were chosen, since they are highly disjunctive and also highly conjunctive with the society. They are also the major determinants of social change and are involved in crucial decisions affecting the life and death of others, and their study would give an insight into the nature of scientific inquiry. The sample comprised of thirty five nuclear and defence scientists and thirty-five medical doctors.

Test and Tools: The case history approach was used to understand how scientists and doctors viewed their inner and outer reality and what meaning they attached to their life events.

To aid in the case history a detailed schedule of 162 open ended questions were prepared. The questions ranged from the biographical details to the persons feelings and opinions about the various events in his/her life, his/her family, his/her social relations, his/her work situation etc.

The questions were based and derived from the traits that characteristically described the clinical manifestation of the syndrome.

The entire symptoms were not replicated since it is not the aim to show a clinical picture in normals but only those behaviors which have their parallel in normal society in attenuated forms were chosen.

The average time taken for each interview ranged from a minimum of three hours to maximum of nine and a half hours over a period of time.

Method: Each person was interviewed in the place of his convenience, either at home or their work place. He/She was assured of confidentiality. Whenever the person permitted, the interview was recorded. Since the questions were not given to the subject before hand, none of the responses were pre-meditated.
Data and Results

The main analysis was the detailed case history description of 8 cases, four doctors and four scientists. An attempt was made to show the underlying psycho dynamics that involves a person’s adaptation to his environment, here it refers to the institution, the profession and the society.

Statistical analysis was done to augment the case histories and to see the trend amongst the total sample. Since it was presumed that the distribution was a nonparametric one, chi squares of the difference between the responses of the doctors and scientists were found and the comparative analysis done.

THEORETICAL BASIS

"When I tell the truth about my internal reactions, the world thinks I'm crazy, though I feel sane, and I am isolated, separate and alone when I tell lies the world is accepting and understands me, but I feel crazy - Dorothy Rowe".

This eternal dilemma of being true or honest to oneself or to project or play up to what is expected of one in a socio-cultural situation often seems to be the cause of confusion about what is sanity and what is not.

"If sanity and insanity exist, how shall we know?" Rosenhan (1973) tried to find an answer to this through his experiments when he tried to ascertain the accuracy of normality and abnormality as determined by various hospitals. "Eight sane people gained secret admission to 12 different hospitals. The eight pseudo-patients comprised a psychology graduate student, 3 psychologists, a paediatrician, a psychiatrist, a painter and a housewife. The 12 hospitals in the sample were located in five different states. Some were old and shabby, some quite new, some had good staff-patient ratios, others were quiet understaffed. After calling the hospital for an appointment, the pseudo-patient arrived at the admissions office complaining that he had been hearing voices. Asked what the voices said, he replied and they were often unclear, but as far as he could tell they said 'empty', 'hollow' and 'thud'. The voices were unfamiliar and were of the
same sex as the pseudopatients. These symptoms were chosen partly because of their apparent similarity to existential symptoms, which are alleged to arise from painful concerns about the perceived meaninglessness of one's life ('my life is empty and hollow'), and partly because of the absence of a single report of existential psychoses in the literature. Beyond alleging the symptoms and falsifying names, vocation and employment, no further alterations of person, history or circumstances were made. Frustrations and upsets were described along with joys and satisfactions. If anything these facts should have stringly biased the subsequent results in favor of detecting sanity, since none of their histories or current behaviors was seriously pathological in any way.

"On admission to the psychiatric ward, the pseudopatients stopped simulating any symptoms of abnormality. The pseudopatients behaved normally on the ward speaking to patients and staff as they might ordinarily. Beyond the activities that were available on the admissions ward, they spent their time writing down their observation about the ward, its patients and staff. The pseudopatients had no fore knowledge of when he would be discharged. Each had to get out by his own devices, essentially by convincing the staff that he was sane.

"Despite their public 'show'of sanity, the pseudopatients were never detected. Except in one case they were admitted with a diagnosis of schizophrenia and discharged with a diagnosis of schizophrenia 'in remission'. Length of hospitalization ranged from 7 to 52 days. It was quite common for the patients to detect the pseudopatients sanity, yet the staff and nurses were unable to do so.

"Another experiment was arranged at a research and teaching hospital whose staff had heard these findings, but doubted that such an error could occur in their hospital. They were informed that at some time during the next three months one or more pseudopatients would attempt to be admitted into the hospital. Each staff member was asked to rate on a ten-point scale each patient who presented himself at admissions or on the ward as to the likelihood that he was a pseudopatient".

"Judgments were obtained on 193 patients submitted for psychiatric treatment. All the staff who had sustained contact with or primary responsibility for the patient-attendants, nurses
psychiatrists, doctors and psychologists were asked to make judgements. Forty-one patients were confidently judged to be pseudopatients, 23 were suspected by at least one psychiatrist to be pseudopatients, and 19 were suspected by one other staff member and 1 psychiatrist to be a pseudopatient. In fact all patients during this period were genuine.

The inference drawn from the experiment is obvious, it is difficult to distinguish the sane from the insane, since there is enormous overlap between these two extremes. Just as Zigler & Phillips (1961) have also shown that there is an enormous overlap in the symptoms of patients with various diagnoses.

The present study is based on the belief that abnormality and normality are two ends of the same continuum as certain clinical behaviors become socially acceptable (functional) over a period of time, with certain and societies and cultures even endorsing such behaviors in their attenuated forms though overtly considering them obnoxious. Rosenhan's study was not the first to investigate this. There have been other efforts by various people to point towards the sanity of the insane and the insanity of the sane. After all 'ab normal' is only a deviation from the norm.

Contemporary man is trapped in a mechanistic society of mass culture. Exposure to such an impersonal atmosphere results in feelings of social isolation, lack of intimacy and sense of alienation from one's true self. Each man is trying to survive in a world that is becoming more and more unpredictable, complex, demanding and challenging. The perfectly healthy man is impossible to find in as much as a completely insane person. Between these two extremes falls the entire human range. Each one trying to deal with the problems of their existence in their own way, perceiving the world in their own unique ways, and coping with it in their unique ways. There are no right or no wrong ways only different ways of dealing with life. It is small wonder then that diagnosis becomes the most difficult challenge to the scientific study of mental illness, revealed by the updated classifications released by the WHO and the DSM-I, II, III IV and so on. The strict emphasis on differential diagnosis and an almost obsessive aim to find the biological, endocrinological basis of mental illness, is nothing but a defense to ward off the insecurity of dealing with and recognizing unstructured impersonal complex problems of living that are present
in all of us to a small or large extent, and that always seems to go out of our rational, logical control.

Several attempts to define insanity have indicated that mental illness is rooted more in the dilemma of existentialism, coping with problems of day-to-day living. The illness exists not in the individual but in the society, in the culture and should be dealt with as such. The symptoms of insanity often overlap with expressions of sanity, and thus there is no clear distinction between sanity and insanity. The distinction is often related to the society, the culture, the period of history and the beliefs of those in authority.

Szasz T. (1962) in 'The myth of Mental Illness' states that mental illness is not literally a "thing" or a physical object and hence it can "exist" only in the same sort of way as in which other theoretical concepts exist. Yet, familiar theories tend to become objective truths for those who come to believe in them. Thus during certain historical periods various concepts of deities, witches, micro-organisms appeared not only as parts of theories but as self-evident causes of a large number of events.

The notion of mental illness derives its main support from physical phenomena such as syphilis of the brain, etc., in which affected persons are known to manifest various peculiarities of thinking and behavior. The assumption is that some neurological defects even a very subtle one will be found for all disorders. Therefore all problems in living can be attributed to physio-chemical processes. For example, Szasz has explained that a defect in a person's visual field may be ascertained by correlating it with lesions in the brain. On the other hand, a person's belief in Christianity, in Communism or in the idea that his internal organs are rotting and that his body is, in fact, already 'dead' - cannot be explained through any defect or disease of the nervous system.

The other error in regarding complex psychosocial behavior (consisting of communications about oneself and the world around) as merely a symptom of neurological functioning is epistemological. The error lies in making a symmetrical dualism between mental and physical symptoms, a dualism which is merely a habit of speech and to which no known observations correspond. The notion of mental symptom is inextricably tied to the social and
ethical context in which it is made, in much the same way as the notion of a bodily symptoms is tied to an anatomical and genetic context (Szasz, 1957)). Szasz concludes that mental illness is a convenient myth. As such it is a true heir to religious myths in general and to the belief in witchcraft in particular. These belief systems took on the role of social tranquilizers thus encouraging the expectation that mastery of certain specific problems may be achieved by means of substituted (symbolic-magical) operations. The notion of mental illness thus mainly serves to obscure the obvious fact that life for most people is a continuous struggle, not just for biological survival but for a "place in the sun", "peace of mind" etc. For man, who is mostly aware of himself and of the world about him, once the need for preserving the body and race are taken care of, he becomes preoccupied with the question of what he should do with himself. Sustained adherence to the myth of mental illness allow people to avoid facing this problem believing that mental health, conceived as the absence of mental illness, automatically ensures the making of right and safe choices in one's life. But in reality the reverse is true. It is the making of good choices in life that others regard, retrospectively, as good mental health.

The myth of mental illness encourages one to believe in its logical corollary that social intercourse would be harmonious, satisfying and the secure basis of a "good life" were it not for the disrupting influence of mental illness. The potentiality for universal human happiness in this form is an example, of the 'I wish it were true' type of fantasy. The adversaries are not demons, witches, fact or mental illness, which can be dispelled by exorcising or "Cure". These are problems one faces in life, whether they be biological, economical, political or soci-psychological. Mental illness thus is a myth whose function it is to disguise and thus render more palatable the bitter pill of moral conflicts in human relations (Szasz 1957-58).

Laing R.D. (1968) describes mental illness as a strait jacket of conformity society clamps on every child. He describes it as an ontological insecurity. A man may have a sense of his presence in the world as real, alive whole and in a temporal sense, continuous. As such he can live out into the world and meet the other's, world and relate to the other's experience as equally, real alive, whole and continuous. Such a basically ontologically secure person will encounter all the hazards of life, social ethical, spiritual and biological, from a centrally firm sense of his own and other peoples reality and identity.
But this is an ideal individual whose existence is only theoretical. In ordinary circumstances one may feel more unreal, precariously differentiated from the rest of the world so that his autonomy and identity are in question. It is inevitable then that an individual whose experience of himself is of this order can no more live in a 'secure' world than he can be 'secure' of himself. This will lead to a feeling of isolation and anxiety. Mental illness then relates to a person's experiences and relations in the world. A Schizophrenic may be someone unable to suppress his normal instincts to conform to an abnormal society.

Frankl (1965) states that psychopathology should be understood in terms of the personal character of the experiences of the person rather than in terms of abstract theoretical concepts and diagnostic categories. The despair over the meaninglessness of life is nothing to be ashamed of, but rather the prerogative of man, not to take life for granted. As Maslow states, it is only after the primary strivings of men are met, can they transcend and reflect on themselves. It is a manifestation of honesty and sincerity.

A similar view is expressed by Sullivan, Hill, Fromm, Reichmann, Arieti and Federn who state that in an individual, whose own being is secure, in the primary experiential sense, relatedness with others is gratifying whereas the ontologically preserving rather than gratifying insecure person is preoccupied with himself and the ordinary circumstances of living threaten his low threshold of security.

Boss (1920), Biswanger (1920), May (1958), Kaam (1965), Bugental (1965). Fromm (1941) subscribe to the views that there are no cause-effect relationships in human existence. There are only sequences of behavior based on a person's motivation. Becoming human is tough and few achieve it. The structure of being-in-the-world, can be transcended. There can be various modes of existence in terms of spatiality, temporality and bodyhood. Human existence is shared existence effected by mood or attunment. The individual has freedom responsibility and is constantly becoming. Refusing to become is refusing to grow and take cognizance of all the possibilities and this is what people with neurotic psychotic symptoms do.

Scheff (1963) emphasizes the role of cultural influences in maintaining diverse forms of 'deviance'. He argues that sociological concepts of residual deviance, conformity and social
control can account for the pathological behavior of people. Lemert (1951), Erikson, Goffman, Balint, Szasz, Blau, Ellis, Foucault, Cummings et al, stress on the mechanism of social control and societal reaction in stabilizing deviance with mental illness being a social role. They suggest that mental illness is a violation of the social role. Most norm violations do not cause the violator to be labeled mentally ill but as ill mannered, ignorant, etc. There are innumerable norms over which consensus is so complete that members of the group appear to take them for granted. For example in body language when a person is engaged in conversation, the gaze is expected to be towards the partner, standing at a conversational distance, etc. A person who regularly violated there expectations will not be thought ill-bred, but strange and frightening because his behavior violates the assumptive world of the group.

The world that is construed is believed to be the only one that is natural, decent and possible. The culture of the group provides the vocabulary for categorizing norm violations: crime, perversion, drunkenness, etc. Each of these terms is derived from the type of norm broken. After exhausting these categories, there is always a residue of the most diverse kinds of violations for which the culture provides no explicit label. For example, although there is a great cultural variation in what is defined as decent or real, each culture tends to reify its definition of decency and reality, and so provide no way of handling violations of its expectations in these areas. The typical norm governing decency or reality, therefore, literally "goes without saying", and its violation is unthinkable for most of its members. For the convenience of the society in construing those instances of unnamable deviance which are called to its attention, these violations may be lumped together into a residual category: witchcraft, spirit possession, mental illness etc. Most of this residual deviant behavior is transitory and denied and is a primary deviancy. It is stabilized if it is defined like in the battle fronts or military and the deviant is placed in a deviant status and begins to play the role of the mentally ill, voluntarily or involuntarily to obtain help from others. His performance is dependent on getting cues from others and a cooperative audience. It works both ways, the audience reinforcing the individual's role or it may be that the audience acts towards the individual in a regular way which may lead the actor to play the expected role even if he is not interested in doing so, since alternative roles are not offered and this may be the only way the individual can cope within the given situation.
This study is based on the above listed assumptions of mental illness. Too much of attention has been paid on segregating the people with diametrically different behaviors and thereby justifying abnormality. A majority of the researches have studied insanity in those people who have been labeled as insane and retrospectively they have traced the origin of the deviancy to the norm in the particular cultural or social context. In this study, an attempt has been made to do the reverse. The people studied are normal, highly intelligent, revered and reputed members of the society, and an attempt has been made to study the abnormality-normality nexus through their life structure, their meaning of existence, etc.

AUTISM : IT'S MEANING AND RELEVANCE IN THE NORMAL SOCIETY

The answer to "what is autism" is that 'autism is a possibility''.

We are being bombarded by hundreds of millions of impulses which come as an avalanche of stimuli and information. This ranges from microscopic cosmic waves, to short wave lengths that penetrate our bodies, to the wide band radio frequencies that carry everything from television soap operas to news about distant galaxies in collision. Much of this information is irrelevant to an organism battling to prevent itself from being flooded. We prevent ourselves from being over-whelmed by putting up a serving of barries which filter out the news we don't need. We take the information and pass it through what Huxley called "the reducing filters of our brain and nervous system". Our awareness of the world is not only highly selective but also highly subjective, tuning into selected bits of reality. Our senses mould and shape information to suit their own ends and our brains shuffle the bits around until they fall into some acceptable pattern, catering to our needs and beliefs. This kind of primary and basic selectivity of information and self isolation is necessary for an organism to maintain its identity and not fuse with the environment. Autism is this tendency to isolate the self and restructure reality to cope with the many stimuli bombarding the mind. It is a necessary survival mechanism of we choose to live. It starts right from the single celled amoeba to the well evolved homo sapiens. It is a surviral mechanism, a way of communication their ensures that right from the moment of birth the child is equipped to deal with life. Autistic mechanisms are inherent; affects and strivings have always been exerting on
mental life the same influences which direct autistic thinking - they curb or facilitate thoughts to suit their own direction and choose between the reaction possibilities. Bleuler agrees that autistic thinking takes the priority over realistic thinking. Psychoanalytically speaking, there exists no difference between affective and autistic influences, both come under the primary process concept. The neonate brings his inborn reactions automatically into action and he organizes his simplex ideas to suit his goals, to make sense out of reality or world. Children's lying is an affect reaction. Excuses too are similarly understood, they follow affect impulses and present themselves more readily than truth itself. As autistic thinking disregards reality and logic, it can accommodate the most diverse wishes even if they are mutually incompatible with or unacceptable to consciousness.

Although it is difficult to say what goes through a baby’s mind, it seems likely that it starts with no clear distinction between itself and the external world Watson (1980). Pearce says that "the child's mind is autistic, a rich texture of free synthesis, hallucinatory and unlimited. His mind can skip over syllogisms with ease in a non-logical, dream sequence kind of "knight's move continuum". He nevertheless is programmed by his genes to pick up things as fast as possible, and the fact, that we succeed quite quickly in moulding him to respond to our criteria is a credit to the flexibility of the mind. It doesn't prove that our constructs are the right ones. They simply happen to be the only ones on offer, and all too soon he reaches an adjustment; he accepts our consensus about reality and has to abandon the knight's way; he succumbs to the pressures that make pawns of us all. So a child moves from direct experience to a knowledge of the world based on a growing series of internal maps. There's nothing wrong with maps as such, they are useful aids to navigation, but the danger is that they tend to work too well. In the end we forget that they are no more than convenient abstractions, and we begin to regard them as the truth. We come to believe in them so profoundly, that if something happens which cannot be located on the map, we dismiss it as an error of perception. We talk ourselves out of direct experience and into an attitude which regards experience as a minor side effect of the laws of nature, which we consider to be totally independent of us, an aberration that sooner or later will fit into the map. An example being the mass scienticization of all experience of life and living.
Mahler (1975) too draws a similar conclusion. She states that the first phase of development of the sense of self begins from birth to 1-3 months of age. The child or neonate is wrapped in a protective shell of the stimulus barrier, with extra uterine survival being the main development task. Most of the time the neonate functions in the mode of primary narcissism, where experience is self-contained and hallucinatory wish fulfillment is a predominant and omnipotent mode of thinking. Towards the end of this period, a beginning awareness of a need-satisfying external object develops. Kinesthetic receptivity - the perception of internal, bodily states - predominates over diacritic perception - the awareness of the outside world. It is at this stage that the child begins to actively interact with the environment, the mother. If his responses are thwarted he develops a sense of basic mistrust against a sense of basic trust" (Erikson, 1958). As autism connotes tendency towards wish fulfillment it causes conflict with the environment. Upon fulfilling a wish, autistic thinking may create a symptom complex, that is illness. Autism then is the first survival mechanism, but to form a relation with the world, the child has to move on, to form a synthesis, a symbosis. Autism only ensures a primary existence, it is the first step to the long process of growth, and one has to outgrow it for newer more complex modes of relating to the world. Like Maslow's need hierarchy, the organism strives for self-actualization and has to learn new ways. Like the senses of smell, touch, sight etc. that one has become so habitual and accustomed to so that they do not demand any kind of conscious effort, one gets accustomed to the basic survival mechanism too, like autism, etc., as one embarks on new modes that require conscious efforts and energy. But circumstances, and situations, may often make one aware of their existence and one may revert to earlier modes. And growth thereby gets arrested and stunted.

From being a necessary survival mode to a debilitating pathological mental illness, is a short distance. As a pathological disease, DSM-III and others state that the age of onset is before 30 months of age and this is one of the most important diagnostic criteria. What then is responsible for this one step from the jungle to the zoo. To grow into a full individual self the person has to move on to reach out to the world, to communicate effectively to form a synthesis. The reasons for his failure are many. There have been various postulations and theories of the
causes of this failure given by different researchers. A few of these, relevant to the line of thinking in the thesis are discussed below.

According to Bettelheim (1967) for the human infant relating and communicating have their roots in his cooing or crying and the mother's appropriate and positive response. As she helps him sort out pain from hunger through her different responses, and as different ministrations relieve different forms of discomfort, the infant learns to distinguish his own different feelings of discomfort. As the sense of discomfort becomes less diffuse, the feeling of self begins to develop. Once an expression of the feelings has been accepted as the signal for a specific event by mother-child, one has left solipsism then, and can join in the experience of another. For most mother and children this is a normal smooth process. But in some this mutuality, and later the sense of autonomy that begins after it, is not smooth. There are experiences that can powerfully interfere with the development of the self. Infantile autism stems from the conviction that there is nothing at all one can do about a world that offers some satisfactions though not those that one desires and only in frustrating ways. As more is expected of the person, as he tries to find some satisfaction on his own, he meets even greater frustration; because he neither gains satisfaction nor can he do as parents expect so he, withdraws to the autistic position. If this happens the world from appearing to be insensitive now becomes utterly destructive, unpredictable and chaotic. Since the child feels that there is nothing he can do to change it, his sense of autonomy and causality being absent, he stops communicating with others and his self becomes impoverished.

Bettelheim (1967) then goes on to define the basic pathology in autism as the infant's not being effective in utilizing its primordial autonomy and sense of self in affecting the inter-personal environment. This experience is equivalent to the annihilation of that primitive self and reflects the destructive effect of the environment upon the infant. Bettelheim felt that the basic flaw in infants who become autistic was an absence of the internal organization for experiencing and interacting with the external world. With the autistic child, there is a special pathogenic interaction between the infant and the nurturing, emotional, parental environment during periods of special sensitivity that is destructive to the developing self of the child. Because inner and outer are confused and this actuality is not recognized, the infant develops massive inner feelings of complete impotence.
about making itself felt and recognized as an autonomous, masterful self. There is no emotional
response or verification of an active, striving, influencing self from primary persons in the external
world. Repeated failures to confirm this innate capacity lead the infant to stop trying. The
autistic infant turns its back upon parents, the world and withdraws within a self that has lost the
desire to reach out or even recognize the external world. Bettelheim attributed the anlage of
autism to the catastrophic destructive effects on the infant's sense of mastery, by destructive,
deficient and insensitive parenting. The infant then concentrates all attention on defensive systems
to the exclusion of all other inner or outer stimuli. There is an utter repression of hostility and an
unremitting fear for his or her life. Autistic children seem convinced that death is inevitable and
that it can be postponed by not taking cognizance of life.

According to Mendelsohn (1987) body-ego experiences and their object-impression
counterparts are initially registered and represented as disconnected parts according to their
different qualities. The coalescence into unified entities is dependent upon the experience of an
adequate symbiosis and is seriously interfered with when pathological forces are excessive. The
autistic infants initial contact with an external object is reactively experienced as invasively
destructive and elicits a need for the massive defensive response of withdrawal. The nature of
the original contact' leaves a traumatic, annihilative impression, which, at this primitive level, has
instigated the only defense available. Body ego experience and object impressions are registered
but are represented as disjointed mental events. An attempt is made to compensate for this
deficiency by establishing symbiotic fusions with those representations of bodily processes
possessing the attributes of an object. The autistic disorders result when there is difficulty in
negotiating the developmental step of entering a symbiosis. The impact of traumatic contact with
an object during the earliest stages of development is profoundly debilitating. The autistic infant
is left with little motivation to establish further contact with an object during the earliest stages of
development.

Further, Klein (1946) commented upon the primitive protective identifications that
underline the autistic child's feeling of omnipotently controlling the world. Parts of the self are
projected into the object, evoking the experience of having controlled it. This fantasy can be, and
often is, shattered when an external object behaves independently. At this point, the autistic child
is at the mercy of the persecutory object, embodying all of the contents of its own destructive impulses, and fears annihilation. The fear of a persecutory world operates as a boundary, which is clung to, dividing that which is felt to be good from that which is bad and alien. It is a massive defense against confusion and loss of differentiation. Klein also hypothesized a relationship to an ideal internal part object to account for the blissful moments that are frequently observable. She views the child's total disregard for protecting the body from pain or injury as the product of attention being occupied with protecting this ideal internal object.

Laing (1969), taking a phenomenological perspective states that the ontogenically insecure person encounters three forms of anxiety, engulfment, implosion and petrification:

**Engulfment**: A firm sense of one's own autonomous identity is required in order that one may relate as one human being to another. Otherwise, any and every relationship threatens the individual with loss of identity. One form this takes is engulfment. In this the individual dreads relatedness as such, with anyone or anything, even with himself, because his uncertainty about the stability of his autonomy and identity lays him open to the dread, lest in any relationship, he will lose his autonomy and identity.

**Implosion**: The fear of impingement. The individual feels that like the vacuum, he is empty. But this emptiness is him. Although he longs for the emptiness to be filled, he dreads the possibility of this happening because he has come to feel that all he can be is this awful nothingness of just this very vacuum. Any contact with reality is then in itself experienced as a dreadful threat because reality as experienced from this position is necessarily implosive and is the persecutor.

**Petrification and depersonalization**: Petrification refers to a particular form of terror where one is petrified, i.e., turned to stone. One also dreads the possibility of being turned from a live person into a dead thing, a stone, a robot, an it, without any subjectivity. It also refers to the magical act whereby one may attempt to turn someone else into stone by "petrifying" him, the act whereby one regates the other person's autonomy, ignores his feelings and regards him as a thing. Depersonalization is a technique that is universally used as a means of dealing with the other when he becomes too tiresome or disturbing. One no longer allows oneself to be responsive to his feelings and may be prepared to regard him and treat him as though he had no feelings.
Summarizing then autism or autistic thinking or processes can be defined as a retreat from reality into a private world of fantasies, thoughts and, in extreme cases, hallucination, and delusions. The autistic person is turned inward, a 'Shut-in' personality completely preoccupied with its own needs and wishes, which are gratified largely or wholly by imagination. It is thinking that is largely narcissistic, with egocentric thought processes such as flights of fancy and daydreaming, which have little or no relation to reality. It is thinking that has meaning to the thinking individual himself. It is characterized by abnormality of social interaction, self-isolation, an insistence on sameness and intense resistance to change, unrelatedness to others and impairment of emotional relationship, communication, miritism and language impairments, perceptual inconsistencies, lack of imagination, concrete thinking and self-destructiveness. Autistic thinking further brings to consciousness ideas corresponding to an internal tendency, a mood or striving-be it negative or positive-and functions to attain the wish-fulfillment, disregarding the reality or logic.

Between these two extremes, the first step to a development of the self and the last step to a development of the self, lies a grey area of undefined normal everyday activity, where both of these extremes intermingle, cushioned and sustained by the institution, class, society, and prevalent culture to form a normality not devoid of abnormality and an abnormality not devoid of normality; thereby giving rise to a normality that is of concern and an abnormality that is innocuous and honest and of no concern. Within this area, autism can be defined as a cultural trend of the modernizing society, a 'rain-man' generation wrapped within itself, with 'individualized scientific' thinking as its main instrument. It is a socio-psychological means of creating a shell and jacket around individuals and groups of individuals to avoid heavy encounters with reality. A trend fostered by the society whereby one has to become self-oriented to ensure professional success and sometimes even survival, to deal with the massive onslaught on one's senses of information overload. It is the coping mechanism of today's world, a kind of a new normality, to deal with the feelings of helplessness, insecurity that one encounters everyday, so that with its help the world appears to be structured, predictable and controllable and thereby livable. It is the capacity for retreating into a private inner world, restructuring the environment to meet one's inner needs through fantasy, wishful thinking etc. The same anlage can be used for institutions too. Autism and related process as social trend has been described by various people earlier too.
For illustrating the process, studies done along similar lines are discussed. They authenticate the view discussed that process like autism and processes resembling autism or a kind of social autism and other similar process are prevalent in some from in everyday life and functioning of the society. Further it is possible to draw parallels between autism as a clinical manifestation and as a social, normal manifestation or phenomena, since the distinction between 'normality' and 'abnormality' is too fine to be deciphered accurately. Certain circumstances, life situations have forced an individual into certain debilitating but necessary modes of existence, to deal with changes in contemporary societies.

To support our viewpoint, as examples are various other studies done on similar lines. Mahler (1975) suggested some parallels between the postnatal phase of normal autism and groups. Drawing an analogue between the two she states that in groups too, one finds brief periods of withdrawal and preoccupation with internal states which have the quality of dreams and where the members barely relate to each other. Omnipotently self-contained fantasies are projected onto the leadership.

Laing (1946) too states that a partial depersonalization of others is extensively practiced in everyday life and is regarded as normal if not highly desirable. Most relationships are based on some partial depersonalizing tendency in so far as one treats the other not in terms of any awareness of who or what he may be in himself but as virtually an android playing a role or part in a large machine in which one too may be acting yet another part.

Bettelheim's (1943, 1960), study of prisoners in concentration camps, vividly describes the process. For him, the autistic children live in constant fear of their lives, they seem convinced that death is imminent; that possibly it can be postponed just for moments through their not taking cognizance of life. This situation was similar to the one in normal people in the same psychological situation in concentration camps. What distinguished it most was its inescapability, its uncertain duration but potentiality for life, the fact that nothing about it was predictable, that one's very life was in jeopardy at every moment and that one could do nothing about it. This experience was so unique that he coined the term 'extreme situation' to describe it (1943, 1960). Though the conditions in the concentration camps were more or less same for all prisoners, not all
men responded alike. There were all types of schizophrenic adaptation and symptomatology dependent on the prisoner's personalities, life-histories and other factors. Autistic behaviour was found in those who felt they were not only helpless to deal with the new situation, but that this was their inescapable fate, and when the feeling of doom penetrated so deep that it brought the added conviction of imminent death. The external reality of this prisoner is for the autistic child his inner reality. Each ends up, though for different reasons, with a parallel experience of the world. The autistic child, because inner and outer reality are not separated but are experienced as more or less the same, takes his inner experience for a true representation of the world. The prisoner (called Moslem) who let the SS get hold of him, not just physically but emotionally too, went to internalize the SS attitude that he was less than a man, that he was not to act on his own, that he had no personal will. But having transformed his inner experience to accord with his outer reality he ended up, though for entirely different reasons, with a view of himself and the world similar to that of the autistic child. Another parallel was the disregard of reality and withdrawal into fantasy life. Prisoners were inattentive to true casualty in their lives and replaced it by delusional fantasy. Their nearly continuous dreaming was a close parallel to the self stimulation of the autistic child. The reason for their withdrawal is the correct interpretation of the negative emotions with which the most significant figures in his environment approach him. There was also the intense wish of the prisoners to have everything in the outside world stay unchanged, and their helpless rage if changes occurred. This stems from the identical feeling that the autistic child experiences of helplessness about influencing the external world. Then there was the feeling of hopelessness about things never changing for the better the most important paralleled between the two, and then a final withdrawal of all interest in the external world.

Another example elaborating the dynamics is Lifton's (1986) study of Nazi doctors where he describes the process of doubling in most if not all lives. Doubling is a process similar in character & shade to autism. Though he talks of a destructive version of it victimizers doubling. The Germans of the Nazi era came to epitomize this process not because they were inherently more evil, but because they succeeded in making use of this form of doubling for tapping the general human moral and psychological potential for mobilizing evil on a vast scale and channeling it into systematic killing. While victimizer's doubling can occur in virtually any group,
professionals of various kinds—physicians, psychologists, physicists, biologists, clergy, generals, writers, artists, statesmen etc have a special capacity for doubling. In them a prior, humane self can be joined by a "professional self" willing to ally itself with a destructive project, with harming or even killing others. This process depends on the psychological process of 'numbing' and 'derealization'. This is characterized by radically diminished feeling, upon one's not experiencing psychologically what one was doing. This "psychic numbing" is a general category of diminished capacity or inclination to feel, an interruption in psychic action in the continuous creation and re-creation of images and forms that constitutes the symbolizing or "formative process" characteristic of human mental life. Psychic numbing varies greatly in degree, from everyday blocking of excessive stimuli to extreme manifestations in response to death-saturated environments. But it is probably impossible to kill another human being without numbing oneself towards that victim and a similar parallel can be drawn between groups too. Along with numbing there was a constant fear of death amongst the victimizers. They appeared "petrified" of possible infections, diseases and death. Another factor was their feeling of powerlessness or "impotence" and helplessness in a larger machine, a helpless pawn, whose source of identity and power was being culturally eroded.

Tinbergen and Tinbergen's (1983) study is another example of autism as a social characteristic in a modern, industrialized, urbanized and highly competitive society like in America, Japan, since it is on the increase. It is a product of the overall relationship between Man and his environment, at the way we adapt to the changes in our ecological relationship. There has been a drastic change between the primitive societies to the modern society. Growing up in the modern world has new pressures of a psychosocial nature; these created psychological forms of pollution a serious threat to our survival and well-being. These changes are two fold: (a) to an increasing extent, modern children grow up in large, dense, 'anonymous' societies, at its most extreme in cities and 'megalopolises', and (b) behaviour programming is less and less done in the informal but effective context of play groups and the family, and more and more in schools and other institutions, where the emphasis is on being instructed and on having to learn a large, and still growing variety of new skills. The consequences are harmful to the normal development. First, an increasing number of children are faced with conditions which overstretch their
adjustability; and then there is the virtual break up of the family (Bronfenbrenner). The loss of parentcraft is a serious cultural loss for which it is difficult to compensate.

Lasch (1989), too views the present society as a narcissistic society, an age of modernization, mass culture and mass consumption and where consumerism is the key word. Yet with all the material comforts unknown to earlier ages, man is obsessed by thoughts of disaster, the problem of survival overshadows all other concerns. We think of ourselves both as survivors and as victims or potential victims. Under the expansive definition of victimization endorsed by the society and current world view, almost everyone is vulnerable to some kind of disaster, and the victim has come to enjoy a certain moral superiority. This moral elevation of the victim helps to account for the inflation of political rhetoric that characterizes the discourse of survivalism. The competitive free-for-all in large institutions provides many people with an occasion for the reassessment of ordinary experience in the light of extreme situations. The pursuit for success has been reconceived as a daily struggle for survival. Dalton, describes "the individual in the large organization or mobile society, like the uncalculating animals, is also a defenseless creature who calculatingly practices deception for safety's sake against the invisible treats around him, people resort to what biologists call 'protective mimicry' in today's vast system of rationality". Corporations take on the appearance of total institutions where organized brutality flourished like in death camps and totalitarian political systems and every trace of individual identity disappears. There is an increasing trend of viewing everyday emergencies as extreme situations, and every stress in the adversity of this light. The old codes, which stressed the dignity of death in the service of a worthy cause, looses its appeal under modern technological warfare and mass devaluation extermination. Survivalism leads to a devaluation of heroism. Extreme situations glorify the small acts of living not grander forms of loyalty. Total institutions organize massive assaults upon the self, preventing effective resistance, forcing inmates to resort, instead to detachment and withdrawal, and the combination of conciliation and cooperation. Today's culture reinforces one to view stressful situations as extreme situations or they are perceived as such. To be human is no small accomplishment in these times. The traditional style of surviving, being unsupported by an ideology today, tends to give way in moments of personal stress to a defensive style of surviving. Everyday life begins to take on the characteristics of behaviour in extreme
situations; and there is restriction of perspective to the immediate demands of survival; emotional anesthesia and role playing.

Besides these trying circumstances in today's world order, there are also segments of social behaviour whereby behaviors verging on autism can be observed.

In Newcomb's (1947) concept of autistic hostility, people will avoid those encounters that promise to produce aversive feelings in them. If we have formed a negative expectation of impression of another person, we attempt insofar as possible to avoid interacting with that person. A major consequence of autistic hostility for interpersonal relations is that it limits the possibility of changing our impression or feelings about the initially disliked person. Such an expectation generates avoidance responses, so that there are fewer opportunities to experience events that might counteract the negative expectation. If one assumes that an encounter is going to be unpleasant and thus avoids it, the assumptions will never be tested. The expectation need not be accurate, the prediction of negative interaction may be completely unfounded, but it nonetheless operates as a powerful influence on behaviour.

In the same vein, Galtung (1989) believes that the 'cold-war' between nations is an example of an 'autistic-system', when one disregards the external reality and turns in on itself, responding to its own internal reactions. It is not the objective threat from the other side that matters, since it is not credible enough. The threat is used as a justification. Each is responding to the self-propelling forces within its own system without any regard for the other side.

Regimented training verging on the inculcation of autism-like traits, is a part of the establishment of armed forces. The army may create conditions facilitating self-isolation, a decrease in empathy, sympathy. The training is such that persons have to be 'objectified' and 'depersonalized' to deal with combat situations and death. Further there is a strict emphasis on discipline, order and maintaining the structures of the institution, ritualizations etc, to the extent that persons are secondary to the structure and order. Shatan (1977) hints at this possibility similarly.
Cohn (1987), on her work with nuclear scientists and their language derives at a similar conclusion. Listening to the language of defense intellectuals, she says, reveals the emotional undercurrents in this emphatically male discourse of the mechanisms of distancing and denial and how learning the language makes thinking more abstract, more focused on parts disembedded from their context, more attentive to the survival of weapons rather than human beings, thereby making it possible to think rationally about the use of nuclear weapons, and militarizing the mind.

Autistic thinking is necessary too. Aspects of autism such as an individual's capacity for retreating into a private inner world is often how creativity starts. Fantasy, imagination, daydreaming, turning away from reality and structuring experiences in an idiosyncratic and individualized manner is often not only a prerequisite for any work of creativity but also cushions the harder aspects of reality. It sustains and provides an alternative to the drabness of reality. It is also relevant for social choices (such as consumerism), as a source of arousal and motivation, an example can be of a person who may decide to buy a cheese burger merely as a consequence of thinking about the food item, even though he might not be hungry. The inborn autistic are rampant in symbolism. There exists an incredible uniformity from person to person, era to era, race to race, dream to mental disorder and mythology. Autistic thinking needs experiential material. In order to wish for the item "X", one must be aware of the pleasurable attributes of "X". Children are stuffed with such material from infancy.

Jung, advocates that whereas realistic function has only one correct result, autism carries "endless possibilities" and its goals can be attained in variegated ways. One can consider the tale of a child and that of a genius in the same sphere of autistic purpose and subjective fulfillment. As opposed to realistic thinking, autistic thinking is not perturbed by inadequate logical function and is directly fostered by them as they permit greater freedom of thought. Bleuler considers that the highest achievement is the correct combination of reality and myth. Humor and art are such achievements. The role of autism in art, according to Bleuler is enhanced when it stimulates and heightens energy, but aristic autism is not appealing when it supplants action, and when aesthetic needs are so overwhelming that one cannot exist without an artistic penchant. Autistic thinking is efficacious as an abreaction. Man abreacts via fantasy, dream or artistic catharsis. Autism widens the course for the exercise of thinking ability. One sidedness is indispensable in pursuing
certain goals. One must over-estimate the value of the goal to increase the desire for it. Autism reinforces the action towards achieving the goal. It can be developed parallel to realistic thinking. It can create cultural values along with illness.

The above studies are examples to support the view that autism is not only a pathological disease but can be anywhere on a continuum ranging from a survival strategy and defence mechanism in an individual to a trend in society. Autism and similar processes as an individual characteristic and as a social phenomena has been emphasized by various people. It is also relevant that characteristics of an individual can be applied to group dynamics too, since a group functions as a single entity.

Therefore, in a world pushing us all into stressful situations living involves using more of defence mechanisms to cope with reality and deal with the lack of intimacy. Further, the culture reinforcing such defenses brings some forms of "extremity", closer to a new normality, so that even though the situations are not extreme situations, the reactions to them sometimes are. These defence mechanisms may involve excessive perceptual filtering (autism) or poor perceptual filtering (schizophrenia) as a response to the insecurities of the current society and culture. Just as an individual is a product of his culture and environment, the culture too is changed and effected by the people. A group or institution of insecure individuals, "cannot security make". Insecure individuals segregated together also constitute the personality of the group, society, culture as they are constituted by it. The dynamics are the same that work in a single individual or in any group or institution. The reverse is also true. An insecure institution, group, society or culture will effect its individual members, since one is to a large extent constituted, moulded and shaped by the environment of which he is a part. A never ending vicious circle where each reinforces the dominant, convergent, 'safe' ideology and maintains a stagnant 'status quo' or sameness in order to bestow order in a chaotic world and minimize the set of alternatives available, so that surviving becomes simpler, and the need for intimacy is fulfilled through substitutes, where extremity is the new 'normality'.

The line between autism as good and autism as bad is difficult to draw, like one can't state the amount of fantasy required to be intelligent and creative. It is dependent on the context, the
time, the need, the situation, etc. But it is also a fact that a single individual whom the trend has
overpowered or who can been labeled as showing clinical or pathological symptoms of autism is
not dangerous. The social trend towards autism and similar processes where symptoms that
correspond to pathology are reinforced by society, when such type of communications and
interactions become the basis of our relation with members of the society or another group and
culture, then the trend becomes one of concern.

Since it is a trend towards a new normality in a world where science is the new God of
prosperity and has pervaded almost every aspect of our lives, understanding this changed world
becomes imperative. This is a new world order where institutions and societies demand certain
amount of autism as a necessary requisite for membership into them or even for survival.

The contemporary society is forcing one to revert to this earlier mode of
self-encapsulation or closing in and coping with reality. This is the mode with which an organism
begins life, then gets habituated to it, moves on to learn more ways, form relations and
self-actualize. One leaves autism as the only mode to incorporate more fulfilling, complex
relations and bonds. A failure in forming relations, a stress extreme situation, isolation, lack of
intimacy, insufficient human contact, etc., can push one to become autistic, and thereby protect
oneself by this armour, strait-jacket of isolation, lack of communication, indifference and
withdrawal. The world then becomes structured, static, depersonalized, and within this rigid
rationalism, the person thinks and acts in an automation like perservating fashion. This
mechanism is deployed automatically and is in small amount a part of everyone's life, if one has to
maintain one's identity and exist as an individual. The matter of concern is that current life
situations, institutions and particularly the nature of scientific inquiry and the immense
information, communication network, etc., demand and induce a certain amount of autism,
forcing the members to revert to it too often and this leads to a creation of, or have in some cases
has already created, a new world where such behaviors are fast becoming the new normality.
The repercussions of this new normality, have cut through all classes, races, cultures, societies
and for the first time in history, there may be a unilateral and easy acceptance of objectivity,
rationalism, aloofness, indifference, etc., as the new norm and way of behaviors and code of
conduct.
And what is good Phaedreus,
And what is not good.
Need we ask anyone to tell us these things.
Robert M. Pirsig.

AUTISM AS A CLINICAL SYNDROME

A brief overview of the symptoms characterizing autism as clinical syndrome is necessary for an understanding of the concept.

Any account of the definition of autism must start with Kanner's (1943), description of 11 children with a previously unrecognized syndrome. He noted a set of behaviors which seemed to be characteristic of all of behaviors and also differentiated them from other psychiatric syndromes. Kanner's diagnostic criteria (1943,1949)

1) A profound lack of affective contact with people.
2) An anxiously obsessive desire for the preservation of sameness.
3) A fascination for objects which are handed with skill in fine motor movements.
4) Mutism, or a kind of language that does not seem to be intended to serve interpersonal communication.
5) The retention of an intelligent and pensive physiognomy and cognitive potential of memory and in mute children by their skill on performance tests.

Rutter (1968), after an extensive survey states four essential characteristic of autism.

1) Impairment in human relatedness.
2) Impaired language, ranging from absence of speech to bizarre and deviant language pattern.
3) Peculiar motor behaviour ranging from stereotypies to more complex behavioral repetition.
4) Early onset, before 30 months of age.
DSM - III, IV, the final word on diagnosis describes the essential features as follows:

1) Onset before 30 months of age but up to 42 months.
2) Pervasive lack of responsiveness to other people.
3) Self-isolation.
4) Gross deficits in language development.
5) Bizarre responses to various aspects of the environment: e.g., resistance to change, peculiar interest in or attachments to animate or inanimate objects.
6) Absence of delusions, hallucinations, loosening of associations and incoherence as in schizophrenia.

Webster, Kountantareas and Mack (1980) provide a list of various behaviors likely to be exhibited by autistic persons. They developed a neumonic derive AUTISTIC PEOPLE:

1) Affect Isolation.
2) Unrelatedness to others.
3) Twiddling behaviour.
4) Inconsistent development continuity.
5) Self-destructive behaviour.
6) Temper-tantrums and anxiety.
7) I/You apparent confusion.
8) Concrete thinking.
9) Perceptual inconsistencies.
10) Echolalia - Immediate and delayed
11) Orderliness (Psychological Rigidity).
12) Physical incoordination
13) Language lacks.
14) Excessive activity.

A summary of the various traits emphasized by various researchers can be described as follows:

1) Affect isolation or self-isolation is the primary problem.

2) Unrelatedness to others, impairment of emotional relations.

3) An anxiously obsessive desire for presentation of sameness and intense resistance to change.

4) Perceptual inconsistencies.

5) Echolalia or Mutism and language impairment.

6) Lack of Imagination.

7) Concrete thinking.

8) Inappropriate emotions.

9) Self-destructiveness.

This summary is based on researches by Kanner, Rutter, Wing, Rimland, Mack, Webster and Konstantareasetal.

In the present study all the symptoms have not been replicated, since it is not our purpose to show that 'normality is abnormality' or normals as abnormals. Only those symptoms have been chosen which are the most common ones. and to a large or small extent have to be incorporated by people in order to survive in an institutional setting.

AUTISM AND THE INDIAN SOCIETY

As emphasized earlier, cultural influences to a large extent determine the personality formation of people. Different cultures shape the development of their members in different ways, choosing how the various stages are going to be - stressful or non-stressful. The cultural
radiations as Freud recognized, and many other too, are internalized during childhood in the individual's superego.

As Kakar says, the world image of traditional Hindu culture, like those of other societies, provides its members with a sanctioned pattern, a template which can be superimposed on the outer world with all its uncertainties and on the flow of inner experience in all its turbulence, thus helping individuals to make sense of their own lives. Shared by most Hindus and enduring with remarkable continuity through the ages, the Hindu world image has influenced Indian languages, ways of thinking, perceiving and categorizing experience. Such images as Erikson writes, 'are absorbed early in life as a kind of space-time which gives coherent reassurance against the abysmal estrangements emerging in each successive stage and playing man throughout life.

Childhood in India is the 'golden age' of an individual's life history. From the moment of birth, the Indian infant is greeted and surrounded by direct, sensual body contact, by relentless physical ministrations. The emotional quality of nurturing in traditional families serves to amplify the effects of physical gratification. An Indian mother is inclined toward a total indulgence of her infant's wishes and demands. There are no demands on the child for anything from meaning to toilet training, and his wishes are accepted with manifest delight and affectionate tolerance. The predisposition of the mother to follow rather than lead in dealing with her child's inclinations and with his tempo of development reflect the cultural conception and respect for the specific 'inborn' individuality of every child, and in the identity development of Indian women, a striking contrast to the Western ideology of control, conflict and aggression. Prevalence of Autism and other mental disorders in the traditional families is very low as compared to the West, because unlike the West, traditional structures in the family have not yet been broken. Kakar attributes this to the gradual pace of social change which has been bearable so that most Indians have been able to retain their identity, in which the maternal cosmos of infancy and early childhood is the inner self.

But in the last decade or so, the rate of change has accelerated and in the new economic order of today, the pace is threatening to have the same consequences as in the Western society. In the past five years, and more recently in the last years with the advent of the cable network and
mass exposure to the Western society, changes in the society are taking place and reactions are parallel to those in the Western society.

These changes more rapid in the metropolitan cities have brought the western concepts of materialism, consumerism, professionalism and the lack of intimacy into the very essence of the society which is visible in every aspect of an individual's life right from the physical attributes to the fantasy, imagination of the minds. Under this enslaught, the day is not far off when India too will lose its capacity for tolerating and accepting varied forms of deviance and come to force people into a unidimensional mode of adaptation with no alternatives or choices, only defenses.

RATIONALE FOR THE PRESENT STUDY

"Technology is just a way of organizing the universe so that man doesn't have to experience it." Frisch

We must learn to use things and love people instead of loving things and using people.

Every society, every culture, every age and generation has its own realities of living which places the demand of coping and adjusting on every member of the society. Every generation tries to deal with the problems in its own way and it develops its own norms, rules, do's and don't's, to deal with the pressures of what we call living. The study is an attempt to understand today's problems and coping mechanisms by understanding how various people view their inner and outer reality and thereby attach significance and meaning to their life experiences.

An attempt has been made to study the 'abnormality' of 'normality', and the nexus between the two, through the study of autism. The social process of how society sustains certain trends of behaviors and in subtle ways reinforces them so that they are cover desired and emulated is the underlying assumption. One such trend is autism or autistic process and its significance in individual and society. It has been increasingly seen since the time of Freud (and many others that followed) that symptoms associated clinically become functional in time and context and also
behaviors once normal are categorized as dysfunctional or abnormal in time and in different contexts. This is a part and process of social change.

Here autism and similar process occurring to some extent in everyday behavior, are studied. There are three levels in any social process of deviancy:

a) The symptoms are social and have to do with the social norms, rules or behaviors.

b) Certain dynamics exist between the social relation or society and the person that is responsible for causing the behavior.

c) Social ideals endorse certain forms of the deviancy which are not normal in a normal social set up, but within a particular context or circumstance they are justified and not looked down upon. In their attenuated form they are justified as desirable and covertly acquired even though overtly they may be found obnoxious.

There is no dearth of literature and studies on the mentally ill which draw conclusions for the normal. The aim of the thesis is to study the abnormality inherent in normality. Therefore the selection for study has been of normal, intelligent and revered group. The rationale behind studying scientists and medical doctors is that in the present times and the present society in which science, technology and medicine are reified, scientists and doctors are crucial decision-makers. They try to find for a panacea for all the ills of the society, and take crucial decisions regarding life and death of others. They are this the major determinants of social change.

The symptoms chosen are metaphorical, and are not a clinical representation of the syndrome, but are behaviors which seem to resemble autism or are a kind of social autism, which is demanded, induced and approved to a certain extent by the group, institution, social structure and/or culture. Though earlier they may have been considered undesirable, they are now covertly desired, to cope with the pressures of the changing society. The rate of change too seems to be much faster than at any other time in history and therefore the pace is too fast for any person to cope with. Toffler A. has discussed this in detail in his writings. To add to this is the tremendous amount of information, discoveries, inventions etc. that is to be accepted and dealt with everyday. In this age of the information explosion coping brings new pressures, very different
from any other time in history. This necessarily has to do with the selectivity and filtering of perceptions. Autism is one mode of coping with this implosion on the senses of excessive information.

The choice of autism as the process to be studied can then be explained on this basis. Since Autism is basically a communication defect, here one defines communication as the essential life process through which animal and human systems create, acquire, transform and use information to carry out the activities of their lives. The basic function of autism is, survival and adaptation, a way of dealing with excessive stimuli by cognitive, and emotional narrowing and insulation. Extending the argument further, if for scientific inquiry, certain traits of autism are demanded, then by and large in the society too, where development and modernization mean a scienticization of society, a certain amount of autism would be required and therefore a modern society would also mean an autistic society. This is the purpose of the present thesis-to understand aspects of the new 'normality' endorsed by a 'scientific ' society.

A detailed analysis of the impact of science and technology on the society becomes relevant to understand autism in its proper perspective, and the rationale behind studying autism as an individual and social characteristic.

That science, technology and medicine are pervasive and powerful elements of modern life is beyond dispute. Big brother has finally controlled the people. There is nothing in life that is considered out of scientific and analytic bounds anymore. Sexuality became scienticized years ago, when Lionel Trilling (1948) remarked on Kinsey's studies of sexual behaviour "Alma Venus having once been called to preside protectively over science, the situation is now reversed." Now there are international conferences on orgasm in a country still developing India. A look at the history and development of psychology indicates how psychological process need a scientific premise for their validity, or even existence. So much so that any phenomena which cannot be proved as scientific is no longer a part of psychology and is treated as its antecedent or ignored.

Emotional relevance of science has increasingly become absolute. It is able to justify and even motivate the behaviour of individuals. It has lent a vocabulary and dictated social categories and values, beyond class, region etc. The first important change in scientific research became its
politicization and structured isolation as applied science and medical endeavors became big business. The second important change occurred with the recognition of the independence and public influence of technical leaders, leading to their being referred to as a "strategic elite" (Suzanne Keller 1963) of "New Brahmins" (Spencer Klaw 1968) in a "secular priesthood" (Ralph Lapp 1965) of "the republic of science" (Michael Polanyi 1962) or "scientific estate" (Don Price 1965).

The potentia of technology is omnipotent and all pervasive. Ever since the emergence of Homofaber as "maker", technology has indissolubly been wedded to production, destruction and prophecy Lowrance, (1985). Technology has become an essential part of economics, commerce, education, health care, etc., and as technologists have become managers, the art of management too has now become a technical craft. "It has conferred power - power as ability, social status, leverage or wealth on its masters" (Bacan formulated in the Novun Organum, "knowledge and power meet as one"). Technology then is disembodied knowledge and technical art, not just hardware. It is embedded in sociotechnical systems. Technology now is developed and applied more within institutional contexts, more deliberately. Technology and science intersect. Science leads to, and supports technological advance. It can induce worth in things that otherwise would remain of little tangible value. It tends to beget wealth and power, and wealth and power tend to beget technology. Thus, Lowrance states that technology must be viewed as comprising disembodied knowledge and technical art as well as hardware deeply intersecting "pure science"; it is embedded in sociotechnical systems; it can now carry unprecedented physical and temporal scale, complexity and irreversibility; it tends to be developed and applied within institutional contexts, more deliberately; and it can induce worth in things that otherwise would remain of little tangible value.

The medicalization of life too is almost complete. Doctors apply their craft to everything from abortion, sex-change to bed-wetting, mid-life crisis, personality and even dying. With the medicalization of society, there has been an increase in the numbers and variety of attitudes and behaviors besides diseases that have come to be defined as illness. Fox, R (1977), describes such behaviors in detail. Otherwise too, a study of the Diagnostic Statistical Manual published by the American Psychological association would leave one wondering whether one is sane. In a
medicalized society all behaviors are aberrant. As Illich I., states, this medicalization of life is one aspect of the destructive dominance of industry, science, technology. This has resulted in the "institutionalization" of trust (Perruci and Gerstl, 1969). This has given rise to the ethos of professionalism, whereby all power is taken away from the individual and vested into the professional. The professionals can be characterized as groups of experts who hold special educational and skill qualifications, who are granted near monopoly in providing services or rendering technical judgments and who exercise largely autonomous control over their membership and practice (Lowrance, 1985).

Before delving into the implications of the pervasive presence of science, technology & medicine into the very core of our being, an understanding of the construction of scientific knowledge is helpful. Science is based on the norms of empirical validity, objectivity, logical clarity or precision of the particular proposition, logical consistency of the mutual implications of propositions and generality of the 'principles' involved (Talcot Parsons). Barber (1952) added rationality and emotional neutrality to the above. This description of science was an antithesis of the earlier times where religion was the God, the ultimate source of knowledge. Science became the new God and was able to find answers and handle the ambiguity and insecurity where religion failed. Science provided answers to the growing questions in those times. But soon like religion it has come to hegemonize the entire plethora of experience, definitions etc., so much so that anything that cannot be classified as scientific, logical seems to throw us out of course, makes us terribly insecure and an immediate scientific rationale is sought. We have become incapable of tolerating ambiguity, new and unexplained phenomena and immediately seek to restructure into our logic anything that fails to fall into its purview. Scientization then, in its present form, has become a sort of a defense mechanism, a perceptual filtering to avoid insecurity arising from novel, unstructured and unexplained phenomena. It is for this reason that it has been included as one of the symptoms of autism, since it restructures all experience according to its needs, into its definable terms, into its worldview, a process very akin to that of an autistic person. But the truth is that science is eternally provisional and is a matter of consensus:that which is scientifically true is what scientists endorse as being true. Rather than being hidden, answers "out there" waiting to be found, facts are concepts invented, shaped and fitted together into conjectural models and
maps. Scientific knowledge is judged by two overall criteria: analytical and predictive power, and fruitfulness in leading to new conjectures and realizations. Science is accumulative and intellectually progressive, preserving orthodox knowledge and carefully building upon it, all the while striving to supercede it with more powerful knowledge (Lowrance, 1985).

The implication of such pervasive acceptance and endorsement is control. This kind of social control is subtle, manipulative and is a persuasive technique that has been completely successful. It is not a deliberate, thought out process but evolved out of the need to predict, stabilize and deal with the insecurities an unstructured, chaotic world provides. The need to explain and thereby predict the environment so that it no longer seems threatening is a basic mechanism. Defining an event brings it stability and under one's control. No other mode of persuasion, other than science has totally taken control of people, like in the 'Big Brother' in Orwell's 1984. For Schrag (1978), "it is a subtle, seductive process, a process of mystification, which teaches every individual that his mind and behavior are subject to chemical or other organic process not fully within his control, that there are professionals who frequently know more about him than he knows about himself, that it is normal to be watched, tested and questioned by the agents of social service, and that many of the problems growing out poverty, and out of the everyday conditions of human existence are really medical ailments subject to manipulation. It teaches that institutional demands and arbitrary social standards are themselves part of a natural order." There is no conspiracy here, no master plan of control, but clearly a set of interlocking relationships and a community of interest. The ideology of medical-model intervention, psychiatric evangelism, legislative pressure, economic necessity, professional ambition, corporate self-interest, social fear, and the noble intention to provide humane treatment and better quality of life with the help of technology create a climate in which each element of intervention reinforces all the others and in which the total effect is far greater than the sum of its constituent parts. If a drug works, it verifies the diagnosis, which, in turn, verifies the scientific validity, however dubious and undefined, of the ailment for which it is given. It is no longer the cop or the headmaster telling the individual what to do—it is science. The individual is no longer being punished—he is being treated. There are no impositions that can be regarded as unjust and lead to
rebellion. To entertain such dreams is itself madness. He has no choice, no alternatives and no imagination left of possible futures. After all, this is the only world.

The impact of this inherently violent science on man is tremendous. As Illich (1976) says that such medicalization of traditional culture transforms the experience of pain which covers grief, sorrow, anguish, shame and guilt and turns it into a technical problem, and thereby deprives suffering of its personal meaning. People unlearn to accept suffering as an enevitable part of their conscious coping with reality and come to interpret every ache as an indicator of their need for the intervention of applied science. Culture confronts pain, deviance and death by interpreting them; medical civilization turns them into problems which can be solved by their removal. Cultures are systems of meanings, cosmopolitan civilization a system of techniques. To become human, the individual always needed to discover a particular way by which to conduct themselves in their struggle with nature and neighbor. Man is desperately dependent on extra-genetic, outside the skin control, mechanisms since he has lost most of his instincts. Culture is the form that survival, coping and viability take in a given human group. Each culture evolves in its own manner and its definition of being human or healthy is unique. Each group's code suits a given genetic make-up, a given history, a given geography and the necessity of facing a given set of other cultures. Along with the culture, men evolved, each learning to keep alive in the common culture or as Geertz states, "the common cocoon". Man's sense of his own body is a gift of culture. A myriad of different virtues express the different aspects of fortitude that traditionally enable people to recognize painful sensations as a challenge and shape their own experience accordingly. Patience, forbearance, courage, resignation, self-control, preserverance and meekness—each express a different coloring of the responses with which pain sensations were accepted, transformed into the experience of suffering and endured. Duty, love, fascination, routines, prayer and compensation were just some of the means that enabled to bear pain (Illich). Nandy A., Vishwanathan (1989) in 'Modern medicine and its non-modern critique' provide a detailed analysis of the impact of science on the society, culture and the individual and draw similar conclusions.

In the modern culture, which has violated many aspects of man from his physical body to his self and identity, everyday is a day of struggle survival, and to hold together ones integrity in
the face of all kinds of pressures. The resultant is emotional disengagement, reluctance to make
commitments, sense of powerlessness, growing dependence on large scale organizations,
fascination with extreme situations, lack of intimacy and love, narcissism, and growing obsession
with materialism and consumerism and self gratification and constant insecurity leading to
hoarding of weapons and overprotection from viruses, to people, and to nature. The defenses are
many to ward off the stress of coping and living in a society that has become so mechanical,
objective, scientific and left no scope for personal expressions, intimacy, care and concern.
Beginning with the most primitive of defence by attack, to sarcasm, ridicule, vandalism,
withdrawal, regression, flight into failure, physiological and psychological anesthesia through
drugs, repression, amnesia, rationalization, physical illness, mental illness, all are reactions to cope
with the modernizing society and survive in the culture or to meet the demands of the changing
culture. Toffler describes these effects in detail in his books, Future Shock, Third Wave and
Power Shift.

The reasons for focusing on doctors and scientists is self evident. As the building blocks,
perpetuators, constructors pillars and sustainers and the products of the culture of science and
technology, they are both disjunctive and highly conjunctive with the society. Studying their
behaviors and attitudes helps one understand the dynamics of the scientific structures and the
study of autistic processes as a social as well as individual phenomena, existing and endorsed to
an extent by the society and culture.

Furthermore, a study of scientists and doctors will reveal the nature of scientific inquiry,
which in turn is an indicator of the changes in the society. Since the process of change in societies
and cultures all over the world has now reached to the level of maturation of science and its
allied disciplines, development has become synonymous with modernization, which is just another
name for acceptance of science and technology into many spheres of life and society,
As Pirsig (1974) writes in Zen and the art of Motorcycle Maintenance.

"The laws of science contain no matter and have no energy like ghosts and
therefore do not exist except in people's minds. It's best to be completely scientific
about the whole thing and refuse to believe in either ghosts or the laws of science."