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Cassandra Isn't Doing the Robot: On Risky Rhetorics and Contagious Autism

Melanie Yergeau

ABSTRACT

Cassandra Affective Deprivation Disorder (CADD) is a trauma-based folk disorder embraced by neurotypical NT advocacy groups. CADD is caused, such groups claim, by having a romantic relationship with an autistic person. Reliant on understandings of autism as a condition of extreme maleness, CADD draws on cis/hetero/normative rhetorics of risk that attend autism's figuration as a disorder of invisible and emotional disrepair, where (not) doing autistics is tantamount to becoming them. In this essay, I examine how CADD proponents exalt divisions between logic and emotion in their appeals to ableist, anti-queer understandings of autistic emotion, communication, and interrelation.

KEYWORDS

Asexuality; autism; feminist rhetorics; pathos; queer rhetorics

Cassandra Affective Deprivation Disorder (CADD) ... is a condition of depression and ill health that comes from the isolation and loneliness of knowing the truth about something or someone, experiencing that truth, but not being believed.

—Rudy Simone, *22 Things a Woman Must Know If She Loves a Man with Asperger's Syndrome*

When the subject concerns disability, whom should we believe? Are nonautistic people more rhetorically capable than autistic people, even if only incrementally so?

These are the central questions posed by those who advocate for medical recognition of Cassandra Affective Deprivation Disorder, also known variously as CADD or CAD. Coined in 2000 by the Massachusetts nonprofit Families of Adults Afflicted with Asperger's Syndrome (FAAAS) and later popularized by therapist Maxine Aston in the United Kingdom, CADD is a folk disorder, a relational condition in which an autistic person purportedly deprives their nonautistic partner of love and affection. As the epigraph suggests, CADD is typified by knowing core truths about autism's amorality in the face of rampant disbelief from those outside the relationship. In other words, CADD is an ailment that only affects the neurologically typical, an illness that supposedly materializes via intimate contact with an autistic person.

As Aston and FAAAS routinely note, CADD's diagnostic construct is rhetorically contingent on autism as an obliterating force in domestic life, a force masked from public view. FAAAS, for example, likens marrying an autistic person to enduring never-ending posttraumatic stress disorder, noting, "as is the case with torture, milder forms of trauma when they are repetitive, ongoing, and of uncertain future duration can cause greater damage" (n. pag.). In such formulations, autism is a destroyer of heteronormative futurities, and neurotypical (NT) partners reach such heights of autism-induced distress that their own ethos is routinely called into question. Crucially, this is an invisible destruction, one set into motion by the figuration of autistics as inherently asexual, loveless, and unteachable, as abusers who present "no affection or tactile expression whatsoever" and thus deprive neurotypicals of intimacy and sanity (Aston, "In the Bedroom," 74). FAAAS clarifies, for example, that "those whose stress is 'post-traumatic' are less in need of professional help than those whose traumatic stress is ongoing" (n. pag.), suggesting none-too-subtly that autism's

neverendingness is what makes CADD more acute than other diagnoses in the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*. In other words, FAAAS, Aston, and other CADD advocates understand autism as emotional abuse that is achieved via absence. Who, they ask, will bear witness to the plight of the nondisabled? How does the everydayness of being with an autistic obscure the NT's sufferings? What does it mean to be perpetually disbelieved?

When the subject concerns autism, disbelief is abundant. Indeed, as [Paul Heilker and I](#) note, any claim about autism is contestable, is ripe for agonism ("Autism and Rhetoric"). Vaccines and mercury poisoning. Promises of cures and genetic research. State budgets and service costs. Autistic people saying something with which you disagree. Autistic people having the capacity to say anything at all. These things, and more, position autism against a morass of cultural panics, but most important to CADD is, perhaps, autism's very construction as both rhetorical disability and sexual disorder. Credibility is held suspect for those who suffer from CADD: relatives cannot bear witness to all of the sex that one is not having, to all of the non-intimacies that might percolate in an autistic-NT partnership. Autistic people supposedly lack self-awareness and regard for others, hold steadfastly to decontextualized and computeristic logics, and unintentionally abuse their loved ones because autism prevents one from participating in heteronormative sociosexual scripts. Taken together, these are unempathetic and robotic qualities that, per FAAAS, result in neurotypicals feeling like "hostages' in our own homes" (n. pag.) and have the effect of decimating neurotypicals' once-intact rhetoricity. In this vein, memoirist [Katy Ford](#) describes autism's arhetorical infection as a contagious asexuality, as "becoming more like the AS [autism spectrum] partner and them not becoming more like you as it's simply not possible for them to change" (115). In other words, autism is catching in a way that neurotypicality is not. Not doing the robot is a means of becoming the robot.

If it isn't already clear, I find CADD and its representations of autistic relationality fundamentally detestable. As an autistic person, I read these accounts with a sense of profound surrealism. I recognize myself in these distal descriptions of autistic people, wherein our failure to initiate conversations, our asexual leanings, our hyperrealized sensory experiences, and our penchants for candor are twisted into neon warning signs, exhortations for nonautistics to stay far, far away. Is this why my OKCupid page is full of tumbleweed? Who wants to date the queer sexless robocrip?

As [Eunjung Kim](#) notes, "the normal' and 'the sexual' are mutually constitutive" (481). Following Kim, we might observe how autism confronts us with the complexities of what it means to be neurologically queer, both as an identity and as a way of moving through the world. Neuroqueer rhetorics show us how pathology operates, much as they show us the ways in which discourses of heteronormativity and ableism are inextricably bound. But CADD interprets neuroqueerness as more than pathology in need of curing; it reads neuroqueerness as violence unto itself. Premised on mid-century autism tropes of affective disturbance and incommunicability, CADD positions autistic emoting and communicating as hair triggers—where being in the mere presence of autism is enough to descend the non-autistic into madness as well as queerness. With regard to queerness, CADD's rhetorics are highly gendered and heteronormative, deriving from historical and contemporary mythologies that position autism as a condition of "extreme maleness" ([Baron-Cohen et al.](#), n. pag.); indeed, CADD workbooks almost universally presume a coupling wherein the autistic partner is a cisman and the NT partner is a ciswoman. In CADD discourse, autistic people are represented as hapless abusers, as pathological celibates, as partners whose every verbal response, embodied action, and sense-felt mode of engaging in the world thrusts the NT into cognitive disrepair. Autistics are devoid of feeling and intention (a.k.a. the dating profiles one should seek to avoid on Tinder at all costs). Quick, neurotypicals—swipe left! swipe left!

CADD, of course, is not a diagnosis proper: it does not appear in the DSM, nor does it appear in the International Classification of Diseases or any other internationally recognized diagnostic compendium. Rather, CADD commands a surprisingly strong folk status among counselors and health practitioners who specialize in adult autism, most notably those whose modalities focus on interpersonal relationships and sex therapy. Aston, it should be noted, has staked her career and professional standing on CADD, describing it at once as a form of "emotional deprivation" and

a concomitant loss of rhetoricability, wherein the autistic partner's disability instigates “a complete breakdown in communication”—non-autistic spouses become more autistic, more Asperger-like, as the duration of their partnership progresses (*Asperger Couple's Workbook* 123, 29). Indeed, some of the more prominent experts on autism in adulthood—such as Tony Attwood or Isabelle Hénault—actively support CADD apologism, and the most visible texts on CADD have been canonized by Jessica Kingsley Publishers, a well-known autism press (see Ne'eman). In other words, CADD is far from fringe, despite its appeals to well-worn stereotypes and its lack of empirical basis in psychiatric research.

In this essay, I am primarily concerned with the ways in which belief and rhetoricability¹ are framed in opposition to disability and queerness in CADD discourse. In support of my claims, I first examine the field's reinforcing of a pathos/logos binary and the ways in which such configurations provide convenient autism affect tropes for CADD advocates. Next, I turn to CADD workbooks, support websites, and nonprofit resources as a means of ferreting out its putative theories of rhetoric—the ways in which invisibility and unintentionality manifest CADD risk, as well as the ways that autistic queerness is positioned as disordered sexual communication. Rhetoricity and the risk of losing it infuses CADD at every turn. After all, CADD proposes that the transmission of disordered affect is correlative with loss of ethos: here, emotional deprivation constitutes a theory of risky rhetoric unto itself. My main provocation, were I to name one, is that CADD's rhetorical theorizing pulls at the thornier corners of feminist rhetoric. CADD discourse calls into question how belief, abuse, and sexual normativity might be configured and ethically beheld when mental disability enters the fold. How should a feminist rhetorician attend to writing that markets itself as feminist when disability is demonized as its cause, when queer intimacies are represented as torture, deviance, and emotional impoverishment? In other words, how does one ethically attend to purported narratives of trauma when such narratives reinforce oppression, violence, ableism, heterosexism, transphobia, and discourses of subhumanism?

Prophecy without Persuasion

As Debra Hawhee and others have argued, rhetoric has in its earliest iterations encompassed broad notions of affectivity and emotion—from emotional investment in and engagement with the rhetorical canons (Micciche) to the rhetoricity and affectual tendings of nonhuman others (Davis). Feminist rhetoric has long concerned itself with recovery and pathos in both rhetorical scholarship and the work of women rhetors (see Jarratt; Johnson). Pushing against the Western male centrality of “the” rhetorical tradition, numerous scholars have identified rhetorical studies' emotional fissures—for example, the ways in which the field positions rhetors of color as operating outside the bounds of civility, credibility, and logic (Báez and Ore), or the ways in which indigenous rhetorics have been co-opted and warped in the field's renewed attention to affect, ecologies of experience, and more-than-human relations (Anderson et al.). So too has work in queer-of-color rhetorics taken an active role in questioning what rhetoric as a concept belies: when the rhetorical condition is premised on Westernized, masculinized, and white-ified notions of intent and persuasion, whose bodyminds do we dis/believe, police, and deem as lesser (and often, inhuman)? (Pritchard).

With regard to CADD discourse, I am particularly concerned with our field's cumulative constructions of affect-as-concept over time and the ways in which these acts of affective recovery may subtly and inadvertently work to marginalize mentally disabled interlocutors, including and especially autistics who straddle multiple axes of marginality. As Shari Stenberg notes, “cognitivism remains a dominant cultural pedagogy of emotion” (45) and “classical rhetoric is often employed in

¹In using the term rhetoricability, I build on the work of disability rhetoric scholars such as Catherine Prendergast and Margaret Price, both of whom link mental disability to broader cultural notions of nonrhetoricity. In this regard, rhetoricability might be read as the ability to not only *do* rhetoric, in an action sense, but also the ability to *be* rhetorical. When rhetorical matters concern mental disability, incapacity is presumed to inhere.

ways that reinforce a reason/emotion binary” (44). In this way, affectivity arguably takes as its subject a normative (and sometimes sensationalistic) preconception of how certain bodies are supposed to affectively (and pre-consciously) act; the bifurcation of logos/pathos along a continuum of masculine/feminine not only reinforces a stock gender binary that appeals to a Western rhetorical canon, but likewise suggests autism is an always-imbued masculinity, as if mental disability unto itself is a pathological transing in need of rehabilitation. As [Jordynn Jack](#) notes, autism lies at the theoretical heart of sexed-brain research, such that autistic people are popularly framed as having “extreme male brain[s]” (121). Such masculinized theories of autism causation appeal to patriarchal narratives that position ciswomen as empathizers/emoters and cismen as systemizers/logicizers. Indeed, the very contention that there exists a male brain should prompt immediate concern from feminist rhetoricians. Simon Baron-Cohen, a leading autism researcher and proponent of the extreme male brain theory, routinely appeals to hormones as a blanket cause for gendered behaviors, and his recent work in particular represents trans and intersex autistics as theoretical foils for enbrained masculinity ([Baron-Cohen et al.](#); [Nobili et al.](#)).

While Baron-Cohen’s work may seem distant from rhetorical studies, I’d posit that rhetorics of pathology and neurosexism subtly undergird rhetoric’s figurations of pathos, thereby laying a foundation for the anti-queer rhetorical machinations of conditions like CADD. Take, for example, [Thomas Rickert’s](#) *Ambient Rhetoric*. Rickert claims that affect “is the condition of possibility for rhetoric’s emergence” (159). Describing affect as persuadability, Rickert maintains that affectual, social, and rhetorical conditions emerge not just from individual persons, things, or spaces, but likewise coalesce to create a whole that affects or transforms “how we inhabit that space” (160). In other words, Rickert appeals to the surround, to the ways that backgrounds, in concert with broader fields of experience, build toward persuasion: without ambience, without a full accounting for contextual and more-than-human relations, we would not have rhetoric. While, indisputably, environmentality yokes persuadability, I would draw our attention to the ways in which Rickert attends to neurodivergence. Citing Stanley Greenspan and Stuart Shanker, well-known figures in autism floortime modalities, Rickert contends,

Certain forms of brain damage and neurological disorders demonstrate the importance of background feeling for the most basic cognitive functions. Emotional impairment can render patients incapable of basic social functioning, reasoning, or decisionmaking. (147)

Here, and elsewhere, Rickert sets up a foil between those who experience “background feeling” and those who do not, suggesting an emotion–logic continuum heralded by psychiatry and clinical discourses. The nod to Greenspan and Shanker serves as an implicit reference to autism, which has traditionally been understood as a condition that shatters the tidy binary between foreground and field—sensory issues and affectivity are at once intertwined. Autistic people are claimed to be emotionally impaired because ours is a sensory condition that scrambles signals, configures our embodied experience as High Overwhelm™, and prevents us from distinguishing background noises, sights, and smells from our immediate frames of reference.

To repeat Rickert’s earlier claim: if affect sets the conditions for rhetoric’s emergence, then what of the psychotic, the autistic, the affectively impaired? Is ours a lesser rhetoric? When the affectively impaired and the NT clash, who is to be believed?

Here, then, is where rhetoric’s figurations reinforce the gendered binaries of non/rhetoricity that CADD promotes. If rhetoric privileges NT means of emoting and relating to broader fields of experience, then autistic people’s relational inclinations can be interpreted as non- or demi-rhetorical, even if only incrementally so. CADD fashions itself after Cassandra for a reason: dis/belief is the stuff of rhetoric, and it is also the stuff of social life. We might, for example, infer that CADD’s reliance on Greek mythology invokes classical rhetorical traditions, wherein believability arguably holds primacy in communicative exchange. Recall that Apollo gifted Cassandra with foresight; when she spurned his advances, he stripped her of the ability to be believed. [Ratcliffe](#) observes that Apollo’s curse divorced Cassandra from any connection with Peitho, the goddess of

persuasion, effectually producing a gendered rift between emotion and believability (63). CADD's uptake of Cassandra recycles Ratcliffe's remarks into a highly charged context: autism's extreme maleness has cursed the NT woman. No amount of pleading will convince relatives and therapists that the autistic has infected—tainted and tortured—the romantic partnership. Neurotypical Cassandras can predict the future, but no one will heed their warnings of disaster. That autism is often considered an invisible disability only makes the issue of belief more pressing. This appeal to prophecy without persuasion, to Cassandra without Peitho, to pathos without logos, orders discourse on CADD and the rhetorical riskiness of cavorting with autistics.

Don't Stop Believin': Risky and Invisible Prophecy

As autism writer [Rudy Simone](#)² argues, “Not being believed is a catalyst for Cassandra Affective Disorder” (76). In this way, CADD sufferers can claim a double-victim status. First, CADDites purportedly suffer from their partner's autistic behaviors and interpersonal differences; and second, nobody believes that the CADD sufferer is in actuality suffering from secondhand autism. In this way, Simone's appeal to belief suggests yet another layer to more traditional rhetorics of autism risk and causation. Autism's risks not only lie in genetics or environmental contaminants (see [Brown et al.](#); [Volk et al.](#)). Risk is also located in mere proximity to an autistic person, wherein forging a relationship can result in the ultimate rhetorical loss—rhetoricity itself. With CADD, the arhetorical script of neurodivergence isn't so much flipped as it is extended: Autistic people are generally considered to be unreliable rhetors, and this inherent unreliability mutates and transmits itself to neurotypicals.

Disbelief-as-catalyst forms the rhetorical backdrop of CADD workbooks and resource sites, including Simone's *22 Things a Woman Must Know If She Loves a Man with Asperger's Syndrome*, cited in this essay's epigraph. In *an interview with Jessica Kingsley Publishers*, Simone indicates that the guidebook was inspired by a former romantic partner—a man whom she later lay-diagnosed as having “mild autism.” Despite identifying as autistic herself, Simone's *22 Things* represents autistic men as arhetorical creatures who haplessly suck the rhetoricity out of their mates. The chapter titles in *22 Things* represent autistic/NT pairings as foreboding tales of misery, and the selected titles below brazenly warn NT women about their imperiled romance:

1. There will be loneliness
4. He will take you and the relationship for granted
6. Communication will always be a challenge
9. Many AS males can be cranky, or have bad tempers, and can explode at the slightest of things
16. Your AS male will not care about the things you do without him and there will be things he does not share with you

Notably, the vast majority of Simone's chapter titles employ the future tense: these are prophecies, but they are also prophecies offered with the expectation of disbelief and contestation, warning NT women of the inherent risks of choosing autistic partners. The chapters premise autistic/NT pairings on isolation and communication failures. One chapter title suggests autistic behavior as a motivator for interpersonal disputes (“Many AS males ... can explode at the slightest of things”); while the chapter itself makes clear that such rage doesn't typically involve domestic violence, Simone relates a host of behaviors that suggest autism as a causal for emotional abuse, noting that autistic men “can be crass or hostile” (56). She later relates examples of an autistic man berating cashiers and “insulting, yelling, screeching his tires out of drive-throughs” (56). Where Simone leaves off on abuse other writers pick up, such that speculative correlations between autism and domestic violence dot the CADD landscape, with nonprofit FAAAS claiming that “domestic abuse ... could be caused by unrecognized AS behaviors” (“[Ongoing Traumatic Relationship Syndrome](#)” para. 5). In the same vein, therapists Harriet Simons and Jason Thompson claim that “the [autistic] lack of the ability to

²Rudy Simone is now known as Artemisia Xene. The original work was published under Rudy Simone and is cited here under that name.

modulate emotions and reactive patterns can if unchecked lead to violence” (3). Aston echoes this sentiment, noting that physical abuse “might be linked to the pressures that living in an Asperger relationship, often receiving very little support, can have” (*Aspergers in Love* 137). Taking abuse a step further, James Swift of *Uncommon Journalism* explores putative links between autism and mass murder, quoting psychiatrist Michael Fitzgerald as saying, “[Autism] is the most critical area of overlap for school shootings and serial killers” (para. 13).

In the above quotations and in CADD discourse more broadly, autism’s threats to neurotypicality are premised on empathic disrepair. In this regard, its risks cross psychological and physical well-being, making the need for belief seem all the more urgent. Were we to return to Simone’s book, we might observe how Cassandra’s prophecies of violence find themselves entrenched at the syntactic level of discourse. For instance, Simone’s chapter titles are notable for their depersonalization and clinicalized tenor. Here, autistic men are represented as AS males and are at times placed into modes of possession (your AS male), a motif that recurs throughout the book. This discursive maneuvering sharply contrasts Simone’s gestures to her NT readership, who are generally described as women rather than his/your NT female; for example, “One woman said her AS male ... ” (38), “One woman told how her man ... ” (44), or “For a woman in love with an AS male ... ” (107).

This rhetorical distancing—clinicalizing, possessing, and depersonalizing the autistic—permeates CADD literature. Counseling psychologist Mark Hutten’s *Living With an Aspergers Partner* video, for example, refers to autistic people as aspies. Notably, aspie is a deeply contested term among autistic people, a term that both infantilizes and summons the legacy of Hans Asperger, who colluded with the Nazis and sent autistic children to their deaths (Sheffer). As with Simone, Hutten describes the aspie as that which a NT possesses, conveying autistic/NT relationships wherein the NT holds relational primacy: “If your Aspie has failed repeatedly to met [*sic*] your emotional needs ... it’s time to take a long hard look at why you’re still in this relationship” (1:52). Earlier in the video, Hutten transposes the risks of autistic communion into decidedly subhuman terms. Using definite articles to suggest that certain patterns of behavior are universal across all of Aspiedom, he narrates autistic behavior in the tone of a nature documentary: “The emotionally unattached Aspie will subconsciously entice you with empty promises” (1:25).

To be clear, in each of the CADD resources referenced in this essay, autistic people are represented as unintentionally abusive. Hutten is firm in this when he relates the “emotionally unattached Aspie” as *subconsciously* deceiving his mate. As in, we autistics might be monstrously unemotional and inhuman, but it’s not purposeful because we’re “brain damaged.” Our less-than-human status is, in this way, one of the primary conditions of our supposed nonrhetoricity: We Can’t Help It.” And, as I discuss in more length in the next section, this appeal to autistic non-agency is distinctly tied to queer contagion. The emotionally unattached aspie is an asexual aspie, an aspie whose sexual abstention is neurologically predestined and therefore immune to the typical trappings of couples counseling (a point that FAAAS routinely makes). In considering these appeals to the inhuman and the non-agential, we might summon Eunjung Kim’s contention that “the discourse of asexuality justifies reproductive control” (482). Cassandra requires cuddling, and achieving heteronormative intimacies necessitates ejecting the autistic.

Cleverly, CADD rhetorics appeal to autistic inhumanity while also asserting that autistic partners are ingenious at cloaking their inhumanity, passing for nonautistic. In this regard, invisible disability and nondisabled disbelief are inextricable. Indeed, NT Cassandras are disbelieved because there is no one stock way for a person to “look” or “seem” autistic or asexual; as Maxine Aston maintains, “there are no apparent physical signs” of autism (*Asperger Couple’s Workbook* 13). Therefore, anything NT Cassandras report about autism’s affects and effects is subject to doubt from third parties. Asperger Partner, a Danish CADD clearinghouse, echoes this common CADD sentiment, noting,

It is particularly distressing for NT spouses that other people don’t understand [Autistic adults] are usually good at camouflaging their disability outside the home as a self-protection; their pervasive neurobiological developmental disorder is therefore largely invisible to the outside world. As a result, NT spouses experience being “trapped” in a harmful state of isolation and constant stress. (*Asperger Partner*, “Help for NT Spouses” 1)

The appeal to pervasive developmental disorder is particularly noteworthy here. Not only does pervasion suggest that autism affects the entirety of an autistic person's bodymind, but it likewise calls on Ratcliffe's Cassandra/Peitho binary: knowing without being believed. Pervasion would ordinarily suggest obviousness, but autistic people's masking behaviors here operate as a Trojan horse. Perhaps predictably, autism's invisibility is understood by Asperger Partner as "harmful" for the NT more so than the autistic, a belief that runs counter to most scholarship and personal writing on autism and passing. Rather than focus on the complex protective maneuvers and accompanying burnout that autistic life writers describe of passing (see [Liane Holliday Wiley](#), [Cynthia Kim](#), [Ian Nicholson](#), or [Morénike Onaiwu](#), for example), Asperger Partner instead directs our attention to the NT's plight of being misunderstood. Believing the NT, in these constructions, is more pressing than the material realities that may follow autistics who cannot pass—institutionalization, medical coercion, discrimination, unemployment, and even death.

Asexy Neuroqueer Meltdowns: Prophecy in Bed

Invisibility perhaps makes its presence most known in CADD workbooks' discussions of sexuality and intimacy. If autistic behavior is invisible to third parties, the bedroom renders it even more invisible. CADD discourse routinely highlights sex as the locus of emotional deprivation in autistic-NT couplings, thus making it the site of most risk. I would posit that Cassandra discourse in this regard is distinctly queer-antagonistic, in that it presumes queerness in these cases is merely a manifestation of autism symptoms, an embodied expression of disordered communication. CADD resources relate capacious instantiations of queer performance, portraying asexuality, same-sex attraction, nonbinariness, fetishism, polyamory, mutual masturbation, and cross-dressing as forms of emotional deprivation, as relational harms blown to the NT.

In the discussion that follows, I briefly examine how CADD links neuroqueerness—or, the conjoining of the neurodivergent with and through the queer—to invisibility and disbelief. As I discuss momentarily, this is, perhaps, where logos/pathos gendering rears its head most, revealing a theory of rhetoric that privileges straightness, belief, and emotional competence. Importantly, CADD supporters fashion their cause as a feminist issue, appealing to a feminist rhetoric that embraces cisgender female sexual desire as it simultaneously represents autistic sexuality as neurologically male and deviant.

As I mentioned in this essay's beginning, CADD resources overwhelmingly address heteroromantic couples that comprise a NT ciswoman and autistic cisman. Arguably, the nearly exclusive focus on autistic men draws from autism's diagnostic disparities across gender. Since its conception as a diagnosis, autism has skewed male, with young boys overwhelmingly populating the first case studies by Leo Kanner and Hans Asperger in the 1940s. In the 1990s, 10 boys were diagnosed with autism for every girl diagnosed, and even present day the ratio suggests a notable gap at 4:1. Prevalence studies have, of course, ignored trans, nonbinary, and intersex autistics, and very few studies have attempted to document prevalence in adults. (This elision is significant, given that women, trans folks, and people of color tend to be diagnosed well into adulthood.)

At all ends, CADD resources trans-antagonistically depend on autism's cismaleness. Maxine Aston's work on CADD is particularly notable in this regard. *Aspergers in Love*, a self-help book about autistic-NT relationships, is based on Aston's conversations with 35 NT partners, the "majority" of whom were women (Aston gives no numbers here), and 41 autistic partners, only six of whom were women. Moreover, of her autistic respondents, only four (three men and one woman) disclosed having had same-sex relationships, all of which were extramarital affairs. All four respondents, it should be noted, ardently identified as heterosexual. Immediately in the book, Aston notes that she will "most of the time refer to the AS partner as male and the NT partner as female" (11).

This pattern—speaking directly about men, even when speaking about autistics of other genders—recurs across all four of Aston's self-help books. In *The Other Half of Asperger Syndrome*, [Aston](#) writes, "The core problems that Asperger syndrome creates for the individual are the same for women as they are for men" (22). This rhetorical move—substituting autistic men as a universal for all autistics—draws

its power from the extreme male brain theory of autism. Recall that the extreme male brain theory posits autism as a condition of hypermasculinity, one caused by excessive fetal testosterone. This extreme maleness transcends gender: autistic women and autistic nonbinary folk are all presumed neurologically male under this theory. The few references to queer and trans folks in Aston's work are deeply offensive. For example, in one chapter, Aston implies that NT/AS gay men click as couples because autistics have extreme male brains ("the [same-sex] affairs of the men were carried out in such an unemotional and objective manner" 128). In another section, Aston intimates that the queer autistic woman in her study is unemotional, sex-crazed, and incapable of understanding her own deceit (*Aspergers in Love* 127). And still yet, Aston's case study of a cross-dressing autistic represents genderqueerness as an impairment in perspective taking; that is, lacking self-awareness about how cisgender people perceive trans and gender-nonconforming people. ("Because in his mind he felt like a woman when he cross-dressed, he presumed that everyone else would see him as he perceived himself" 129.) While the rhetoric of the extreme male brain is often latent, its effects are pernicious in Aston's work and CADD discourse more broadly. In this regard, autistics are always and forever queer/ed. This masculinized troping is significant to CADD because it takes shape in gendered terms that divorce affect from logos. Autistic people embody an infectiously hyperrational male state, which results in NT partners presumably experiencing emotional neglect and not being believed about these experiences. The risks that attend queerness, in other words, are framed entirely in heterocis NT terms.

Sex is rhetoricked as much as rhetoric is sexed: queer rhetoric scholars have long demonstrated that "the rhetorical is the sexual" (Alexander and Rhodes 12). If interpersonal communication is rhetorically impacted by CADD, it stands to reason that sexual intimacy would be as well—a point that Aston makes all too clear. In this regard, Aston avers, "Asperger syndrome causes problems in communication and social interaction and as sex is a form of communication, it is this that causes the problems, rather than the person's ability to have sex" (*Aspergers in Love* 116). The theory of sexual rhetoric that Aston and others here forward relies on a balance of logos-male and pathos-female as much as it is conditioned on normative sensation. With regard to the former, Aston routinely appeals to "communication style" along gendered lines, asserting that women's communication is "emotional and descriptive," whereas men's communication "is logical and direct" (*What Men* 134). This descriptive/directive bifurcation typifies NT/autistic sex life, according to Aston. Sex in these narratives is constructed as nonverbal communication, where female description is paralinguistic and fully embodied—a.k.a., an autistic person's nightmare. Logic does not inhere in heterosexual sex acts, and the autistic desire for predictable behavior and verbal consent runs counter to the aims of heterosexual intimacy. Therapist Tony Attwood relates this NT/autistic dynamic as an autistic need for sameness, noting, "The sexual script of the person with AS can be described by their partner as rigid, repetitive and unimaginative with a relative lack of sexual desire" (15).

If routine is the death of NT Cassandras' heteronormative futures, then abstinence is perhaps its coffin. Time and again, CADD resources promote a compulsory sexuality that demands embodied compliance on the part of autistics. Disbelief supposedly catalyzes CADD as a condition, and the prospect of communicating male sexual disinterest to a mediating third party signals grave rhetorical challenges for NT women. While never directly using the word asexuality, Aston's work on autistic partners overwhelmingly focuses on autistic abstinence, autistic celibacy, and autistic lack (of attraction, of interest, of sexual know-how). Persistent throughout her writing is a routine denigration of asexuality and a persistent belief that (a)sexual orientation can and should be rehabilitated. Despite nearly 50% of the couples in her study reporting a complete lack of sexual activity, Aston proclaims that "making love is what makes you a couple" (*Asperger Couple's* 87). As a means of demonstrating how asexual inclinations are better understood as neurological symptoms, Aston routinely connects autistic abstinence to sensory dysfunction in need of treatment. Returning to Rickert, we might consider how CADD's gendering of logos/pathos leverages sensation and surroundings to articulate a NT theory of ambience. Remember, after all, that autistic people are typified as creatures of sensory overload, unable to parse foreground from field. Among other examples of sensory divergence, Aston relates case studies of autistics who recoil upon feeling another's breath, autistics who display an "over-insistence about being scrupulously clean" (*Aspergers in Love* 114), and autistics "who find their partners' bodily fluids repulsive and find oral sex, or

even in some cases kissing, almost impossible” (*Aspergers Couple* 84–85). Although Aston does make clear that neither partner should be sexually pressured, her suggestions for sexual impasse universally fall on autistic shoulders, implying that autistic asexuality and sensory differences are what cause relationships to fail. Indeed, Aston goes so far as to suggest that these sexual “miscommunications” result from autistic impairments in perspective-taking, as if asexuality and sensory divergence are issues of empathy: “Probably the most detrimental part that Asperger syndrome plays in the sexual relationship is that it can lessen AS adults’ need to share the physical satisfaction that achieving an orgasm can bring them with a partner” (*Aspergers in Love* 116). Aston’s advice includes, but is not limited to, reducing ambient noise, bathing, working on perspective-taking, and developing pet names for each partner’s genitals as a means of cultivating body-other awareness. In Aston’s estimation, NT female orgasm is the pinnacle of rhetoricity in a NT/autistic relationships: this, rather than asexual tendencies, is rhetorical exchange.

In CADD discourse, the asexual must be remade into the allosexual, emotive and empathic and ready to bed. To be clear, I am not suggesting that asexuality, sensation, and disability are unconnected; my own work makes the opposite case routinely—disability and queerness are mutually sustaining constructs. Where Aston diverges from work in queer disability studies is her insistence on pathologizing queerness, rehabilitating the asexual, and valuing the needs, wants, and desires of heterosexual neurotypicals over those of the neuroqueer.

Conclusion: Propheying Neuroqueer Futures?

The rhetoric of CADD is a rhetoric of ableism: It reconfigures disabled experience into NT problems, hinging cross-ability communication on the believability of the NT. As I have shown throughout, CADD is a rhetoric that heralds the most entrenched and embattled of autism stereotypes as a means of elevating nondisabled people to saintly victimhood. CADD is a rhetoric that quantifies relationships, as if interpersonal differences in cross-ability romances represent disorder unto itself. While, certainly, CADD is notable for its ableism, my larger provocation, as it were, is to suggest that CADD is perhaps more notable for its theory of rhetoric. As a theory, it highlights fissures in rhetorical studies, enabling us to pinpoint how and where gendered rhetorics have elided more capacious figurings of queerness and disability. Indeed, in all of this talk of prophecy, I am left wondering about the future of autistic people, of autistic eros writ large. Will we ever escape a discourse of pathology and involuntariness? How does the “involuntary celibacy” of the NT Cassandra—to use the language proffered, both disgustingly and unironically, by Asperger Partner—imply rhetorical directions and desires for autistic futures, autistic bodies, autistic rhetorics? Whom do we believe?

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