



## Janet Frame and autism

The suggestion by Dr Sarah Abrahamson [12 October 2007; N Z Med J. 2007;120(1263) <http://www.nzma.org.nz/journal/120-1263/2747>] that Janet Frame may have been on the autistic spectrum has received much media attention.

This probably reflects the esteem in which Janet Frame is held and the current fascination with autism in New Zealand with estimates that 1 in a 100 people may be on the spectrum with the majority at the higher functioning end.<sup>1</sup>

But diagnostically it is a growing spectrum and although no two people will present exactly the same there will be some similarities such as issues with social communication and interpreting non-verbal language; a preference for the logical, literal, and predictable with a dislike of change; and a tendency to anxiety or depression from having to fit in with a world that is confusing and does not understand them. An intense special interest or ability is likely as is extreme sensory sensitivity.

It does not mean people with autism are not sociable or do not have empathy but it may be self-taught for example, people with Asperger's Syndrome (AS)—probably the most common diagnosis in New Zealand—talk of having to learn the rules of the 'neurotypical' (i.e. the non AS) world.

The idea that Janet Frame was on the autistic spectrum is not a new one. Some of my 'Aspie' friends (those proudly identifying as having AS) have longed claimed her as one of them. As a parent of a child with autism, a fan of Janet Frame's writing, and a researcher in the field, I wrote an essay in 2000 (unfortunately since lost) on whether she might have had Asperger's Syndrome.

As sources, I used her writings, the recently published Michael King biography, and some video and audio records. I discussed the possibility with [the late] Michael King who indicated agreement, mentioned she had shown interest in autism since the diagnosis of her great niece, but suggested it was best not to publicise my research as it might upset members of her family.

When I mentioned my theory to international expert Tony Attwood he said that an incorrect diagnosis of schizophrenia was common in people with autism, particularly in the past when understanding of autism was limited.

Understanding of the autism spectrum is rapidly evolving but the diagnostic language is negative with words such as disorder, suffering, obsession, and abnormality possibly causing many to fear it. The DSM IV reflects the medical model of disability as something deficient that is located in the individual requiring treatment or intervention.

New Zealand public policy is instead underpinned by the New Zealand Disability Strategy whereby disability is created by disabling attitudes and environments. My current research is on how the lived experience of autism can inform and improve public policy.

Dr Abrahamson raised the link between Janet Frame and autism to raise awareness among health professions of the autism spectrum so patients will receive appropriate diagnosis and support to participate in the community, not be set apart from it.

Janet Frame suffered from being an eccentric genius in a 1940s New Zealand which had a limited view of normality and which saw institutionalisation, lobotomies, and unanaesthetised electroconvulsive therapy (ECT) as acceptable interventions for those who did not fit in.

Janet Frame's story illustrates professional capacity to get it wrong...or right.

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**Footnote:**

1. Estimated prevalence used by Autism NZ [www.autismnz.org.nz](http://www.autismnz.org.nz); for more information about autism, see [www.humans.org.nz](http://www.humans.org.nz)