

THE AUTISTIC MR. DICK OF DAVID COPPERFIELD

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OF

DAVID COPPERFIELD

By

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## Abstract

This thesis opens by arguing that Mr. Dick, the companion of Betsey Trotwood in David Copperfield, exhibits the full range of traits justifying a diagnosis of autism. For a diagnostic tool by which to assess autism, the discussion relies on the standard benchmarks of this disorder set by the current edition of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders. This is the first study to recognize Mr. Dick's characterization as autistic.

A diagnosis of autism challenges some earlier scholars who have argued that Mr. Dick suffers from one form or another of schizophrenia. The shortcomings of a diagnosis of schizophrenia in his case are discussed. The portrayal of Mr. Dick's behaviours, the progression of his condition over time, and his responsiveness to certain programs of care all point to autism as the most credible diagnosis of Mr. Dick's disability.

Though the medical establishment formally recognized autism only in 1943, retrospective diagnoses of some individuals of the nineteenth century are canvassed to illustrate that autism existed in London (and elsewhere) in Dickens' time. How Dickens may have become aware of individuals with this condition is discussed.

The portrayal of Betsey Trotwood as caregiver for Mr. Dick shows the influence of "moral therapy," a relatively new treatment in that era for those deemed insane. Dickens' affirmation of this therapy is traced in other of his writings as well. It is shown that Dickens' depiction of Mr. Dick's life, and the progress he makes through the course of the novel, challenge the widely held assumption of the day that

domestic settings were inferior to institutions in eliciting improvement in individuals who were mentally impaired.

Dickens' moral vision in David Copperfield bodies forth as endorsing a heterogeneous mixture of individuals in the community, including those with serious cognitive impairments, for the novel illustrates how Mr. Dick's disability allows him to achieve what no one else in the novel can accomplish—a reconciliation of Dr. and Mrs. Strong.

## Acknowledgments

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My husband, Chris Pibus, was the one who first generated my thinking that Mr. Dick might be autistic when he observed to me so many years ago that the way we would each sometimes “jump-start” our son out of his autistic reveries and repetitive grooves of thought and speech reminded him of Betsey Trotwood startling Mr. Dick into attending to whatever matter was at hand. If he had not drawn that parallel, I doubt very much that I would ever have thought of writing this thesis. My discussions with him, scattered over many years, enriched my own thinking and writing on this topic.

Thanks are also due to my daughter, Caitlin, for her repeated inquiries as to how “the old thesis” was going, encouraging me to move forward with it even when circumstances made it arduous to do so.

Last, but not least, I must acknowledge that my son’s valiant struggles with autism over the last two decades have given me the basic knowledge necessary for this research. Dickens’ descriptions of Mr. Dick remind me of Nate in so many ways, particularly that early description: “His face was so very mild and pleasant” (173).

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## Introduction

He has been described as “feeble-minded” and “mentally deranged,” as an “amiable lunatic” and an “innocent grotesque,” as “a charming bit of insanity” and as “not quite in his wits” (Colburn 112, DeGraaff 216, Hutchings 1, Hollington 185, William Thackeray quoted in Woodfield 77, and David Copperfield 533, respectively), but how should we best understand Mr. Dick? Certainly, he presents a cluster of uniquely perplexing behaviours and beliefs. What are we to make of them? If he were to be assessed by a psychiatrist today, what would be his diagnosis? Most importantly, is there a diagnosis that makes sense of all his peculiar, and often charming, practices and characteristics? In the first chapter, I will attempt a comprehensive survey of the incidents in the novel in which Mr. Dick appears, cataloguing the traits and quirks that he exhibits, and evaluating these characteristics in light of the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders. I will argue that the constellation of behaviours attributed to Mr. Dick points unmistakably to a diagnosis of autism. In the course of my analysis, I respond to the suggestion of some commentators that Mr. Dick is portrayed as schizophrenic. I also address the question of whether or not autism, first labelled and recognized as a distinct disorder in 1943, even existed at the time David Copperfield was written.

Building on evidence that Mr. Dick’s condition shows improvement over the course of the novel, I will argue in the second chapter that not only does Dickens show that Mr. Dick prospers by being integrated into the community, but also that he demonstrates how someone with a serious cognitive impediment is able to benefit the community in turn.

In the third chapter, I review the life that Betsey Trotwood has constructed for Mr. Dick within the context of provisions made for those deemed mad in the first half of the nineteenth century. It was a period of intense interest in, and debate about, the nature of insanity, and what shape treatment for it should take. What emerges is that Dickens was affirming some recently evolved approaches (particularly, aspects of the treatment known as “moral therapy”), but was also forging them into new configurations.

Drawing on the information canvassed in earlier chapters, the conclusion acknowledges how our treatment of those with mental impairments is indebted to the nineteenth century, and in what manner we have made advances beyond that era. It also recognizes Mr. Dick as the first fictional portrayal of an autistic character identified to date.\*

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\*Throughout this paper I have alternatively used phrases such as “a character with autism” and “an autistic character.” I am aware that some people prefer to use only the former construction, in deference to the belief that it is more respectful to those with disabilities. I found that exclusively using one verbal formulation resulted in poorly expressed ideas.

## Chapter I. The Diagnosis of Mr. Dick

From his first appearance in the novel at the upper window of Betsey Trotwood's cottage, Mr. Dick's conduct raises the possibility that he may be autistic. David has just arrived at his aunt's home in Dover after his terrifying journey by foot from London: "I lifted up my eyes to the window above [. . .] where I saw a florid, pleasant-looking gentleman, with a grey head, who shut up one eye in a grotesque manner, nodded his head at me several times, shook it at me as often, laughed, and went away" (162). Thus, are we introduced to Mr. Dick. He has never before seen David, a youngster standing at the garden-gate, derelict and in a "woeful condition" (162). In the normal course of events, one might expect someone in Mr. Dick's position either to back away from the window as a sign of refusing the youngster help, to gesture the boy off with a dismissive wave of the arm (as Betsey shortly would), to report the vagabond to Betsey, or to venture down to assist David. None of these things happen. Instead, Mr. Dick shuts up one eye "in a grotesque manner" (presumably, in a grossly exaggerated way), nods his head several times, shakes it as often, laughs, and goes away. What could David (or anyone else) possibly be expected to make of such conduct? In this vignette Dickens immediately establishes Mr. Dick's lack of awareness of the likely perspective of the person outside the house looking at him. It does not take much imagination to realize that Mr. Dick's little pantomime at the window would be alarmingly strange to a child. As we get better acquainted with this gentleman, we soon realize that he is not of a disposition to try to frighten a youngster. What he did at that window was done out of ignorance of how it would strike David, of how it would be received by a young boy. In the language of the American Psychiatric Association's (APA) description of autism in its Diagnostic Manual,

his conduct shows a “lack of social and emotional reciprocity” (75), whereby one adapts one’s behaviour according to one’s awareness of another person’s perspective. Dickens begins his portrayal by demonstrating that Mr. Dick’s awareness of the likely state of mind of another person (in this case, David) is apparently severely limited.

His conduct also shows no understanding of how facial expressions and gestures (non-verbal behaviours) are normally used in social interactions, which is another marker of autism (APA 75), for what meaning could Mr. Dick intend to convey to David by shutting his eye grotesquely, nodding his head repeatedly, and then shaking it as often? Little wonder that David is “discomposed by this unexpected behaviour” and on the verge of slinking away (163).

Mr. Dick’s memorable entrance into the novel also displays some of the features that are commonly associated with autism, though not prerequisites for a positive diagnosis. For example, after winking, nodding, and shaking his head at the window, he suddenly laughs for no reason, and then moves off. Laughing or giggling (or weeping) for no apparent reason is an abnormality of mood or affect which is present often enough in autistic individuals to be noted in the APA’s Diagnostic Manual as one of this disorder’s associated features (72). This is not the only occasion on which the author has Mr. Dick display this tendency. In fact, the very next time he appears isn’t he laughing once more, and, again, for no discernible reason? Shortly after bringing David into her parlor, Betsey Trotwood has Mr. Dick join them. He enters the room laughing, something to which she puts a quick stop: “‘Mr. Dick,’ said my aunt, ‘don’t be a fool, because nobody can be more discreet than you can, when you choose. We all know that. So don’t be a fool, whatever you are’” (164). Clearly, Dickens suggests, this is not the first time she has seen

him behave in this way, and in keeping with her practice of holding him to conventional standards of comportment, she'll have none of it. She monitors him in a similar way later that same day when David recounts his story after dinner in the presence of Mr. Dick, "who, whensoever he lapsed into a smile, was checked by a frown from my aunt" (168).

When Betsey summons Mr. Dick to the parlor to meet David and to help her decide what to do with the youngster, he demonstrates a tendency for echolalia—that is, the tendency to repeat another person's words or phrases. "Amongst the most characteristic behavioural abnormalities of young autistic children is the parrot-like echoing of speech (hence echolalia)" (Frith 123). Echolalia is most pronounced in young, verbal autistic children, but often remains apparent in autistic adults. Mr. Dick exhibits this tendency by repeating fragments of Betsey's statements and questions to him about what is to be done with David:

'Mr. Dick, [. . .] you have heard me mention **David Copperfield**? Now don't pretend not to have a memory, because you and I know better.'  
 '**David Copperfield**?' said Mr. Dick [. . .] '**David Copperfield**? Oh yes, to be sure. **David**, certainly.'  
 'Well [. . .] this is his boy—**his son**. He would be as like his father as it's possible to be, if he was not so like his mother, too.'  
 '**His son**?' said Mr. Dick. '**David's son**? Indeed!'  
 'Yes [. . .] and he has done a pretty piece of business. He has run away. Ah! **His sister**, Betsey Trotwood, **never would have run away**.'  
 'Oh! **You think she wouldn't have run away**?' said Mr. Dick. [. . .].  
 'Now, here you see young David Copperfield, and the question I put to you is, **what shall I do with him**?'  
 '**What shall you do with him**?' said Mr. Dick [. . .] 'Oh! **Do with him**?' (164-65, emphasis added in bold)

It is not simply that, in this interchange, Dickens has Mr. Dick constantly reiterate phrases that Betsey has just uttered, but that up to this point reiteration is pretty much the sum of

his part in the exchange. Repetitive use of language is one of the diagnostic criteria highlighted in the description of autism in APA's Diagnostic Manual (75). In discussing typically autistic communication deficits, the manual also refers to individuals with adequate speech (that is, those who are verbal) having a marked impairment in the ability to initiate or sustain a conversation with others (75). The exchange in the passage quoted above is initiated and sustained by Betsey Trotwood. It is in essence a stream of conversation that would soon run dry but for Betsey nudging it forward at every bend. Echolalia does not facilitate the flow of conversation, unless you have a skilled interlocutor like Betsey directing the exchange.

Mr. Dick also exhibits delayed echolalia, where what is parroted was heard in an earlier context. Leo Kanner, the first person to recognize autism as a distinct condition, wrote of "delayed echolalia" in the cases he had observed (Kanner 43). When David, at his aunt's behest, first visits Mr. Dick in his room, Mr. Dick opens the conversation oddly: "it's a—" here he beckoned to me, and put his lips close to my ear—"it's a mad world. Mad as Bedlam, boy!" said Mr. Dick, taking snuff from a round box on the table, and laughing heartily" (172). Reiterating a displaced idiom during this early encounter with the young David is a typically autistic, stereotypic use of language, for the phrase does not suit the context—its meaning has no bearing on what is transpiring. APA's Diagnostic Manual confirms that autistic individuals often use idiomatic phrases and jingles inappropriately: "Grammatical structures are often immature and include stereotyped and repetitive use of language (e.g., repetition of words or phrases regardless of meaning; repeating jingles or commercials) [. . .]" (70).

Over the course of the novel the portrayal of Mr. Dick's autistic condition changes in a few ways, but he continues to use echolalia in his speech patterns, though sometimes in a slightly modified form. For example, Betsey tells Mr. Dick that David, as a young man, physically resembles his father, whose name was also David: “‘And he’s like David, too,’ said my aunt, decisively. ‘He is very like David!’ said Mr. Dick” (234). Mr. Dick’s affirmation of David’s resemblance to his father is pure echololia, for we know that Mr. Dick never met David’s father, since Betsey reminds Mr. Dick (in the long passage quoted above) that she has mentioned David’s father’s name to him (164). If the two men had met, she would have referred to their encounter in trying to jostle Mr. Dick’s memory.

Mr. Dick’s insistently literal interpretation of language remains apparent throughout the novel, surfacing as a consistent verbal marker for his experience of the world. When Betsey first appeals to him for advice about what she should do with David, who has run away from home to her, this literalness comes to the fore. Clearly, Betsey’s question lends itself to the long view—should she keep David, should she send him back, should she contact his guardian? However, Mr. Dick’s response is on the most immediate and concrete level—he observes that David needs to be washed; the issues implied by her question are not addressed. “‘Why, if I was you,’ said Mr. Dick, considering, and looking vacantly at me, ‘I should—’ The contemplation of me seemed to inspire him with a sudden idea, and he added, briskly, ‘I should wash him!’” (165). By describing him as “looking vacantly” when Betsey posed the question to him, Dickens suggests that he entirely misses her implied meaning. APA’s Diagnostic Manual recognizes this sort of deficiency as characteristic of autism: “A disturbance in the pragmatic (social use) of

language is often evidenced by an inability to [. . .] understand humor or nonliteral aspects of speech such as irony or implied meaning” (71).

Other episodes in the novel also point to this disturbance. Near the conclusion of Betsey’s interview with the Murdstones she appeals to Mr. Dick for advice about whether to keep David or return him to the Murdstones:

“Mr. Dick,” said my aunt, “what shall I do with this child?”  
 Mr. Dick considered, hesitated, brightened, and rejoined, “Have him measured for a suit of clothes directly.”  
 “Mr. Dick,” said my aunt, triumphantly, “give me your hand, for your common sense is invaluable.” (181)

Once again, Mr. Dick answers one implied question—about whether Betsey should adopt David—with a reply that addresses David’s immediate need for clothing, a need immediately visible to the eye.

One of the more charming instances of Mr. Dick’s literal interpretation of language is when he takes a room at a Chandler’s shop, to the considerable umbrage of David’s London landlady, Mrs. Crupp. “Mrs. Crupp had indignantly assured him that there wasn’t room to swing a cat there; but, as Mr. Dick justly observed to me, sitting down on the foot of the bed, nursing his leg, ‘You know, Trotwood, I don’t want to swing a cat. I never do swing a cat. Therefore, what does that signify to *me*!’” (426). His literal understanding of idiomatic speech again surfaces in discussing Mrs. Markleham’s conduct at the reconciliation of her daughter, Annie, with her husband, Dr. Strong. Mr. Dick remarks that Mrs. Markleham was quite overcome, to which Betsey Trotwood retorts, “‘What! Did you ever see a crocodile overcome?’” Mr. Dick’s literal understanding of this



metaphor is announced in his delightful response: “‘I don’t think I ever saw a crocodile,’ returned Mr. Dick, mildly” (567).

In David’s early acquaintance with Mr. Dick, he notes that his head was “curiously bowed—not by age; it reminded me of one of Mr. Creakle’s boys’ heads after a beating” (165). The recollection of the abused boys at the school, alongside Betsey’s recounting of Mr. Dick’s history of fraternal mistreatment, suggests that his head is bowed in some abiding degree of dejection because of hardships he endured at the hands of his family. So it may be, but it may also be yet another link to the autistic syndrome, for abnormalities of posture are often present in those with autism (American Psychiatric Association 71). It has been suggested that the centrality of abnormalities of posture, gait, and physical coordination to autism may have been underestimated because the other deficits (in social and communication skills, and in a severely restricted range of interests) impair an individual’s ability to function much more severely, and so have garnered greater attention (Attwood). There is one other episode of peculiar posture that, to David’s great relief, is aborted at the moment of its inception. After Mr. Dick succeeds in reconciling the Strongs, Betsey Trotwood “walked gravely up to Mr. Dick, without at all hurrying herself, and gave him a hug and a sounding kiss. And it was very fortunate [. . .] that she did so; for I am confident that I detected him at that moment in the act of making preparations to stand on one leg, as an appropriate expression of delight” (566).

Heightened anxiety goes hand-in-hand with autism. Some people with autism describe feeling anxious all the time; others may only exhibit anxiety at particular times, but the anxiety is often extreme and to a degree that seems excessive given the nature of what triggers it. For example, it is common for specific words to function as triggers to

extreme behaviours. Mr. Dick gets inordinately upset if he is called by his true name, Richard Babley. Betsey's warning to David not to call Mr. Dick by his true name has a palpable urgency about it:

“But don't you call him by it, whatever you do. He can't bear his name. That's a peculiarity of his. [H]e has a [. . .] mortal antipathy for it, Heaven knows. [. . .] So take care, child, you don't call him anything *but* Mr. Dick.” (172)

For anyone who has witnessed an anxiety-ridden autistic individual lose control, the urgency in Betsey's admonition to avoid mentioning the name is completely understandable. On other occasions, the source of Mr. Dick's anxiety is not at all peculiar, but Dickens chooses to portray the expression of anxiety in surprising ways. When he rattles the money in his pocket so loudly during Betsey's interview with the Murdstones, she has “to check him with a look” (180). Anyone may absent-mindedly rattle loose change, but what distinguishes this tic in Mr. Dick's case is the characteristically autistic intensity with which he engages in it. This is typical of the “stereotyped and repetitive motor mannerisms” classified as a diagnostic criterion of this disorder (American Psychiatric Association 75).

Stereotyped and repetitive autistic behaviours can manifest themselves in a variety of ways other than motor mannerisms. APA's Diagnostic Manual includes within this category an “encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus” (75). Mr. Dick's famous preoccupation with the beheading of King Charles the First and how the troubles from that monarch's head got into his own head is clearly abnormal in focus, but it is also abnormal

in intensity, because of the amount of time he spends writing and talking about it, and because of the way in which it continually infects other activities, such as the writing of his Memorial. So persistently has King Charles the First's head been invading the Memorial that Mr. Dick has been trying unsuccessfully for ten years to keep it out of that manuscript (175). David tells us that King Charles the First had taken over the Memorial at the time at which he first met Mr. Dick (175). To read a description of Mr. Dick writing his Memorial at this time, knowing that he is, in fact, writing of the king, gives us a flavour of how compelling he finds this subject:

I found him still driving at it with a long pen, and his head almost laid upon the paper. He was so intent upon it, that I had ample leisure to observe the large paper kite in a corner, the confusion of bundles of manuscript, the number of pens, and, above all, the quantity of ink (which he seemed to have in, in half-gallon jars by the dozen), before he observed my being present. (172)

Betsey interprets Mr. Dick's references to the beheading of King Charles as an allegorical way of expressing the serious setbacks in his own life—a brother having confined him to an asylum, and his having fallen ill with fever out of distress for a beloved sister abused by her husband. If she is correct—and many commentators have endorsed her analysis (Colburn 111, Woodfield 83, McSweeney 105)—this use of language is highly idiosyncratic, having “meaning only to those familiar with the individual's communication style” (American Psychiatric Association 70). To signify turmoil by referring to the troubles from the head of King Charles the First getting into his own head is far from an orthodox way of speaking. This is why Betsey has to explain to David what the meaning of such talk is. This kind of idiosyncratic language is a qualitative

impairment in communication typical of autism, and serves as another diagnostic marker of the disorder (APA 75).

Despite Betsey Trotwood's understanding of Mr. Dick (and of how to foster his development), her interpretation of the significance of King Charles's head is too narrow. Dickens makes it clear that the obsession is used to express anxiety not just about his past, but also about ongoing events. When Betsey is financially ruined, the more Mr. Dick frets about her straitened circumstances, the more the "unlucky head of King Charles the First" made its way into the Memorial (450). That it expresses his agitation generally in no way diminishes its autistic nature.

Associated with his writing of the manuscript is his love of flying kites, for the kites are constructed from "old leaves of abortive Memorials" (185). When David examines one of the kites he sees references to King Charles the First's head. Mr. Dick explains that this is his way of diffusing these facts: "'There's plenty of string,' said Mr. Dick, 'and when it flies high, it takes the facts a long way. That's my manner of diffusing 'em. I don't know where they may come down'" (173). Mr. Dick is attempting to purge himself and his Memorial of the obsession by literally distancing himself from the offending statements at great heights. Alas, the purgative fails, for the infectious statements are as pervasive in Mr. Dick's manuscript and conversation now as they were ten years earlier, despite his habitual kite flying. However, Dickens makes it clear that Mr. Dick keeps on flying his kites, and to his immense satisfaction. "There is often an interest in nonfunctional routines or rituals [. . .]" says APA's Diagnostic Manual of people with autism (71, 75). This aptly describes Mr. Dick's kite flying ritual—at least, insofar as it is meant to diffuse the statements about King Charles the First's head.

A routine or ritual may be nonfunctional according to generally accepted standards of what is reasonable (which, presumably, is what the APA is applying in assessing functionality), but still serve some kind of useful end for the autistic individual beholden to the ritual. Mr. Dick's ritualistic kite flying brings to mind an episode from a contemporary autobiography written by an autistic woman named Temple Grandin. Grandin describes a recurring ritual in her life of deliberately walking through a carefully selected door to help her to move on to some new phase in her life. She describes scrutinizing many doors at one such stage before she found the right one:

Then one day walking back to my room from dinner, I noticed that an addition to our dorm was being constructed. [. . .]. I'd found it! A visual symbol. All I had to do was walk through that door. Of course, I didn't realize at the time that I was a visual thinker and needed concrete symbols for abstract concepts. [. . .]. And the little wooden door leading to the roof and the world beyond symbolized my future. I just had to walk through it. (Grandin 80-83)

Dickens has his character use a concrete object (the kite covered with manuscript pages) to express in a concrete way his determination to expel thoughts of the troubled monarch from his mind and his writings. It is the emergence of an attempt at abstract thinking that is still firmly rooted in the material world, as was Temple Grandin's ritual of walking through a door. Both of them achieve a profound level of satisfaction and repose from their odd rituals. Grandin speaks of the room she entered as being "like a holy place. [. . .]. Once I entered the room, I became and felt enriched with ideas and self-discoveries. [. . .]. I had experienced an awakening of my soul and my mind" (81-83). Dickens attributes to Mr. Dick feelings of deep satisfaction and repose from watching the kite in flight:

It was quite an affecting sight, I used to think, to see him with the kite when it was up a great height in the air. [. . .] [H]is belief in its disseminating the statements pasted on it, which were nothing but old leaves of abortive Memorials, might have been a fancy with him sometimes; but not when he was out, looking up at the kite in the sky, and feeling it pull and tug at this hand. He never looked so serene as he did then. I used to fancy, as I sat by him of an evening, on a green slope, and saw him watch the kite high in the quiet air, that it lifted his mind out of its confusion, and bore it (such was my boyish thought) into the skies. As he wound the string in, and it came lower and lower down out of the beautiful light, until it fluttered to the ground, and lay there like a dead thing, he seemed to wake gradually out of a dream; and I remember to have seen him take it up, and look about him in a lost way, as if they had both come down together, so that I pitied him with all my heart. (185)

This description of the relief generated by the ritual shows that what others might see as a symbolic act is experienced by Mr. Dick as an actual transformation of self—just as Temple Grandin underwent an alteration by walking through the door. Such experiences embody the very concrete way an autistic person’s mind and emotions operate.

Kite flying may have a dual appeal for Mr. Dick, for it may also tap into the fascination with rapidly moving objects observed in some autistic individuals. “There may [. . .] be a fascination with movement (e.g., the spinning wheels of toys, [. . .] an electric fan or other rapidly revolving object)” (APA 71). Mr. Dick’s fascination and euphoria in flying kites may be fed by this love of movement, and, in particular, of rapidly revolving objects.

In a later episode, Dickens demonstrates a unique strategy to limit Mr. Dick’s obsessive scribbling about King Charles I. The strategy anticipates a currently endorsed technique for dealing with perseverative behaviours (the phrase often used to refer to

those stereotyped, repetitive patterns of autistic activity); namely, you don't try to extinguish them altogether, but rather to channel them into acceptable boundaries. Hence, when Traddles and David have one desk for Mr. Dick's legal copying, and another desk for him to write about King Charles, they are employing a valid approach for channeling a perseverative behaviour within limited parameters. Over an extended period of time it leads to the near extinction of his writing about King Charles, for near the end of the novel David reports: "My aunt informed me how he incessantly occupied himself in copying everything he could lay his hands on, and kept King Charles the First at a respectful distance by that semblance of employment" (716). Copying written material seems to have itself entered Mr. Dick's repertoire of perseverative behaviours.

Not long after his arrival at his aunt's, David is sent to Dr. Strong's school. Mr. Dick's Wednesday visits there allow Dickens to present him in a new context, one in which he exhibits a number of behaviours relevant to our discussion. Like many people with autism, Mr. Dick lacks basic money skills, so Betsey has to put a daily cap on his line of credit at a cake shop in Canterbury, and, indeed, to review all his bills at the inn before they are paid. David learns of a standing agreement between Betsey and Mr. Dick that all of his expenditures should be referred to her. The lack of even the most rudimentary skills with money is not unique to autism (and is not a diagnostic criterion), but often co-exists with the condition. In their monetary arrangement, whereby Mr. Dick accounted to Betsey for all his disbursements, David notes of Mr. Dick: "he had no idea of deceiving her" (213). Taken at face value, these words connote that he didn't even think of deceiving her, which is distinguishable from having decided against deceiving her. Like many people with autism, Mr. Dick is depicted as utterly ingenuous, for lying presupposes

skills (of imagination and social insight) that are normally beyond the ken of those with this disorder.

On one of these visits to David in Canterbury, Mr. Dick again exhibits his ineptitude with implied meaning in language, when describing to David the first appearance of the man who frightens Betsey (and is later revealed as her husband):

“I was walking out with Miss Trotwood after tea, just at dusk, and there he was, close to our house.”  
 “Walking about?” I enquired.  
 “Walking about?” repeated Mr. Dick. “Let me see. I must recollect a bit. N-no, no; he was not walking about.”  
 I asked, as the shortest way of getting at it, what he *was* doing. (214)

Most people would typically infer from David’s question (about whether the man had been walking about) that David was interested in knowing what the man *had* been doing, if not walking. Dickens underscores, through David’s closing observation, that Mr. Dick is unable to draw that inference.

Mr. Dick’s reactions at the scene in which Betsey Trotwood faints at the reappearance of this man (her husband) are decidedly odd. Mr. Dick tells David: “he came up behind her, and whispered. Then she turned round and fainted, and I stood still and looked at him, and he walked away [. . .]” (214). Dickens presents the character’s perplexing lack of response. How strange, under such circumstances, for Mr. Dick to stand still and simply look at this man. The person whom he considers to be the most wonderful woman in the world has just fainted from her encounter with this strange man, and Mr. Dick apparently offers her no help, nor does he in any way question or challenge the conduct of the stranger. Dickens has him simply stand stock-still looking at the man.



This conduct bespeaks the markedly restricted social understanding and expressive skills endemic to autism.

Mr. Dick's recounting of this story incorporates a different form of the "stereotyped and repetitive use of language" (APA 75) than the echolalia to which he is prone:

"I thought nothing would have frightened her," he said, "for she's—" here he whispered softly, "don't mention it—the wisest and most wonderful of women." Having said which, he drew back, to observe the effect which this description of her made upon me. (213)

David has already commented in his narrative that "Mr. Dick was convinced that my aunt was the wisest and most wonderful of women; as he repeatedly told me with infinite secrecy, and always in a whisper" (213). Dickens has the reader witness recurring instances of Mr. Dick making this commendation. In approaching David to discuss the situation between the Stronges, Mr. Dick invokes his ubiquitous observation about Miss Trotwood's unparalleled merit, even though it appears to have no immediate application to the exchange following it:

"Trotwood," said Mr. Dick, laying his finger on the side of his nose, after he had shaken hands with me. "Before I sit down, I wish to make an observation. You know your aunt?"

"A little," I replied.

"She is the most wonderful woman in the world, sir!" (556)

In his last appearance in the novel, Mr. Dick repeats yet again to David his mantra about Betsey: "[Y]our aunt's the most extraordinary woman in the world, sir!" (748). Mr. Dick is portrayed as having no ability to remember or recognize that his friend has heard him make this same comment on many prior occasions.

It is during his visits to the school that Mr. Dick evinces remarkable dexterity in constructing small, complex, and ingenious objects:

[H]is ingenuity in little things was transcendent. He could cut oranges into such devices as none of us had an idea of. He could make a boat out of anything, from a skewer upwards. He could turn crampbones into chessmen; fashion Roman chariots from old court cards; make spoked wheels out of cotton reels, and birdcages of old wire. But he was greatest of all, perhaps, in the articles of string and straw; with which we were all persuaded he could do anything that could be done by hands. (215)

In discussing features associated with autism, the Diagnostic Manual acknowledges that “special skills are sometimes present (e.g., a 4½-year-old girl [. . .] may be able to ‘decode’ written materials with minimal understanding of the meaning of what is read [hyperlexia] or a 10-year-old boy may have prodigious abilities to calculate dates [calendar calculation]” (72). Some people with autism exhibit extraordinary artistic abilities; others can spin unlikely objects with remarkable ease. The types of these uncanny skills are varied and unusual. Could not Mr. Dick’s uniquely fine handiwork, “his ingenuity in little things” for David and his school friends, be an instance of this kind of special skill? Kanner noted the high level of skill in fine motor coordination in the cases of autism that first prompted him to demarcate this as a distinct condition (Kanner 47).

Mr. Dick exhibits another repetitive, stereotypic routine in his friendship with Dr. Strong—walking to and fro in the courtyard for hours on end, with Dr. Strong reading out entries from his dictionary, “and Mr. Dick listening, enchained by interest, with his poor wits calmly wandering God knows where, upon the wings of hard words” (216). Years later, we are told, that Mr. Dick:

proudly resumed his privilege, in many of his spare hours, of walking up and down the garden with the Doctor; as he had been accustomed to pace up and down The Doctor's walk at Canterbury. But matters were no sooner in this state, than he devoted all his spare time (and got up earlier to make it more) to these perambulations. If he had never been so happy as when the Doctor read that marvelous performance, the Dictionary, to him; he was now quite miserable unless the Doctor pulled it out of his pocket, and began. (532)

This behaviour is perseverative in several ways. First of all, Dickens makes clear that Mr. Dick couldn't comprehend what was being read to him from the dictionary. Second, not only does he engage in these perambulations for hours on end, but starts to devote *all* his spare time to it, and then actually starts to arise earlier in order to lengthen the sessions still more. The misery that he exhibits unless the Doctor pulls the dictionary from his pocket and starts to read from it is typical of an autistic person eager but unable to launch into his or her perseverative activity. Reading material organized into lists holds considerable fascination for those with autism, and (in one form or another, such as reading telephone books, train schedules, or weather charts) often forms the basis of a perseverative interest, as it has in this case for Mr. Dick. Indeed, an article by Karen Gold in a recent Guardian Weekly describes the obsession with reading dictionaries of a man with Asperger Syndrome (the disorder so closely related to autism as to be considered by some as, for all practical purposes, almost indistinguishable from it).

One of the diagnostic criteria for autism is "a lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level" (APA 75). This can be very difficult to gauge in an adult who is being assessed for autism, since situations in which this deficiency might naturally express itself may rarely occur after childhood.

In the course of the novel, however, Dickens provides us with a magnificent scene in which Mr. Dick's difficulty in grasping what is make-believe is manifested. In the hilarious mock parliament that Traddles, Aunt Betsey, and Mr. Dick create to give David practice sessions for taking short-hand, Traddles plays the orator who, with the help of a volume of parliamentary orations, "thundered astonishing invectives" against Aunt Betsey and Mr. Dick, who "represented the Government or the Opposition (as the case might be)" (466):

My aunt, looking very like an immoveable Chancellor of the Exchequer, would occasionally throw in an interruption or two, as "Hear!" or "No!" or "Oh!" when the text seemed to require it: which was always a signal to Mr. Dick (a perfect country gentleman) to follow lustily with the same cry. But Mr. Dick got taxed with such things in the course of his Parliamentary career, and was made responsible for such awful consequences, that he became uncomfortable in his mind sometimes. I believe he actually began to be afraid he really had been doing something, tending to the annihilation of the British constitution, and the ruin of the country. (466)

The inflexible mental processes that make implied meaning, irony and metaphor so difficult for Mr. Dick to grasp also underlie his inability to keep play-acting distinguishable from real-life occurrences, even when the play-acting attributes to him, so improbably, a role in annihilating the British constitution. The autistic tendency for literalness affects more than just Mr. Dick's language skills, as is normally the case with this disorder.

At his first appearance in the novel, we noted Mr. Dick's deficiency in regulating social interaction using nonverbal behaviours (facial expression, body posture or gestures). Dickens portrays that impairment in Mr. Dick in a variety of ways throughout the narrative, but no form of it is so ubiquitous as his excessive hand shaking. Take, for

example, his encounter with Mr. Micawber, when the latter is in turmoil over whether or not to expose Uriah Heep. Like others with autism, Mr. Dick has a preternatural sense of when someone is the least perturbed or upset. He responds to this with continual hand shaking:

He was by nature so exceedingly compassionate of any one who seemed to be ill at ease, and was so quick to find any such person out, that he shook hands with Mr. Micawber, at least half-a-dozen times in five minutes. To Mr. Micawber, in his trouble, this warmth, on the part of a stranger, was so extremely touching, that he could only say, on the occasion of each successive shake, "My dear sir, you overpower me!" Which gratified Mr. Dick so much, that he went at it again with greater vigor than before. "The friendliness of this gentleman," said Mr. Micawber to my aunt, "if you will allow me, ma'am, to cull a figure of speech from the vocabulary of our coarser national sports—floors me. To a man who is struggling with a complicated burden of perplexity and disquiet, such a reception is trying, I assure you."

"My friend Mr. Dick," replied my aunt, proudly, "is not a common man."

"That I am convinced of," said Mr. Micawber. "My dear sir!" for Mr. Dick was shaking hands with him again; "I am deeply sensible of your cordiality!"

"How do you find yourself?" said Mr. Dick, with an anxious look.

"Indifferent, my dear sir," returned Mr. Micawber, sighing.

"You must keep up your spirits," said Mr. Dick, "and make yourself as comfortable as possible."

Mr. Micawber was quite overcome by these friendly words, and by finding Mr. Dick's hand again within his own. "It has been my lot," he observed, "to meet, in the diversified panorama of human existence, with an occasional oasis, but never with one so green, so gushing, as the present!" (604-605)

Mr. Micawber brings out Mr. Dick's hand shaking propensity at their next meeting as well. They have already shaken hands in greeting, but when Mr. Micawber inadvertently refers to Mr. Dick as Mr. Dixon, the name change delights Mr. Dick so much that he responds with another vigorous hand shake (636).

Hand shaking, as revelled in by Mr. Dick, itself becomes a “stereotyped and repetitive motor mannerism” (APA 75). He exhibited a propensity for such motor mannerisms from the earliest periods in the story, but it manifests itself in new forms in the later stages of the novel. When he alights upon how he will reconcile Dr. and Mrs. Strong, David says that “he stood up before me, more exultingly than before, nodding his head, and striking himself repeatedly upon the breast, until one might have supposed that he had nearly nodded and struck all the breath out of his body” (558).

Over the course of the novel Dickens has Mr. Dick show some improvement in his general condition. For example, after having stayed for ten years at Betsey’s cottage without travelling (“Mr. Dick is his name here, and everywhere else, now—if he ever went anywhere else, which he don’t” Betsey tells David (172)) he learns to travel relatively independently (to visit David in Canterbury, for example). He cares for himself in Dover, while Betsey and Janet stay at a London hotel (294). He learns to contain his crippling preoccupation with King Charles’ head by substituting another stereotypic activity (the compulsive copying of any written material). However, though he shows progress in some areas, he remains afflicted with a full range of autistic symptoms to the end, though in an alleviated form. This is in keeping with the typical course of this disorder, in that those afflicted continue to exhibit social and communication difficulties, along with a narrow range of interests and activities throughout their lives (APA 73).

In assessing Mr. Dick I have considered his appearances in the novel in, roughly speaking, chronological order. Sometimes I have leapt ahead, when an autistic trait that is portrayed early in the work recurs at a later point in the same or a modified form. To conclude the diagnosis, it is necessary to pull the discussion together within the

framework established by the APA's Diagnostic Manual. This framework requires the manifestation of at least six symptoms from a list of twelve possible symptoms.

Furthermore, at least two of the six symptoms must fall within the category of impaired social interaction, at least one must fall within the category of qualitative communication impairment, and at least one within the category of restricted, repetitive and stereotyped patterns of behaviour.

One form of the required qualitative impairment in social interaction is the “marked impairment in the use of multiple nonverbal behaviours such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction” (APA 75). Mr. Dick displays this impairment when he first looks out of the window at the young David, newly arrived at his aunt's garden-gate (discussed above, pages 3 – 4), as well as with his compulsive hand shaking (discussed on pages 20 – 21). Another form of social impairment is the “lack of social or emotional reciprocity” (APA 75). This is displayed in the same scene in which Mr. Dick observes David at the garden-gate (discussed on pages 3 – 4), as well as in Mr. Dick's peculiar response to the appearance of Betsey's husband and her fainting spell (discussed on pages 16 – 17), and, arguably, in the inappropriate laughter to which he is prone, which bespeaks a self-absorption severed from awareness of a social context (discussed on pages 4 – 5).

The qualitative impairment in communication can be evidenced in “stereotyped and repetitive use of language or idiosyncratic language” (APA 75). Mr. Dick displays this in referring to King Charles the First to allude to turmoil in his own life (discussed on pages 10 – 12), in his endless references to Betsey as the wisest and most wonderful woman in the world (discussed on page 17), and in his echolalia (discussed on pages 5 – 7). Another

of the listed manifestations of qualitative impairments in communication is “lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level” (APA 75). Mr. Dick displays this incapacity while participating in the mock British parliament, when he begins to believe the accusations made against him as a Member of Parliament to be true (discussed on page 20). It may also be apparent, in a different form, in his excessively literal use of language (discussed on pages 7 – 9 and 16). Another recognized form of qualitative communication impairment is in “the ability to initiate or sustain a conversation with others” (APA 75). This was observed in his parrot-like role in the conversation with Betsey Trotwood (discussed on pages 5 - 6). Indeed, his echolalia (both delayed and immediate) as well as his ineptitude with nonliteral language considerably weaken his ability to begin or maintain a conversation.

The Diagnostic Manual lists four different ways in which “restricted repetitive and stereotyped patterns of behaviour, interests, and activities” may be manifested (75). Mr. Dick displays three of them. His “encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus” (APA 75) is evidenced in his fixation with the troubles in the head of King Charles the First (discussed on pages 10 - 12), with his copying all written material that comes his way (discussed on pages 14 - 15), and perhaps even in the amount of time and energy he devotes to kite flying (discussed on pages 12 – 15). His “apparently inflexible adherence to specific, nonfunctional routines or rituals” (APA 75) is reflected in his walking in the courtyard for hours having the dictionary read to him, though its contents were beyond his comprehension (discussed on pages 19 – 20) and in his “dispersing” facts by flying them high on a kite (discussed on pages 12 – 14). His tendency for “stereotyped and repetitive



motor mannerisms” (APA 75) expresses itself in his excessively loud rattling of change in his pocket (discussed on page 10), and with his repeated hand shaking, head nodding and striking of his breast (discussed on pages 20 – 22).

Mr. Dick exceeds the requirements of the Diagnostic Manual, by displaying eight features from the list of impairments required for a diagnosis of autism, two of them being social impairments, and three from each of the lists of communication impairments and of stereotypic patterns of behaviour. A separate diagnostic stipulation is that delay or abnormal functioning in either social interaction, or in language used in social communication, or in symbolic or imaginative play must be apparent before age three years (APA 75). As we are not given any definite information about the first three years of Mr. Dick’s life, it is impossible to determine this decisively one way or the other. One commentator suggests that Mr. Dick’s condition arose as a result of the fever he suffered because of his misery at the mistreatment of his favorite sister by her husband (Manheim 88). In fact, Betsey says that the fever arose from this *combined with* his fear of the brother who had put him away in an asylum (175). In any case, his peculiarities must have arisen before the fever, since the brother had put Mr. Dick in the asylum *because of* his eccentricities, which he found embarrassing (174), which therefore must have predated not only the fever, but also the incarceration. Indeed, he must have displayed his eccentricities long beforehand, since his deceased father, “who thought him almost a natural” (174), had left him to his brother’s care, a trust Betsey considers the brother to have breached in having Mr. Dick locked up. In Dickens’s time the term “natural” still carried the meaning of “one naturally deficient in intellect; a half-witted person” (OED), someone modern speakers refer to as “developmentally delayed.” On balance, all of the

suggestions in the text point to the early development of the syndrome—it was simply part of Mr. Dick’s nature.

Though no one has previously considered whether or not Mr. Dick qualifies as autistic, there have been other attempts to diagnose him in psychiatric terms. J. M. Keyte and M. L. Robinson suggest that he is schizophrenic. They claim that “attribution of one’s thoughts to others, thought disorder, and catatonia are diagnostic of schizophrenia” (38), and that Mr. Dick exhibits these three qualities. “One of the main features in the diagnosis of schizophrenia is the attribution by the patient of his thoughts to other people, with the consequent belief that they intrude their thoughts upon the patient” (Keyte and Robinson 37). The authors understand Mr. Dick to be attributing his thoughts to King Charles the First in this way. Unfortunately, their argument is weakened by the fact that they simply ignore Betsey Trotwood’s understanding of the King Charles references—namely, as Mr. Dick’s figure of speech for alluding to agitation in his own life, an understanding borne out by other episodes in the novel, which we have highlighted. Furthermore, though thoughts of this king and his tribulations often hold Mr. Dick’s attention when he’d like to be writing of his own life, I never detect the suggestion anywhere in the novel that Mr. Dick actually believes that he thinks the thoughts of King Charles. He writes about King Charles, he is preoccupied with King Charles, but he writes and speaks about him in the third person, and continues to speak of himself in the first person. The distinction needs to be drawn between thinking about someone and their circumstances (even obsessively), and believing your thoughts are not your own, but the other person’s thoughts. It is worthy to note in this context that people with autism sometimes express analogies by confusing them with identity. An autistic boy, when

asked what he wanted to be when he grew up, replied, “Nat King Cole.” “You mean you want to be *like* Nat King Cole,” corrected his mother. His response was firm, “I want to *be* Nat King Cole.” In identifying the turmoil in his own mind with the turmoil in the mind of King Charles, Mr. Dick appears to be slipping into the same error of usage—namely, confusing similarity with identity.

The second feature of schizophrenia that these authors attribute to Mr. Dick is “thought disorder, in which successive concepts appear unrelated to one another” (Keyte and Robinson 37). They see this in a feature of Mr. Dick’s description of the incident of a man appearing at Betsey Trotwood’s home, later identified as her husband. Mr. Dick says that this man first appeared soon after some of the trouble out of King Charles head was put into his head. If we heed Betsey Trotwood’s interpretation of what Mr. Dick means by his reference to these troubles (namely, that it refers to agitation in his own life when his brother-in-law mistreated Mr. Dick’s sister, and he was fearful of his own brother who had had him committed to an asylum), then what he is saying to David is that the man first appeared at Betsey’s cottage soon after he himself took up residence there—for he did so after these troubling events in his life (175). Because these authors ignore Betsey’s understanding of Mr. Dick’s figure of speech, they see his talk as incorporating a non sequitur, rather than an idiosyncratic autistic turn of phrase.

Keyte and Robinson tentatively suggest that Mr. Dick may exhibit catatonia (postural changes that occur in schizophrenia). They refer to David’s suggestion that he thought Mr. Dick was about to stand on one leg to express delight after reconciling the Stronges. I have already discussed that odd posture is recognized as within the collection of autistic traits. Furthermore, autistic people have been observed to use strange postures

and movements to express heightened emotion; for example, encouragement to modulate the swinging of the arms while walking could result in an autistic person turning around and walking backwards to express anxiety. So the strange posture these authors cite as evidence of schizophrenia can just as compellingly be considered evidence of autism.

Keyte and Robinson's contention that Mr. Dick is schizophrenic becomes even shakier if we scrutinize it against the diagnostic criteria for that disorder in the APA's Diagnostic Manual. Mr. Dick's peculiar idea about the troubles from the head of King Charles getting into his own head probably wouldn't qualify as a delusion:

The distinction between a delusion and a strongly held idea is sometimes difficult to make and depends in part on the degree of conviction with which the belief is held despite clear contradictory evidence regarding its veracity. (APA 299)

Mr. Dick repeatedly expresses uncertainty about his ideas about King Charles: "if it was so long ago, how could the people about him have made the mistake of putting some of the trouble out of *his* head, after it was taken off, into *mine*" (173). In speaking of Mr. Dick thereafter, David refers to "the mild perception he had that there was something wrong about King Charles the First" (185). This comes to the fore again when Mr. Dick acquaints David with the visits of the stranger who frightens his aunt:

"The first time he came," said Mr. Dick, "was—let me see—sixteen hundred and forty-nine was the date of King Charles's execution. I think you said sixteen hundred and forty-nine?"  
 "Yes sir."  
 "I don't know how it can be," said Mr. Dick, sorely puzzled and shaking his head. "I don't think I am as old as that."  
 "Was it in that year that the man appeared, sir?" I asked.  
 "Why, really," said Mr. Dick. "I don't see how it can have been in that year, Trotwood. [. . .]."

“I can’t make it out,” said Mr. Dick, shaking his head. “There’s something wrong, somewhere.” (213-214)

Mr. Dick is portrayed as someone who can recognize that attributing events in his life to the time of King Charles makes little sense, and would require him to be much older than he is.

In any case, another requirement for a diagnosis of schizophrenia is evidence that “since the onset of the disturbance, one or more major areas of functioning such as work, interpersonal relations, or self-care are markedly below the level achieved prior to the onset” (APA 312). That the fever illness that Mr. Dick suffered (because of the combined effect of his fear of his brother, who had incarcerated him, and of his distress at the mistreatment of his favorite sister) occurred before Mr. Dick started referring to King Charles is made clear by Betsey in her early conversation with David on the matter: “He connects his illness with great disturbance and agitation, naturally, and that’s the figure, or the simile, or whatever it’s called, which he chooses to use” (175). After the illness he went to live with Betsey, and though his talk of King Charles continues throughout the time he resides with her, he certainly shows no sign of having deteriorated in one of the ways diagnostically required. We know that before the illness Mr. Dick was peculiar enough socially that his brother was embarrassed to have him around his home. After living with Betsey, there is no evidence that his behaviour regresses. It remains peculiar in a number of ways, but also shows some improvement. He learns to travel alone, as I have pointed out, and he is able to reconcile the Stronges, which blasts the notion that he suffers deterioration in inter-personal relations. Through his friendship with Mrs. Strong, he takes up a new recreation—gardening. Similarly, far from regressing in the ability to

work, he actually is able to earn money for the first time in his life by doing legal copying. His self-care skills have reached a level where Betsey and Janet can leave him alone in Dover while they stay in London. The absence of any evidence that Mr. Dick deteriorates after adopting his strange references to King Charles, along with the indicators that his occupational, self-help and social functioning improve over this period are decisive in dismissing a diagnosis of schizophrenia: “the diagnosis involves the recognition of a constellation of signs and symptoms *associated with impaired occupational or social functioning*” (APA 299, emphasis added). “Furthermore, in schizophrenia phases of acute illness often alternate with long periods in which normality is established again. This pattern is not seen in Autism,” notes Uta Frith (64). Nor is it seen in Mr. Dick; there is no evidence of him suffering an on-and-off cycle of symptoms.

Leonard Manheim argues that Mr. Dick’s “clinical diagnosis would probably be schizophrenia with paranoid trends” (88). Central to his thesis are, again, Mr. Dick’s ideas about the troubles from the head of King Charles the First getting into his own head, but also Mr. Dick’s distractibility, his phobia about the use of his right name, and Manheim’s rejection of Mr. Dick as being simply feeble-minded. He bases the latter assertion on the dating of Mr. Dick’s condition from the time of his fever, but as discussed above (pages 25 - 26) the textual evidence suggests that Mr. Dick had serious deficits long before the onset of his fever. Whether assessed by the terms Manheim stipulates for a diagnosis of schizophrenia, or by current diagnostic standards (which differ from Manheim’s), his position is difficult to sustain. In considering Keyte and Robinson’s analysis, we have already addressed a number of the features upon which Manheim rests his case—such as, the suggestion that Mr. Dick suffers from a delusion, and from

disturbances of association and thought. Manheim is dismissive of the means by which Traddles and David help Mr. Dick gradually overcome his intrusive preoccupation with King Charles, describing it as weakening and falsifying the picture of Mr. Dick (88). The success of such a device may seem improbably remote if one assumes that Mr. Dick is suffering from paranoid delusions, but its success is probable if Mr. Dick's preoccupation with King Charles is considered to be part of his autistic profile (as discussed above, pages 14 - 15).

Modern research shows that those with the paranoid subtype of schizophrenia usually show no impairment on cognitive testing (APA 314), but Mr. Dick's presentation in the novel suggests that he is probably developmentally delayed. Indeed, he considers himself dull-witted, to which he gets David, howsoever reluctantly, to agree:

“[W]hat do you consider me in this respect?” touching his forehead.  
I was puzzled how to answer, but he helped me with a word.  
“Weak?” said Mr. Dick.  
“Well,” I replied, dubiously. “Rather so.”  
“Exactly!” cried Mr. Dick . . . (557)

Mr. Dick's self-assessment is borne out by his lack of rudimentary money skills, by his stunted vocabulary, by his childish interest in a daily kite flying routine, and by his propensity for adopting infantile gestures in public—as when he sucks his thumb as David explains to Traddles the problems with King Charles the First:

I explained to Traddles that there was a difficulty in keeping King Charles the First out of Mr. Dick's manuscripts; Mr. Dick in the meanwhile looking very deferentially and seriously at Traddles, and sucking his thumb. (451)

To the same effect, he “was biting his forefinger and looking rather foolish” (178) during the interview with the Murdstones at Betsey’s home. Although schizophrenics of the paranoid subtype usually show little or no impairment on cognitive testing, in most cases of autism “there is an associated diagnosis of Mental Retardation, which can range from mild to profound” (AFA 71). Besides the other problems of attempting to label Mr. Dick as schizophrenic, the fact that he appears to have a developmental delay suggests that another diagnosis is required. The advantage of a diagnosis of autism is not only that it accommodates the likelihood of Mr. Dick’s developmental delay, but also that it explains a more comprehensive range of his behaviours.

However, even if autism accounts for much of Mr. Dick’s conduct, does it make sense to apply this term to a character depicted almost a century before the medical community formally recognized this condition? It was 1943 when Leo Kanner, drawing from his observations of eleven children whom he met professionally over a five-year period, first described autism in a pioneering article that identified the disorder’s central traits. Obviously, disorders and disabilities exist before they are named and recognized in medical circles, but did individuals with autism exist as early as Dickens’s time? We know for a fact that they did. Contemporary descriptions of two individuals have been accepted as the earliest evidence we have of instances of autism. One, written by the psychologist Jean-Marc-Gaspard Itard, documents the case of the so-called Wild Boy of Aveyron, who was captured in the woods near a village in France in 1799 and, subsequently, was educated by Itard. The other, written by John Haslam, describes a young boy admitted to Bethlem Hospital in 1799.



John Haslam, a member of the Royal College of Surgeons, worked at Bethlem Hospital at the end of the eighteenth and beginning of the nineteenth century. Tucked in the middle of his book, Observations on Madness and Melancholy, is a concise description of a boy (referred to as W. H.) first admitted to Bedlam when he was almost seven years old, who stayed there for four months (until physical illness precipitated his return home), and whom Haslam met again when the boy was 13 years of age. Descriptions of this boy at different stages of his life affirm that he was autistic. By adolescence he had never shown any interest in joining other children at play, nor had he ever become attached to another child (Haslam 194-195), consistent with the autistic failure to develop peer relationships (APA 75). His lack of social and emotional reciprocity (APA 75) was apparent in the brevity of his grief at being separated from his mother when admitted to the hospital (Haslam 190), and in his lack of interest in attending to Haslam when he tried to speak with W. H. the last day they saw each other, though he was verbal by that time (195). In keeping with the diagnostic criterion of a delay in the development of spoken language (APA 75), he had only begun to speak at four years of age, and by his fifth year spoke no better than a child of less than three (Haslam 190). Once he developed adequate speech, he clearly suffered the “marked impairment in the ability to [. . .] sustain a conversation with others” stipulated by current diagnostic criteria (APA 75). By the time that he was 13, Haslam says, “he had made comparatively, a great progress in language” (193). He could speak in short sentences, and knew the names of many things (194), yet was so preoccupied with his own preferred subjects he was unable to converse with Haslam: “when questions were put to him, if he answered them it was little to the purpose, generally he did not notice them” (195). W.H. had an intense interest

in soldiers and martial music. From Haslam's description, this interest seems to reach the pitch characteristic of those encompassing preoccupations of abnormal intensity and focus described in the diagnostic criteria for autism (APA 75). We are told not only that W. H. took especial delight in soldiers and martial music, but that on some days "his mind was completely occupied with soldiers" to the point where he was unable to converse on anything else (195). His "inflexible adherence to specific, nonfunctional routines or rituals" (APA 75) took a particularly unfortunate form:

Having been taught when in the hospital to use a bowl for his necessary occasions, he obstinately continued the same practice when he returned home, and could never be persuaded to retire to the closet of convenience; but the business did not terminate here, when he had evacuated his intestines into the bowl he never failed to paint the room with its contents. (194).

Toileting problems are very widespread among autistic children, though they do not always take such an extreme form.

The above analysis in itself satisfies the required number and range of diagnostic criteria set out in APA's Diagnostic Manual to conclude decisively that W.H. was autistic. There are many other details in Haslam's description that provide an even fuller portrait of an autistic child. It is only within the last decade or so that attention has been focussed upon the earliest manifestations of autism in an infant. Dr. Lonnie Zwaigenbaum's research indicates that autistic infants fall into one of two extremes; either they show intense irritability and are extremely difficult to settle and to get to sleep, or they are very passive and excessively quiet (Zwiagenbaum). According to the mother's account, W. H. fell into the former group: "When the child was born it was subject to startings, and

became convulsed on any slight indisposition. [. . .]. [S]he thought the child more lively than usual, and that he slept less than her other children had done. At two years, the mother perceived he could not be controled” (Haslam 189). As he got older he loved attending church, though he had no understanding of the service. Perhaps the predictable routine of the service appealed to his autistic taste for sameness, which may also account for his reluctance to leave the church at the end of a service—and refusing to leave favored buildings and locations is typical of autistic youngsters. His fleeting attention span is also endemic to autism, and especially pronounced in childhood:

To teach him the letters of the alphabet had many times been endeavored, but always without success; the attempt uniformly disgusted him: he was not to be stimulated by coaxing or coercion; his mind was too excursive, to submit to the painful toil of recording elementary sounds; but it may rather be inferred that he did not possess a sufficient power of attention to become acquainted with arbitrary characters. (Haslam 191-192)

Haslam ultimately concluded that W. H.’s inability to pay attention was central to his problems:

The defect of this lad’s mind, appeared to be a want of continued attention to things, in order to become acquainted with their nature; he possessed less curiosity than other children, which serves to excite attention: and this will in some degree explain, why he had never acquired any knowledge of things in a connected manner. (195-196)

This sounds remarkably like modern descriptions of autistic children—lacking curiosity, unable to hold attention on subjects that aren't of special interest, and difficulty disengaging attention from fixed interests (like W.H.'s soldier fascination) (Brian).

In her book Autism: Explaining the Enigma Uta Frith has convincingly argued the case for the Wild Boy of Aveyron being autistic. It would serve no useful purpose to repeat here the diagnostic steps taken by her to reach this conclusion, which has been affirmed by Lorna Wing, another recognized authority in autism (Wing 17 – 18). The importance of Frith's conclusion for our purposes is to strengthen our claim that in Dickens's era there were, indeed, autistic individuals in Europe, thought to be insane (as Haslam thought W.H. to be) or to be idiots (as many thought the Wild Boy to be).

In fact, when Dickens himself pays a visit to St. Luke's Hospital for the insane in 1852, he describes an individual exhibiting typically autistic behaviour. Passing through one of the galleries for male patients, Dickens gives thumbnail sketches of a number of the men he observes there, including "a handsome young man deriving intense gratification from the motion of his fingers as he played with them in the air" ("Curious Dance" 387). Certainly, we would need to know more of this handsome young man before concluding that he was autistic, but his finger flicking and the "intense gratification" derived from it are classic autistic behaviours—as is his apparent indifference to, if not total lack of awareness of, others in his vicinity. (I note as well, with regard to Dickens' description of the young man as handsome, the oft-repeated observation that many people with autism are very prepossessing.)

Though he would have seen this patient at St. Luke's at least two years after completing David Copperfield, the encounter—brief as it was—strengthens my conviction

that autism was manifesting itself in Dickens' day and within his vicinity.\* To depict Mr. Dick with the essential traits of this disorder, autism need not have sprung full-grown from Dickens' brow. He had probably seen other autistic individuals during his numerous visits to asylums in America and England, or been told about some of the residents at Hanwell, the insane asylum where his friend Doctor John Conolly served as resident physician from 1839 to 1844, and may well have based his fictional character upon one or more of these people. I am convinced of the likelihood of this not only by how faithfully Mr. Dick represents the autistic profile, but also by how faithfully Betsey Trotwood mirrors styles of interaction that often evolve in those living and working with autistic individuals over time.

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\* A recent article uncovers more evidence of autistic individuals in Victorian England. A review of the case notes of Dr. William Howship Dickinson, during the period of his tenure as physician at Great Ormond Street Hospital for Children from 1869 to 1874, reveals "24 cases in which children presented with symptoms characteristic of autistic spectrum disorders" (Waltz and Shattock 8). The authors determine that only three of the case notes present a clear enough picture of all the symptoms required for a conclusive diagnosis of autism. The case notes of "Ida" show that she also suffered from epilepsy, which was the diagnosis Dickinson gave her. The remaining two cases were given a diagnosis of "dementia," supporting my view that in that period individuals with autism were likely to be deemed insane. Dickinson met each of these three children when they were three years old or younger. One was brought to him 1872, and the other two in 1877.

During his life Dickens had been the most famous patron of the hospital, which opened in 1852. He died in 1870, before the admission of any of the three cases reviewed in this article, so none of these cases could have fed his literary imagination.

I would like to thank Irene O'Connor for bringing this article to my attention.

## Chapter II. Mr. Dick's Achievement

In discussing Mr. Dick's diagnosis, I have referred to the improvement in his condition that Dickens develops over the course of the novel. But, if it can be said that he prospers living in the community under the enlightened auspices of Betsey Trotwood, it can also be said that he is portrayed as conferring benefits on his community in turn. I am not just referring to his earning money to offset the financial losses Betsey suffers, or to his assistance in bringing down Uriah Heep (he keeps guard of Mrs. Heep as she delivers the deed of relinquishment, then of Uriah himself, and assists with the clerical work generated by the investigations), but, most importantly, to the way he facilitates the reconciliation of Dr. Strong and his wife, Annie. It is through this last achievement that Dickens makes his unique statement about the disabled. He has already demonstrated, in the earlier stages of the novel, that a wide range of individuals can live within the general community, if only there is the will to accept them; but he now goes further. Dickens conveys the advantages to a community at large of sustaining a heterogeneous membership, including even those with significant cognitive impairments. Mr. Dick is able to reintroduce harmony between Dr. and Mrs. Strong when others are unable to do so, precisely because he is so different from everyone else. Others can see that things have gone awry between the Strong's, and that matters could—and should—be rectified, but are unable to get involved, for such involvement would be deemed unacceptable interference in their own eyes, as well as in the eyes of the troubled couple. Being perceived as dull-witted allows Mr. Dick to cross normal boundaries of social mores, and to effect the reconciliation that remains outside the reach of others. In particular, allowances are made for him guiding Annie on his arm to her husband, laying his free

hand on Dr. Strong's arm, and asking the Doctor: "'What is it that's amiss? Look here!'" (561).

Anyone dismissing the restoration of the Strong's' mutual trust as unrealistic or merely Dickensian sentimentality, or as completely outside the ken of someone with a cognitive impairment of the order of Mr. Dick's, would do well to read the following paragraphs embedded not in a work of fiction, but in a recent newspaper item by the irascible critic and broadcaster Michael Coren:

Katie taught me a great deal about mental illness and those we refer to as being handicapped. You see, Katie is my seven-year-old niece and she is a person with autism. She was born many weeks premature, suffered two strokes when she was a baby and now she is, well, different from her friends. Not better or worse, just different. I'll give you an example. Last year my father was ill. Ironically, he too suffered a stroke. We all sat around his hospital bed, doing our bit to pretend that everything was fine and failing miserably. Suddenly little Katie trots in. Without a look at anybody around her she climbs onto her grandpa's bed, gets under the blankets, puts her arms around him and goes to sleep. My dad cries. He cries. For the first time since he was smashed down by his stroke, my father shows emotion. Katie did that. Does that. As do people with handicaps every day and every way. (Coren W5)

This brief story (written by an individual certainly not renowned for his sentimentality) is not a fictional creation, but the recounting of an actual occurrence, in which someone with autism achieved what had eluded everyone else. Coren's description of his niece's singular accomplishment—of eliciting emotion from a stroke victim who had had totally flat affect—shares the central feature of Mr. Dick's accomplishment. In both cases, one of autism's major deficits (namely, lacking an understanding of the conventions of social interaction—whether that be observing a respectful, albeit concerned, restraint around an

invalid, or avoiding interference, even if well intentioned, in an ailing marriage) figures as the means by which both these autistic individuals are able to effect what others cannot. Dickens's fictional story, like Coren's factual one, eloquently illustrates that people with serious disabilities (in these instances, with autism) can make worthwhile, distinctive contributions to their societies, not despite their disability, but because of it. In Dickens's world, society is enriched by an eclectic mix of abilities and perspectives.

A central vision of this novel is inherent in Mr. Dick's history. It is a perception recurring in many of Dickens's novels. People easily misprize each other, and so cast aside those who should not be marginalized. The characters in Dickens's novels who are forced to the periphery of society—neglected, abused, disdained and downtrodden—are often those who correct the deepest wrongs in the community.



### Chapter III. Caring for Mr. Dick

The depiction of the life Betsey Trotwood creates for Mr. Dick is 150 years ahead of its day. In fact, it is ahead of our own times, fleshing out, as it does, the adulthood of a man with significant mental deficits living free of any institutional constraints, and yet living safely and happily, much as someone of normal intelligence of his era might have done. Betsey secures Mr. Dick's release from the insane asylum to which he had been relegated, and has him live with her in Dover—where he is kept clean, healthy, well dressed, and busy with a variety of activities (writing his Memorial, building and flying kites, playing backgammon, taking evening walks, travelling, and meeting Betsey's sundry visitors and acquaintances). Ultimately, he even becomes gainfully employed as a legal copyist. As part of a social circle that weaves itself around Betsey, he earns friends like the Strongs, with whom he gardens and strolls.

It is apparent from the narrative itself that, during this period, someone with Mr. Dick's profile would not normally be living in a home such as Betsey Trotwood's. Almost from the moment of his arrival there the young David suspects Mr. Dick "of being a little mad" because of his prominent, large eyes with an unusual watery brightness, his vacant manner, his submission to Betsey, and his "childish delight when she praised him" (165). "[T]hough, if he were mad, how he came to be there puzzled me extremely," David observes. He doesn't tell us where he would have expected Mr. Dick to live; we can only conjecture as to that. Perhaps, he expects mad men to wander abroad, like those he had met on his journey by foot from London to Dover. (In 1859 the physician John Arlidge wrote of an unascertained number of persons "of unsound mind" who were vagrants [6].)

What David clearly doesn't expect is to find someone like Mr. Dick living in domestic comfort in a private home.

Certainly, Mr. Dick's situation seems at odds with the popular image nowadays of an insane Victorian relative hidden in the attic (as in Jane Eyre), or confined, neglected, and abused in an asylum (like Bedlam). In 1856 John Conolly could still write regretfully of families whose prime concern was "the effectual concealment of those of their relatives who happen to be mentally afflicted; and [ . . . ] would, indeed, in some instances, rather allow a relative to perish in an upper story of a country mansion, or in a cottage-prison, than have him recognized as insane upon the widest heath where he could enjoy liberty and air" (Conolly 328). Arlidge voices the same complaint in his work of 1859, when he laments the denial of adequate treatment to lunatics "from unfortunate notions of family discredit, from false pride and wounded vanity" (32). Dickens' portrayal of Mr. Dick's lifestyle with Betsey Trotwood rises like a phoenix from the ashes of such imagery, quickening in us wonderment at how, more than a century and a half ago, a writer could possibly have conceived of the insane, not just in such a humane fashion, but as living contentedly integrated into the regular stream of life. In this chapter I shall place Dickens' apparently prophetic vision of a suitable life for a cognitively impaired man within the context of his era, highlighting a variety of contemporary developments, and theories and practices pertaining to the insane to which he was reacting (with approbation, scepticism or disapproval) in this vision.

Hannah Mills, a Quaker widow from Leeds, was admitted to the York Asylum in 1791 suffering from "melancholy," a pervasive ailment in England in those times. Within six weeks she was dead. Her death triggered a series of events that would change

dramatically how the insane were treated in England and America over at least the next 75 years. It was not the simple fact of her death that was to have this profound effect, but some disturbing details surrounding it, and the actions they inspired. Because her relatives had lived too far from the asylum to visit her, they had arranged for local Quakers to do so. However, when the locals attempted to contact her, the asylum denied them access. She died shortly afterwards. The Quakers were troubled that she had died without the religious consolation their visits might have offered, and were also concerned that the treatment she had received in the asylum may have caused her death. The asylum's reputation locally could only have sharpened those concerns. When the asylum would not cooperate with the Quakers' inquiries about Hannah Mills' death, one of their members, William Tuke, a local tea and coffee merchant, advocated among the Friends for the construction of their own asylum, especially for Quakers suffering from insanity. He overcame initial resistance to the idea, and by 1796 had established the Retreat in York where patients could be amongst those of similar religious sentiments, and "in which a milder and more appropriate system of treatment, than that usually practised, might be adopted" (Tuke 22 – 23).

Digby credits some Christian thinkers with helping to "reintegrate the mad within humanity" by stressing the essential similarity of all human beings in the eyes of God (Digby 6). Consistent with this, the managers of the Retreat were at pains not to ignore any indications of the spark of reason within their patients. In his 1813 treatise on the York Retreat, William Tuke's grandson, Samuel Tuke, wrote: "[S]o much advantage has been found in this Institution, from treating the patient as much in the manner of a rational being, as the state of his mind will possibly allow" (Tuke 158). Tuke elaborates on

various ways in which this is done, including consulting a patient “upon any occasion in which his knowledge may be useful” (158), and comments on the detrimental effect of any visitors to the Retreat who have treated patients as if they were children (158 – 59).

Tuke’s emphasis on consulting patients whenever possible brings to mind the numerous occasions when Betsey solicits Mr. Dick’s advice, not only about what to do with David when he first arrives at her cottage or during her interview with the Murdstones, but also when she considers how she will name David (184), and later when Mr. Dick assists David and Betsey in their councils about David’s future profession (233 – 234). Far from treating Mr. Dick in a childlike way, Betsey will not tolerate childish behaviour on his part. When he laughs entering the room to see the newly arrived David, she immediately checks him: “Mr. Dick [. . .] don’t be a fool, because nobody can be more discreet than you can, when you choose. We all know that. So don’t be a fool, whatever you are” (164). The young David soon narrates the course of his troubled life to Betsey and Mr. Dick “who, whensoever he lapsed into a smile, was checked by a frown from my aunt” (168). When he enters the interview with the Murdstones, “biting his forefinger and looking rather foolish,” Betsey shapes her introduction of him to correct that: ““An old and intimate friend. On whose judgment,’ said my aunt, with emphasis, as an admonition to Mr. Dick [. . .] ‘I rely.’ Mr. Dick took his finger out of his mouth, on this hint” (178).

Betsey consistently impresses upon Mr. Dick her belief that he is astute (“how can you pretend to be wool-gathering, Dick, when you are as sharp as a surgeon’s lancet?” [165]), and imbues him with a sense of his own competence by emphasizing the responsibilities she entrusts him with—as when she claims that she has decided against

him accompanying David on a journey, so that Mr. Dick can stay back to take care of her, a charge which brings “sunshine to his face” (235), or when she has Mr. Dick assume joint guardianship of David with her —a duty Mr. Dick accepts with delight (184).

Dickens had seen first-hand the salutary effect of maintaining such respect for the insane during his 1842 visit to the State Hospital for the insane in South Boston, and wrote glowingly of it in American Notes:

“Evince a desire to show some confidence, and repose some trust, even in mad people,” said the resident physician, as we walked along the galleries, his patients flocking round us unrestrained. Of those who deny or doubt the wisdom of this maxim after witnessing its effects, if there be such people still alive, I can only say that I hope I may never be summoned as a juryman on a Commission of Lunacy whereof they are the subjects; for I should certainly find them out of their senses, on such evidence alone. (52)

Dickens observes that in the Boston institute “every patient is as freely entrusted with the tools of his trade as if he were a sane man” (54), working with spades, rakes and hoes. He credits this trust with dissipating destructive tendencies in the patients that would otherwise body forth.

The consistency of treatment for the insane between some American asylums and the York Retreat is explained in Digby’s comprehensive work on the latter’s evolution and influence. American Quakers travelled to the York Retreat to learn of its methodologies after Tuke’s 1813 treatise on it garnered the Retreat fame as well as a steady stream of visitors from England and abroad. The American Quakers incorporated what they had learned there in developing their own establishments for the insane in their homeland, which in turn influenced other American insane asylums.

Betsey Trotwood's confidence in Mr. Dick is ingenuous. When the young David wonders if the gentleman is "at all out of his mind" Betsey's response is swift and decisive: "'Not a morsel. [. . .]. If there is anything in the world,' said my aunt, with great decision and force of manner, 'that Mr. Dick is not, it's that. [. . .] [T]heir deceased father [. . .] thought him almost a natural. And a wise man *he* must have been to think so! Mad himself, no doubt'" (174). Having impressed upon David her contempt for those who have demeaned Mr. Dick's mental abilities, she immediately goes on to praise the counsel Mr. Dick offers her: "as for advice!—But nobody knows what that man's mind is except myself" (175). This is not said to boost Mr. Dick's self-confidence for he is absent at the time. Nor is he present when she repeats the encomium years later in describing Mr. Dick's support for her commitment to provide David with training in a profession: "'I should like some people that I know to hear Dick's conversation on the subject. Its sagacity is wonderful. But no one knows the resources of that man's intellect, except myself!'" (296). Near the end of the novel she speaks of Mr. Dick to David, assuring him that "nobody but she could ever fully know what he was" (716). Clearly, she is confident that she espies the spark of reason in him.

In American Notes Dickens reveals that he subscribes to the "spark of reason" credo when he describes an aspect of the program at the State Hospital for the Insane in South Boston. If a patient there had an illusion as to, for example, his or her true identity or class, the time for challenging this illusion was judiciously selected: "[I]t is easy to understand that opportunities are afforded for seizing any moment of reason, to startle them by placing their own delusion before them in its most incongruous and ridiculous light" (53).

Betsey Trotwood's impatience with anyone who disparages Mr. Dick's capabilities, and her appreciation of the harm such attitudes have done him, convince me that if David had recoiled from him or made sport of him, Dickens would have shown her reluctant to give the boy shelter. This is why she sends him upstairs to Mr. Dick with her regards, and this is why she questions David as to what he thinks of her companion, eyeing the boy "as narrowly as she had eyed the needle in threading it" (172). This is the real test of whether or not she will be amenable to caring for the youngster. That he accepts Mr. Dick with all his eccentricities is proof against the Murdstones' resounding condemnation of David's character.

As for the managers of the York Retreat treating their patients as rational, Digby observes: "It seems likely that these beliefs on occasion acted as self-fulfilling prophecies: the high expectations of the therapist stimulated some patients to live up to them" (29). It appears that Dickens shares Digby's view, since he has Mr. Dick fulfil Betsey's "abiding reliance" on him to rectify the Strong's estrangement: "That man had evidently an idea in his head, she said; and if he could only once pen it up into a corner, which was his great difficulty, he would distinguish himself in some extraordinary manner" (556).

Until mid-century the notion that there was a spark of reason to be nurtured in those considered mad was decidedly the minority view. The traditional treatment meted out to the insane made it eminently clear that patients were deemed to be more bestial than human, and were to be curbed in their waywardness much as one would train an unruly animal—by physical force and fear. In 1851 Lord Shaftesbury, a leading reformer of provisions for the insane in the first half of the nineteenth century, observed that "madness

constitutes a right, as it were, to treat people as vermin” (qtd. in MacKenzie 99). Scull argues that the brutal handling of lunatics in this period can only partly be attributed to unscrupulous and vicious keepers taking advantage of the vulnerable, since even the treatment of King George III during his bouts of mania (which continued until his death in 1820) was characterized by what we would consider unthinkable cruelty (63). As William Bynum points out, because of the critical importance of this patient, his treatment must have been deemed the most likely to promote recovery (319). The Countess Harcourt described it in these terms:

The unhappy patient ... was no longer treated as a human being. His body was immediately encased in a machine which left it no liberty of motion. He was sometimes chained to a stake. He was frequently beaten and starved, and at best he was kept in subjection by menacing and violent language. (qtd. in Bynum 319)

Not surprisingly, treatment was no more subtle for those of lower rank.

The beating, starving and intimidation of insane patients, that were the order of the day, were rejected at the York Retreat from the outset:

If it be true, that oppression makes a *wise* man mad, is it to be supposed that stripes, and insults, and injuries, for which the receiver knows no cause, are calculated to make a *madman* wise? Or would they not exasperate his disease, and excite his resentment? May we not hence most clearly perceive, why furious mania, is almost a stranger in the Retreat? (Tuke 144)

There are echoes of Tuke’s argument in Dickens’ account of his visit to St. Luke’s Hospital in 1852, in which he wryly describes earlier practitioners of physical force on the insane as “early homœopathists”:



T]hey believed that the most violent and certain means of driving a man mad, were the only hopeful means of restoring him to reason. [. . .] What sane person indeed, seeing, on his entrance into any place, gyves and manacles (however highly polished) yawning for his ankles and wrists; swings dangling in the air, to spin him round like an impaled cockchafer; gags and strait-waistcoats ready at a moment's notice to muzzle and bind him; would be likely to retain perfect command of his senses? ("Curious" 383)

In the same vein, Tuke rejects the prevailing view that "madness, in all its forms, is capable of entire control, by a sufficient excitement of the principle of fear. [. . .] [E]very day's experience decidedly contradicts it" (140). Dickens illustrates this truth when he has David, ascertaining that Mr. Dick does not have any appreciation of what the dramatic decline in Betsey's financial resources entails, undertake to impress upon him its real significance. David says that he regrets "the fright I had given him" (427), and observes that, because of it, Mr. Dick "had begun to fret and worry himself out of spirits and appetite" (450). He seems to think that the completion of the Memorial may be of some help to Betsey's financial woes; however, predictably enough, with his anxieties now heightened, the Memorial gets more clogged down than ever with the unlucky head of King Charles the First, and David describes himself as "[s]eriously apprehending that his malady would increase" (450). The decline in Mr. Dick's condition, triggered by fear of Betsey's destitution, illustrates that panic, or worry, far from eradicating the symptoms of insanity exacerbates them.

Consistent with its rejection of fear as a device for managing the insane, the Retreat began the movement in the English-speaking world of shunning the use of mechanical restraints for the insane: "Neither chains nor corporal punishment are tolerated, on any

pretext, in this establishment” (Tuke 141). On very rare occasions only was the strait-jacket used there. Hitherto, all manner of restraints had been ubiquitous in overseeing the insane, whether they resided in workhouses, private asylums, public asylums, or in a home under private care. It was a slow matter, indeed, getting them eradicated. At Hanwell, the insane asylum in Middlesex, Dr. John Conolly admitted a patient in 1844 who was lame in both legs, which it was feared arose from paralysis. In fact, before arriving at Hanwell the patient had used his available resources to pay for his personal care by two attendants in a cottage, who had fastened him down in his bed most of each day and throughout the night for several weeks, leaving themselves free for amusement or sleep. His lameness disappeared at Hanwell, where he was not confined by any bonds (Conolly 134). In his report for the Derby County Asylum in 1855, Dr. Hitchman laments the state of some lunatics admitted to the asylum after being cared for at home: “One or two patients had been confined by manacles in their own cottages [ . . . ] and were brought to the asylum with their wrists and ankles excoriated by the ligatures deemed necessary for their proper control” (qtd. in Arlidge 87). Arlidge reports that in one instance the patient had been thus confined for twenty-five years.

In 1815 the Select Committee on Madhouses reported that in workhouses lunatics were under the care of “persons totally and entirely ignorant of the proper treatment” of them, and that they had been “constantly confined in strait waistcoats, frequently kept in bed night and day” (qtd. in Scull 91). Things had not improved by 1836 when Robert Hill, “House-Surgeon” at the Lincoln Lunatic Asylum, admitted three patients from workhouses where they had each been confined between 15 and 20 years:

During this period of time they scarcely knew what it was to be at liberty; [. . .] they were chained both day and night to their bedsteads, and kept in a state so filthy that it was heart sickening to go near them. They were usually restrained with the strait-waistcoat, with collars round their necks;—the collars being fastened with chains or straps to the upper portions of their bedsteads [. . .]: their feet were chained to the bedsteads with iron leg-locks, to which chains were attached. One of the poor creatures [. . .] was so deformed from the continued confinement, that she was unable to move about; her limbs having become contracted to such a degree that her feet were drawn up until the soles were even with the lower part of her back: when moved from one room to another it was necessary for an attendant to carry her. These individuals *have never been personally restrained since their admission* [. . .]. Two of these patients have been restored to habits of cleanliness:—one in particular now spends the greater part of her time in knitting, sewing, etc.. (Hill 24 – 25)

The situation in workhouses had not improved by 1859, when the Commissioners in Lunacy reported having found, in some cases, “imbeciles” performing the function of nurses—entrusted with strait waistcoats, straps, shackles, and other means of restraint (Arlidge 78 – 79). In this context, it is worth remembering that a significant number of so-called “lunatics” were in workhouses in England: 4,490 in 1847; and 6,800 in 1857 (Arlidge 13).

Asylums used mechanical restraints as well. In Bethlem the patient James Norris had been held for at least nine years by a chain around his neck, which was attached to the wall in such a way that he could neither lie flat nor stand. This, and other horrendous conditions, resulted in the dismissal, by 1820, of most of the keepers at Bethlem as well as of the apothecary—none other than John Haslam. Despite this, Bynum maintains that the institution’s policies only changed minimally, and that meaningful reform did not occur until mid-century (328). Private asylums were generally considered to be even worse than public ones, as far as the use of mechanical restraint went (Conolly 323 -336, Scull 110).

The 1827 Parliamentary Committee investigating treatment of the insane found mechanical restraint and abusive neglect walked hand-in-hand. At Warburton's White House private asylum inmates were fastened by one, two, three or four limbs to their beds, or "cribs" filled with straw, at three o'clock in the afternoon and not allowed to get up until nine the next morning. They were restrained in the same state from Saturday evening until Monday morning, in order to give workers a day off. Needless to say, the "patients" were utterly filthy after these long periods of restraint, lying on straw that became saturated and soiled. The Committee reported that when the straw was turned out of some of the cribs maggots were found at the bottom. In 1844 the Commissioners of Lunacy inspecting one private asylum found not only that mechanical restraints were freely used there, but also that some patients were restrained without the benefit of any clothing; in another they found many patients who were being habitually restrained, though they were perfectly quiet (Conolly 22). In 1856 Conolly complained that restraints continued to be used in some private asylums. He noted that some patients who had been restrained before being moved to a better asylum were found:

to have been in a sort of half-starved state for a length of time, and the cleanliness of the person quite neglected; the very hair being matted together for want of washing and combing. [. . .] I have invariably found that the use of restraints in private establishments was associated with these neglects [. . .]. (322 – 323)

Mechanical restraints, in other words, were a substitute for patient care.

Conolly was one of the two doctors who, expanding on the example of the York Retreat, abolished altogether the use of mechanical restraints, including strait jackets, in the asylums where they worked. The first was Robert Gardiner Hill, the resident medical

officer at the Lincoln Asylum in the late 1830's. Under his direction, all physical restraint was abandoned at this asylum housing 130 patients. Conolly, who had read Tuke's Description of the Retreat when he was a medical student in Edinburgh, visited the Lincoln Asylum and the Retreat in 1839, the year he became resident physician at Hanwell, the Middlesex County Lunatic Asylum. Building on what he had learned at these institutions, he accomplished the amazing feat, within a year of assuming his position, of ridding Hanwell of all mechanical restraint of the nearly 1000 patients there. This was a watershed event in the supervision of the insane, for if the abolition of mechanical restraints could be accomplished at an institution the size of Hanwell, it was difficult to deny that it could be achieved everywhere.

However, mechanical restraints had been the prevailing means of handling the insane for so long, the prospect of their elimination frightened many. At the very least, their removal required an entirely new régime of care to be devised and implemented. Predictably enough, some of the old guard advocated for the continuance of traditional ways, forming the so-called "Society for Improving the Condition of the Insane" in 1842 in order to oppose the movement for total non-restraint. Furthermore, some establishments, while claiming to have abandoned mechanical restraints altogether, were relying heavily on manual force and solitary confinement as part of their so-called "non-restraint" system. The 1844 Report of the Metropolitan Commissioners in Lunacy observed that a very large number of superintendents of public and private asylums were constructing rooms (sometimes padded rooms) for confining lunatics whom they believed to be unmanageable, and that solitary confinement was too frequently used. The Commissioners urged that such rooms be employed only as a last resort and for very short

time periods (Parry-Jones 176). Scull notes that even through the 1860's attendants were using physical violence on "inmates" to compel obedience:

[T]he fact that almost every year, despite the difficulty of obtaining evidence sufficient for a conviction, the Commissioners' reports contain details of prosecutions brought against attendants for breaking patients' ribs, or even bringing about their deaths, indicates such practices continued, albeit less frequently and openly than before. (Scull 204)

Clearly, many of those entrusted with custodial care of the insane were having great difficulty generating a new régime of care in place of restraint.

Dickens' depiction of Mr. Dick's life with Betsey Trotwood fleshes out a viable alternative to confinement or restraint for one individual. It would be a mistake to presume that Dickens was naïve enough to prescribe Mr. Dick's lifestyle for everyone deemed insane. Those seeking to eradicate mechanical restraint recognized that treatment for the insane had to be individualized. As Dickens' friend John Conolly wrote: "Among the improvements yet to be made in the practical department of public asylums, arrangements for what may be called an *individualized* treatment are particularly required" (64 – 65). Reading through Tuke's treatise on the Retreat, it is apparent through his many references to individual patients, that treatment there was amenable to wide variation from one patient to another. In the 1850's the Lunacy Commissioners emphasized that when asylums became too large "it is manifest that anything like individual treatment must be limited to a very small proportion of cases" and that "the more extended the asylums are, the more abridged become their means of cure" (qtd. in Scull 196).

The first component of Mr. Dick's life worthy of note is that he is living in a domestic setting—Betsey's home—not as a patient hiring care, but as a permanent

resident. In his biography of Dickens, his friend John Forster emphasizes that Dickens was demonstrating in this fictional portrait that asylums were often resorted to prematurely:

By a line thrown out in *Wilhelm Meister*, that the true way of treating the insane was, in all respects possible, to act to them as if they were sane, Goethe anticipated what it took a century to apply to the most terrible disorder of humanity; and what Mrs. Trotwood does for Mr. Dick goes a step further, by showing how often asylums might be dispensed with, and how large might be the number of deficient intellects manageable with patience in their own homes. (Forster 3: 38)

It is not clear from the wording if Forster is tipping his own hat at Goethe's prescience or if he is suggesting that Dickens himself had read and was influenced by *Wilhelm Meister*. Certainly, within the context of his era there were other possible sources for his inspired placing of Mr. Dick in Betsey Trotwood's home. Starting with the Tukes there was, in some asylums, a concerted effort to recreate a domestic setting. In building the Retreat, the Tukes avoided the traditional gloomy, prison-like appearance of asylum architecture: "The Georgian domestic style of the Retreat's buildings suggested an everyday accessibility [. . .]. [P]lanted with trees and flowering shrubs, the asylum fulfilled the ideal [. . .] as a 'retired habitation.' [. . .] [A]n everyday normality was inherent in the patients' environment" (Digby 37). It was not just the physical surroundings that sought to evoke domesticity, but the manner of life there: "[P]atients were encouraged, as far as their illness allowed, to participate fully in a domestic pattern of life: to dress in ordinary clothes, eat well-cooked and varied meals and to employ themselves in everyday tasks and amusements" (Digby 51). The importance of normalizing the daily life of the insane was

adopted elsewhere as a prime goal of treatment, as this quotation from Dr. Eastwood, the proprietor of Dinsdale Park illustrates:

An important object in private asylum life is to render that life as much like home as possible, and to enable those who are mentally afflicted to conduct themselves as much as they can like other members of society. The more this is done the more successful generally will be the treatment.  
(qtd. in Parry-Jones 184)

There is no reason to think that Dickens disagreed with the trend to recreate domestic patterns in asylums, but it was logically a small step from there to propose that if acclimatizing to domestic life was a goal (and it had to be, unless perpetual asylum life was contemplated), then, at least sometimes, an actual home would offer as rich (if not richer) opportunities to adopt domestic patterns of behaviour.

We do not have to rely only on Forster to know that Dickens thought more people were being committed to asylums than was necessary. Betsey Trotwood expresses great indignity at Mr. Dick's brother having sent him to an asylum because his eccentricities made him undesirable, in the brother's opinion, to be seen about his house (174). Betsey dismisses this as false pride. To the same effect, in an 1853 article in his periodical Household Words, Dickens launches a direct attack on those overly fine sensibilities that shun contact with the mentally afflicted. He conjures up "a lady of very fine feelings" who would recoil from the 'idiot' children he is visiting at Park House Asylum, and laments "how much of the putting away of these unfortunates in past years, and how much of the putting away of many kinds of unfortunates at any time, may be attributable to that same refinement which cannot endure to be told about them" ("Idiots" 497).



Dickens was not the only Victorian troubled that some people were unnecessarily committed to insane asylums. Sir Robert Peel was another: “There were many cases in which the patient was merely troublesome, and it was much better as these should be abroad, it being preferable to leave them in the custody of their relatives, than lock them up in madhouses” (qtd. in Skultans 119). In his 1852 book on treatment of the insane, T. Dickson refers to the practice at some private asylums of needlessly prolonging the stay of patients in order to accrue more profit or to satisfy relatives’ wishes (Parry-Jones 84 – 85). Certainly, throughout the nineteenth century first-person accounts were published by those claiming to have been wrongfully and illegally held in asylums (Skultans 99).

In David Copperfield Dickens goes beyond raising the spectre of Mr. Dick’s needless confinement in the past. He shows the blossoming forth of Mr. Dick’s faculties through the care he receives at home with Betsey. This challenges an assertion that was made repeatedly in nineteenth-century England; namely, that lay persons lacked the essential expertise for providing remedial care to the insane, an expertise that was the preserve of the so-called “mad-doctors” (doctors who tended the insane). We encounter this assumption in the 1807 Report of the Select Committee to the Legislature, which recommended building asylums for the insane as “the most likely to conduce to their perfect care” (qtd. in Skultans 109), a suggestion given credence in the 1808 Act, which urged that each county build an asylum to care for the insane. In 1811 the superintendent of the Nottingham Asylum, J. T. Becher, stressed that managing insanity “is an art of itself” for which “means and advantages can rarely, if ever, be united in the private habitations even of the opulent” (qtd. in Scull 94). He also spoke of relieving families “of a painful and unavailing attendance on a disease, to which they are utterly incapable of

rendering any real assistance” (qtd. in Skultans 119). In 1839 Robert Gardiner Hill, a leading light in the non-restraint movement, attested that in the care of lunatics:

A system of watchfulness is necessary—and many other requisites are necessary, which cannot be even attempted except in an Asylum. A private dwelling is ill-adapted to the wants and requirements of such an unfortunate being [. . .]. And, even if a private dwelling did contain all that is requisite, still there is little probability that the patient could derive much benefit from the management of persons, who are neither acquainted with a proper system of treatment, nor, if they were, could they possibly adopt it, and at the same time attend to any other business or occupation whatsoever. (6 – 7)

To the same effect, the Retreat claimed a higher rate of cure for patients admitted to that institute shortly after the onset of their mental disorders. “This consideration will, we hope,” wrote Tuke, “encourage the friends of those who are, or may be afflicted with this malady, to remove them early, and place them under proper care and treatment” (59).

Based on tables published by the Retreat in York, and the asylums in Lincoln, Northampton and the County of Suffolk, there appeared to be a larger proportion of cures for patients admitted there within three months of the onset of their affliction, than for those admitted after this period of time. These tables, suggesting that cure was very unlikely for patients admitted a year or more after onset, led the Metropolitan Commissioners in Lunacy to report in 1844 that the best hopes for cure lay in prompt admission to asylums after the detection of insanity (Skultans 115). The medical community claimed pre-eminence not only in applying traditional medical treatments for lunacy (such as bleedings, blistering, and the administration of diarrhetics and various drugs), but also over ‘moral treatment,’ the system that the Retreat first developed in replacing physical brutality and restraint with, as Bynum has pithily described, “kindness,

reason, and tactful manipulation” (318), in efforts to influence the patient’s psychology or emotional state of mind. In 1853 the first editorial in the new Asylum Journal, the professional journal of asylum doctors, stated without equivocation that ‘the moral system of treatment can only be properly carried out under the constant superintendence and by the continuous assistance of a physician’ (Digby 113). Arlidge added his voice to the chorus of those lauding early asylum treatment in his 1859 book (127, and throughout his work as a continual theme).

In championing domestic accommodation of the mentally impaired Dickens was, unquestionably, swimming against a strong, persistent current in nineteenth-century thinking. Perhaps he could not tolerate the hubris inherent in the medical profession denigrating the skills of lay persons, who had been at the centre of initiating and implementing moral treatment of the insane. Alternatively, he may have assented to the belief of his friend John Conolly that “the effect of living constantly among mad men or mad women is a loss of all sensibility and self-respect or care” and that there were numerous examples of individuals for whom “a continued residence in the asylum was gradually ruining the body and the mind” (qtd. in Scull 97). He may even have shared the concern of many in England at the rapid increase in the number and size of asylums, which were no sooner built (even with generous allowances for increases in the number of estimated occupants), than they were bursting at the seams, requiring additional wings and buildings to supplement the original structure.\* No doubt, he recognized that the

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\* There was general concern in England at the dramatic increase in people classified as lunatics. Scull calculates that records kept by the House of Commons and by the Metropolitan Commissioners in Lunacy show that in 1807, of a total population in Britain of 9,960,000, there were 2,284 designated as lunatics. In 1844, of a total population of 16,480,000, there were 20,893 known lunatics (Scull 223). I suspect that part of the increase in documented cases of “lunacy” was due to a proportion of those

burgeoning size of many asylums undercut the lauded personal involvement of physicians in the care of the insane.\* Possibly all these considerations figured in Dickens' decision to create Betsey Trotwood, whose exquisite skill in guiding Mr. Dick's development destroys any notion that doctors and asylums have exclusive mastery over how to assist those deemed mad.

Once again, it cannot be assumed that Dickens, through his fictional creations of Betsey Trotwood and Mr. Dick, was promulgating the view that everyone deemed mentally impaired or insane should be cared for at home. In Barnaby Rudge (1841) Dickens may be seen as outlining some of the perils in having a mentally disabled individual in the community without adequate care and supervision. Barnaby falls prey to the exploitation of those who would use him for their own political ends, thereby seriously imperilling him; he comes within a hair's breadth of being executed for his involvement in the political upheavals and riots. His mother, the only one available to tend to him, has the resources neither of time nor of pocket to oversee his care and development as Betsey Trotwood oversees Mr. Dick's. What emerges as a critical factor in determining if care in

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hitherto "hidden" insane relatives being brought out of hiding to take up newly available spots in recently built public asylums. Beforehand, there had been precious little help, other than the dreaded workhouses, available to the poor coping with insane relatives, and (according to Skultans 122) the increased number of lunatics was almost exclusively from the pauper class.

\* One of the worst examples of the increasing remoteness of physician care of the insane in asylums was at Hanwell, of which the Metropolitan Commissioners of Lunacy wrote in their 1844 Report:

The two resident Medical Officers have between them nearly 1,000 patients to attend, and are required by the rules to see every patient twice a day. Each of these officers has an average of 30 patients on the sick list, and above 50 on the extra diet list. Besides these duties, they are required to mix medicines and to keep the registers and diaries. Some attention is also required to be paid to chronic cases in which the general health and state of mind are often varying. (qtd. in Scull 122)

Skultans notes that every year throughout the century the average size of asylums increased, and that deteriorating treatment was married to this increase (122).

a domestic setting is suitable is the availability of a caregiver with the requisite time and skill.

Without question, the importance of the quality and character of attendants increased as the non-restraint movement took hold, “for restraints are merely a general substitute for the thousand attentions required by troublesome patients” (Conolly 323). Once those thousand attentions had to be rendered, the aptitude of attendants was subject to new scales of measurement. Skultans describes the traditional asylum attendants as oftentimes “recruited from among the unemployed and disreputable sections of other professions” (119). Certainly, in his 1856 account of transforming Hanwell into a non-restraint asylum Conolly’s frustration at the unsuitability of some of the attendants on staff is often palpable, as when he insists that the asylum physician should have the power to select and hire attendants, since he knows the qualities of character and ability required for the work.

D. H. Tuke, who served as assistant medical officer at the York Retreat in the 1850’s, enumerated the abilities needed by those practising moral treatment, noting that: “A faculty of seeing that which is passing in the minds of men is the first requisite of moral power and discipline, whether in asylums [. . .] or elsewhere” (qtd. in Digby 61). Dickens evidently held the same view, for in depicting Mr. Dick’s caregiver he positions her in one situation after another in which her perspicacity regarding others’ motivations and concerns is undeniable. We witness it in her unforgettable interview with Mr. Murdstone, where we see her “eyeing him keenly” (179) as he opens his address to her, and observing him “very narrowly” (179) as he continues with it. To his ultimatum that if she kept David now, it would be for always, she “listened with the closest attention”

(181). She recognizes much more than his mendacity in denigrating David's character ("I don't believe a word of it," she scoffs (181)), and much more than his tyrannical drive to gain complete ascendancy over David's mother ("in teaching her to sing *your* notes [. . .] you were a tyrant to the simple baby, and you broke her heart" [182]). She also perceives his sadistic tendencies, but, still more remarkably, she discerns precisely how that sadism has been bodied forth. When she speaks of David as "the poor child you sometimes tormented her through [. . .], which is a disagreeable remembrance, and makes the sight of him odious now," David notes that Mr. Murdstone's "color had gone in a moment, and he seemed to breathe as if he had been running," his mask of a steady smile unable to hide that she had hit on the sour truth (183). Much later in the novel, in giving an account to David and Agnes of her diminished wealth, Betsey (by diplomatically assuming complete responsibility for her loss) tailors her story to quell Agnes's unspoken fear that her father had somehow lost the money: "My aunt concluded this philosophical summary, by fixing her eyes with a kind of triumph on Agnes, whose color was gradually returning" (438). Betsey discerns early that the woman David should marry is Agnes ("blind, blind, blind" [430]), and espies David's earliest recognition of his love for Agnes ("When I raised my eyes, I found that she was steadily observant of me. Perhaps she had followed the current of my thought" [716]). I have collected merely a smattering of examples of Betsey's acumen, which abound throughout the narrative.

In the famous opening lines of this novel David asks whether he shall turn out to be the hero of his own life, or whether that station will be held by anybody else. It is by ultimately acquiring this very skill, of better seeing into the minds of others, that he rises to that station. He wrongly, and disastrously, esteemed Steerforth, and (in another sense

altogether) wrongly assessed Agnes's attachment to him. If he had not eventually acquired better discernment, then, arguably, Betsey would have occupied the station of hero in his life. Her sure-sightedness as to his own character prompted her to protect him as a child, and to guide him wisely later on: "Earnestness is what that Somebody must look for, to sustain him and improve him, Trot. Deep, downright, faithful earnestness" (430). Unfortunately, David lacks the insight to apply her wisdom. Because of her ability to see into others' hearts and minds, Dickens ensures that she never encounters Steerforth (though he has them almost cross paths [294]), for if they had met, she would have warned David against him, and likely would have met with more success than Agnes had in thus warning him (and so forestalled some of the central events of the novel).

Betsey's understanding of Mr. Dick's unique patterns of thought and motivation is evinced in every scene involving him. It is what has allowed her to draw forth his potential so surely. She knows how to shape her narration of developments and prospects so as to quell any anxieties they might otherwise generate in him, as when she tells him of her loss of her fortune in a way that gives him some preparation for the changes that will inevitably ensue, without triggering the fears that she knows will hinder his welfare. She knows how to revive his low spirits at Davy's proposed departure to boarding school—by, in the same breath, raising the prospect of him visiting David on Wednesdays at school, and of David visiting them at home on some Saturdays. By broadening the focus of his attention to include the delightful prospects of reciprocal visits, she forestalls his (thoroughly autistic) tendency to get stuck on certain negative thought patterns. As we have seen, she knows how to cut short, in an unobtrusive manner, his socially inappropriate gestures, sometimes by a look, sometimes by meaningfully stressing certain

phrases in a statement, sometimes by uttering a single word to excite his self-awareness, as when she brings to a swift halt his giggling when Micawber addresses him as Mr.

Dixon: “‘Dick,’ said my aunt, ‘attention!’ Mr. Dick recovered himself, with a blush”

(636). When he is about to stand on one leg with delight at the Strongs’ reconciliation, it is her timely kiss on his cheek that effortlessly prevents the inappropriate posture.

This brings us to the role of esteem in the “moral” system of helping the insane. In his 1813 treatise on the Retreat, Samuel Tuke underscores the central role that the desire for esteem plays “even over the conduct of the insane” (157). That Betsey appreciates the potency of this motivating force is implicit in her continual praising of Mr. Dick whenever he acts appropriately, as when he advises Betsey to measure David for a new suit of clothes (“‘Mr. Dick,’ said my aunt, triumphantly, ‘give me your hand, for your common sense is invaluable’” [181]), or when he generates the opportunity for the Strongs finally to address the reserve that has inexplicably arisen between them (“‘You are a very remarkable man, Dick!’ said my aunt, with an air of unqualified approbation; ‘and never pretend to be anything else, for I know better’” [566]). Tuke acknowledges that to govern the insane by the influence of esteem attendants must “seek the good opinion of the patient” (171). Betsey first earns Mr. Dick’s unfaltering loyalty by saving him from the asylum, a loyalty she subsequently sustains by treating him respectfully. As Mr. Dick himself proclaims:

I am simple. [. . .]. She pretends I am not. She won’t hear of it; but I am. I know I am. If she hadn’t stood my friend, sir, I should have been shut up, to lead a dismal life these many years. But I’ll provide for her! I never spend the copying money. I put it in a box. I have made a will. I’ll leave it all to her. She shall be rich—noble! (557)



Her honourable treatment of him extends beyond removing him from an asylum and bolstering his self-esteem by insisting on his capabilities, to include the less momentous details of his life, such as ensuring that he is smartly dressed. Whereas the mentally impaired of the day very often had wretched clothing (Conolly 23, 50), Betsey ensures that Mr. Dick is “dressed like any other ordinary gentleman, in a loose grey morning coat and waistcoat, and white trousers; and his watch in his fob” (165 – 166). Even as a schoolboy David had noticed that Mr. Dick’s regard for Betsey was such that he “always desired to please her” (213), and that this desire strengthened his power of self-restraint (for example, checking his impulse to spend money). Mr. Dick’s relationship with Betsey Trotwood embodies the observation that: “The power of judicious kindness over this unhappy class of society, is much greater than is generally imagined” (Tuke168).

Besides being able to see into the minds of others, D. H. Tuke’s ideal attendant for the insane also possessed “the faculty of self-control” (Digby 61). In moral therapy one reason for emphasizing attendants’ self-control was, no doubt, to ensure that any impatience or aggravation engendered by patients’ conduct would not prompt attendants to resort to the verbal abuse or physical coercion customarily meted out to the insane. A second reason was that attendants needed to model self-restraint for patients, since moral therapy aimed to inculcate it in the insane as one of the tools in suppressing their mania. In one of the passages in which Samuel Tuke discusses patients’ desire for esteem, he speaks of the benefits of them developing self-restraint. He attests to the fact that the desire for esteem:

is found to have great influence, even over the conduct of the insane. Though it has not been sufficiently powerful, to enable them entirely to resist the strong irregular tendencies of their disease; yet when properly cultivated, it leads many to struggle to conceal and overcome their morbid propensities; and, at least, materially assists them in confining their deviations, within such bounds, as do not make them obnoxious to the family.

This struggle is highly beneficial to the patient, by strengthening his mind, and conducing to a salutary habit of self-restraint; an object which experience points out as of the greatest importance, in the cure of insanity, by moral means. (157 – 158)

We witness Mr. Dick labouring mightily to restrain himself in front of Betsey from venting distress at her financial ruin, after David has explained its repercussions to him in the bleakest of terms. At this point in his development efforts at self-control meet with only modest success. David describes Mr. Dick as making “his best attempts at concealment” of his anxieties, but that his eyes, filled with “dismal apprehension,” kept wandering to Betsey’s face. However, “[h]e was conscious of this, and put a constraint upon his head,” which, unfortunately, didn’t keep his eyes from continually rolling in Betsey’s direction (427).

Nevertheless, Betsey herself certainly fulfills Tuke’s ideal of self-control. We witness it from her earliest appearances in the novel, when she strategically ignores Miss Murdstone’s continual and provocative interjections during Betsey’s interview with Mr. Murdstone. Her self-command is also apparent in how she breaks the news of her financial ruin to Mr. Dick, suppressing entirely the anxieties she must feel. When David questions Mr. Dick as to the causes of the reversals in Betsey’s fortune:

The only account he could give of it, was, that my aunt had said to him, the day before yesterday, “Now, Dick, are you really and truly the philosopher I take you for?” That then he had said, Yes, he hoped so. That then my

aunt had said, "Dick, I am ruined." That then he had said "Oh, indeed!" That then my aunt had praised him highly, which he was very glad of. And that then they had come to me, and had had bottled porter and sandwiches on the road. (426)\*

In breaking the news of her near bankruptcy to David her sense of distress does come to the fore when she briefly cries about its consequences for him. Even so, she musters her self-possession in an instant:

In another moment, she suppressed this emotion; and said with an aspect more triumphant than dejected:

"We must meet reverses boldly, and not suffer them to frighten us, my dear. We must learn to act the play out. We must live misfortune down, Trot!" (426)

David contrasts his aunt's composure in the time of her trial with everyone else: "My aunt [...] was in a composed frame of mind, which was a lesson to all of us—to me, I am sure" (427).

Fast on the heels of this misfortune Betsey learns of David's unsuitable betrothal to Dora. In the face of her adopted son taking this obviously ill-fated step, she exhibits tremendous self-discipline, and in good humour only gently prods him to consider questions he has neglected about Dora's character ("not silly?" said my aunt. [...]. 'Not light-headed?'" [429]). She restrains herself from directly dissuading David from the marriage ("I don't want to put two young creatures out of conceit with themselves, or to make them unhappy" [430]). Her composure masks the depth of her misgivings about

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\* Mr. Dick's account of learning of Betsey's change of fortune carries the trademarks of a highly verbal autistic individual. Recounting events in a simple chronological fashion, with little or no commentary or observations interjected, along with bestowing equal significance to central and peripheral events (such as, the consuming of bottled porter and sandwiches on the road) are all telltale indicators of this disorder.

these recent developments, which we can gauge by her ensuing nocturnal restlessness.

David reports that during the night “My aunt was restless, too, for I frequently heard her walking to and fro. Two or three times in the course of the night [. . .], she appeared, like a disturbed ghost, in my room, and came to the side of the sofa on which I lay. [. . .]. I found that she sat down near me, whispering to herself ‘Poor boy!’” (431). When Betsey finally learns of her money’s recovery, she says “I find my nerves a little shaken!” (665), which prompts David to observe: “Nobody would have thought so, to see her sitting upright, with her arms folded; but she had wonderful self-command” (666).

A consistent theme in Dickens’ writing is the importance he places on providing the insane with activities and occupations. This is powerfully expressed in his description of the scene outside St. Luke’s Hospital as he awaits entry there:

There was a line of hackney cabriolets by the dead wall; some of the drivers asleep; some, vigilant; some, with their legs not inexpressive of “Boxing,” sticking out of the open doors of their vehicles, while their bodies were reposing on the straw within. There were flaming gas-lights, oranges, oysters, paper lanterns, butchers and grocers, bakers and public-houses, over the way; there were omnibuses rattling by; there were ballad-singers, street cries, street passengers, street beggars, and street music; there were cheap theatres within call, [. . .] there were homes, great and small, by the hundred thousand, east, west, north, and south; all the busy ripple of sane life (or of life, as sane as it ever is) came murmuring on from far away, and broke against the blank walls of the Madhouse, like a sea upon a desert shore. (“Curious” 386)

The contrast of the asylum’s deathly vacuity with the vitality of life outside continues as he tours St. Luke’s: “Nothing in the rooms to remind their inmates of the world outside. No domestic articles to occupy, to interest, or to entice the mind away from its malady. Utter vacuity” (386). He notes with alarm the record of inmates’ weight gain from the

time of their admission to the asylum: “it appears that their inactivity occasions a rapid accumulation of flesh. Of thirty patients, whose average residence in the Hospital extended over eleven weeks, twenty-nine had gained at the average rate of more than one pound per week, each. This can hardly be a gain of health” (387). He suggests that the proportion of cures at St. Luke’s might be much higher if the inmates were kept better employed.

The State Hospital for the Insane at South Boston had, in contrast, impressed Dickens with its régime of exercise and activity for the patients:

For amusement, they walk, run, fish, paint, read, and ride out to take the air in carriages provided for the purpose. They have among themselves a sewing society to make clothes for the poor, which holds meetings, passes resolutions, never comes to fisticuffs or bowie-knives as sane assemblies have been known to do elsewhere; and conducts all its proceedings with the greatest decorum. The irritability, which would otherwise be expended on their own flesh, clothes, and furniture, is dissipated in these pursuits. They are cheerful, tranquil, and healthy. (American 54)

Having an eclectic range of occupations and diversions for patients was a mainstay of moral therapy. In The Treatment of the Insane without Mechanical Restraint Conolly laments the lack of support from the board of directors of Hanwell in being able to hire teachers to instruct mathematics and geography to the patients as a means of keeping them occupied mentally. To the same effect, Samuel Tuke emphasizes that: “Of all the modes by which the patients may be induced to restrain themselves, regular employment is perhaps the most generally efficacious” (156). The Retreat had some patients assisting with domestic chores, others with gardening. Those who were not thus employed were encouraged “to read, write, draw, play at ball, chess, drafts, etc” (180). The guiding belief

was that indolence weakened the mind, and induced discontent. In the 1844 Report of the Metropolitan Commissioners of Lunacy criticism was made of asylums in which “the lunatic is left to pass his time listless and unoccupied only with the delusions that disturb him, and which thus, being diverted by no amusement or employment in the course of time become strengthened and not to be removed” (Report, 1844, 6, qtd. in Skultans 144).

Clearly, Dickens took to heart what he had seen at asylums for the insane, for better and for worse, and incorporated into Mr. Dick’s life the range of entertainments, physical exercise, and employments discussed earlier. As indicated above, the improvement in Mr. Dick’s condition that takes place over the course of the novel is modest but, nonetheless, appreciable. Certainly, Dickens was convinced that those who were mentally deficient, profited by developing whatever skills they had, thereby enlivening other abilities that may have hitherto been dormant (“Idiots” 490, 492). Dickens may well have charted an amelioration of Dick’s condition partly to highlight the salutary effects of his busy, activity-filled life.

Social contact with sane people was seen by the moral therapists as helpful to some patients. The Retreat had Quakers from the region visit the patients regularly, and some of the patients made calls upon Quakers in the city. In his visit to the asylum in Boston, Dickens remarks favourably upon the mingling of patients with sane visitors:

[S]eated calmly, and quite as a matter of course, among a throng of mad women, black and white, were the physician’s wife and another lady, with a couple of children. These ladies were graceful and handsome; and it was not difficult to perceive at a glance that even their presence there had a highly beneficial influence on the patients grouped about them. (American 52)

In eschewing the option of hiding Mr. Dick from the eyes of others, Betsey enables him to have the benefit of social contact with David, Agnes Wickfield, Mr. Micawber, Traddles, Peggotty, Dora, Dr. and Mrs. Strong, the Murdstones, in short, with the whole panorama of characters that filters through Betsey's life. This not only offers him the chance to observe how people normally interact in English society, it also is one more way of fending off the idleness that encourages brooding about his past hardships or the head of the unlucky King Charles.

Reviewing the social contact Mr. Dick enjoys through the home setting brings us to consider another concern of the reformers; namely, the unsuitable mixing of patients with different types of mental impairment in asylums and workhouses. In these settings the insane who were violent, the insane who were peaceful, criminal lunatics, epileptics, idiots, and others were often living together in close quarters. The criminal lunatics in private asylums in April 1843, for example, included arsonists and murderers, several of whom had committed malicious cutting, stabbing or shooting (Parry-Jones 67). This indiscriminate mixing of patients resulted in assaults by the violent on other patients and on attendants. Throughout the 1850's the Commissioners in Lunacy emphasized the pressing need for separate accommodation of the criminally insane. Finally, in 1863 the State Criminal Asylum was opened at Broadmoor. The moral therapists advocated for more. When Robert Hill or John Conolly spoke of the need for "classification" they were urging a finer subdivision of patients, for certainly there were those besides the criminally insane who were subject to fury, including fits of violence, which was seriously detrimental to the stability of other patients. By placing Mr. Dick in Betsey's home,

Dickens spares him all the aggravation associated with the unsuitable institutional mixing of various forms of insanity.

The final quality that Tuke pinpoints as an asset in someone caring for the insane is sympathy for the one suffering from a mental impediment and a strong desire to remove it. Betsey's regard for Mr. Dick is slightly different. She certainly aims to facilitate his mental development and health, but does not appear to be driven to cure him. Many reformers in the first half of the nineteenth century did believe that the proportion of insane people who were cured would rise, if only the sought-for amendments to treatment and accommodation of the insane were instituted. The non-restraint system demonstrated promising results in its early years, but the level of cures generally hoped for were never attained, especially as asylums grew ever greater in size. John Conolly recognized that many of the insane held small promise of being cured. He insisted that such patients should not be neglected. If the asylum could not cure them, it could at least protect and take care of them, keep them out of mischief and try to keep them tranquil. I see Betsey's expression of satisfaction at Mr. Dick's outcome as akin to Conolly's outlook. Betsey says of Mr. Dick "how it was one of the main joys and rewards of her life that he was free and happy, instead of pining in monotonous restraint" (716).

In the opening paragraphs of this chapter I alluded to the wonderment that the portrayal of Mr. Dick's life can arouse in modern readers. Tracking some of the early nineteenth-century developments in providing for the insane clarifies how Dickens is able to sketch his portrait of Mr. Dick's life. He clearly adopts much of the thinking behind moral treatment, but he also forges beyond it, for he is less enslaved to the notion of physicians' exclusive expertise—allowing him confidently to place Mr. Dick in a genuine



domestic setting, rather than in an institution that merely replicates domesticity insofar as possible. This bold move allows him to portray Mr. Dick as more fully a part of the currents of everyday life. Like some of the other reformers of the day, Dickens does not see a huge chasm between the insane and the rest of humanity. A number of passages in his writings speak eloquently to this point. In “The Lazy Tour of Two Idle Apprentices” the character Francis Goodchild describes his visit to a lunatic asylum, where he saw a patient:

stooping low over the matting on the floor, and picking out with his thumb and forefinger the course of its fibres. [. . .]. I stopped to look at him, and it came into my mind, that probably the course of those fibres as they plaited in and out, over and under, was the only course of things in the whole wide world that it was left to him to understand—that his darkening intellect had narrowed down to the small cleft of light which showed him, ‘This piece was twisted this way, went in here, passed under, came out there, was carried on away here to the right where I now put my finger on it, and in this progress of events, the thing was made and came to be here.’ Then, I wondered whether he looked into the matting, next, to see if it could show him anything of the process through which *he* came to be there, so strangely poring over it. Then, I thought how all of us, God help us! in our different ways are poring over our bits of matting, blindly enough, and what confusions and mysteries we make in the pattern. I had a sadder fellow-feeling with the little dark-chinned, meagre man, by that time, and I came away.’ (“Lazy” 429 – 430)

Later in the essay Dickens expands on the sense of shared experience that Francis Goodchild has with the asylum patient through the use of an extended metaphor. Visiting the town of Doncaster during a week of horse racing, Mr. Goodchild looks down from his window into the crowds surging through the street:

‘By Heaven, Tom!’ cried he, after contemplating it, ‘I am in the Lunatic Asylum again, and these are all mad people under the charge of a body of designing keepers!’

All through the Race-Week, Mr. Goodchild never divested himself of this idea. [. . .]. [E]veryday he saw the Lunatics, horse-mad, betting-mad, drunken-mad, vice-mad, and the designing Keepers after them. ("Lazy" 453 – 454)

The metaphor identifying the common run of humanity with the mad is maintained throughout his description of the week of racing.

A sense of brotherhood between the sane and insane emerges in David Copperfield not only in the treatment and acceptance of Mr. Dick, but also in a short passage in which David, as a young man, wanders back to his childhood home to look around. He learns that the house was inhabited by "a poor lunatic gentleman, and the people who took care of him" (272). David describes this gentleman as "always sitting at my little window, looking out into the churchyard" (272 – 273):

I wondered whether his rambling thoughts ever went upon any of the fancies that used to occupy mine, on the rosy mornings when I peeped out of that same little window in my night-clothes, and saw the sheep quietly feeding in the light of the rising sun. (273)

Once again, Dickens conceives of the common thread of humanity running between a "lunatic gentleman" and the sane, whereby the same thoughts may well pass through their minds.

His unfeigned conviction that the mad are tied to the rest of humanity by shared concerns is the foundation upon which Dickens, through the figure of Mr. Dick, builds the model of a satisfying life in the mainstream of society for those who are mentally impaired. In completing the portrait of this life, he paints with brush strokes adopted from the recently developed "moral treatment" of the day. For instance, he endows Betsey

Trotwood with the self-command and acute insight into the minds of others that were the accepted prerequisites of an effective moral therapist. These qualities are consistently exhibited in her interactions not only with Mr. Dick, but also with other characters in the novel. Many of the details of how she cultivates Mr. Dick's growing powers are indebted to aspects of moral therapy, as described by its practitioners in England and America in the 1800's. She is watchful for the spark of reason in him, and praises him fulsomely when she espies it in his conduct. She conveys to him the conviction that he is rational, by regularly seeking his advice and giving him responsibilities. Her esteem delights him, for she has earned his unshakeable veneration by freeing him from the asylum and by treating him with respect, whether that be by insisting on his mental capabilities or by dressing him respectably. His desire for her regard prompts him to keep in check inappropriate behaviour when it surfaces. He leads a busy life under Betsey's auspices, fulfilling a central goal of moral therapy—to keep indolence at bay and, thereby, the morbid preoccupations it so easily cultivates. One of the ways he keeps occupied is in his contact with the circle of people he meets through Betsey and David. This, too, is in keeping with the dictates of moral therapy, for whenever contact with those outside an asylum was possible, moral therapists encouraged it.

The major advance in Dickens' thinking, over those of his contemporaries concerned with the well-being of the insane, was in placing Mr. Dick in a comfortable and responsive domestic setting (a setting, incidentally, in which he is not exposed to the fury of other patients so common in asylums and workhouses before classifications of types of insanity were employed). It was his faith in the skill of lay people, people like Betsey Trotwood, to cultivate latent powers in the mentally impaired that allowed him to cast

aside the deep-seated belief of his day that mad doctors were the only ones able to assist those deemed insane.

## Conclusion

Mr. Dick is the earliest fictional portrayal of a character with autism yet to be identified. Other autistic individuals have appeared in novels written long after David Copperfield, but they were created with the decided advantage of Kanner's defining work, distinguishing the disorder from other mental impairments. Most of them appear in novels of the last twenty years, after the Hollywood film Rainman introduced autism to the popular imagination. Though he was the first novelist to depict this condition, Dickens managed to delineate a convincing pattern of life for an autistic adult living in the community. It is a lifestyle that fosters Mr. Dick's ongoing, incremental development, and is one that remains a goal to be achieved by most people with autism and their caregivers today.

In reviewing the literature of the 1800's on insanity I was impressed by the significant progress we have made in our capacity to render discrete diagnoses of what was then a largely undifferentiated mass of "dementia." Our attitudes towards the mentally impaired, however, have not made comparable advances beyond the time when the non-restraint movement and moral therapy took hold. The significant debt we owe to the Quakers at the York Retreat and, generally, to leaders in non-restraint and moral therapy remains unacknowledged, yet many of the techniques currently employed in supporting those with autism and other cognitive disabilities can trace their genesis back to these sources.

Dickens' society was certainly not apathetic when it came to issues involving insanity. Between 1801 and 1844 there was a total of 71 legislative bills, reports of select committees, and inquiries concerning insanity (Skultans 98). It was a period of

unprecedented public interest in insanity, perhaps because the plight of George III had focussed a widespread interest in the subject, which persisted after his death.

Without question, Dickens shared the interest of his contemporaries in “lunacy” and, particularly, in provisions made for those deemed insane. He distinguished himself in his respect and compassion for the insane, not only in conceiving of and representing the possibility of someone like Mr. Dick living a rich life within the community, but also in showing how such a character could bestow unique gifts on his world, gifts to be found no where else.

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