

Mentoring Autism Spectrum Disorders: Phenomenological and Medical Models

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Submitted to the Departments of Philosophy and Psychology
Schools of Humanities and Natural Sciences
in partial fulfillment of the requirements
for the degree of Bachelor of Arts

Purchase College
State University of New York

August 2020

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I. Introduction

The contemporary field of psychology is currently dominated by what is known as the medical model. The medical model is a view in methodology such that psychopathologies are diagnosed on the basis of a particular set of symptoms and then are treated with predetermined methods. For example, in the case of Borderline Personality Disorder, the client must fit at least five of a set of symptoms, as outlined by the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). The client is then treated with DBT (Dialectical Behavioral Therapy), as it is the primary treatment for this psychopathology apart from regular individual therapy. This method is dubbed the *medical* model such that the diagnosis and treatment of psychopathology is done in a way similar to that of a physician treating an instance of the common cold. Identifying presenting symptoms with the pursuit of those symptoms signaling a specific illness/illnesses and then following a prescribed procedure supposing that the patient does indeed have the particular illness.

While this method might have utility in certain contexts, it is particularly problematic in psychotherapy. The medical model, for psychology, is problematic in that it separates the individual from the psychopathology. In this separation, it essentializes the disorder, as well as the client, and claims standardized methods of diagnosis/treatment for each disorder. This claim to standardized treatment loses many of the nuances that come with a psychopathology: how the client experiences the disorder, the components of the onset of the disorder, and the history, knowledge, and perceptions of the client. While the DSM-5 is useful, also, in that it has inter-rater reliability in the identification of disorders and symptomatology, it fails to

acknowledge the individuality of the client, their subjective experience, and their autonomy. Its reliability is contingent upon this in that, in order to maintain consistency as a measure, it must observe the client outside of their context and level them with any other particular person that would be measured. The DSM, as well as the medical model, attempt to fit these (the client, the mental illness) into boxes for the sake of efficiency and concrete examination, however, they are reduced to a degree where they are removed from their original/total form.

This project is an attempt to argue that the field of psychology, in its practice (clinicians, therapists, counselors, etc.), should move towards an emphasis on the individual and their subjective experience through a background in philosophy and, predominantly, phenomenology. In the preface of *Phenomenology of Perception*, Maurice Merleau-Ponty writes, “*phenomenology can be practiced and identified as a manner or style of thinking, that it existed as a movement before arriving at complete awareness of itself as a philosophy*” (Merleau-Ponty, viii). It is in this way, as a manner or style of thinking, as a type of inquiry, that I suggest psychology should adopt phenomenology. “It is a matter of describing, not of explaining or analyzing” as Merleau-Ponty puts it and such is the way I intend to address phenomenology and its inquiry in this project. The aim, here, is not to assume the functioning of consciousness and make claims about one’s perception. Rather my goal is to inquire, in this style of thinking, such that this inquiry might provide a window into first-person experience in order to better inform/guide psychological practices, while taking seriously the body of work of a number of thinkers. In other words, what might this particular person’s bodily experience be when they feel anxious? How might time feel like for them when they are depressed? Phenomenology necessitates the acknowledgement of the subject in its investigations and seeks to find the foundation of all

human experience. In this way, it is something that is accessible to all of us and is not some inexpressible, abstract thing, locked away in our minds. While this very thing is what I expressed before to not attempt on doing, this is what phenomenology as a field intends to do. My usage of it, in this particular project, is simply to use it as a way to guide psychological practice.

This philosophy, phenomenology, is an attempt at giving a descriptive account of subjective experience, taking consciousness as it comes and describing the structure of experience without its being muddied by bias or inclination. One such bias or inclination would be, for example, the claim to normative cognition as the healthy and correct way of being. This claim ostracizes those that fall outside of the realm of deemed normative cognition and places potentially damaging value claims upon them. While this does not particularly speak to disorders, like schizophrenia for example, where the person could be potentially harmful to themselves or others, it does speak to cases like ADHD. In ADHD, while some behaviors or inclinations would be considered maladaptive, the feeling that they are abnormal or wrong in their ways could be more damaging to such persons than their symptoms. The integration of psychology and phenomenology has been an undertaking done by several thinkers, predominantly Maurice Merleau-Ponty.

Merleau-Ponty addresses the biopsychosocial model of psychology. This is the principle that an individual is shaped by their biological, psychological, and sociocultural contexts. While to a great degree this is true, psychopathology, by these means, is supposedly sufficiently traceable by the diatheses¹ that are present in each of these facets. The diathesis-stress model, as these ideas more closely resemble, is much closer to what I imagine a more holistic

¹ Diathesis: A predisposition to a disease or disorder.

understanding of psychology looks like. The biopsychosocial view is telling about these contexts, the nature and the nurture, that are present in the life of a person, however we are not merely these contexts either. The essentialization of persons into generalized components is a weakness in the field of psychology, primarily in the medical model and to a lesser degree in the diathesis-stress model². The diathesis-stress model accounts for the unique situation of a person and attempts to get to the root of the onset of the disorder by identifying the catalyst of the disorder. While this in many ways can be telling about the person and the nature of their mental illness, the subjective experience of living with the mental illness may still be left to the wayside. “I am not the outcome or the meeting-point of numerous causal agencies which determine my bodily or psychological make-up. I cannot conceive of myself as nothing but a bit of the world, a mere object of biological, psychological or sociological investigation” (Merleau-Ponty, viii). We are not simply the sum of these parts but our existence “moves out towards them and sustains them” (Merleau-Ponty, ix). To this effect, then, I find that phenomenology is still the missing, integral, component to modern psychology. Phenomenology accounts for the *I* that moves out into the world and sustains it. Mental illness permeates the world that one perceives in this way, such that they experience moving through that is permeated by, for example, depression. In this way, psychological practice could acknowledge the communal relationship that consciousness has with the world.

The medical model of psychology falls within the same fallacy as that of the scientific views with regards to persons that Merleau-Ponty outlines for us as it is a model that is in line with the sciences and carries on its traditions:

² Diathesis-Stress Model: A model in the field of psychology that identifies persons as being predisposed to particular mental disorder by a myriad of diatheses, which are triggered by stress or stressful events.

Scientific points of view, according to which my existence is a moment of the world's, are always both naive and at the same time dishonest, because they take for granted, without explicitly mentioning it, the other point of view, namely that of consciousness, through which from the outset a world forms itself round me and begins to exist for me. (Merleau-Ponty, ix)

In this case, as well, this pursuit is not entirely in vain as it is useful to investigate sensation organs (the eyes, the skin), for example, but this, as in the medical model, misses the mark. It fails to acknowledge the first-person experience that comes with being in the world that the sciences attempt to understand. The medical model attempts to understand people and their struggle but without acknowledging the consciousness that pervades them as it also must consider existence as a moment of the world in order to hold itself up. Here, however, I would like to address a distinction between therapy and research psychology. In the case of psychotherapy, the practice and body of knowledge attempt to get at human experience and treat the issues that arise that have to do with the mind and this experience. However, it still employs methods which presuppose the nature of the subject and do not ask fundamental questions that, clearly at this point, I find should be asked about perception. For research psychology, though, I find that studies do well not to overextend in many cases. Given that goals of research are often quite specific, and the methods that can be employed are also quite strict, it is often in discussion sections that these overextensions occur, that a healthy knowledge of philosophy would do quite a bit of good.

As a method or style of thinking, I will utilize phenomenology in an inquiry into the subjective experience of Autism Spectrum Disorder (ASD). I will examine ASD because, while

it is considered to be a mental disorder as classified by the DSM-5, it is not one that comes about over time or is the result of a traumatic/stressful experience. Those that are on the spectrum are born on the spectrum and the influences in being there are pervasive in their social, personal, and professional lives. However, ASD is considered a disorder in that this way of being, again, as it is classified in the DSM-5, is one that has been deemed to be maladaptive to those who are considered to be neurotypical people. “Neurotypical” is the word used to describe those that present with what has been decided to fall within the bounds of normative cognition and behavior, apart from those that are on the spectrum. This is considering the social struggles that someone on the spectrum might face, for example, not reading the direction of a conversation and missing signs of the other person’s feelings about what is happening. Because the person who is not reading the cues might be perceived by the other as offensive in some way, if this is prevalent in them often, it would be considered maladaptive. The person that misses the cues might find this to be troubling as well. There are also some aspects of being on the spectrum that might be particularly difficult for the person. For those that are on the spectrum, oftentimes there are prevalent sensory issues, however, for many these sensory issues are not present to the same degree. The booklet *A is for Aspergers: A Personal Glossary of a Spectrumy Life* describes these sensory issues as “...unpredictable, and even startling, the way we spectrumy folk feel the world around us” (Coltrin, 24). People on the spectrum could experience sensory overloads, loud noises can be unbearable or chatter could be as well when trying to focus, these sensory differences are often heightened with anxiety.

Autism Spectrum Disorder is a prime example of this essentializing that the field of psychology has done. People on the spectrum are often boxed in and robbed of their autonomy,

made to go to sleep away schools at a young age in order to be made to assimilate, or told by doctors who they are or what they will experience in life. On the last page of his zine, in the Compiler's note, Andrew Coltrin, someone who identifies as being on the spectrum writes:

I have also dropped the whole 'syndrome' business. I like to regard neurodiversity as more akin to a valid way being, or a cultural identity, rather than a disease to be treated. That said, I do take medication, but it's to address anxiety, not to make Aspergers go away. I've always been who I am. (Coltrin, 29)

I. ASD as Presented in the DSM-5

Here, I will provide a general account of Autism Spectrum Disorder as it is presented in the DSM-5. The DSM must be taken into account here as it is the primary measure with which clinicians are able to diagnose clients with mental illness using a common language. While the issues I addressed earlier still maintain their influence, the measure of ASD and the perceptions that result from the DSM must also be taken seriously. As I will address later in the next section, intersubjective temporality can be affected by the ideas of others and of institutions.

ASD is listed in the DSM-5 under the section *Neurodevelopmental Disorders*. These are a group of disorders that occur during the developmental period and are marked by limitations/impairments in particular areas (social, executive functioning, etc.). The primary “limitation” that is identified in the case of ASD are the “[p]ersistent deficits in social communication and social interaction across multiple contexts...” (American Psychiatric Association, 31), the first diagnostic criteria. The illustrative examples provided social-emotional reciprocity, nonverbal communicative behaviors, and difficulty navigating relationships as possible areas of difficulty. Social-emotional reciprocity could look like a difficulty in back-and-forth conversation. The person on the spectrum may have difficulty sharing interests or feelings and may also have an issue responding to the interests or feelings of others. In my experience, this can be the case where one expresses interest in a topic and, if the person on the spectrum were somebody that this example describes, the other might not acknowledge this interest as something worth noting. Difficulty in nonverbal communication could also appear to function similarly to that of social-emotional reciprocity. The person on the spectrum could have

trouble expressing themselves through body language and can often appear to have a flat affect despite what they are actually feeling. In the same way that such an individual might not note particular interests or feelings in others, they might not notice or acknowledge the nonverbal communication that is expressed in those they communicate with. For example, one may not perceive open and attentive body language as anything signifying the other's interest or attentiveness. A distinct feature of this example, which is often identified as one of the earliest signs of ASD, is a lack of eye contact. In my experience, this is a common characteristic that someone on the spectrum might have. In children, where a neurotypical baby is likely to lock eyes with most people, particularly the parent(s), a baby on the spectrum might look anywhere on the face as much as the eyes. In adults, at times one might focus on the bridge of the nose, for example, in order to feign eye contact if there is still an aversion to it. The third example in this criteria, difficulty navigating relationships, to a large degree might involve the first two examples such that difficulty communicating could make things difficult in any relationship. However, the third example also illustrates difficulty adjusting behavior in particular contexts. For instance, how one might behave in the classroom versus what is acceptable in the home with one's family. At times, the behavior or subject matter that someone on the spectrum, again if this describes them, might be maintained despite the context and they may have to make an explicit effort to meet the societal standards at hand.

The DSM also lists that, for neurodevelopmental disorders, rather than simply identifying through what might be missing, these disorders can also be identified in what is in excess. "For example, autism spectrum disorder is diagnosed only when the characteristic deficits of social communication are accompanied by excessively repetitive behaviors, restricted interests, and

insistence on sameness” (American Psychiatric Association, 31). These “excesses” can be found in the second criteria in the DSM which identifies behaviors, interests, or activities that are restricted and repetitive as a symptom. These can be an intense reluctance to change, an insistence on particular conversation, repetitive movements such as rocking back and forth, and/or a heightened or dulled sensory input. Again, these examples are illustrative such that they provide a picture of the symptoms but are not exhaustive. This criteria, rather than the first which focuses primarily on communication, appears to focus on the person on the spectrum’s relation to their environment, what is illuminated to them in their environment, and how they might be inclined to navigate it. The first example, having to do with motor movements, could, again, appear as rocking back and forth, flapping of the arms/hands, or repetitive head movements. These however might not appear as clearly or as dramatically in that these movements might present as a persistent/repetitive fidgeting or a distinct and particular manipulation of objects in the environment. The second example lists an insistence on routine and sameness. For example, the morning routine for someone on the spectrum might be quite particular and consistent. Deviation from this routine could incite agitation. These routines may also be more subtle as well, for instance, an insistence on the same greeting with particular people that must be performed in a particular manner. This kind of rigidity is also presented in the third illustrative example, however, here the rigidity is fixed upon interests. One might have particular and persistent interests that are held with a strong focus, oftentimes not even acknowledging other topics when they are fixated on their subject. Common subjects of interest that I have found tend to be a particular video game or video games in general as well as cinema. These interests can range from topics we might perceive as common interest (e.g. dance, comics, music) to very

niche or unusual subjects. Famous examples of this are Temple Grandin, who became a leader in the humane treatment of cattle that were sent to slaughter, and Jessica Park, a painter on the spectrum who created beautiful, technicolor, works and has a unique interest in bank ATMs. The fourth illustrative example has to do with hyper/hyporeactivity to sensory input or unusual interest in particular sensations. As I addressed earlier, Coltrin tells us that sensory inputs can be quite overwhelming. One person on the spectrum has described that, at times, being touched can feel as though their skin is on fire. Others can have aversions to loud music or movies. Fascinations with sensations can be seen as an interest in certain textures or smells. Such an individual might seek out these sensations.

The next two criteria have to do with the nature of the presentation of symptoms such that they present early in the developmental period and that the impairments are “clinically significant”. The final criteria, as in most of the rest of the DSM, is such that the symptoms cannot be better described by another disorder.

II. Cornerstone Program

During the 2019-2020 school year, I was a peer mentor at SUNY Purchase for the Cornerstone Program. The program was run out of the Office of Disability Resources at the school with the intent of facilitating a more seamless college experience for students on the spectrum. The students that we worked with met with a counselor regularly as part of the program and also had the option to attend events that we put on for them. As a peer mentor I was tasked with guiding four students that I worked closely with each week. I would assist these students with their academics employing study skills, organizational skills, and directing them to campus resources with the intent to inspire self advocacy and academic awareness. I was also to help guide in the social environment on campus. As communication and relationship navigation could be particularly difficult, as a peer I was in a great position to help navigate this environment. These instances were often in navigating roommate situations, connections to clubs and organizations, and questions about navigating friendships. However, there was a clear line that I was in no way supposed to act in a therapy capacity and any instance that appeared to stray into that domain would be referred to their counselor. I also worked closely with these counselors as well as the other peer mentors in bouncing ideas and areas of trouble with each other. These insights were invaluable in guiding the mentees. This internship provided me with great experience in ASD and this is partly what I draw from in my firsthand accounts in this project. The extensive amount of time that I worked with these students has allowed me to grow a great deal and, in many ways, opened up the world for me to relate with others and embrace neurodiversity. My mentees were all quite different and there is no one way to work with

people on the spectrum that I found. The internship challenged me to adapt to the needs of each student, down to the way that I present information such that it could be received and employed. Some of my mentees were quite social, despite the DSM's claim of difficulty in social situations, while others were not. Some of my mentees enjoyed stimulating environments, like parties and festivals, even seeking them out, while others could not stand crowds or loud noises. Some mentees had still and composed body language, while others showed signs of repetitive movements as described in the DSM. I would like to make clear that no one of my mentees or others that I met on the spectrum were a perfect model of the DSM description of ASD and many challenged it.

In this project, I will be drawing from some of these experiences to explore Autism Spectrum Disorder. In examining these experiences, both mine and of those that I have met, it is my hope that a phenomenological investigation will provide a window into the experience of being on the spectrum and how the world affects these people. The main topics that I will cover in this investigation are temporality and the body while utilizing primarily the works of Thomas Fuchs and Maurice Merleau-Ponty. Using phenomenology, in necessitating and investigating the subjective in the case of autism, I will show how these institutions should also take the subjective into account in the same way. This lack of this emphasis has been damaging and has resulted in the generalizing and normalizing of human psychology. I will compare and contrast some of the persons that I have worked with or met as well in order to highlight the similarities and differences amongst them. The examining of the students in relation to each other, such that this promotes a more individualistic approach to them, will support my argument for clinicians having a background in phenomenology such that they will have a more extensive understanding

of what their clients' subjective experience might feel like apart from the symptomatology as presented by the DSM. A background in phenomenology will promote an understanding of the client such that there would be a movement towards inquiry into what they experience individually, rather than the assessment of symptoms. This is also to move away from the problem of removing the individual from the disorder, that is to say, assessing and treating one's mental illness as though it were an illness like the common cold, diagnosis through a checking off of symptoms and administering prescribed treatment in light of diagnosis. That is to say that the client would be treated with methods that are tailored to them, rather than one diagnosis necessitating particular treatments. At the clinician to client level this will address what skills the clinician would employ or perceptions they would take up when engaging with clients. For example, having an understanding of internal time consciousness could promote a more informed insight when the client expresses certain kinds of discomfort in social situations. Having this insight would also inform treatment when the clinician teaches coping mechanisms for the client to employ. Addressing the methods taken up at the institutional level would affect the agreed upon understanding of diagnosis and could change the way that we understand psychology. Diagnosis might take into account what the client's subjective experience is apart from what observable behavior appears to resemble symptoms. This would move away from the specific five symptom minimum that DSM establishes as the agreed measure for most disorders and move towards a more nuanced understanding of mental illness.

III. Subjective Temporality

Here I will give an account of Thomas Fuchs' utilization of Husserl and Merleau-Ponty in his pursuit to better understand depression and schizophrenia. Fuchs, in his article *Temporality and Psychopathology*, sets out to lay a foundation in the understanding of psychopathology in subjective and intersubjective temporality. He wants to assert, here, a foundation that can be applied to psychiatric illnesses, in this case he uses depression and schizophrenia. Fuchs sets the stage first by showing the distinction between the dimensions of temporality and then goes on to look at the two different psychopathologies. I will also give a brief account of Merleau-Ponty's conception of the body and of perception, as in *Phenomenology of Perception*, as these themes are pervasive in Fuchs' work.

For Merleau-Ponty, perception of objects has an object-horizon structure. This structure is where objects become the figure in our gaze for us against the background or horizon that fades. This fading brings the figure to the fore. The inner horizon is the object itself and what is sensible from our current position. The outer horizon is the background that objects fade into and allow the object to be perceptible and this must occur so that we are able to perceive the object as an object and not simply part of the background. Perception, in this way, is a concealing and an unveiling where our environment is revealed or hidden. The object or figure that is perceived has unseen sides, in the case of a house this could be the inside or the reverse side of the house. Objects, then for Merleau-Ponty, are what they are as seen from everywhere. We, however, never have any particular object in its fullness and they are always open to us in this way. No

thing is fundamentally hidden from us either. This theme of concealing and unveiling is consistent in Merleau-Ponty and in Fuchs.

Fuchs, then, begins by showing the distinction between implicit and explicit temporality, the two dimensions of subjective temporality. Time that is pre-reflectively lived is the implicit temporality and the explicit is temporality that is consciously/reflectively experienced. With regards to implicit/lived temporality, he gives the example of a child playing with a ball. The child is enraptured in their task and time passes as one fluid and cohesive experience, passively. “Lived time is the movement of life itself, implicit in the child’s experience of being engaged in his play and directed towards his immediate goals” (Fuchs, 77). In Fuch’s description of implicit temporality he provides its two foundations and we are introduced to his usage of Husserl and Merleau-Ponty’s phenomenology.

Fuch’s provides us with the model of inner time consciousness asserted by Edmund Husserl. This is the directed and lived passing of moments that is synthesized both backwards and forwards, allowing for the unification of this experience of time. The model that Husserl asserts is the synthesis of protention, presentation (the primal moment), and retention. Protention is the undetermined anticipation of moments yet to come. What is anticipated by protention falls within a scope (almost like a cone) of moments yet to come that are contextualized by what has happened. The further away from the present moment something is protended the more ambiguous that possible moment becomes, and the opposite the closer to the present moment. What is protended is directed towards and contextualized by the synthesis with retention and primal impression. Retention is the passing of moments as just experienced and slipping away. What has just passed contextualizes what is anticipated as well as the present moment.

Presentation is the present or momentary impression/moment. For Husserl, Fuchs does also, this model is shown through the experience of listening to music or hearing someone speak. In a song, the current note is heard, contextualized by the notes just past, and we have a vague anticipation of what notes are to come. It is not perceived as the notes in-and-of-themselves but as an integrated experience of the melody that is synthesized passively in the background, it is pre-reflective.

This synthesis allows for the intentional arc to have a basis and this is how the synthesis of time consciousness is directed with intention. The intentional arc, in Fuchs' article, is our introduction to Merleau-Ponty:

...[C]ognitive life, the life of desire or perceptual life--is subtended by an 'intentional arc' which projects round about us our past, our future, our human setting, our physical, ideological and moral situation, or rather which results in our being situated in all these respects. (Merleau-Ponty, qtd. in Fuchs, 77)

The intentional arc situates us in our context as well as maintains a coherent sense of self. The example Fuchs provides is of speaking. When we speak we retain and pretend what we are saying and do not need to actively situate ourselves as the speaker. This unification of the self and the action occurs in the intentional arc as ipseity (the coherent basic sense of self). The idea of ipseity is also given to us by Merleau-Ponty. "This tacit or basic self-awareness underlies the personal identity on a higher level which develops with extended or reflective self-awareness and autobiographical memory..." (Fuchs, 78). All of this is the first prerequisite for internal time consciousness: the passive synthesis, intentional arc, and our ipseity that pre-reflectively binds us to it.

The second prerequisite is the affective-conative momentum (conation). Conation provides the intentional arc the needed tension to be driven forward. It is essentially the fundamental driving force of mental life and gives us the urges and affections that drive our affective directedness (pursuit of goals, spontaneity). Conation is essential to lived experience. Fuchs' gives the example of acceleration of temporality in manic states and retardation of temporality in depressive states. It also contributes to ipseity in the affecting of self *by* self and in the sense of spontaneity and agency that we have as persons. These two prerequisites are intertwined and inseparable. Together they form the intentional arc, the sense of affective directedness, and the unified/coherent sense of self. This is the first dimension of temporality, subjective or internal temporality.

The second dimension of temporality is explicit temporality or reflective time. Explicit temporality is the experience of time that imposes itself over the experience of implicit time when the homogenous flow is interrupted. When the flow of experience, the pre-reflective experience of time when enraptured in moments, is interrupted by the *sudden* we are pulled from that homogeneous flow. That flow becomes disrupted and segmented in a way that can be painful. The past, present, and future become disjointed and apparent. For Merleau-Ponty, temporality has a foreground and background structure. The present moment is the foreground that the past and future recede into. Here, the concealing and unveiling in temporality, in the case of explicit time, is also disrupted such that the past and future have also made themselves apparent and disrupted the homogenous flow of time. In Fuchs, the elements of temporality become explicit (the now, no longer, not yet) and bring with them particular temporal emotions associated with them:

It is experienced as closely bound up with certain time-specific emotions: the ‘now’ with surprise, astonishment or shock; the ‘no longer’ with regret, grief or remorse; the ‘not yet’ with desire, impatience, yearning or hope. Consequently, the experience of time frequently contains an element of displeasure or suffering. (Fuchs, 79)

This rift in our being that we experience through the interruption/disturbance of flow is correlated with these emotions. Explicit time, then, must be resynthesized in order to not break into distinct parts, however, rather than in the case of implicit time where this occurs passively, the subject must now actively synthesize the past, present, and future. The personal self, otherwise known as the autobiographical self or narrative self, is utilized here as the framework for this synthesis and bridges the gap created in explicit temporality. The personal self extends and in the active synthesis of past, present, and future, biographical time emerges. Rooted in object permanence, where the subject is able to actively project the past and future on to the present. It is in biographical time that we temporalize ourselves and actively lead our lives.

Fuchs touches upon embodiment in temporality here, with regards to implicit and explicit time. When experiencing time pre-reflectively the perceiver is not aware of the body apart from being a tool in the task that they are consumed with. The more enraptured by the task we are, the more we forget about the body. Their body is used seamlessly and they are open to possibilities and capacities, much like in the example of an athlete being enraptured in the moment and pushing themselves to perform in ways that they would not normally be able. This conception of the body in Fuchs corresponds with Merleau-Ponty’s idea of the body. For him, the body is the unperceived center of human experience. It grounds us in the world and shapes our perception of our environment. In shaping our perception of the world, the body permeates our perception by

hiding in the background and affecting the possibilities presented to us. Here, again, we find the concealing and unveiling. The body is concealed in implicit temporality so that the present moment or task can become the figure: "...to sum up, the ambiguity of being-in-the-world is translated by that of the body, and this is understood through that of time" (Merleau-Ponty, 85). It also, in grounding us in experience, allows things to appear for us where we surpass the body to become enraptured in the world, as well. Rather than passively receiving stimuli, the body rises up to meet the world. In the explicit mode the body becomes an obstacle or an object apart from the flow of time. The example that Fuchs gives is of being sick. When we are ill we might experience time as slowed and that we are excluded from the movement of life. The body here is a clear obstacle in our experience and moves us out of pre-reflective time. While Fuchs does not provide another example of this effect, anxiety might be a good example, as well, where the body is explicitly an obstacle. In the case of anxiety, we react to a stimulus or an emotional trigger that elicits the panic response. While the reaction is distinctly emotional, our body becomes an obstacle in a state of paralysis, hyperactivity, and other bodily responses that separate the body from the flow of time. These bodily reactions, hyperventilation for instance, make it difficult to carry out the task at hand. When the body comes to the fore our environment fades into the background and it may become difficult to perceive objects as figures or be engulfed in a task. However, Merleau-Ponty treats these transitions as a less abrupt experience and as part of the communal back-and-forth from body to consciousness. While in cases where the body is injured this could be representative of explicit time for him, the body as figure, for him in general, is part of a homogenous flow of time.

In the case of schizophrenia, Fuchs identifies the disorder as a disturbance in the basic self coherence. The subjects that he pays close attention to in this section are those in which the subject reports their thoughts and actions as belonging to someone else. One such case that he examines is a report of the subject, at times, having to trace their arm from their hand to their torso because they believe that someone is standing behind them and performing tasks. Another example is that of voices in one's head, where thoughts appear to be foreign. Fuchs believes that this depersonalization has to do with a fragmentation of the intentional arc. This fragmentation disjoints time consciousness such that the personal self is removed in the primal impression and must be explicitly synthesized back to the present. This explicit synthesis also must be done in cases of schizophrenia where the subject appears to be in a constant state of explicit/experienced time. Cases such as these, Fuchs examines, are those where the subject has trouble following along with long sentences and reports having to actively go back and piece words/meanings together. An interesting example is one he provides of the subject watching television:

When I watch television it is even stranger. Even though I see every scene properly, I do not understand the story as a whole. Each scene jumps over into the next, there is no coherence. ...There arise only innumerable separate now, now, now... (Fuchs, 84)

Here, we find a fragmentation in subjective time consciousness due to the disturbance of basic self-coherence. Without the homogenous flow of time moments jump, as the subject puts it, from now to now to now. This would be like listening to a song but the notes are removed from the context of the larger song and are distinct in and of themselves. The song as a whole would be completely lost in the onslaught of seemingly disconnected notes.

Fuchs illustrates, here, how phenomenology can be used in the examination of psychopathology. He has used implicit and explicit temporality in order to understand the nature of schizophrenia, or at the very least has investigated the subjective experience of living with the disorder. For autism, much in the same way that Fuchs does, I will investigate the disorder utilizing this understanding of subjective temporality. In cases of particular experiences where I was present, I will provide it as an anecdote so that the feel of the event is conveyed and then do a phenomenological reading of what I observed.

During the Fall 2019 semester, I met with a mentee for dinner. For anonymity's sake, this mentee will be known in this project as Brian (anybody mentioned in this project will have an alias). While most weeks we met on Fridays and discussed academics and how life on campus has been, this particular week was busy for me. This week all of my meetings were moved around and made it so that I had to meet Brian on a Saturday. Given this change in the schedule we decided to keep the meeting light and met for dinner on campus. "Light", in this case, meant keeping conversation away from school work or stressors in hopes of making it a relaxing hour. We often had meetings where we would just chat or go do something fun as well, this was to promote a better relationship and to explore what the campus had to offer.

We met, got our meals, sat at a table, and spoke for a bit about the week that had just passed, catching each other up on things. As we spoke I was approached by several friends/acquaintances, one and then another not long after. I said hello to them, spoke for a moment or two and allowed the conversation to fade out so that we could speak more at a later time. This happened a number of times to which then Brian exclaimed, saying that people come to speak to me almost every meeting. I asked if it made him uncomfortable and expressed that I

could avoid speaking to others during meetings, that I was attempting to not be rude but also not draw it out long. He declined, saying that he thought it was okay and that he enjoys that I am friendly and warm. This was good to hear so I expressed to him that I allow others to come engage with us and introduce him so that I can model social behaviors and interactions for him to promote growth and comfort for him in similar interactions. I also assured him, however, that I acknowledge his comfort and ability in many social situations. Brian is a warm and bubbly person, not shy at all and quite expressive about his thoughts and feelings. What he struggles with, generally, and what we have agreed to work together towards is maintaining a balance between his social life and his academic life (which at times can fall to the wayside, something that we all struggle with), as well as in navigating the relationships in his life. This navigation, in his case, has to do with how much time is an appropriate amount of time to see someone, how to tell who is a close friend and who might be more of an acquaintance, how to appropriately express intention and feelings, and other topics of this nature.

Once I expressed to him my intent in making conversation with others and my acknowledgment of his openness, he explained to me how he went about learning to engage with others. In his past experience he began to notice that at times people would spontaneously change subjects or end conversations. After these instances had gone on for a while he would look for what signs people would give when they felt uncomfortable, he expressed these as changing topics or nonverbal cues such as facing away or lack of eye contact. He also expressed that, while he is quite social, these nonverbal cues, particularly, do not illuminate themselves naturally to him as they would for neurotypical people. When engaging with people, he must keep these signs in mind actively and at times he might miss these nonverbal interactions (e.g.

standing just a little too close and missing the signs of discomfort). The adjustments he might make when interacting, according to him, are a result of an explicit acknowledgement and active investigation. I responded by saying that it sounds like he faces a good amount of pressure in that case, to which he agreed. Brian expressed that it can be quite difficult if the conversation takes a turn that he would not expect and felt pressure in trying to accommodate or identify these signs that would otherwise be hidden to him.

With regards to subjective time consciousness, there are two distinct moments in Brian's account of his social experience that are worth noting: the lack of illumination to nonverbal cues when not actively looking, and the active searching that he must take up in order to engage with others such that they are comfortable. Here I will use the model of time consciousness presented by Fuchs' usage of Husserl and Merleau-Ponty. Of these two moments there are correlations to implicit and explicit time consciousness, insofar as his account of social cognition in the first moment provides an account of a homogenous flow of time and the next moment is a disjuncting of that flow.

In the first moment, the lack of illumination with regards to nonverbal cues, Brian is in an unencumbered flow of time. The homogenous flow of time, where the past, present, and future, are perceived as one cohesive flow is the experience of implicit time. As he put in his account, then, when he is not deliberately looking for these cues (his experience of implicit time) he might miss them or not see them in the way that neurotypical people might see them. It is common for a neurotypical person to communicate both at a verbal and nonverbal level. This communication, apart from just expressing themselves verbally/nonverbally, also often includes receptiveness to these expressions in others passively. This has driven him to search for the signs explicitly when

socializing. This active searching that he has taken up forces him to remove himself from the moment, where he would naturally interact with people and allow the flow of the moment to carry on, he now removes himself to maintain social behaviors in conversation that is comfortable to the other person.

The experience of explicit time then, here, is that removal/disjointing. The active searching creates an experience such that the signs that he is looking for are *not yet* and anticipates them. He makes adjustments in the *now*, the present moment, in accordance with what is *no longer*, the moments that have passed or the signs that he has found. What this looks like, for example, would be if he were engaged in conversation, possibly standing too close and then seeing a sign of discomfort. An example of discomfort in this case might be tensing up, shrinking into themselves slightly, or turning to face away. If Brian were to take note of the sign while in conversation he would have to think about what might have caused discomfort and then adjust in accordance with what he thinks might have been the cause. While this operates much like the way that protention, the primal impression, and retention interact (the three moments informing and flowing with each other), the active searching disjoints that homogeneous flow as he takes up a deliberate synthesis. This being the case, he must reach back to observe the sign and think actively about how to move forward with this new information. In the searching for the signs they are perceived as *not yet* and are anticipated. The signs, when noted, then are found and in the finding there is a sense of shock or a kind of slight discomfort that comes with the feeling of finding. This pressure and discomfort in the explicit experience of time is noted in the Fuchs article, where he shows the effects that are associated with explicit time, which he describes as a generally uncomfortable/painful experience. The discomfort he describes for us is the upheaval

from implicit temporality and the fracturing of these components, or as he puts it, "...oblivious activity is interrupted by the *sudden...*" (Fuchs, 79). The experience of explicit time, apart from being basically uncomfortable/painful, is also accompanied by time specific emotions which are often engulfed in the experience of the particular *now, no longer, not yet*. "[T]he 'now' with surprise, astonishment or shock; the 'no longer' with regret, grief or remorse; the 'not yet' with desire, impatience, yearning or hope" (Fuchs, 79).

Given the account, here, by Brian with regards to social cues, a comparison can be made between him and a couple of my other mentees. His account of social cognition seems to fit with observable behavior over my time working with him. As I stated previously, Brian has quite an energetic and bubbly personality, quick to make friends and share experiences and laughs with others. However, while he is not shy by any means, there also appears to be an underlying pressure associated with interactions. Brian, oftentimes, appears to be attempting to translate/interpret the experience of the person or the intentions that they have. I can often see the "gears turning" when he talks to people, so to speak. This active intervention that he takes up, while affording a more extensive insight to the social situation at hand, is also the source of anxiety and pressure that weighs on him as he stubbornly clings to his investigation. These interpretations, coupled with this pressure, can amount to an over-investigation of what the other person is expressing to Brian. These behaviors appear to coincide with the investigation of his subjective experience with regards to his internal time-consciousness.

As Fuchs outlines for us, explicit time-consciousness is an uncomfortable experience that could come with a sense of anxiety. When Brian experiences this explicit flow of time in conversation, while the illumination of the other's behaviors is useful for him, the feeling of

explicit time induces quite a bit of pressure. This could result in his experience of conversations that, while he is aware of the direction of it, feels like a difficult, deliberate experience. By “deliberate”, here, I mean calculated and possibly awkward action. This effortful conversation can result, still, in a difficult experience for the parties involved.

Contrasting this, there are experiences I have had with mentees such that they appear to be in a more effortless state during social interaction. One such of my mentees that appears to be more in tune with the social environment is Eli. He is one that generally appears to be calm with the only real stressors that he has voiced being academic responsibilities. With regards to school, Eli tends to catastrophize and go into a crisis mode when faced with a deadline or a big project, belittling his own capability to rise to the occasion. However, he typically does rise to meet challenges and does well on his assignments despite the heightened anxiety he faces during them. Eli is the oldest mentee I have, more experienced and accustomed to campus life and the expectations that are placed on him, both with regards to what he wants to achieve and also in what those around him impose upon him. While Brian displays a wide range of emotions and is heavily invested in conversation, Eli is typically laid back and displays a more collected demeanor.

Con conversationally he is eloquent and effortless, or at least appears to be. I suspect that he has social anxieties, however, I find that these might be more within an intensity of someone who does not have much trouble socially. In seeing him interact with new faces he appears to not feel much pressure and is excellent at helping others in feeling comfortable. One such instance that I have observed him helping others was a movie night I was running for the mentees in which a student was intensely worried about foreshadowed violence in the movie. The film we

were watching, *Hunt for the Wilderpeople*, appeared to be foreshadowing violence to animals. The scene involved two dogs fighting a boar, where the owner of the dogs caught up to them with a rifle. The student became anxious and covered his eyes, saying that he was going to leave. To which Eli, having watched the movie, turned to him and tried to ease him, saying that the violence occurred off-screen. The other students tried to ignore what was going on and watch the film. This display of empathy was received well by the student who chose to stay and found that the violence was not as intense as he had anticipated. I believe this kind of attunement is what allows Eli to take a step back and allow his interactions to flow homogeneously, the implicit flow of time-consciousness.

In *A is for Aspergers*, Coltrin, in his section on empathy, outlines a distinction between Cognitive Empathy and Affective Empathy. The former, he believes, people on the spectrum typically have difficulty with. However, he explains that the latter is just as easily done, maybe better at times, by those on the spectrum as neurotypical people:

Cognitive Empathy has to do with recognizing how certain situations and actions may be causing an emotional response in someone else. It's the skill that helps people predict how their own actions might affect another person's emotions.... Spectrumy people have trouble with this one because we are busy sorting through all the sensory information that neurotypical brains automatically filter out when dealing with people. (Coltrin, 8)

This kind of empathy could be difficult for Brian, as Coltrin writes, where his interventions illuminate what would have been illuminated if he were to work on his Cognitive Empathy. I find that he has great potential for growth in this area and is on the track towards it with his introspective tendencies. However, Brian appears to have an abundance of the latter kind of

empathy. Affective Empathy, as Coltrin defines it is “the part of empathy where you relate to, and feel an echo, of the emotions that another person is going through” (Coltrin, 9). Coltrin feels that people on the spectrum have similar Affective Empathy to those that are neurotypical. Brian is a good example of this contrast, he shows the differential influence in Cognitive and Affective Empathy. He is known to look for signs that the people he is interacting with are enjoying the conversation and will actively take part in making that happen. He knows how to make people laugh and have fun, however, in the more subtle components of social interaction he has trouble navigating the terrain. Coltrin is in support of this, saying that “louder” emotions (anger, laughter) are easily read and navigated by people on the spectrum. The “mid-intensity emotions” are much more difficult for them to navigate/read. What would allow them to navigate this better, for Coltrin, is more of an attunement through Cognitive Empathy. However, he describes this comparison as “[r]ecent psychological hairsplitting...” (Coltrin, 8), so it is quite possible that this is a satire, but he thinks an interesting topic none-the-less.

What I believe allows Eli to be effortless and attuned socially is development in this Cognitive Empathy. He has an understanding of what might and might not be received well during interactions. However, Coltrin outlines that this trouble with this kind of empathy is a result of sifting through an overload of sensory information. Where the person might be attuned otherwise, they are preoccupied discerning their environment. I find that the key to Eli’s excellence in this area has to do with his calm demeanor. As I said before, he is typically laid back and does not appear to experience much pressure apart from academic stressors. He sits quite still and does not show much extremity with regards to affect. He has expressed to me, however, that in his past this was not the case. Eli was mostly nonverbal when he first arrived at

college and had much trouble socially, often feeling overwhelmed. He grew over time here, exposed to social interaction and had to be self-regulating. The cause of this lack in cognitive empathy, for Coltrin, is the person on the spectrum having to sift through a great degree of stimulus input that neurotypical people often are able to do passively. I find that Eli's ability to self-regulate, take a step back and, rather than fervently investigate the situation at hand, allow himself to reach a state of calm and allows the experience to reveal itself to him. Coltrin, in his section on sensory overload, explains that this effect is heightened in states of anxiety. Given that sensory issues are what Coltrin feels muddies cognitive empathy, Eli's ability to self-regulate might be affording him ease in cognitive empathy. While he typically sits still, he is also quite fidgety, which in most people I would perceive as a sign of anxiety, in him I believe it might be self-regulation through hand movement. His ability to reach a state of calm allows the moments at hand to illuminate themselves in conversation, deintensifying the sense experience in the present moment. He is able to, in this way, see the social cues without explicitly searching for them, as what would have muddied his "sight" has been dimmed down. This dimming of sense experience through regulation allows Eli to remain in a state of implicit time-consciousness during conversation.

With regards to the body and autism, there have been instances where I have invited Eli to play billiards with me on campus. The school has a recreational center with pool tables. The first time we went to play, I noticed that he was holding the pool cue quite awkwardly, at least as it appeared to me. I asked him if he knew how to play to which he replied saying that he knew how to play and had come to these tables to play with friends from time to time. Not that I am a professional billiards player or anything, however the way he was holding it appeared odd to me

but I let it pass. We had time in the meeting to play two games that we ended in a tie. I noticed that although his position with cue appeared awkward he was still quite precise and was about as good, if not better, than me at the game. ASD is described in the DSM to be accompanied by deficits in motor function that can include repetitive movement, unusual manipulation of objects, or generally perceptively awkward body language. To the gaze of a neurotypical person, some of the body language as possibly present in someone on the spectrum, could be perceived as body language that one might have when in an explicit temporal mode. A neurotypical person might have difficulty, for example, manipulating objects if they had rheumatoid arthritis. The swelling of the joints could make it difficult or awkward to handle the pool cue. This obstacle of the body might, especially if they recently had the joint disorder, place such a person in explicit temporality where the body is no longer a tacit part of the present moment. For autism, however, where body language that appears awkward to us and that would represent something that is in disarray, is likely a representation of the person on the spectrum in their tacit bodily experience.

IV. Intersubjective Temporality

Instances of interpersonal interactions, as with Brian at the dining hall or Eli at movie night, while the subjective experience of these are important, might be better examined through the lens of intersubjective temporality, also expressed in Fuchs. Intersubjective temporality is “...time as *a relational order of processes* which interact or resonate with one another” (Fuchs, 81). We all share a contemporality at two distinct foundational levels, at the person to person level and at the world time level. In these we find a synchronicity, again either with each other or with the world. Fuchs begins at the interpersonal level and then zooms out to world time.

At the first level, interpersonal temporality, is where we develop our sense of basic contemporality. Human interaction consists of timings that are implicit in these experiences, which Fuchs says comprises our understanding of common sense. In development, we learn this basic contemporality and it becomes a tacit part of our experience. Early in development children learn this resonance through interactions with the parents, nonverbally:

Infant research has shown how this synchronised contact shapes the child’s primary experience: communication between infant and mother is characterised by rhythmic-melodic interactions, by mutual resonance of facial expression and gesture as well as by ‘affect attunement.’ (Fuchs, 81)

Synchronicity becomes clear to us in the desynchronous experiences that we have throughout development. As we grow and build a relationship with the world/society, we develop a sense of world time with which we also have experiences of synchronicity and desynchronicity. For Fuchs, these experiences in synchronicity are inclusive and directly related to implicit and

explicit temporality. Explicit temporality being primarily experienced in desynchronicity and implicit temporality experienced in synchronous states.

Interpersonal temporality, with its basic common sense, is experienced, when synchronous, as a rhythmic-melodic interaction. An example of this is in conversation with another where cadence, pauses, starts, run-ons, and interruptions all play into the resonance of the individuals. Desynchronicity in these during conversation could cause irritation amongst one or both of the parties. The example that Fuchs gives is of intercontinental telephone calls in which there can be an extended response latency. These “offbeat” responses could also cause irritation in the conversation, as Fuchs suggests that there is a normal implicit temporal coordination.

With regards to schizophrenia, Fuchs notes the social difficulties that someone might have due to their mental illness. The implicit and tacit flow of intersubjective communication is absent for those with schizophrenia and they are often unable to resonate with others. Fuchs provides the testimony of someone who suffers from schizophrenia who says, “I lack the backbone of rules of social life. I’ve spent whole afternoons at parks observing how others interact with each other” (Fuchs, 93). Those with this mental illness also commonly attempt to understand these “rules” by actively attempting to understand these patterns in communication. This often leads to a shyness or withdrawal, which he identifies as an autistic withdrawal. I would like to note here that while I will draw a comparison here between the two psychopathologies, I feel that they are two distinct and clearly different disorders. However, this withdrawal that occurs as a result of social pressure, I feel parallels the withdrawal or shyness that can be common in autism. The withdrawal presented in Fuchs in the case of schizophrenia

has two parts: withdrawal due to stress on the protentional-retentional structure, and an attempt to simplify the social sphere. In autism, the subject also might find a difficult time synthesizing a homogenous flow of interpersonal temporality. While the reasons for this difficulty are different from that of schizophrenia, the effect of putting stress on the protentional-retentional structure is similar. The person must take an active role in the understanding and carrying out of social behavior and timing, however, this, as in the case with Brian, places them in an explicit/lived temporality that makes it difficult to resonate with others in the rhythmic-melodic communication. This pressure can result in the second identification that Fuchs provides in the simplification of the social sphere. Someone on the spectrum, while possibly wanting to make friends, attend events, or even go about their day seamlessly, may deliberately avoid interaction or situations that will put pressure on them.

Again, while Fuchs' example in schizophrenia is not quite the same as in autism, it does provide a good example of the effects not being synchronous with the social environment. Autism is perceived in contemporary psychology as a maladaptation and a deficit in these social functions. However, I would like to present autism as a challenge to the structure of basic contemporality rather than a deviation from it. Merleau-Ponty, in *Phenomenology of Perception*, addresses the example of phantom limb syndrome when going over his conception of the body. Briefly, with regards to the subject's relation to their environment, Merleau-Ponty illustrates phantom limb syndrome as the person moving throughout the world as though it were still manipulable with that hand which is now gone. In other words, they still live in a world where these actions are possible despite the loss of their hand. This inability to make use of the limb while still perceiving the world with the use of it causes pain where the limb would be. This case

of the world being open to these possibilities is an integral part of this case and what I would like to address in the case of autism and contemporality. However, rather than the ownness here being on the person on the spectrum, I believe the ownness is on others in their perception of social interaction. The “common sense” that lies in the background of our interactions and permeates the way we perceive possibilities is difficult for many people on the spectrum or absent entirely and must be explicitly integrated. In a way, this common sense also alienates those on the spectrum such that, like in the intercontinental call example, agitation can occur when someone deviates or desynchronizes. If we were to widen the scope of this dimension of contemporality to be inclusive of neurodiversity, conversing with someone on the spectrum would maintain an implicit and tacit flow of contemporality. This openness to communicational diversity could be beneficial, not just in neurodiversity, but across groups and cultures as well. In a world that is not commonly open to neurodiversity in this way can result in mental illness, not as a result of autism but as a result of being autistic in the world. Social anxiety is common in ASD as well as general anxiety and depression.

While with Brian and Eli I often had rather seamless conversations even from the beginning. They both have had quite a bit of experience socially and so it was only seldom where we met instances of contemporal desynchronization. When I first started the internship I had had little experience interacting with those with ASD apart from brief conversations and had some knowledge from psychology classes I had taken. I feel that at the time I was quite open to neurodiversity in interaction, simply with little experience. With my other two mentees, Jordyn and Michael, at first it was difficult for me to feel that rhythmic-melodic interaction, but as I grew more experienced and we got to know each other better, we began to develop great

relationships. Michael is more quiet and often appears to be distant at times. At first I found this difficult in attempting to relate as I would often be met with silences in conversation. However, as we grew more comfortable, the silence no longer felt heavy or out of place and what he would point out I found to be either quite interesting or funny. I found that as I opened up to the nature of his discourse, he reciprocated and synchronicity came about easily. It appeared to me that opening myself up to interaction in this way inspired more confidence in him as he would more frequently reach out with academic questions and opened up to different activities. Interacting with Jordyn was a different experience, as all my mentees were quite different. Conversing with Jordyn at first kept me on my toes, as he would often gravitate to outlandish topics of conversation. At the time, as with Michael, I had little experience and so had difficulty keeping to these conversations and I would try to ground them to life on campus. He was very open to talking though and we seldom found moments of silence. As I widened the scope of conversation to accept and expect what he wanted to talk about I began to get it and it was actually very funny and interesting conversation. Jordyn, as well, began to gain confidence and I found that he became more conversationally flexible and open as others opened up to him. He began to establish connections on campus and, where at first he mostly kept to himself, began to establish friendships and gained experience navigating those relationships. In these two cases, we find that contemporality could have an effect at the personal level for those on the spectrum to the extent that they will develop a confidence that might help them out in the world and embrace their unique ways of thinking. Perceiving others as possibilities for connection rather than objects of social pressure can open the world up to them in the same way that neurotypical people can embrace neurodiversity as part of homogenous experience.

In the case of the subject's relation to the world, Fuchs goes into the contemporality at the level of world time. In a broad sense, world contemporality marks changes and developments that occur over one's life.

Important biographical transitions (entering school, starting work, marriage, steps of career, retirement, etc.) are more or less standardized and bind together the individuals of a cohort. Finally, there is the basic 'contemporaneity' of people belonging to the same culture with their specific history, values, styles, forms of behavior etc. (Fuchs, 82)

Fuchs describes this kind of contemporality as less implicit but as established explicitly and through convention. These conventions can be, for example, the age that a baby is expected to talk by, or graduating from college by a particular age (a convention which is slowly fading away, thankfully). Synchronicity here, rather than being constant, as going through phases of desynchronization, being "too late" or "too early" relative to world time. However, when one is synchronous with world time it "...generates a feeling of wellbeing, of a fulfilled present where one exists without explicit awareness of time, entirely devoted to one's own activity ('flow experiences') or to resonance with others" (Fuchs, 82). This world time, whether synchronous or desynchronous, like in subjective temporality, comes with its temporal affections. These emotions have to do with synchronicity (the presence or resonance), remanence, and antecedence. Remanence corresponds with the feelings of "too late". Related emotions to this are, in increasing intensity: time pressure, illness, grief/guilt, and depression. Antecedence brings with it the feeling of "too early" or "too soon", with respect to world time, we are often in a waiting period here. The temporal affections related to antecedence, again in increasing intensity, are: waiting/boredom, impatience, agitation, and mania.

Melancholic depression, for Fuchs, is a desynchronization of intersubjective time where the past and the future have been made permanent and insurmountable. This comes about from a conative desynchronization where the subject has lost their affective-conative momentum. I also believe that a desynchronization of intersubjective time could be a characteristic of bipolar disorder. This could present as an upheaval from synchronicity, in this respect, and with periods of extreme antecedence and remanence.

For autism, I find two distinct areas where contemporality at the level of world time affects the individual, primarily in the conventions imposed upon them. The first is the nature of world time that involves changes and developments that are standardized by convention. For those that are on the spectrum, these conventions can do a great deal of harm. Beginning with the way that ASD identified. The DSM sets a list of criteria or symptoms where the individual is labeled as having “deficits”, “impairments”, or general lacking and deviance. Those on the spectrum develop at a different rate than neurotypical people, and while using what we understand about neurotypical development might be a useful benchmark in the progress of development, deviations from this development might not necessarily be better described as deviant. The nature of these developments in ASD are the way in which such an individual will develop, that is to say that there was no point in their development where they would have grown neurotypically and then something occurred to set them down a different path. Labeling their development in a way that considers the natural course of their development as deviant in a number of ways could come into conflict with their growth. This being that they are expected to assimilate into normative cognition and behaviors. The maladaptions that people on the spectrum often face occur out in the world with others, deficits in communication, behaviors that are

perceived as unnatural. On a personal level there might also be difficulty with emotional regulation and expression, however, someone on the spectrum might not be equipped to handle emotion in that they process them differently and have been expected to process them neurotypically. These issues are pervasive, not only in their personal life but also in their expectations out in the world. Success is often measured by a person's capability academically, socially, in interviews, in the workplace on teams. The scope that society has towards developments, milestones, and success particularly accounts for normative behaviors and progress and those that deviate must find footing to perform as expected. As in the case of face to face interaction, widening this scope such that we could live in a world where this neurodiversity is expected and normalized would allow others to find their own success and flourish out in the world, creating a space where more homogenous experiences could come about.

The second issue in the case of ASD with respect to contemporality is the temporal affection that Fuchs identifies as “illness”. He describes this as a mid-range temporal affection in the direction of remanence, that is, the deceleration of time or the feeling of “too late”. This range of emotions often involves feelings of being left behind and is desynchronized from social rhythms. “...[I]llness, for example, means a deceleration, a loss of ability to act, and thus a partial exclusion from the life of others” (Fuchs, 83). Illness, in this way, makes particular in the cases of bodily illness. At a lower level, a headache might prevent someone from going to the bar on the weekend and they might feel separated from their social group. A runner training for a marathon would likely have to cancel if they sprain their ankle. However, in the case of mental illness this label of illness has a different effect. It appears that for Fuchs the illness comes about

and then their contemporality is affected, this is the case for disorders like depression or anxiety where the onset is triggered, the disorder is then diagnosed and treated. However, in cases like ASD or ADHD, the mental illness is an integral part of the person's being and yet the DSM still labels these as illnesses or deficits (as I addressed earlier). While these mental illnesses should be taken seriously in the difficulties that arise from them and the accommodations that might be made in certain contexts, great care must be taken in the way these talked about. When one addresses someone's beingness as an illness or a disorder, such labels could be damaging. I have met a number of people on the spectrum that are quite proud of having ASD and of who they are, it is in interaction with others that perceive them as being ill that can cause issues. Brian is one of these individuals who embraces their uniqueness and often finds the bulk of their pressures in relationships or academia. I have also had the pleasure of meeting someone on the spectrum who is quite extroverted and charismatic. This person embraces their perceptions of themselves and often can be found moving about their day with a kind of flash and confidence that certainly challenges norms in social behavior. Not to say that extraversion or flashiness are the optimal examples of embracing oneself, but rather these examples are "louder", so to speak. This label, "illness", could have effects on those on the spectrum such that a desynchronous contemporality is being imposed upon them as in the case of their development and expectations. The very idea that their way of being is an illness could permeate their intentional arc, their intentional temporal directedness and sense of self, such that they believe that they are diseased and deficient.

V. On Psychotherapy

Autism Spectrum Disorder is often treated with anger management, behavior therapy, family therapy, and ABA. ABA, or applied behavioral analysis, is intensive therapy for approximately 20 hours a week before the age of 4 (when it is at its most effective). This therapy entails a comprehensive learning social behaviors, coping mechanisms, and learning how to take care of oneself. While ABA, and accompanied therapies, have been found to have results in those with autism, I find that phenomenology could better inform these therapies and perhaps result in, given the insights that it provides, new forms of therapy being developed. Without phenomenology, psychotherapy is left in a kind of perception similar to that of the sciences, presupposing the subject and attempting to understand the world devoid of the subjective. Where, as in the house example, the house is what it is as seen from everywhere, rather than nowhere, human psychology particularly permeated by subjective experience. What psychology has done up until this point has assessed and observed human behavior and has attempted to level human experience such that it is measurable and reducible. Psychology, with phenomenology integrated into its understanding of the human experience, I believe will have a more comprehensive understanding of lived experience. Investigating the human experience through phenomenology in this way, with regards to mental disorders, provides a more holistic understanding of the lived experience that the subject has with their mental illness.

Insights into subjective temporality provide a window into the individual experience of persons in their movements about the world. Implicit and explicit temporality show us this subjective experience in a number of ways. We have a better understanding of how sense of self

might be developed and its relationship to the flow of time. Understanding this coherence of sense of self and the nature of personal perception could help in the treatment of disorders where this is absent, as in schizophrenia according to Fuchs. The drives that we have that push us in an intentional direction and what disorders might come about when this affective-conative momentum is fractured. Understanding this conation could better inform therapies for disorders where this function is not working properly, as in depression for Fuchs. The nature of the body, both in the tacit mode and in the experience of explicit temporality, could better be understood through phenomenology when accounting for human experience. This understanding could bring about more informed insights in the case of ASD.

Intersubjective temporality, both in the interpersonal dimension and that of world time, provides a lived account of one's movements about the world and interactions with others. Phenomenological inquiry, here, with regards to autism, I believe to be invaluable. In one to one conversation, where many difficulties in the autism spectrum lie. However, when lived subjective experience is accounted for here, we are able to question these interactions apart from observable "deficits" but difficulty for the person on the spectrum to interact in an environment that does not fundamentally include neurodiversity. This nature of the environment's scope of inclusion at the world time level is also integral, in that this is where ASD is measured and diagnosed. This is also where people on the spectrum might encounter a number of roadblocks in growth and can develop a damaging sense of self at the advent of being labeled as "ill". In this respect we can examine the temporal affections outlined by Fuchs and the ways these affect individuals. Synchronicity, as Fuchs puts it, can help inform those on the spectrum in interacting

with others as well as others interacting with those on the spectrum to create a more seamless/homogenous environment.

Phenomenology, when taken seriously, would provide a basis for the institution of psychology to diversify its perceptions of mental illness. As in Fuchs' work, I attempted to use phenomenology in an investigation of Autism Spectrum Disorder in order to exemplify the understanding that could come about through this inquiry. Modeling this way of thinking for psychology, as a body of knowledge, to show what might unfold through further investigation in this way. As psychology came about through philosophy, I find that reintegrating philosophy would allow this institution to shed ideals or perceptions, like the medical model, that hold it back or blind it to the lived human experience.

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