This study examines the representation of protagonists with Autism Spectrum Disorders (ASDs) in young adult literature. A sample of 11 books were analyzed in an attempt to determine the most common way this group of young adults were represented and what types of stereotypes may be perpetuated. The results of this study found that most characters were relatively realistic and overall were accurately represented.

Headings:
Autism
Autism – Fiction
Autism in adolescence
Autism in literature
Autism – Juvenile Fiction
Autism – Juvenile Literature
Autism Spectrum Disorders
Autism – United States
Young Adult Literature
Young Adult Fiction
Young Adults – Books and reading
Young Adults – Psychology
Young Adults with disabilities
AUTISM SPECTRUM DISORDER REPRESENTATION IN YOUNG ADULT LITERATURE: A CONTENT ANALYSIS

By Marli Johnston

A Master’s Paper submitted to the faculty of the School of Information and Library Science of the University of North Carolina at Chapel Hill in partial fulfillment of the requirements for the degree of Master of Science in Information/Library Science.

Chapel Hill, North Carolina

December 2014

Approved by

________________________________
Sandra Hughes-Hassell, Advisor
Introduction

Historically speaking, Autism Spectrum Disorders (ASDs) are a relatively recent phenomenon. The diagnosis was first described in detail as a separate, unique disorder during World War II, but evidence suggests that people had these disorders long before this. Though the specific criteria for diagnosing ASDs has shifted in the past seven decades, it is still an important group of people that is often unrepresented in publications. There was a time when this subset of people were shunned or hidden away in group homes, but there has been a dramatic turnaround in recent history. Increased research efforts as well as awareness campaigns have changed the way many people view ASDs and the people who are included in the spectrum.

Similarly, young adult literature is a fairly recent category of literature. Readers were typically moved from children’s literature to adult literature with little to read between the two. Young adults were first given their own age bracket during World War II and it sparked a marketing revolution. Books published specifically for this group of people exploded onto the market and are still increasing. Young adults read to learn more about themselves and others: they want to increase their awareness of the world around them.
There is a unique, somewhat untapped market where ASDs and young adult literature overlap. Most young adult literature is written for female readers and includes romantic archetypes and love stories. There is somewhat of a void of male protagonists and stories that appeal to male readers. Ironically, most ASDs are seen in males. It would make sense to include males with ASDs into young adult literature, intertwining awareness of ASDs and appeal to male readers. There is very limited young adult publications that features characters with ASDs, regardless of gender.

This study aims to examine the representation of characters in young adult fiction that have autism spectrum disorders (ASDs). It will attempt to categorize the character traits and developments of the protagonist into five common aspects of ASDs: social skills, nonverbal communication, relationships, pattering and hyper- or hyporeactivity. Studying the portrayal of these protagonists will provide insight into how this group of people is represented.

Review of Literature

Clinical History of Autism Spectrum Disorders

While there is a great deal of speculation about historical figures and characters showing personalities consistent with Autism Spectrum Disorders (ASDs), they were not clinically described until the mid-twentieth century. Swiss psychiatrist Eugen Bleuler initially coined the term *autismus* to describe
idiosyncratic, self-centered thinking, although he is best known for his work with schizophrenia (Goldstein, Naglieri, & Ozonoff, 2009).

Leo Kanner introduced the modern concept of “autism” in a 1943 article published in *Nervous Child* (Goldstein, Naglieri, & Ozonoff, 2009). In this article Kanner detailed eleven children who exhibited similar characteristics, yet did not seem to fit into any diagnostic criteria of the time. He described them as having “autistic disturbances of affective contact” (Goldstein, Naglieri, & Ozonoff, 2009, p. 3). The term was borrowed from the schizophrenic field due to the fact that Kanner felt that these children also lived in their own worlds, but due to a lack of development rather than the regression seen in schizophrenic patients of the time. He felt that these children were born lacking the typical capacity and motivation for social and emotional development (McConnell & Ryser, 2007).

Most notable was the children’s rigidness, inflexibility, and negative reactions to any change in their environment or routine. This caused a great need for sameness and led to severe problems in social interactions and communicational deficits.

Unaware of Kanner’s clinical diagnoses and publications, Hans Asperger was working with a group of adolescents in Vienna during the same time. He proposed another autistic condition in a paper published in 1944, referring to it as “autistic psychopathy” (Goldstein, Naglieri, & Ozonoff, 2009). This paper was published in German during World War II, and was unavailable to English-speaking scientists until its translation and republication in 1991 (Aarons & Gittens, 1999).
ASDs were first introduced into the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) in 1980 with the publication of the DSM-III. Prior to this publication, ASDs were widely regarded as an early presentation of childhood schizophrenia (Baker, 2013). The DSM-III defined infantile autism as a pervasive developmental disorder that was distinctly separate from schizophrenia and involved three domains: “lack of responsiveness to other people (autism), gross impairment in communicative skills, and bizarre responses to various aspects of the environment, all developing within the first 30 months of age” (American Psychiatric Association, 1980).

In 1987, the DSM-III was revised to become the DSM-III-R and included a more complex definition of autistic disorder and required meeting eight of sixteen criteria over three domains (social interaction, communication, and restricted interest). This revision also removed the onset requirement and provided a new category for children meeting a number of the criteria for an autistic disorder diagnosis, but not all (Pervasive Developmental Disorder, Not Otherwise Specified – PDD-NOS). The next set of revisions and editions of the DSM were the DSM-IV and the DSM-IV-TR (Baker, 2013). These were published by the American Psychiatric Association in 1994 and 2000, respectfully. These editions further refined the criteria for autistic disorders, making a diagnosis increasingly difficult and complex. The number of pervasive developmental disorders was also increased to five, including Asperger’s disorder and Rett’s syndrome (Baker, 2013).
The current edition of the DSM, the DSM-5, was adopted in May of 2013. This publication officially added the diagnosis of “Autism Spectrum Disorder” (ASD) and it incorporates several previously separate diagnoses, including autistic disorder, Asperger’s disorder, childhood disintegrative disorder and pervasive developmental disorder not otherwise specified. The decision to combine these disorders into one diagnosis was to reflect the idea of a continuum from mild to severe, rather than a simple yes or no diagnosis to a specific disorder (American Psychiatric Association, 2012). ASD is defined by two diagnostic criteria: “persistent deficits in social communication and social interaction” and “restricted, repetitive patterns of behavior, interests or activities” that must cause significant impairment in daily function (American Psychiatric Association, 2013).

Autism Spectrum Disorder Trends in the United States

The diagnosis of an Autism Spectrum Disorder (ASD), in any capacity, is a relatively recent phenomenon. While there is speculation of trends in the past, the Centers for Disease Control and Prevention (CDC) began officially tracking ASDs in 1996. The CDC collaborated with the Health Resources and Services Administration (HRSA) to study trends in the prevalence of developmental disabilities. Their research spanned twelve years, from 1997 to 2008, and included the responses from the 1997-2008 National Health Interview Surveys of a total of 119,367 children between the ages of three and seventeen (Boyle, et al., 2011). According to this research, the prevalence of ASDs has increased
289.5% in twelve years. Other studies in the United States and Canada suggest that there is a continued upward trend in prevalence (Autism and Developmental Disabilities Monitoring Network Surveillance Year 2010 Principal Investigators, 2014).

Simultaneous to the collaborative research of the CDC and the HRSA, the CDC established the Autism and Developmental Disabilities Monitoring (ADDM) Network in 2000. The most recent report from the ADDM Network was published in March of 2014 in an effort to provide the most up-to-date prevalence estimates (Autism and Developmental Disabilities Monitoring Network Surveillance Year 2010 Principal Investigators, 2014). This study from the ADDM Network focused on children aged eight years and were located across eleven ADDM sites. The population of the study represented nine percent of the total United States population of children aged eight years in 2010. Based on this sample, the overall prevalence of ASDs in 2010 was 14.7 per 1,000 (one in 68). The prevalence rate for boys was 23.7 per 1,000 (one in 42) and the rate for girls was 5.3 per 1000 (one in 189). The prevalence of ASDs was significantly higher among boys than among girls overall within this study and the average ratio of boys to girls was 4.5:1 (Autism and Developmental Disabilities Monitoring Network Surveillance Year 2010 Principal Investigators, 2014). Overall, it appears that ASDs are becoming more frequently diagnosed and are more commonly presented in boys.
Autism Spectrum Disorder in Young Adult Literature

Teenagers were first given their own distinct social demographic in World War II. This distinction paved the way for a new type of book to emerge. Maureen Daly released Seventeenth Summer in 1942 and this is considered the first book written and published explicitly for teenagers (Strickland, 2013). While other novels followed this marked first, there was no name for this type of literature. The term “young adult” was coined in the 1960s and referred to adolescents between the ages of twelve and eighteen (Chance, 2014).

Today, according to Barbara Bontempo (a professor of English and English education at SUNY Buffalo State) young adult fiction is most successful when protagonists are teens that have been given a great deal of responsibility and that live in a world that is complicated and multilayered (English Professor Barbara Bontempo on Trends in Young Adult Literature, 2014). This is a reflection on the lives of young adults; teens are forced to straddle the line between childhood and adulthood, thus making characters facing challenges appealing. Teens want to connect with a work. For example, “[t]hey love The Hunger Games not because it’s real in that it happens, but the emotions there are real, and it’s very relatable” (Strickland, 2013).

Casey Rawson reviewed approximately 250 young adult titles published between 2000 and 2009 that were either award winning, teen-selected top fiction titles, or bestsellers for a variety of characteristics (2010). She found that 52.4% of protagonists were female and 47.6% were male. This means that there were slightly more female protagonists than their male counterparts. Approximately
4.3% of the protagonists within the titles reviewed had some sort of disability, although specifics were not detailed in the study (Rawson, 2010).

Historically, representations of disability in classic literature are often negative or restrictive, or are intended to be pitied by audiences. These representations can be seen in classic works that are taught in the classrooms of young adults, including Richard III, Moby Dick and A Christmas Carol (Curwood, 2013). Characters with disabilities were pivotal in the moral development of other characters or were created to serve as literary symbolism. While these are different than Autism Spectrum Disorders (ASDs), the idea is similar: representation matters.

Recently, scholars have researched with a focus on the importance of accurate portrayals of individuals with disabilities. The focuses include: disability in general, specific learning disabilities, mental disabilities, developmental disabilities, dementia, visual impairments, or communication disorders (Curwood, 2013). However, a vast majority of this research has been focused on children’s picture books rather than young adult literature. This void in literature makes a strong argument for the importance of this research.
Methodology

Sample Selection

The intent of this paper is to study the accuracy of the representation of individuals with Autism Spectrum Disorders (ASDs) on a variety of levels. Books were selected for this study based on their main character and intended audience. A variety of factors were taken into consideration during the process of sample selection. Works were excluded if they were published more than ten years prior to the study (before 2004). Characters in these works must have an explicitly stated ASD to be included in the study, not simply hinted at through character development. This was to ensure that the characters were indeed on the spectrum from a medical standpoint, not simply exhibiting characteristics most often associated with ASDs.

The intended audience for titles selected for inclusion in the study is young adults. Young adults are defined by the Young Adult Library Services Association (YALSA) of the American Library Association (ALA) as youths ages twelve through eighteen (Young Adult Library Services Association, 2014). This group is extremely diverse and there is no way to define a “typical” young adult. The category of “young adult literature” (YA literature) was not clearly designated until the mid-twentieth century (Chance, 2014). A generalized definition of YA literature is anything that young adults are reading; however, there are a great number of works specifically published for the young adult audience. This study
aims to focus on works that are published with young adult audiences (aged twelve through eighteen) in mind.

A common thread of YA literature is the protagonist. Most often, the protagonist of the work is a young adult, and they are typically the narrator of the story (Chance, 2014). All books included in this study contained a narrator protagonist and are the ages of the young adult readers. Since this study focuses on the representation of characters with ASDs, the protagonists also were explicitly diagnosed with an ASD. Titles of YA literature that has been included in this study are located in Table 1 and a complete bibliography is available in the section titled “Books Used.”

<table>
<thead>
<tr>
<th>Books Selected for Inclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anything but Typical</td>
</tr>
<tr>
<td>Wild Orchid</td>
</tr>
<tr>
<td>The Very Ordered Existence of Merilee Marvelous</td>
</tr>
<tr>
<td>Livvie Owen Lived Here</td>
</tr>
<tr>
<td>Mockingbird (Mok’ing-bûrd)</td>
</tr>
<tr>
<td>Piggy</td>
</tr>
<tr>
<td>Harmonic Feedback</td>
</tr>
<tr>
<td>Rain Reign</td>
</tr>
<tr>
<td>Colin Fischer</td>
</tr>
<tr>
<td>Rogue: A Novel</td>
</tr>
<tr>
<td>Mindblind</td>
</tr>
</tbody>
</table>

*Table 1: Books selected for inclusion*
Coding Scheme

Autism Spectrum Disorders (ASDs) are diagnosed on a spectrum, thus encompassing a large variety of symptom expression. There are no clear divides amongst the symptoms, and symptoms can manifest in a variety of ways. In an effort to standardize the coding of the characterization of protagonists with ASDs, I based my criteria for evaluation on the DSM-5 criteria for diagnosis.

The DSM-5 has four criteria for the diagnosis of an ASD. The first criterion is “persistent deficits in social communication and social interaction across multiple contexts” (American Psychiatric Association, 2013). This includes deficits in social-emotional reciprocity (lack of social skills), deficits in nonverbal communicative behaviors, and deficits in developing, maintaining and understanding relationships with other people. The second criterion is “restricted, repetitive patterns of behavior, interests or activities” (American Psychiatric Association, 2013) and must be manifested in at least two listed examples. These include: stereotyped or repetitive motor movements, insistence on sameness, hyper-fixated interests, and hyper- or hyporeactivity to sensory input. The third criterion is that symptoms presented in the early developmental period and the fourth criterion is that symptoms cause significant impairment in daily functioning (American Psychiatric Association, 2013).

For the purpose of this study, I focused on the first two diagnostic criteria, breaking them down into multiple focused areas for analysis. This is due to the fact that it is implied that every protagonist in this study met the latter two
diagnostic criteria because they have been explicitly diagnosed with an ASD. I will evaluate each protagonist in the included titles on the following categories:

1. **Social skills**: Abnormal social approaches, and lack of normal conversational skills, including empathy. Also includes the use of “scripts” for social interactions.

2. **Nonverbal communication**: Difficulty expressing and also understanding behaviors used for social interaction, such as eye contact, body language and gestures.

3. **Relationships**: Trouble developing and maintaining relationships, including peer friendships (of similar ages) and romantic interests.

4. **Patterning**: Insistence on sameness, repetition, ritual and routine (including repetitive motor movements such as flapping of the arms).

5. **Hyper- or hyporeactivity**: Heightened or dulled response to sensory aspects of the environment (pain, temperature, sounds, textures, etc.).

Protagonist gender and age, as well as author gender, were also recorded for each title included in this study. See Appendices for complete field notes on each title.
Assessment Process

After reading the novels included in the study and coding the varying aspects of each protagonist’s ASD, these characteristics were assessed both individually and in combination. Each characteristic was evaluated individually across the titles to gain a better understanding of the consistent traits of ASDs displayed. Then, these characteristics were assessed in combination to identify significant archetypes for protagonists with ASDs. Due to the fact that the sample in this study was not large enough to produce a statistically significant set of most common characteristics, archetypes were based on combining the most frequently observed characteristics.

Results

All of the books selected for inclusion were recommended for young adult audiences. A main aspect of young adult literature is the age of the protagonist. Usually it falls into the range of young adulthood (12-18 years old). All of the protagonists in the works selected except for one were between the ages of 12 and 18. The average age was 12.3 and the only outlier from the range of focus was the protagonist in Mockingbird who is 10. Of the eleven books included in the study, eight contained female protagonists (72.7%) and three contained male protagonists (27.2%).
The current edition of the DSM has all types of Autism Spectrum Disorders classified within the diagnosis of ASD, but includes modifiers such as “high functioning.” This is roughly equivalent to the older diagnosis of Asperger’s Syndrome. Many of the books included in this study were published prior to the change in diagnosis type, so they use the term Asperger’s instead of high functioning ASD. Eight of the eleven protagonists (72.7%) were diagnosed with either Asperger’s or a high functioning ASD. Three of the eleven protagonists (27.2%) were diagnosed with a generalized ASD.

The two standout characteristics of the protagonists’ social skills were a use of “scripts” and a struggle to grasp more abstract uses of language. Social scripts are often taught in therapy or special education programs as a way to interact with neurotypical people (people not diagnosed with ASDs). Seven of the eleven protagonists (63.3%) explicitly stated they employ social scripts in their daily interactions, particularly with strangers. All eleven of the protagonists included in the study mentioned a struggle with more abstract language. These included slang, colloquial phrases, sarcasm, and idioms. The main issue was that many characters took everything literally, rather than figuratively like the speaker intended.

A common nonverbal communication characteristic of people with Autism Spectrum Disorders is a lack of eye contact with the person they are interacting with. This is shown in this study by seven of the eleven protagonists (63.3%). Most had to consciously remind themselves to look at a neurotypical person’s eyes when they were interacting with them to show engagement. Eight of the
protagonists (72.7%) also expressed a struggle to identify emotions, both by reading faces and body language.

A majority of protagonists in the study were self-proclaimed “loners.” They admitted to the fact that they were lacking friends, and were unsure of how to develop meaningful relationships with their peers. Five of the protagonists (45.5%) claimed that they wanted friends, but did not know how. Another five of the protagonists (45.5%) said that they had friends of some sort – whether they were forced friendships or not. Four of the eleven protagonists (36.4%) expressed interest in a romantic relationship with a person of the opposite gender (all protagonists included in this study were heterosexual characters).

Patterning behaviors are the most recognizable and stereotyped aspect of ASDs. The most common patterning behaviors are hand flapping, rocking, echolalia (word repetition), counting, and schedules. All eleven protagonists exhibited at least one of these behaviors, often more. A list of these results are included in Table 2. Obsession or fixation is also often included in patterning behaviors. Nine of the protagonists (81.8%) exhibited some sort of obsession with an object or behavior. These included, but were not limited to: writing (Anything but Typical), gerbils (Wild Orchid), dragons (The Very Ordered Existence of Merilee Marvelous), real estate/houses (Livvie Owen Lived Here), music (Harmonic Feedback), homonyms (Rain Reign), detectives/mysteries (Colin Fischer), X-Men (Rogue), and The Amazing Race (Mindblind).
None of the protagonists included in the study expressed hyporeactivity, meaning they were less affected by a stimulus than a neurotypical person. All of the protagonists exhibited at least one hypereactive response to a stimulus. This often meant that they were significantly more sensitive to the stimulus and could easily be overwhelmed. The most common stimuli were: touch (90.9%), sounds (81.8%), odors (45.5%), colors (36.4%), textures (36.4%), and light (27.2%).

Overall, the works assessed in this study were similar. Ten of the eleven works (90.9%) exhibited all five of the characteristics assessed (lack of social skills, nonverbal communication deficits, relationship struggles, patterning behaviors, and hypereactivity) in at least one instance. The only work that did not exhibit all five characteristics was Piggy; it did not exhibit a lack of nonverbal communication skills.
In this study there were three male protagonists and eight female protagonists. This creates a ratio of .375 males : 1 female with an ASD, compared to the national average of 4.5 males : 1 female with an ASD in the United States. This ratio in the works studied implies that ASDs are more prominent in females, which is the opposite of reality in the United States. This means that the literature is not an accurate reflection of the reality of ASD diagnoses; however, the ratio of male to female protagonist in this study is comparable to the ratio of protagonist gender in young adult literature that is published in general.

Most of the protagonists included in this study were diagnosed as having a high functioning ASD or Asperger's Syndrome. Even those who were diagnosed with a general ASD diagnosis were verbal. This does not accurately reflect the overall population of people with ASDs. There is a wide range of functionality within the diagnosis of Autism Spectrum Disorders, hence the term “spectrum.” Many who are considered mid-level on the spectrum of functionality have very low verbal skills. Being nonverbal would significantly impact the functionality of a character, so this may make it more difficult to write about; however, it presents the opportunity to normalize the idea of assistive technologies and increase awareness.

A majority of the protagonists studied used social scripts to interact with others. This concept comes naturally to neurotypically developing people, but it is
a foreign concept to people with ASDs. Social scripts are a way to behave in certain situations and ways to interact with people. In Harmonic Feedback, Drea claims that “small talk [is] like a game of Ping-Pong. People [get] offended if I [don’t] keep hitting the ball back” (p. 19). Small talk comes naturally to neurotypical people, but people with ASDs have to work for it. This can cause unnecessary stress to the person with an ASD and make interactions seem forced or awkward. Working for “normal” interactions can also affect the tone of a person’s voice. People with ASDs struggle with tone of voice, as seen in this study. They may not understand sarcasm or irony, and may take things literally that are actually considered colloquialisms. This can cause conflict with the neurotypical person they are interacting with. In Wild Orchid, Taylor struggles with her mother, notably so during the ride to Prince Albert National Park.

“It’s so like my mother to tell me one thing and then, in the next breath, change the rules. Why wouldn’t she want a piece of gum when she had just told me to ask her? She calls it being spontaneous. She says that you have to learn the scripts for social situations and then expect that the responses might be different than what you would predict. And people think I’m weird!”

The tone of a person’s voice may reflect how a neurotypical person is feeling or create a discrepancy between what is verbally communicated and what was intended. This is often stressful for people with ASDs.

Nonverbal communication is another aspect of interaction that comes naturally to neurotypicals, but creates problems for people with ASDs. A majority of the protagonists studied struggle with eye contact. Eye contact is a way that
people show engagement and that they are listening. Neurotypicals often think that people with ASDs are not listening or engaging due to a lack of eye contact, when in reality it is the opposite. As seen in the protagonists studied, making eye contact often causes a person with an ASD to listen poorly. In *Anything but Typical*, Jason describes it well when he says “Neurotypicals like it when you look them in the eye. It is supposed to mean you are listening, as if the reverse were true, which it is not: Just because you are not looking at someone does not mean you are not listening. I can listen better when I am not distracted by a person’s face” (p. 4). People with ASDs struggle to identify emotions in others (and often themselves), so it is stressful to figure out a neurotypical person’s intentions.

Relationships are challenging for people with ASDs, mostly due to the fact that they are often “mindblind.” Mindblindness is a term coined by Simon Baron-Cohen in his 1995 book of the same title. It describes when an individual is unable to make him/herself aware of others’ mental states (Boucher, 2009). It is especially apparent with the protagonists of a large number of the books included in the study, as seen in the following examples from *Anything but Typical* and *Mockingbird*. They are unable to “read” the minds of others or to think introspectively about their own minds. This lack of awareness often causes rifts in relationships and challenges that often keep relationships from occurring.

Struggling to understand others does not prevent most protagonists from wanting relationships, whether platonic or romantic. For example, in *Anything but Typical*, Jason begins talking to a girl on *Storyboard*, a story-sharing website. Her
username is “PhoenixBird,” and they began messaging back and forth about their stories, but it turned into a more traditional pen-pal relationship. Approximately halfway through the novel, Jason begins referring to her as his girlfriend, although he does not know her real name, or much about her. At the Storyboard convention, Jason meets his “girlfriend” in real life and everything falls apart. He was able to maintain a relationship when he had a delay in communication: he was able to make edits and rewrite his messages before sending them. In-person relationships are much more difficult for people with ASDs to handle, due to the fact that they struggle interpreting people’s fluctuations in tone of voice and body language in real time.

Mindblindness also affects familial relationships and can often cause tension amongst family members. In Mockingbird, Caitlin’s brother was killed in a school shooting, and her father is concerned that she does not realize that he is gone. In an effort to make her father feel better and show him that she understands the situation, she changes the way she refers to Devon.

I sit on the sofa and start talking about Devon a lot except I don’t call him Devon anymore. I call him Devon-who-is-dead. I say it until Dad asks me to stop.

But that’s his name.

No. His name is Devon.

No. His name WAS Devon. Now it’s Devon-who-is-dead. That’s different from the other Devon. That Devon was alive and you thought I was confused but I’m not because I know that Devon is dead and that’s why I’m calling him Devon-who-is-dead and you’ll get used to it. (p. 109)
Caitlin does not understand why this makes her father upset, because she is unable to understand how he feels about her brother’s death. This episode of mindblindness causes issues between Caitlin and her father because she looks at things from a literal level rather than abstract or emotional. This is a common occurrence in people with ASDs.

Patterning is the single most stereotyped and portrayed behavior associated with ASDs. This is due to the fact that they are more of a physical representation of the disorder rather than mental. Traditional patterning behaviors, such as hand flapping and rocking, are easy to recognize. Obsessions are also common amongst people with ASDs. Nine of the eleven protagonists included in this study have interests that could be considered a main fixation or obsession. This can be overplayed and misrepresented as savant abilities in media, as seen in the 1988 movie Rainman. Savant abilities are a specific skill or set of skills that are significantly superior to those of the general public (Boucher, 2009). While savants are abundant in film, in reality they are rare, and are not always a person with an ASD. The portrayals of obsession and fixation in the works included in this study do not contain savant abilities; therefore making them more believable and relatable. For example, in Rain Reign, Rose is obsessed with homonyms. She is fixated on keeping a handwritten list of homonyms in alphabetical order. This often takes her focus and interrupts her interactions with neurotypicals, especially her father.

All protagonists exhibited hypereactivity to at least one type of stimulus, which often caused disruption to their daily lives. Most common were strong
responses to touch and sound. Most of the protagonists included in this study mentioned that they did not like being touched, and most found it unpleasant. For example, in Rogue, Kiara explains that being touched by strangers creeps her out (p. 10). In Anything but Typical, Jason compares a person’s hands on his shoulders to a leaden X-Ray vest (p. 6). These are common feelings, however, Merilee explains it most vividly early on in the text:

…’cause I don’t like touching or being touched by anyone. Touching makes me feel as though someone is plunging a thousand poisonous needles into my skin. (The Very Ordered Existence of Merilee Marvelous, p. 10)

The hypereactive response to touching makes the characters shy away from others, often seeming cold or distant. This causes friction between the protagonists and their peers, making relationships even harder to maintain. Hypereactivity to sound also makes peer relationships difficult. Most of the protagonists described their hearing as “super-hearing,” or having hearing capabilities significantly above the average person. For example, Merilee says she “can hear a frog burp from a mile away” (The Very Ordered Existence of Merilee Marvelous, p. 10). Many of the protagonists with this extraordinary hearing are overwhelmed by lots of noise or loud noises, which can have an effect on their ability to do some activities of their neurotypical peers (ex: going to the mall or a concert). A common response of protagonists is to scream and cover their ears in an effort to drown out a particularly loud stimulus, such as a fire alarm or school bell. This makes them seem out of place compared to their
peers, and can impede a protagonists’ ability to function independently on a daily basis amongst neurotypical peers.

Social skills, nonverbal communication, relationships, patterning and reactivity culminate to create an image of Autism Spectrum Disorders. These representations are a key driving factor in the stereotypes associated with ASDs. First person accounts are essentially the only way for neurotypical readers to understand how a person with an ASD thinks and how this affects their functioning. These works break down the barriers between people with ASDs and neurotypicals and can help neurotypicals understand how to best interact with people with ASDs. Not all people with ASDs are the same, and rules for interaction must be created on a case-by-case basis. This is why having an array of characters with varying representations of ASDs is key to normalizing the disorder and de-stigmatizing the diagnosis.

Further Study

During this study, I chose to focus on young adult literature, and could not cover the entirety of publications with protagonists diagnosed with ASDs. This creates limitations of my research that should be taken into consideration, both when reviewing the results and considering further research. It would be interesting to determine if the intended audience of a work of literature makes a difference in the portrayal of an ASD. Literature is often categorized into one of
three groups: children’s literature, young adult literature, and adult literature.
Character development may differ between any combination of those three types
(ex: children’s literature and young adult literature; young adult literature and
adult literature; children’s literature and adult literature). The level of vocabulary
used may affect the detail of character development, so it would be interesting to
note what types of behaviors were highlighted in these characters with ASDs.

Another opportunity for research would be to compare the representations
of characters with ASDs over time. Autism is a relatively new psychological
diagnosis, and the diagnostic criteria has changed a great deal in recent years. It
would be interesting to look at if characters are consistent with the diagnostic
criteria of the time of publication. Characters may not have been explicitly
diagnosed, so this is something to consider during future research. Overall, this
is relatively new niche in literature research, so there are ample opportunities for
further endeavors.
Books Used


References


American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.). Arlingon, VA.


Young Adult Library Services Association. (2014). About YALSA. Retrieved from YALSA: Young Adult Library Services Association:

http://www.ala.org/yalsa/aboutyalsa
<table>
<thead>
<tr>
<th>Title:</th>
<th>Anything but Typical</th>
</tr>
</thead>
<tbody>
<tr>
<td>Author:</td>
<td>Nora Raleigh Baskin</td>
</tr>
<tr>
<td>Gender:</td>
<td>Female</td>
</tr>
<tr>
<td>Protagonist:</td>
<td>Jason Blake</td>
</tr>
<tr>
<td>Gender:</td>
<td>Male</td>
</tr>
<tr>
<td>Age/Grade:</td>
<td>12 years old (sixth grade)</td>
</tr>
<tr>
<td>Diagnosis:</td>
<td>Autism Spectrum Disorder</td>
</tr>
<tr>
<td>Social Skills:</td>
<td>• Social scripts to behave in typical situations (p. 5)</td>
</tr>
<tr>
<td></td>
<td>• Struggles with abstract uses of words (p. 6)</td>
</tr>
<tr>
<td></td>
<td>• Script for how to act in new places (p. 155)</td>
</tr>
<tr>
<td>Nonverbal Communication:</td>
<td>• Lack of eye contact (p. 5)</td>
</tr>
<tr>
<td></td>
<td>• Struggles identifying faces and emotions (p. 4)</td>
</tr>
<tr>
<td></td>
<td>• Social scripts for nonverbal behaviors (p. 13)</td>
</tr>
<tr>
<td>Relationships:</td>
<td>• Has a “girlfriend” on story writing website but struggles with it in real life</td>
</tr>
<tr>
<td>Patterning:</td>
<td>• Blinking repetitively (p. 2)</td>
</tr>
<tr>
<td></td>
<td>• Repetitive flapping</td>
</tr>
<tr>
<td></td>
<td>• Rocking (p. 8)</td>
</tr>
<tr>
<td></td>
<td>• Echolalia (p. 32)</td>
</tr>
<tr>
<td></td>
<td>• Fixated on the alphabet (p. 49)</td>
</tr>
<tr>
<td></td>
<td>• Doesn’t like surprises (p. 123)</td>
</tr>
<tr>
<td>Hyper- or Hyporeactivity:</td>
<td>• Hypersensitive to touch (p. 6)</td>
</tr>
<tr>
<td></td>
<td>• Hypersensitive to odors (p. 23)</td>
</tr>
<tr>
<td></td>
<td>• Hypersensitive to sounds (p. 23)</td>
</tr>
<tr>
<td></td>
<td>• Sensitive to bright lights (p. 31)</td>
</tr>
<tr>
<td></td>
<td>• Doesn’t like his clothes loose (p. 66)</td>
</tr>
<tr>
<td>Miscellaneous Notes:</td>
<td>• Hair pulling to cope with situations (p. 118)</td>
</tr>
</tbody>
</table>

Appendix A: *Anything but Typical* Field Notes
## Appendix B: Wild Orchid Field Notes

<table>
<thead>
<tr>
<th><strong>Title:</strong></th>
<th>Wild Orchid</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Author:</strong></td>
<td>Beverly Brenna</td>
</tr>
<tr>
<td><strong>Gender:</strong></td>
<td>Female</td>
</tr>
<tr>
<td><strong>Protagonist:</strong></td>
<td>Taylor Jane Simon</td>
</tr>
<tr>
<td><strong>Gender:</strong></td>
<td>Female</td>
</tr>
<tr>
<td><strong>Age/Grade:</strong></td>
<td>18 years old (just graduated High School)</td>
</tr>
<tr>
<td><strong>Diagnosis:</strong></td>
<td>Asperger’s</td>
</tr>
</tbody>
</table>

### Social Skills:
- Doesn’t understand idioms (p. 11)
- Scripts/plans for social interactions (p. 14)
- “Social stories” to get by (p. 15)

### Nonverbal Communication:
- Uses “signals” to recognize emotions (p. 15)
- Not good at looking at faces (p. 27)
- Struggles keeping other’s gaze (p. 55)
- Lack of eye contact (p. 69)

### Relationships:
- No romantic relationships to speak of (p. 11)
- Prefers to be alone (p. 32)
- “I don’t really have any friends.” (p. 84)

### Patterning:
- Counting (p. 7)
- Schedule (p. 8)
- Repetitive speech (p. 14) (echolalia)
- Only wears running shoes (p. 24)
- Likes things in order (p. 106) (esp. boxes)
- Obsessed with Gerbils

### Hyper- or Hyporeactivity:
- Hypersensitive to bright colors and light (p. 13)
- Sensitive to smells (p. 19) (strong ones make her dizzy)
- Hates crunchy foods (p. 35)
- Dislikes swimming (p. 50) (Germs)
| Miscellaneous Notes: | - Gets dizzy when things are unexpected – she describes it as “whirly” (p. 43)  
|                     | - Was in special education |
### Appendix C: *The Very Ordered Existence of Merilee Marvelous* Field Notes

<table>
<thead>
<tr>
<th>Title:</th>
<th>The Very Ordered Existence of Merilee Marvelous</th>
</tr>
</thead>
<tbody>
<tr>
<td>Author:</td>
<td>Suzanne Crowley</td>
</tr>
<tr>
<td><strong>Gender:</strong></td>
<td>Female</td>
</tr>
<tr>
<td><strong>Protagonist:</strong></td>
<td>Merilee “Marvelous” Monroe</td>
</tr>
<tr>
<td><strong>Gender:</strong></td>
<td>Female</td>
</tr>
<tr>
<td><strong>Age/Grade:</strong></td>
<td>13 years old</td>
</tr>
<tr>
<td><strong>Diagnosis:</strong></td>
<td>High functioning autism</td>
</tr>
</tbody>
</table>

#### Social Skills:
- Uses advanced vocabulary (p. 5)
- Says “random” words (p. 5)
- Doesn’t talk much (p. 25)
- Struggles to understand abstract speech (p. 64)

#### Nonverbal Communication:
- Couldn’t read faces – has facial expression flashcards (p. 12)
- Doesn’t emote often (p. 25)

#### Relationships:
- Doesn’t want friends (p. 27)
- “Lacks social interactions” (p. 115)

#### Patterning:
- Obsessed (fixated) on dragons (p. 3)
- Leads a “very ordered existence” – ritualistic scheduling (p. 5)
- Wears the same outfit every day (p. 6)
- Obsessed with schedules (p. 15)
- Eats the same lunch at the same time every day (p. 22)
- Ritually records things into her journal (p. 40)
- Paces to calm herself (p. 55)
- Fixated/obsessed with trains (p. 109)
- Relies on rituals and patterns (repetitive) to calm herself (p. 222)
- Hates trash and messes – prefers order (p. 279)

#### Hyper- or Hyporeactivity:
- Hyperactive to touching (p. 10)
- Heightened sense of smell (p. 10)
- Super hearing (p. 10)
<table>
<thead>
<tr>
<th>Miscellaneous Notes:</th>
<th>• Mainstreamed in school</th>
</tr>
</thead>
</table>


## Appendix D: *Livvie Owen Lived Here* Field Notes

<table>
<thead>
<tr>
<th>Title:</th>
<th>Livvie Owen Lived Here</th>
</tr>
</thead>
<tbody>
<tr>
<td>Author:</td>
<td>Sarah Dooley</td>
</tr>
<tr>
<td>Gender:</td>
<td>Female</td>
</tr>
<tr>
<td>Protagonist:</td>
<td>Olivia “Livvie” Owen</td>
</tr>
<tr>
<td>Gender:</td>
<td>Female</td>
</tr>
<tr>
<td>Age/Grade:</td>
<td>14 years old (ninth grade)</td>
</tr>
<tr>
<td>Diagnosis:</td>
<td>Autism</td>
</tr>
</tbody>
</table>

### Social Skills:
- Refers to self in 3rd person (p. 6)
- Refers to parents by first name (p. 6)
- Doesn’t understand/points out idioms and abstract speech (p. 93)
- Consciously copies patterns of speech (p. 102)
- Has trouble stringing together words to make sense to others (p. 108)

### Nonverbal Communication:
- Significant practice to understand emotions (p. 8)
- Doesn’t recognize emotions (often within herself)

### Relationships:
- “Burnt all our damn bridges” (p. 15)
- “Best friend” was a cat (p. 72)
- Only really likes G – a nonverbal girl in her contained classroom
- “I wished I knew how to be buddies.” (p. 121)

### Patterning:
- Putting cups in order (p. 3)
- Hair pulling (p. 8)
- Rocking (p. 43)
- Schedule changes make her anxious (p. 44)
- Loves real estate magazines
- Writes her name on a wall in every house they live in
- Humming
- “I like things the same. I don’t like them different. I don’t like them different.” (p. 135)

### Hyper- or Hyporeactivity:
- Sensitive to noise (p. 3)
- Doesn’t like hugs/touching (p. 117)
- Doesn’t like bright colors (p. 211)
| Miscellaneous Notes: | • Contained classroom  
• Tantrums when she couldn’t cope (p. 181) |
Appendix E: *Mockingbird (Mok'ing-bûrd)* Field Notes

<table>
<thead>
<tr>
<th>Title:</th>
<th>Mockingbird (Mok'ing-bûrd)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Author:</td>
<td>Katheryn Erskine</td>
</tr>
<tr>
<td>Gender:</td>
<td>Female</td>
</tr>
<tr>
<td>Protagonist:</td>
<td>Caitlin Smith</td>
</tr>
<tr>
<td>Gender:</td>
<td>Female</td>
</tr>
<tr>
<td>Age/Grade:</td>
<td>10 years old (fifth grade)</td>
</tr>
<tr>
<td>Diagnosis:</td>
<td>Asperger’s</td>
</tr>
</tbody>
</table>

### Social Skills:
- Uses literal interpretations of words (p. 7)
- Relies on social scripts for interactions
- Doesn't understand the concept of empathy (p. 85)

### Nonverbal Communication:
- Struggles with eye contact (p. 5)
- Can't match facial expressions to emotions (p. 11)
- Named nonverbal behavior methods – ex: “Look At The Person” (p. 16)

### Relationships:
- Doesn't understand how to make friends (p. 41)
- Doesn’t understand relationships – especially including interpersonal skills (p. 84)

### Patterning:
- Constantly uses a behavior chart for appropriate behaviors (p. 8)
- Sucking on sleeves (p. 11)
- Habitually counts (p. 20)
- Ritually obsessed with drawing (p. 25)
- Repetitively reads the same things (p. 34)
- Strict schedule – doesn’t like schedule changes (p. 51)
- Obsessed with looking up the meaning of words (p. 67)
- Fixated on rules (p. 69)
- Repetitive flapping of the hands
- Wears the same outfit every day (p. 93)

### Hyper- or Hyporeactivity:
- Sensitive to touching (p. 9)
- Can't stand things blending together (p. 23)
- Sensitive to colors (p. 93)
- hypersensitive to bright lights (p. 26)
- Hypersensitive to sounds, especially loud noises (p. 26)
| Miscellaneous Notes: | - Mainstreamed in school  
- Has Tantrum Rage Moments (TRMs) when she can't cope (p. 19) |
<table>
<thead>
<tr>
<th><strong>Title:</strong></th>
<th>Piggy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Author:</strong></td>
<td>Mireille Geus</td>
</tr>
<tr>
<td><strong>Gender:</strong></td>
<td>Female</td>
</tr>
<tr>
<td><strong>Protagonist:</strong></td>
<td>Lizzy “Dizzy” Bekell</td>
</tr>
<tr>
<td><strong>Gender:</strong></td>
<td>Female</td>
</tr>
<tr>
<td><strong>Age/Grade:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Diagnosis:</strong></td>
<td>Autism</td>
</tr>
</tbody>
</table>

| **Social Skills:** | - Doesn’t understand verbal humor (p. 22)  
                          - Scripts for interactions (p. 43) |
|--------------------|--------------------------------------------------------------------------------|

<table>
<thead>
<tr>
<th><strong>Nonverbal Communication:</strong></th>
<th></th>
</tr>
</thead>
</table>

| **Relationships:** | - Watches peers play rather than participating (p. 9)  
                          - Doesn’t understand people (p. 17)  
                          - Observer (p. 24)  
                          - “Friends” with Piggy – not by her personal choice |
|--------------------|--------------------------------------------------------------------------------|

| **Patterning:** | - Likes “mess” – everything has a place and she knows where it is (p. 27)  
                          - Goes to the lamppost every day (ritually)  
                          - Keeps everything (p. 35)  
                          - Counting (p. 49) |
|-----------------|-----------------------------------------------------------------------------|

| **Hyper- or Hyporeactivity:** | - Sensitive to smells (p. 15)  
                          - Hypersensitive to sound (p. 20)  
                          - Hates touching (p. 44) |
|-------------------------------|-----------------------------------------------------------------------------|

| **Miscellaneous Notes:** | - Attends a “special school” (p. 21)  
                          - Gets dizzy when she can’t cope (p. 12)  
                          - Considered by her teachers to be intellectually slow (p. 12) |
|---------------------------|-----------------------------------------------------------------------------|
Appendix G: *Harmonic Feedback* Field Notes

<table>
<thead>
<tr>
<th>Title:</th>
<th>Harmonic Feedback</th>
</tr>
</thead>
<tbody>
<tr>
<td>Author:</td>
<td>Tara Kelly</td>
</tr>
<tr>
<td><strong>Gender:</strong></td>
<td>Female</td>
</tr>
<tr>
<td>Protagonist:</td>
<td>Andrea “Drea”</td>
</tr>
<tr>
<td><strong>Gender:</strong></td>
<td>Female</td>
</tr>
<tr>
<td><strong>Age/Grade:</strong></td>
<td>16 years old</td>
</tr>
<tr>
<td><strong>Diagnosis:</strong></td>
<td>Asperger’s</td>
</tr>
</tbody>
</table>

**Social Skills:**
- Doesn’t understand vocal inflections of others (p. 9)
- Lack of “social awareness” (p. 13)
- Doesn’t understand the point of small talk (p. 19)
- Received “social advice” since childhood (p. 24)
- Hates public speaking (p. 43)
- Says she needs “a dictionary for sixteen-year-old girl talk” (p. 59)
- Takes things literally (p. 143)
- Has trouble with subjective thresholds (p. 178)

**Nonverbal Communication:**
- Easily fooled into things due to a disconnect between words and nonverbal cues (p. 35)
- Cant interpret when people say one thing and do another (p. 37)
- Lack of eye contact (p. 53)
- “Much bigger space bubble than most” (p. 105)
- Doesn’t pick up on body language (p. 122)

**Relationships:**
- Strangers make her nervous (p. 4)
- Doesn’t have any friends (p. 17)
- Never kissed a boy (p. 21)
- Dislikes working with others (p. 43)
- Reads about how to interact with others (p. 155)
- Wants to have friends and romantic relationships (p. 118)

**Patterning:**
- Has a lunchbox that she takes with her everywhere (p. 50)
- Mild obsession with car engines (p. 65)
- Obsessed with music and sound design (p. 101)
- Has a pattern to selecting things from a store – never the first thing on the shelf (p. 115)
- Rocking to cope (p. 129)

**Hyper- or Hyporeactivity:**
- Hates bodily fluids (p. 8)
- Sensitive to touching – doesn’t like it (p. 21)
- “Most people’s hands hurt [her] skin” (p. 77)
- Sensitive to certain sounds (make her cringe) (p. 97)
- Sensitive to textures and spices makes her gag (p. 116)
| Miscellaneous Notes: | • “Behavior problems” (p. 8)  
| | • On medication (p. 12)  
| | • Anxiety attacks when overwhelmed (p.156) |
**Appendix H: Rain Reign Field Notes**

<table>
<thead>
<tr>
<th>Title:</th>
<th>Rain Reign</th>
</tr>
</thead>
<tbody>
<tr>
<td>Author:</td>
<td>Ann M. Martin</td>
</tr>
<tr>
<td>Gender:</td>
<td>Female</td>
</tr>
<tr>
<td>Protagonist:</td>
<td>Rose Howard</td>
</tr>
<tr>
<td>Gender:</td>
<td>Female</td>
</tr>
<tr>
<td>Age/Grade:</td>
<td>12 years old (fifth grade)</td>
</tr>
<tr>
<td>Diagnosis:</td>
<td>High Functioning Autism</td>
</tr>
</tbody>
</table>

**Social Skills:**
- Scripts for interacting with others (p. 6)
- Struggles with crowds (p. 76)
- Doesn't understand common expressions and abstract language (p. 96)
- Has “humor clues” to figure out when people are joking (p. 108)
- Memorizes scripts for talking to strangers (p. 136)

**Nonverbal Communication:**
- Makes a conscious effort to show eye contact when interacting with others

**Relationships:**
- Has trouble making friends her age (p. 20)

**Patterning:**
- Obsessed with homonyms (p. 3)
- Hits herself (p. 6)
- Strict daily schedule (p. 11)
- Fixated on rules and laws (p. 17)
- Likes order (p. 17)
- Strong routines and habits (p. 31)
- Obsessed with prime numbers (p. 84)
- Doesn’t like uncertainty (p. 99)
- Creates detailed step by step plans for things (p. 119)
- Always crosses fingers and touches hearts with Uncle Weldon – secret handshake
<table>
<thead>
<tr>
<th>Hyper- or Hyporeactivity:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Hypersensitive to loud noises (p. 8)</td>
</tr>
<tr>
<td>- Hypersensitive to lots of things in her visual field (visual stimuli) (p. 69)</td>
</tr>
<tr>
<td>- Doesn’t like touching (p. 140)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Miscellaneous Notes:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Self-harm or repetitive counting when she can’t cope</td>
</tr>
<tr>
<td>- Mainstreamed with one-on-one class aid</td>
</tr>
</tbody>
</table>
## Appendix I: Colin Fischer Field Notes

<table>
<thead>
<tr>
<th>Title:</th>
<th>Colin Fischer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Author:</td>
<td>Ashley Edward Miller and Zack Stentz</td>
</tr>
<tr>
<td>Gender:</td>
<td>Males</td>
</tr>
<tr>
<td>Protagonist:</td>
<td>Colin Fischer</td>
</tr>
<tr>
<td>Gender:</td>
<td>Male</td>
</tr>
<tr>
<td>Age/Grade:</td>
<td>14 years old (ninth grade)</td>
</tr>
<tr>
<td>Diagnosis:</td>
<td>Asperger’s</td>
</tr>
</tbody>
</table>

### Social Skills:
- Has scripts for interactions (p. 3)
- Doesn’t understand irony (p. 7)
- Doesn’t understand rhetorical questions (p. 45)

### Nonverbal Communication:
- Has flashcards with facial expressions (p. 3)
- Looks at emotions from a scientific perspective – ex: blushing (p. 53)
- Struggles identifying his own emotions (p. 104)

### Relationships:
- Doesn’t understand flirting (p. 21)
- Observes interactions without participating – not emotionally interested or invested (p. 52)

### Patterning:
- Bounces on a trampoline to cope – likes the rhythm (p. 6)
- Obsessed with organizing his room (aka his life) in piles of like things (p. 10)
- Ritually used his notebook (fixated with it)
- Counts steps (p. 34)
- Doesn’t let his food touch (p. 71)
- Obsessed with detectives and mysteries

### Hyper- or Hyporeactivity:
- Doesn’t like the color blue – “It made him feel cold.” (p. 2)
- Hyperactive to touch
- Hyperactive to noise (p. 15)
- Sensitive to textures – especially “mushy foods” p. (54)
- Only likes cotton clothes – no synthetics because “they’re scratchy” (p. 109)
| Miscellaneous Notes: | • Mainstreamed in school (p. 29) |
# Appendix J: Rogue Field Notes

<table>
<thead>
<tr>
<th><strong>Title:</strong></th>
<th>Rogue: A Novel</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Author:</strong></td>
<td>Lyn Miller-Lachmann</td>
</tr>
<tr>
<td><strong>Gender:</strong></td>
<td>Female</td>
</tr>
<tr>
<td><strong>Protagonist:</strong></td>
<td>Kiara Thornton-Delgado</td>
</tr>
<tr>
<td><strong>Gender:</strong></td>
<td>Female</td>
</tr>
<tr>
<td><strong>Age/Grade:</strong></td>
<td>Eighth grade</td>
</tr>
<tr>
<td><strong>Diagnosis:</strong></td>
<td>Asperger’s</td>
</tr>
</tbody>
</table>

### Social Skills:
- Script for basic introductions (p. 4)
- Is often confused by words (p. 42)
- Doesn’t understand sarcasm (p. 74)

### Nonverbal Communication:
- Lack of eye contact (p. 15)
- Struggles to remember faces (p. 74)

### Relationships:
- Other kids often ditched her – she struggled to make friends (p. 1)

### Patterning:
- Fixation/Obsession with X-Men – especially Rogue (p. 15)
- Obsessively Googles everything – refers to it as “Mr. Internet” (p. 24)

### Hyper- or Hyporeactivity:
- Doesn’t like being touched (p. 10)

### Miscellaneous Notes:
- Mainstreamed then home-schooled
- Violent outbursts or “tantrums” when overwhelmed (p. 3)
Appendix K: *Mindblind* Field Notes

<table>
<thead>
<tr>
<th><strong>Title:</strong></th>
<th>Mindblind</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Author:</strong></td>
<td>Jennifer Roy</td>
</tr>
<tr>
<td><strong>Gender:</strong></td>
<td>Female</td>
</tr>
<tr>
<td><strong>Protagonist:</strong></td>
<td>Nathaniel Gideon Clark</td>
</tr>
<tr>
<td><strong>Gender:</strong></td>
<td>Male</td>
</tr>
<tr>
<td><strong>Age/Grade:</strong></td>
<td>14 years old (college graduate)</td>
</tr>
<tr>
<td><strong>Diagnosis:</strong></td>
<td>Asperger’s</td>
</tr>
</tbody>
</table>

### Social Skills:
- Has to actively practice empathy (p. 13)
- Doesn’t understand slang/colloquialisms (p. 46)
- “Despises idioms” (p. 55)
- Struggles with sarcasm (p. 78)
- Doesn’t do well talking on the phone – prefers email (p. 229)

### Nonverbal Communication:
- Has formulas to determine and describe feelings (p. 24)
- Lack of eye contact (p. 62)

### Relationships:
- Has a best friend named Cooper (p. 8)
- Has difficulty relating to peers (p. 130)

### Patterning:
- Obsessed with formulas (p. 7)
- Fixated on videogames (p. 9)
- Impatient – not good at waiting (p. 18)
- Resistant to change (p. 22)
- Fixated on China/Chinese (p. 25)
- Finger motions when excited – stereotyped behavior (p. 32)
- Echolalia (p. 39)
- Pacing (p. 41)
- Obsessed with the Amazing Race (p. 56)
- Fixated on “becoming a genius” (p. 76)
- Rocking and humming (p. 117)
- Hitting himself (p. 118)
- Daily checklist/plan (p. 123)
- Counting steps (p. 125)
- Meteorology is an interest/mild fixation (p. 198)
| Hyper- or Hyporeactivity: | • Hypersensitive to sounds (p. 9)  
• Hypersensitive to wetness – can’t stand being wet (p. 11)  
• Hypersensitive to odors (p. 45)  
• Dislikes touching (p. 55)  
• Sensitive to textures – especially “mushy things” (p. 61) |
|--------------------------|--------------------------------------------------------------------------------------------------|
| Miscellaneous Notes:     | • Meltdowns when he can’t cope  
• Compares his brain to a supercomputer (p. 27)  
• Graduated high school at age 11 and graduated college at age 13 |