

Purves's Response to Boydston's Counterargument to "A Warning to the Curious': The
'Nicely Managed' Mind of M.R. James"

Susan Hathaway Boydston's reply to my paper "A Warning to the Curious' : The 'Nicely Managed' Mind of M. R. James" has, for me, raised some very interesting questions about the nature of the terminology, past and present, used to describe neurodiversity (or as many prefer, cognitive disorders), and about the amount of overlap that exists between the different conditions. Boydston's argument that James could more plausibly have been suffering from "obsessive compulsive disorder or some sort of anal fixation" as opposed to an autistic spectrum disorder is, in terms of its plausibility, one that certainly needs to be addressed. Her suggestion that anal fixation might be a more appropriate diagnosis or term of use is slightly more problematic. I wonder how useful it is to classify OCD/OCPD and anal fixation as separate, given that they stem from two alternative approaches to classifying neurodiversity - the clinical and the psychoanalytical respectively. Similarly, should we see autism and anal fixation as necessarily mutually exclusive, or rather is it not a case of modern clinical psychology offering a more scientifically rigorous description of, and neurobiological explanation for, a condition which Freud attributed to nurture? I wanted to approach this study from a clinical perspective, as I will explain presently; nonetheless, I do think that both perspectives are valid and valuable.

Obsessive-compulsive disorder is characterized by recurrent obsessional thoughts or compulsive acts. These thoughts can be distressing, and usually result in repeated acts, such as hand-washing, which are time-consuming. That James had OCD is unlikely. Had it been the case, his friends and colleagues would surely have commented on his compulsive acts. Also, James was terrifically productive – something which large amounts of time spent on inherently useless tasks would have impeded. Moreover, the compulsive behavior which characterizes OCD is different from the obsessions of autism spectrum disorders in that it is not enjoyable in the case of OCD. It can sometimes be the case with autism that obsessions - an obsession to study an interest, for example – are highly pleasurable to the individual, whereas the obsessions of OCD tend to represent a torment to the sufferer. James enjoyed his obsessions immensely.

I think the more plausible argument would be for Obsessive Compulsive Personality Disorder (OCPD): and here is where we may witness the significant amount of overlap between these conditions which requires that diagnosis and classification are precise. OCPD is

characterized by a general psychological inflexibility, rigid conformity to rules and procedures, perfectionism, moral code, and/or excessive orderliness. The mindset of an individual with OCPD is very different to that of a sufferer with OCD: s/he would typically not feel the need to repeat useless tasks, but rather would focus on the need for perfection in all things. This perfectionism is the cause of many of the syndrome's other symptoms which include a preoccupation with details, rules, lists, order, organization, or schedules; an excessive devotion to work and productivity to the exclusion of leisure activities and friendships; being overconscientious, scrupulous, and inflexible about matters of morality, ethics, or values; an inability to discard worn-out or worthless objects even when they have no sentimental value; and rigidity and stubbornness. Thus, OCPD could well be used to explain James's difficulties in getting close to people, his inflexibility when it came to new notions and progressive ideas, his work ethic and style of scholarship and fictional writing style, not to mention his pedantry and his need to control situations. However, there is one fundamental aspect of OCPD which does not fit James's personality and which therefore makes OCPD an unlikely source of James's cognitive style: whereas individuals with OCD know that they are behaving irrationally, those with OCPD are convinced that their way of seeing things is both normal and reasonable, and will offer a 'rational' root cause for their behavior when questioned. James did not demonstrate this conviction. He was sometimes rueful, often embarrassed by his behavior. As I argue on p. 9 of my article,

James described one particular friendship of his as 'hedged about with reticences, and thus could all his friendships have been described. He was unable to share his feelings with anyone, even his oldest friends, and although he acknowledged this incapacity, which affected his professional conduct, he did not feel the need to try and overcome it.

That James was able to both acknowledge this weakness (amongst others) and describe it as such without either trying to convince others of its reasonableness or without being convinced of the same in his own mind – the distinguishing mark of OCPD – surely marks him as not having that particular condition. In short, James knew that he was different, and such self-knowledge is an

observable characteristic of autism (one need only read one of the many fascinating and moving autobiographical accounts of autism by autistic writers to see this).¹

To move on to Boydston's second classification: anal fixation. Boydston's Freudian take on James's personality is extremely interesting and well-argued. However, I have reservations about it which I will give briefly here, before I go on to respond to the points she has made. There is for me a question concerning both the appropriateness and the relevance of a Freudian reading here when, as I have already mentioned, I was very much interested in looking at the case from a more clinical perspective. Freudian readings have been and still are invaluable to criticism. However, they tend to be used to underpin creative, interpretive readings which highlight sexuality or a sexual deviancy of some kind: in other words, readings which are themselves exciting and provocative, like Freud's ideas. The typical outcome of an interpretation based on Freudian theory is a reading of sexual repression/obsession. I was drawn to explore James's character on different criteria. In the context of a Freudian reading moreover, rigor of an analytical or scientific nature is rarely expected - indeed a certain amount of ambiguity is regarded as standard. Such ambiguity can be detected in Boydston's argument that "anality is marked not only by the modality of withholding and retention, but also of expulsion. James was retentive emotionally, but expulsive in his work ethic" By far the most popular understanding of anal fixation is that one is either expulsive or retentive - the former is often described as the converse of, or oppositional to, the latter. Given that anal fixation is supposed to be created by the actions of over-indulgent or over-disciplinary parents (the infant is indulged to the point where he takes pleasure in excreting creatively, the infant is intimidated to the point where he cannot excrete), it is not apparent how the formation of a personality which is both expulsive and retentive would come about. What I am arguing is that there is a vagueness inherent to the theory's usage. We are often given (and please excuse the pun here!) too little to go on. I am currently interested in looking toward a more precise use of science for particular types of questions (i.e. whether an author/poet had a particular cognitive condition) in order to attempt a greater degree of accuracy and rigor. This was my intention: whether or not I achieved it is clearly a question for debate!

¹ In my essay I argue that James's sister also seems to have been autistic: and like James, as Benson reports in a diary entry for March 1910, she displayed chagrin at her behaviour.

Such quibbles aside, however, I would like to respond to Boydston's argument that James was more likely to have been anally fixated than autistic by taking another look at James's personality. Here I would like to add to the findings of my essay with some details which I was not able to include originally, which highlight certain traits for which neither OCPD nor anal fixation can account but which underpin a reading of Asperger's. Firstly, I would like to highlight James's love of horseplay which, as I point out in the essay, was a particular feature of his friendships (p. 8). It is well documented that clumsiness, an awkward physicality (a bouncy gait or posture) and naïve, childlike behaviors characterize the autistic child and individual. Correspondingly I have observed from having been fortunate enough to make the acquaintance of a young man with Asperger's that horseplay is a way of legitimizing autistic clumsiness and childishness. Gary (not his real name) uses play-wrestling and punching as a form of communication, as a way of sharing his physicality with others. He also uses it as a way of bypassing a formal physical approach – if you go to shake hands, he will pull his hand away and make as if he is going to slap your face, for example. James too it seems took delight in bypassing conventional social behaviors by rough-housing, often to the bemusement of onlookers. Horseplay was also James's way of engaging with and communicating humor. Individuals with Asperger's have trouble understanding irony and teasing. In a letter to the publisher Rupert Hart-Davies, George Lyttleton, a colleague of James's at Eton, remembers how James disliked being even gently teased, and would clam up with “a look of thunder asleep but ready.”² For the Asperger's individual, the cognitive basis of humor is understood, but s/he may not enjoy it because s/he cannot grasp its intent. In other words sophisticated humor can be perceived as a threat, as unpleasant. Buffoonery on the other hand requires no thought or translation and must be a welcome release for the person for whom every verbal joke represents a mental challenge. James's antic physicality adds to my conviction that his cognitive style was dictated by Asperger's Syndrome. Specific physical behaviors, however, are not generally associated with OCPD or anal fixation.

Another result of this motor clumsiness is poor handwriting. One thing that every commentator on James remarks upon is his indecipherable handwriting. Lyttleton describes it as illegible, Rosemary Pardoe who has transcribed several unpublished stories of James's calls it

² *The Lyttleton Hart-Davis Letters* (London: John Murray (Publishers) Ltd, 1985), volume I, p. 270.

“famously dreadful,”³ and Jack Adrian who annotated a letter from James to Nicholas Llewelyn Davies says, “MRJ’s handwriting is, as he implies in his PPS⁴ and as others have attested, by no means legible; indeed, at times it is virtually a foreign language” (*Fenstanton Witch*, pp. 46-49, p. 46). Lyttleton may have it right when he says that “where a brain is *very* quick, the hand just cannot keep up” (*Letters*, p. 14). If he had Asperger’s, James’s cognitive style would have kept his mind racing ahead of his physicality, and it seems obvious that skills such as handwriting would suffer. This is not something that could explained by anal fixation or OCPD.

My next piece of evidence would be James’s remarkable memory (see p. 6 of essay). Lyttleton amongst others was astounded by James’s powers of recall and called his memory as “simply uncanny” (*Letters*, p. 221). Asperger’s, which is clinically part of the autistic spectrum, tends not to be immediately associated with savant skills such as a remarkable memory as only 10% of people with autism have savant abilities. It is in descriptions of Nonverbal Learning Disorder (NLD) that skills such as remarkable rote memory, early speech and vocabulary development, strong auditory learning and retention, and preternatural eloquence in children (all of which James had) is noted. However there is a huge amount of overlap between Nonverbal Learning Disorder (NLD) and the clinical characteristics of Asperger’s to the extent that researchers have argued that Asperger’s is the more useful diagnostic term, and that dividing the two syndromes sets of characteristics is simply a case of excessive diagnostic splitting. It is calculated that 80% of individuals with Asperger’s have neuro-psychological profiles consistent with NLD (NLD sufferers, for example, tend to be physically awkward. They also have difficulty with abstract thinking, a preoccupation with detail, difficulty adjusting to new or novel situations and poor social and interactive skills). NLD, then, might be described as a subspecies of Asperger’s. Again James’s extraordinary memory skills are not of any particular relevance to a reading of OCPD/anal fixation, but as we can see it could be extremely pertinent to one of Asperger’s.

Another key feature of the NLD personality, appropriately for us, is a tendency to internalize anxiety which can often lead to unmanageable levels of stress, and mental

³ *The Fenstanton Witch and Others: M.R. James in “Ghosts and Scholars”* (pamphlet, published by Rosemary Pardoe, 1999; originally from “Ghosts and Scholars”, 4, 1982).

⁴ In the PPS to the letter James jokes “This will have been a nice exercise for you in cryptology” – again demonstrating knowledge of his weaknesses but not trying to correct or rationalize them.

breakdown. This is precisely what happened to James at Eton after a period of feverish and erratic reading. So although, as Boydston notes, nervous breakdown “would not be readily explained by him having Asperger’s,” it can be explained in the context of the shared profile of Asperger’s and NLD.⁵

Another characteristic typical of Asperger’s which we can see in James is literal use of speech. As I show in my reading of James’s fiction, his prose has little emotional content (which is a good quality for a ghost story and which is in part why his are so successful). James was constitutionally averse to blatancy and excess in literature – or, to paraphrase him, “spreading the butter too thick” Without the time or space to go into this thoroughly it is impossible to avoid coming across as heavy-handed here, but the point is a valid one as literality does not appear to be something which is particularly associated with either anal fixation or OCPD. Also James’s love of institutions and his return to his old school in later life which I have implied denotes a desire to return to childhood comforts, is something to which autistic individuals would certainly be able to relate. The need to be infantilized is a stereotypical attribute of autism, but not of anal fixation or OCPD.

Boydston makes the important point that “James did not seem to have a fascination with “systems, lists, and patterns” as Purves describes the Asperger personality (7). He did make lists, but he did not show a fascination for systems and patterns. His scholarship, as Purves says, was more taxonomical than analytical.” Boydston rightly points to the fact that my description of Asperger’s in the essay “does not quite fit James’s intellectual style” I would like to make two points in response. First, it is well-documented that NLD sufferers have difficulty with mathematics: therefore a taxonomical as opposed to an analytical approach to scholarship would not rule out Asperger’s as a diagnosis if, as I have said before, we accept that NLD is a subspecies of Asperger’s. It should be noted that James had a deep dislike of mathematics⁶ (which puts him fully in line with the Asperger’s, subspecies NLD, profile): and it could well be as a result of this - in addition to his distrust of abstract thought – that James’s attention was caught by the unimaginative discipline of the catalogue as opposed to more abstract, ordered

⁵ Some scholars believe that Isaac Newton was autistic, and he too suffered a nervous breakdown involving depression and paranoia in later life.

⁶ see p. 32 of M.R. James, *Eton and Kings, Recollections, Mostly Trivial, 1875-1925* (London: Williams and Norgate, Ltd., 1926).

ways of reporting information. Having looked over his catalogues of the libraries of various Cambridge colleges, I am tempted to say that only someone in the grip of an autistic obsession with lists could have attempted, let alone completed them. The lists are long and highly detailed; and yet, in line with Boydston's point, they are presented without any attempt to order, summarize, or make sense of their content (e.g., all contents are simply listed alphabetically). My second point on the matter would be that we must allow that, from person to person, symptoms will vary in terms of their intensity and particularities. Researchers are continually adjusting, in subtle ways, their perception of autism as (as we have seen here) it seems to be becoming more useful to accommodate other conditions under the autism banner. Nonetheless, as I hope my original essay and this reply have shown, clinical psychology is in agreement about a large suite of identifiable traits that are associated with autism, and a number of traits that can be used to distinguish autism from related cognitive styles. When this clinical knowledge is compared to the writings and biography of M.R. James, it is hard to avoid the conclusion that, had England's best-loved ghost story writer been born 100 years later, he would have been classified as autistic.

I would like (opportunistically!) to offer one final thought. Many accounts of individuals with Asperger's report unusual sensory and perceptual skills and experiences. My friend Gary, for instance, can note the tiniest details of a person's appearance after just a few seconds in their presence, and from a remarkable distance. Interestingly, James wrote a children's book called *The Five Jars* which focuses on hyper-sensitivity of the senses. In the book, the narrator experiences a preternatural level of perception beginning with the ability to hear too acutely and see too much detail in his surroundings which leads him into a mystical-natural realm....but that, as James might say, is another story!