Appendix

Does the Social Isolation of Some Individuals Falsify the Above Argument?

Below I consider two widely unrelated classes of people, both of which may be considered test cases for my interpretation of Gen 2:18. These are adult hermits and autistic children.

Hermits

Let us take our examples in the first case from Ireland because that is where Pelagius came from, who figured in the main body of the paper, and because early Irish Christianity was widely known for its many saintly hermits.

So far as we can know, Ireland produced no equivalent of the martyrs who elsewhere marked the church's passage into the heathen world. Christianity seems to have advanced by the power of persuasion alone. Charioteers, spear-men, bairds and filids laid down their multi-coloured cloaks, their bronze visors, were baptized and took to the woods: at least, such is the impression given by the facts we know. If it is right, we are here confronting the greatest mystery in Irish history, a metamorphosis that cannot be explained and can hardly be illustrated. . . .

These more direct successors of the oriental saints of the desert did not live, as was usual in Egypt or Syria, on trees, cliffs or pillars, but generally within the monasteries. They were there subjected, however, to particularly harsh observance of rules. Even when they wished to leave the monastic world they would head in small groups for tiny Atlantic islands. Among the most famous of these refuges is the island of Shelbig Michel, eight miles west of the Kerry coast. It is like the top of a great mountain-chain sunk into the ocean; steep, jutting almost vertically from the water, with a narrow and frequently broken path leading to within a few yards of the top. There, spread out over rock terraces, are six beehive-like cells and two chapels in the shape of upturned boats. All these buildings are made of flat stones and so skillfully fitted against the gable that the rain washes off them, although there is no mortar to fill in the gaps. The air inside is completely dry, though musty. By virtue of their small size, these primitive but ingenious dwellings even have an air of cosiness; yet they cannot have been centres of relaxed contemplation. Living year in, year out in the middle of the sea, amid storms and bird-cries, must have subjected a man to psychosis, exposed him to lunatic schemes: one would need strength of character, or of faith.¹

Did these hermits merely want to be away from people? It may be. Or were they trying to be closer to God? If they were, then they do not provide a good counter-example to what I have been saying. Perhaps secular hermits would provide better counter-evidence, bearing in mind that it is possible to suppress a need that genuinely exists. Indeed, it is impossible to suppress a need that does not genuinely exist. In any event, hermits live as they do because they choose to live that way.

Autistic Children

Autistic children do not choose to be the way they are but have their condition thrust upon them by circumstances beyond their control. The autistic disorder (identified only recently in 1943)² is frequently traceable to early brain damage--which causes most of its victims to become socially withdrawn. The deficiencies associated with autism are of three main kinds: (1) a qualitative impairment in reciprocal social interaction, (2) a qualitative impairment in verbal and nonverbal communication and in imaginative activity, and (3) a markedly restricted repertoire of activities and interests.³

Notice two points before going on. First, autistic people can be any age, but here I focus on children. And second, autism is a varied and multifaceted disorder--a syndrome in which it is not necessary for all symptoms to be present in every case. Thus, there will be exceptions to what I say. My goal in what follows is to offer a profile of the disorder that is representative rather than exhaustive.

Autism does not always become apparent before the age of eighteen to twenty-four months, or later.⁴ When autism does become apparent, its victims may appear not to want social attention or be capable of responding to it. For example, an autistic infant might stiffen or go limp when picked up. Later on he or she will rarely come to a parent for comfort when hurt or in distress. Such children play by themselves. They exhibit repetitive and stereotyped language behaviors, of which the predominant one is echolalia.⁵ They perform other actions repetitively and meet any departure from set routine with stout resistance.⁶ They might sometimes appear to be looking through a person rather than at him. "In summary, the repertoire of the autistic child is an impoverished one. Little is known about the perceptual repertoire, but the available evidence suggests that it is minimal."⁷

Not all autistic children (or older individuals) become socially withdrawn. Some enjoy social contact even though they might lack fully developed social skills.⁸ But more commonly, persons suffering from autism do in fact become withdrawn. Such persons are of interest here to the extent that this happens because, when it does, they allow us to ask whether the normal human need for interpersonal contact is present even when it appears not to be--granting that it will take different forms in different individuals. On the basis of Gen 2:18 I submit that the need not to be alone is a fundamental part of human nature and suggest that it will be discernable in even the most profoundly pathological of disorders and in those individuals most profoundly affected by them. The fact that tactile contact (a touch) has been used by some researchers as the sole positive reinforcer in dealing with autistic children would support this view.⁹

Even self-destructive behaviors may be performed in order to bring about some result involving other people, which the child considers desirable and may think he is not able to secure in any other way.

Tantrums, self-destructive behavior, and performances generally aversive to an adult audience are relatively frequent in the autistic child's repertoire. Most autistic mands depend on an aversive effect of the listener for their reinforcement. To the extent that social behavior is present at all, its major mode is through the production of stimuli or situations which are aversive enough so that the relevant audience will escape or avoid the aversive stimulus (often with a reinforcer). For example, on the occasion of candy in the immediate vicinity, the child screams, flails about on the floor, perhaps striking his head, until he is given some candy. There is evidence that much of the atavistic performance is operant, that is, controlled by its consequence in the social environment.¹⁰

If antisocial behavior is a perverse form of social behavior, one could argue that even the most blatantly antisocial acts of an autistic child are evidence that appropriate therapy can have some impact. Only where social behavior is absent altogether does the hope of redirecting it become compromised.¹¹ Thus, people who are brain dead for example--or just dead--do not fall within the scope of this discussion. But any person who is alive and has even the most rudimentary ability to function on a mental or social level has the potential and the need to respond to other human beings and this fact, rather than falsifying the hypothesis of the present paper, illustrates and supports it.

Note: I would like to thank Michelle Barrett, of the Kennedy Institute in Baltimore, for her assistance in providing and discussing with me the sources on autism quoted below. Michelle is a clinical behavior specialist with a B.A. degree in psychology. I would also like to thank Karyn Renneberg of the Kennedy Institute for allowing me to read and cite her unpublished paper entitled, "Autism and Language Disorders" (see n. 2 below).

¹Herhard Herm, *The Celts: The People who Came out of the Darkness* (New York: St. Martin's Press, 1976), pp. 262, 263-64.

²See Karyn Renneberg, "Autism and Language Disorders: Review of Current Theories and Techniques," unpublished paper, p. 1.

³See *Diagnostic and Statistical Manual of Mental Disorders*, 3rd ed. [DSM-III-R] (Washington, DC: American Psychiatric Association, 1987), 299.00 "Autistic Disorder," pp. 38-39.

⁴"In the immediate postnatal period, some autistic children have been described as unusually quiet, motorically inactive, and emotionally unresponsive or, conversely, as unusually irritable and extremely sensitive to auditory, tactile, and visual stimuli. The same infant may alternately manifest both types of disturbance. Following the immediate postnatal period two general courses of development may be reported. In the first, the baby shows early signs of deviant development. In the second, relatively normal development is described by the parents until the age of 18 to 26 months, at which time an apparent regression in all areas of behavior rapidly occurs" (Edward M. Ornitz and Edward R. Ritvo, "Perceptual Inconstancy in Early Infantile Autism," in Donnellan, p. 146). "Although most children with autism (roughly 2 out of 3) do not actually begin to withdraw until around two years of age, parents usually notice other problems in social development long before that" (Powers, p. 154).

"By the time the child is between 3 and 5 years old, the unusual sensitivities to external stimulation noted above may decrease. Motor retardation, when it has occurred, is usually overcome and the child becomes capable of physical activities appropriate to his age...." (Powers, p. 151). But autism itself remains. Through therapy an autistic child can expand his repetoire of acceptable social behaviors and skills, but they remain a repertoire--a finite set. Spontaneous responses to new social situations are not characteristic of persons with autism. "As they enter adolescence, most young people with autism become more flexible in how they respond to their environment and pose fewer management problems, although a small percentage of children with autism show a decline in the development of cognitive abilities.... Teenagers with milder forms of autism may develop an interest in other people, but may have trouble approaching them and interacting with them in satisfying ways. For some young people this can be a source of distress as they begin to recognize the gap between themselves and others. Other adolescents and adults with autism who function at a lower intellectual level may

remain profoundly withdrawn, but perhaps show more attachment to their family than they did when they were younger" (Powers, p. 155).

⁵This is an immensely important consideration. Reducing a longer discussion to a single sentence, the universal ability people have to learn language is largely (though not exclusively) a function of their perceived need to communicate with other people. John Macnamara has made this point insightfully in "The Cognitive Strategies of Language Learning" (John W. Oller, Jr. and Jack C. Richards, eds., *Focus on the Learner: Pragmatic Perspectives for the Language Teacher* [Rowley, MS: Newbury, 1973], pp. 57-65) and in many other similar papers. The power and pervasiveness of the need to communicate may also have contributed (unwittingly) to the theory of Noam Chomsky and his followers that the human capacity for language (or language in and of itself) is innate within us. It may that in fact what is innate is the need to communicate with other people, which finds expression in the marvelous capacity God has given us to learn and to use language.

Within this framework, when autistic children fail to develop language skills adequately or at all, that may not be evidence that the child lacks a fundamental mental capacity but that he or she lacks a fundamental social capacity. And of course both could be true. "The theory [of Macnamara, not Chomsky] claims that the main thrust in language learning comes from the child's need to understand and to express himself" (Macnamara, "Cognitive Strategies," p. 59). With regard to the language skills of autistic children, what causes the need to communicate meaningfully with others to be stifled? Perhaps we should be asking whether it is stifled or merely misdirected. There is evidence that echolalic speech does fill a perceived communicative need for the autistic speaker. See B. M. Prizant, "Echolalia in Autism: Assessment and Intervention," *Seminars in Speech and Language* 4 (1983): 63-77 (cited in Renneberg, "Autism," p. 8). In any event, answers to such guestions will require a broadly cross-disciplinary effort.

⁶See DSM-III-R, 299.00 "Autistic Disorder," pp. 38-39.

⁷C. B. Ferster, "Positive Reinforcement and Behavioral Deficits of Autistic Children," in Donnellan, p. 58). It is not always the case, however, that autistic children are unintelligent. See Annabel Stehli, "Fighting for Georgie," *Reader's Digest*, December 1990, pp. 111-17, 205-27. Georgie's "had been a clear-cut case of autism with a bleak prognosis" (ibid., p. 226). After unusual but dramatically successful auditory therapy, she was able not only to get into college but to stay on the dean's list and graduate magna cum laude (ibid., pp. 226, 227).

⁸While it is characteristic of autistic children to be socially withdrawn, one of the children Michelle Barrett works with (personal communication) perseverates on the otherwise very sociable act of kissing: "Give me a kiss." (Receives a kiss.) "Give me a kiss." (Receives a kiss.) "Give me a kiss." And so on. There are various ways to be autistic.

⁹See Claudia A. Johnson and Alan Frankel, "The Use of Physical Contact as a Positive Reinforcer," abstracted in *Behavior Therapy* 9 (1978): 969-70. "Tokens and praise, proven reinforcers, were paired with physical contact over 3 weeks, beginning on a CRF schedule. After 5 days, this was thinned to VR2', and after 10 days to VR3'. After 3 weeks of this conditioning, it was now possible to manipulate eye contact and shoe-tying behavior using tactile contact as the sole reinforcer" (ibid., p. 969).

¹⁰Ferst, "Positive Reinforcement," in Donnellan, p. 56.

¹¹"The operant nature of the child's atavisms is borne out by experiments where a child was locked in an experimental space daily for over a year. There was no social intervention, and the experimental session was usually prolonged if a tantrum was underway. Under these conditions, the frequency of tantrums and atavisms declined continuously in the experimental room until they all but disappeared.... Much of the atavistic behavior of the autistic child is maintained because of its effect on the listener" (ibid.).