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Not Like All the Other Horses: Neurodiversity and the Case of Rose Williams

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Early in his life, Tennessee Williams shared with his older sister, Rose, an intensely close relationship that left an indelible mark on his life and most of his literary work. Over time, Rose's increasingly erratic behavior would lead to temporary estrangement from her beloved brother, institutionalization, insulin shock treatments, and, on January 14, 1943, some three months before Williams would begin writing the play that would become *The Glass Menagerie*, a bilateral prefrontal lobotomy. That Rose's tragic medical history was a source of torment for Williams, one that he grappled with in some of his best work, has long been a critical commonplace. Explorations of this matter, however, have been relatively unaffected by our ever-increasing understanding of neurology and human behavior, let alone by the theoretical insights of disability studies. A case in point is the issue of Rose's specific medical diagnosis: dementia praecox, mixed type, paranoid predominating—in other words, schizophrenia. In the seven decades that have followed the original assessment of Rose, diagnostic criteria and practices have changed radically, to the point where the word *schizophrenic* might even be thought to have a slightly different meaning; still, the diagnosis has never been seriously reconsidered. (In the most recent scholarly article on Rose's condition, C. Allen Haake takes the schizophrenia diagnosis for granted.) In this essay, I will revisit Rose's case and show that if her troubled adolescence took place today, she would likely be diagnosed with the autism spectrum disorder (ASD) Asperger's syndrome. My purpose here is not to perform a postmortem diagnosis based on anecdotal or literary evidence, but rather to use a different interpretation of these symptoms to demonstrate two important ideas: first, that notions of mental illness are subjective and culturally relative, and second, that certain long-standing assumptions about Rose Williams and her relationship to her brother's canon should be called into question. Underpinning this examination will be neurodiversity, a relatively new theoretical concept that both informs and is informed by Williams's conflicted feelings concerning Rose and her mental state, his exploration of those feelings through his plays, and the ways in which those feelings and literary explorations evolved over time.

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The neurodiversity movement is often said to have originated in a speech delivered by an influential autism advocate at the 1993 International Conference on Autism in Toronto. Shocking attendees who had devoted their lives to finding a cure for ASDs, Jim Sinclair said, “[W]hen parents say, ‘I wish my child did not have autism,’ what they’re really saying is, ‘I wish the autistic child I have did not exist and I had a different (non-autistic) child instead.’ . . . This is what we hear when you pray for a cure. This is what we know, when you tell us of your fondest hopes and dreams for us: that your greatest wish is that one day we will cease to be, and strangers you can love will move in behind our faces” (1). Sinclair had planted the seeds for the idea that autism is not a devastating disorder to be eradicated but simply a form of atypical neurological wiring that should be considered an acceptable human difference. *Neurodiversity*, a neologism meant to suggest the wide range of cognitive styles making meaningful contributions to human civilization, was introduced to a wide audience by journalist Harvey Blume, who in a 1998 article for the *Atlantic* website wrote, “Neurodiversity may be every bit

as crucial for the human race as biodiversity is for life in general. Who can say what form of wiring will prove best at any given moment? Cybernetics and computer culture, for example, may favor a somewhat autistic cast of mind.” One implication of this line of thinking is that autism should be depathologized as was homosexuality, which the American Psychiatric Association declassified as a mental disorder in 1973, some sixteen years after the psychiatrist Lawrence Kubie expressed an interest in curbing the homosexual behavior of his famous playwright patient. Even more than homosexuality, autism has remained a subject of contention, with efforts to cure it or blame it on such environmental factors as vaccines being made at the same time that neurodiversity proponents are insisting that autistic persons require little more than understanding and tolerance from the neurotypical (nonautistic) community. The fact that schizophrenia often joins autism in occupying the scope of neurodiversity reflects a complicated historical relationship between the former, a form of psychosis, and the latter, a neurodevelopmental condition with mostly social and communicative effects.

¶3 The term *autism*, from the Greek *autos*, meaning “self,” was first used in 1912 by the same person who, four years earlier, had coined the term *schizophrenia*, Swiss physician Eugen Bleuler. Bleuler used the word to describe the behavior of patients, diagnosed at the time with schizophrenia, who were disengaged from all but their own internal worlds. In 1920 Lightner Witmer, the father of clinical psychology, published the first case study of a mentally ill child. The boy was brilliant in terms of rote memory and puzzle solving but had only the most narrow of interests, conversed with his teachers by echoing their exact speech patterns, and in general had “no desires except to be let alone” (101). This child, clearly autistic by today’s criteria, received a schizophrenia diagnosis. In 1943, the year of Rose’s lobotomy, Leo Kanner would introduce autism as a discrete disorder by describing the characteristics of eleven patients, two of whom had already been diagnosed with dementia praecox. Autism as described by Kanner seemed to differ from schizophrenia in that these patients did not have delusions or hallucinations, and their eccentricities emerged in early childhood rather than after puberty. Kanner recognized this inconsistency but, in a 1949 paper, wrote, “I do not believe that there is any likelihood that early infantile autism will at any future time have to be separated from the schizophrenias” (419). This error would be long-lived—the 1968 edition of *Diagnostic and Statistical Manual of Mental Disorders* (DSM-II) uses the word *autistic* only twice, in descriptions of “Schizophrenia, childhood type” (35) and “Schizoid personality” (42)—as well as tragic for a generation of neurodivergent young people. Anthropologist Roy Richard Grinker notes that in this time period “children were being lobotomized, especially those who were described as living in fantasy worlds—children then called schizophrenics, but who would today almost certainly be called autistic” (107).

¶4 Was Rose Williams one of these misdiagnosed, lobotomized autistics? In a way, this question misses the point. To apply the word *misdiagnosed* to aberrant behavior is to suggest that an objectively correct diagnosis of such behavior is possible. Because behavior is only aberrant in relation to a perceived norm, however, labels of cognitive and behavioral divergence will always be relative and subjective. For this reason, Lennard J. Davis has called for the field of disability studies to be renamed *normalcy studies*, insofar as “the ‘problem’ is not the person with disabilities [but rather] the way that normalcy is constructed to create the ‘problem’ of the disabled person” (“Constructing” 3). In this way, the subject of this study is not so much Rose’s condition as the way that it was perceived and responded to by others; as such, subjective accounts of her difficulties, both factual and fictional, will be exceedingly useful here.

Neurodiversity Informs Williams Studies: The Biographical Context

Autism is characterized by a symptomatic triad: impairments in social interaction, impairments in communication, and repetitive behaviors and restricted interests. Persons with Asperger’s syndrome are of at least average intelligence; have no clinically significant general delay in language (though their speech is often atypical in verbosity, intonation, and literalness); show impairments in social interactions, including blindness to social cues; and have a restricted range of interests and activities that are abnormal in focus or intensity. Recent research on girls with ASDs suggests that they have stronger communication and pretend-play skills than their male counterparts and, contrary to boys, who have social difficulties early on, may begin to show obvious social impairment only in early adolescence. As a teenager, Rose, who as a child had been relatively social, though given to nonfunctional play and quirky self-dramatization, began to be viewed by family members as “sullen and withdrawn” (Leverich 87).^[1] Spending most of her time alone in her room, Rose was thought by family to be plagued by the problem of being, as her aunt Ella Williams put it, “bored to death with no interests” (qtd. in Leverich 197). Rose’s doctor specifically recommended that she take up some interest or goal “in order to get out of herself” (Leverich 116).^[2] More accurately, Rose’s time was in fact occupied with interests, but ones that were sufficiently abnormal as not to constitute proper “interests” in the minds of observers. She spent hours sorting her clothes and playing incessantly with Jiggs, the family’s Boston terrier. She collected the labels from cans of Campbell’s tomato soup, the only soup she would eat, for no apparent reason.^[3] Not helping matters were her other ritualistic behaviors and the sometimes long periods of time she spent entirely in her own thoughts. An example of the former is given by Williams in his *Memoirs*: Rose’s “peculiar habit of setting a pitcher of ice-water outside her door, each night when she retired” (121). An example of the latter is given by the siblings’ mother, Edwina Williams, in her book *Remember Me to Tom*: “Her face held a faraway expression as she sat on the ground for hours” (181). Other examples of behavior that led to Rose’s diagnosis and institutionalization include unreasonable pertinacity and quarreling over “trivia”; being unresponsive when repeatedly called by name; what was taken to be the delusional melodrama of certain repeated phrases, including one taken from her mother—“Tragic, just tragic”—that may have actually been echolalic scripting that was semantically but not connotatively appropriate; and unexplained stomach pains that were considered “somatic delusions consisting of gastric distress” (qtd. in Leverich 147). All of these traits are consistent with ASD.^[4]

One reason that so many young women with ASDs go undiagnosed until adolescence is that they successfully use coping mechanisms, which often appear as intellectualized, learned approaches to social interaction, until the more complicated interpersonal situations brought on by sexuality arise.^[5] As is well known to Williams scholars, no boy ever asked the teenaged Rose Williams on a date more than once. Accounts of Rose’s disastrous romantic life are uncannily similar to the case studies in Nichols, Moravcik, and Tetenbaum’s recent book, *Girls Growing up on the Autism Spectrum*. Rose developed intense fascinations with boys who were not realistically obtainable, resulting in depression, and her lack of social acumen made her alternately aloof and vociferous on dates. A friend noted that Rose “was a very, very pretty girl—who giggled a lot and who was so shy with boys she didn’t know how to behave in their company” (qtd. in Leverich 87). A suitor, Clark Mills, one of Williams’s models for Jim O’Connor in *The Glass Menagerie*, described her socially maladroit appearance and behavior during a date: “She was a very beautiful girl” but “[s]he was dressed in the most god-awful ankle-length shapeless chiffon-type dress that looked like it dated from 1922. Very awkward, I remember her standing in the shadow in the dining room, unable or unwilling to come in—and, as I recall, she

never spoke at all” (qtd. in Leverich 181). Those occasions when Rose did manage to speak to her gentlemen callers were equally awkward. Williams remembered how she “would talk with an almost hysterical animation which few young men knew how to take” (*Memoirs* 119).⁶

17 As if these difficulties were not forbidding enough, Rose’s inability to read social cues and to think flexibly resulted in an odd mixture of inappropriate sexual forwardness and puritanical moral rigidity. On one occasion, when her brother, in their parents’ absence, hosted a wild party that included drinking and obscene phone calls, Rose, who was upstairs listening to the goings-on, was so horrified and sickened by what she heard that she remained for some time in an agitated state comparable to a nervous breakdown (Leverich 178). Such an overreaction is even more startling than it would otherwise be in light of another story that had taken place two years earlier. Williams, his sister, and a coworker of his named Colin went out together. The future playwright overheard Rose proposition the young man and afterward berated her, saying, “Rose, I heard you offer yourself to Colin, and I want you to know you disgusted me” (qtd. in Williams and Mead 37). This contradiction is less baffling if one considers that Rose may have been on the autism spectrum. Certainly the social and communicative difficulties associated with ASD are known to lead to inappropriate sexual behavior on the part of young women. (The siblings’ younger brother, Dakin Williams, in fact, has suggested that Rose was simply taking her psychiatrist’s advice to “get a lover” overly literally [Williams and Mead 37].) At the same time, classic autistic inflexibility of thought often manifests itself in ways that look like prudishness but actually have less to do with morality than with strict adherence to perceived inflexible rules: Nichols and colleagues cite the example of a young woman with an ASD who became fixated on the idea that she could not date until she was twenty-two—her parents were unsure of where she came up with that exact age—and even chastised others for dating before they turned twenty-two (216).

18 It is important to note that sexually inappropriate behavior such as Rose’s “propositioning” of Colin is often rooted in a poor grasp of language and its social contexts. A good example of this impairment involves a problem Rose encountered at the Church of Saint Michael and Saint George. She had heard a rumor from another parishioner that the rector, the Reverend Dr. Karl Morgan Block, had “Jewish blood.” Rose, aware of neither the general climate of anti-Semitism in which she lived nor the malicious insinuation behind the remark, innocently passed this information on to another parishioner. When he heard what she had said, Block chastised her, telling her that her services as a Sunday school teacher were no longer desired. Rose was so unnerved by the repercussions of what was for her a neutral statement of fact that she had to be hospitalized (Williams and Mead 42). Such communication difficulties would seem to call into question the sincerity of Rose’s sexual solicitation of Colin, and they should at least cause scholars to second-guess the long-standing assumption that various strange statements made by Rose before she was institutionalized are indicative of delusion.

19 Most prominent among these supposedly delusional statements are her accusations of sexual immorality among her family, especially the notion that her father, Cornelius Coffin “C. C.” Williams, had made sexual advances toward her (Spoto 59). Even if we are to accept the commonly held position that C. C. Williams, by all accounts a violent and sexually promiscuous man who showed no genuine affection toward other human beings, was not sexually abusive toward Rose, the various autistic qualities of her character suggest explanations other than delusion for the (probably) false story. The accusation is clearly delusional only if viewed in strictly neurotypical terms: sexual immorality has a certain, definite meaning, and is thus either happening or not happening. This formulation discounts the complexities that can arise from communicative impairment (which

might give *sexual immorality* meanings other than the usual), social impairment (which might cause behavior to be misread as sexual), and inflexible thinking (which might define acceptable behavior more narrowly than usual). In other words, it is possible that Rose was not hallucinating sexual misconduct that was not really there, but rather viewing behavior that was really there (and that most might consider innocuous) as being sexually inappropriate. In any case, as her perceptions became more inconsistent with those of others, and her reactions to those perceptions became more socially unacceptable, Rose was subjected to psychiatric treatment that almost certainly exacerbated her difficulties and may in fact have created psychosis that was not previously there.^[7] The final solution, the prefrontal lobotomy, left her in a docile, childlike state that Williams labeled “tragically becalmed” (*Memoirs* 126). Based on what we now know about the autism spectrum, its erroneous conflation with schizophrenia, and the destructive effects of certain mid-twentieth-century psychiatric treatments, Rose’s fate would appear to have been the result not of psychosis but of a combination of atypical neurological wiring (which, depending on one’s perspective, might be seen as involving as many strengths as weaknesses); anxiety caused by that atypical neurological wiring; unusual behavior related to that anxiety; a lack of acceptance and tolerance of that unusual behavior on the part of the people in her life, most importantly her family; and the destructive medical treatments that she was subjected to as a result of that lack of acceptance and tolerance. Williams, who seemed to have an intuitive, if unconscious, understanding of these causes for Rose’s decline, was, for much of his writing career, haunted by guilt over his not having been there to prevent the procedure and consumed by resentment of his parents for consenting to it.^[8] These emotions would be the driving force behind his best plays, including *The Glass Menagerie* (1944), *Suddenly Last Summer* (1958), and *The Night of the Iguana* (1961), all of which feature female characters inspired by Rose.

Williams Informs the Neurodiversity Debate: Three Major Plays

Laura Wingfield of *The Glass Menagerie*, the Williams heroine most strictly based on Rose, is also the most clearly autistic. Like other psychological realities presented in the play, Rose’s social and emotional crippling is given a physical manifestation: one of Laura’s legs is shorter than the other and must be held in a brace. But this outward and visible sign augments rather than replaces social, communicative, and cognitive impairments. Laura, a twenty-three-year-old woman who resides with her mother Amanda and brother Tom in a St. Louis “hive-like . . . cellular living-unit,” is plagued by an oppressive shyness and has severe difficulty initiating and maintaining conversations with others (*Theatre* 1:143). The social and cognitive pressures of a typing class are enough to make her physically ill. After she vomits on the floor during the first speed test, Laura discontinues business school, though she does not inform her family of this fact, continuing instead to leave the house each day as if to attend the class so as to avoid a difficult confrontation with her mother over her inability to take steps toward self-sufficiency.^[9] Once Laura has proven herself unemployable, Amanda puts her hope in making her marriageable, asking Tom to select a nice young man among his coworkers and “ask him out for sister” (176). Tom agrees, but urges the deluded Amanda not to expect too much of Laura, explaining, “in the eyes of others—strangers—she’s terribly shy and lives in a world of her own and those things make her seem a little peculiar to people outside the house. . . . She lives in a world of her own—a world of—little glass ornaments, Mother. . . . She plays old phonograph records and—that’s about all—” (187–88). Laura’s preoccupation with these stereotyped and restrictive patterns of interest, her glass collection and phonograph records, is abnormal in

intensity if not in focus. Importantly, these interests serve as coping mechanisms; when faced with anxiety, Laura inevitably retreats to them.

¶11 Laura's gentleman caller, Jim O'Connor, who in high school gave her the nickname Blue Roses after mishearing the word *pleurosis*, is in many ways a personification of banal conformity. Still, he shows a surprising amount of insight into the positive aspects of neurodiversity. "The different people are not like other people," he tells Laura, "but being different is nothing to be ashamed of. Because other people are not such wonderful people. They're one hundred times one thousand. You're one times one! They walk all over the earth. You just stay here. They're common as—weeds, but—you—well, you're—*Blue Roses!*" (227). When Laura protests, saying, "But blue is wrong for—roses," he replies, "It's right for you! You're—pretty!" before kissing her (228). In spite of this flash of appreciation for Laura's unique beauty, O'Connor explains that he will not be able to call on her again because he has "strings" on him. Especially compared to the language he used when praising Laura's otherness, his description of his relationship with his fiancée Betty is decidedly prosaic. "She's a home-girl, like you," O'Connor explains, "and Catholic, and Irish, and in a great many ways we—get along fine" (229). Importantly, his characterization of the relationship emphasizes social appropriateness rather than idiosyncratic spark, revealing that, ultimately, he prefers weeds to blue roses.

¶12 O'Connor's rejection of Laura is made to echo the tragic fate of Rose Williams by a bit of symbolism involving Laura's favorite figurine, a single glass unicorn that sits on a shelf alongside horses without horns. O'Connor recognizes that the ornament's marker of difference, the horn that aligns it with a species that is "extinct in the modern world," must cause it to "feel sort of lonesome" (223). Later, while dancing with Laura, he knocks the unicorn off of the table, causing its horn to break off. O'Connor is apologetic, and Laura deflects his expressions of regret with a lighthearted statement that, given the biographical background of the play, has dark undertones: "I'll just imagine he had an operation. The horn was removed to make him feel less—freakish! . . . Now he will feel more at home with the other horses, the ones that don't have horns" (226). Moments later, when "The Sky Falls" upon O'Connor's revelation about Betty, Laura hands him the mutilated figurine and, in a heartbreaking gesture, insists that he keep it as a souvenir (231, 233).

¶13 Written shortly after the actual "head operation" that was performed with the express intent of making Rose Williams "just like all the other horses" (226), *The Glass Menagerie* depicts its neurodivergent heroine as a fragile victim of what Davis has called "the tyranny of normalcy" ("Tyranny").¹⁰ Williams, who had not been there to prevent this literal and figurative disfigurement of his sister, closes the play with imagery that bitterly indicts Laura's brother, his own namesake Tom, who abandons the family for a life of travel and adventure. While in the background Amanda attempts to comfort Laura, who is "*huddled upon the sofa*," Tom describes to the audience his futile attempts to flee from the memory of his sister and the devastating guilt he feels over his abandonment of her (236). He speaks the final lines of the play as Laura bends over to blow out the candles that, since the beginning of the scene, have been the apartment's sole illumination: "Oh, Laura, Laura, I tried to leave you behind me, but I am more faithful than I intended to be! I reach for a cigarette, I cross the street, I run into the movies or a bar, I buy a drink, I speak to the nearest stranger—anything that can blow your candles out . . . for nowadays the world is lit by lightning! Blow out your candles, Laura—and so good-bye. . . ." (237). The light he pleads to have extinguished is of course that of Laura's guilt-inducing memory. As basic metaphor, the candles suggest Tom's faithlessness, for they provide light for the apartment at a time when he has chosen to pay for membership in the Union of Merchant Seamen instead of the family's electric bill. Yet the darkness that

engulfs the stage as Laura blows out the candles does not signify catharsis, for Tom's own words suggest that he will forever be haunted by this specter; rather, it signifies Laura's ultimate descent into psychic oblivion, an irreversible turning inward that, surgically hastened or not, might have been prevented by her brother's continued support and companionship. Lower-functioning people, the play tells us, must rely on higher-functioning people to take care of them, and it is shameful for higher-functioning people to neglect this responsibility.

¶14 If *The Glass Menagerie* engages the lobotomy procedure metaphorically, fictionalizes Rose as a victim of her own innate limitations, and pulsates with Williams's guilt and self-loathing, *Suddenly Last Summer* engages the lobotomy procedure literally, fictionalizes Rose as a victim of a perverse and cruel family, and pulsates with Williams's bitter resentment of his mother for allowing Rose to be so callously mistreated. Edwina Williams takes the form of wealthy New Orleans Garden District widow Mrs. Violet Venable (as in *The Glass Menagerie*, the emotional absence of C. C. Williams is presented as physical absence), who is aunt rather than mother to Catharine Holly, the young woman resembling Rose. Mrs. Venable's son Sebastian, a Williams-like gay litterateur who enjoys the sexual advantages of travel abroad, has died under mysterious circumstances at the resort community of Cabeza de Lobo, where he had been staying with Catharine. Mrs. Venable has had her niece committed to a Catholic asylum, Saint Mary's, because she will not stop repeating her account of Sebastian's death, which is so fantastically horrific as to be presumed delusional. When she reads of the lobotomy procedure being performed at nearby Lion's View State Hospital, she arranges a meeting with psychosurgeon Dr. Cukrowicz and entices him into considering Catharine as a candidate for the procedure with the promise of a substantial subsidy. When Cukrowicz warns her of the considerable risks involved in a lobotomy, Mrs. Venable's only response is, "You said that it pacifies them, it quiets them down, it suddenly makes them peaceful." The doctor confirms these benefits but notes, "it may be that the person will always be limited afterwards, relieved of acute disturbances but—*limited*, Mrs. Venable," to which she replies, "Oh, but what a blessing to them, Doctor, to be just peaceful, to be just suddenly—*peaceful*" (*Theatre* 3:366). Cukrowicz, who has slowly come to understand the nature of this woman's concerns about her niece and interest in funding his work, remarks, "I can't guarantee that a lobotomy would stop her—*babbling!*!" Mrs. Venable's response leaves little doubt that silencing rather than helping Catharine is her chief goal: "That may be, maybe not, but after the operation, who would *believe* her, Doctor?" (367).

¶15 Although he has grave misgivings over the matter, Cukrowicz, driven by pecuniary incentive, agrees to observe Catharine to determine if she suffers from a form of mental illness that a lobotomy might alleviate. When he first glimpses the young woman, she does indeed show signs of psychotic disturbance—she thrusts a lit cigarette into the palm of her attendant, Sister Felicity, burning her—but Williams frames the scene in a way that suggests that the patient's antisocial behavior is being provoked rather than assuaged by her caregivers. Sister Felicity "*pursues the girl*," who longs for the cigarettes forbidden by a nonsensical rule, and behaves in a manner consistent with what Catharine calls her, "a bully" (370–71). Later in the play, other outbursts of Catharine's also seem to be attributable to her treatment at Saint Mary's. When she meets with her mother, her brother George, and Sister Felicity, the nun reveals that she has lost yard privileges because of her tendency to "run to the fence and make signs to cars on the highway" (388). As Catharine attempts to explain why she would do such a thing, the following exchange occurs:

CATHARINE: I got panicky, Mother.

MRS. HOLLY: Sister, I don't understand.

GEORGE: What're you afraid of, Sister?

CATHARINE: What they might do to me now, after they've done all the rest!—[Dr. Cukrowicz is] a specialist from Lion's View! We get the newspapers. I know what they're . . . (389)

^{¶16} The phrase “after they’ve done all the rest” is highly suggestive of a causal link between the psychiatric treatment Catharine has received at Saint Mary’s and her subsequent aberrant behavior. One cannot help but be reminded of the assumption that Rose Williams was “delusional” in thinking that she was being “poisoned” while receiving insulin injections—as if there were a better word for it.¹¹ George, generally drawn as an oaf, may actually offer the most accurate assessment of the matter: “She isn’t crazy . . . she’s no more crazy than I am, she’s just, just—PERVERSE! Was ALWAYS—perverse . . .”(382). Indeed, a lack of conformity and propriety rather than a lack of sanity is what has landed Catharine in Saint Mary’s and under the observation of a psychosurgeon.

^{¶17} Faced with such inconclusive evidence, Cukrowicz resolves to have Catharine recount the circumstances of Sebastian’s death under the influence of a truth serum. Her mother and brother attend the interview, as does Violet Venable, who has hungrily said of such a possible inquisition, “I won’t collapse! She’ll collapse! I mean her lies will collapse—not my truth—not the truth” (352). Catharine tells her story in excruciating detail. In the seedy environment of Cabeza de Lobo, she had served her cousin in a role that Mrs. Venable, when she was more attractive and before she suffered a stroke, had fulfilled less overtly and in more respectable settings. Her charms had lured young men for Sebastian’s enjoyment. Seeking revenge on him for his predation, a legion of peasant boys accosted him at an outdoor restaurant, followed him up a hill, and finally overtook him, tearing or cutting his flesh from his body and consuming it. Once Catharine’s story has reached its climax, Mrs. Venable lunges at the young woman, attempting to strike her with her cane. Contrary to her prediction, she, not her niece, is the one who collapses, both physically and emotionally. As she is being dragged away, she shouts, “*Lion’s View! State asylum, cut this hideous story out of her brain!*”¹² The absurd understatement of the final line of the play, spoken by the conflicted Dr. Cukrowicz, highlights the dangerously subjective nature of psychiatric nosology while leaving Catharine’s fate open-ended: “I think we ought at least to consider the possibility that the girl’s story could be true. . . .” (423).

^{¶18} There are a number of important ways in which this representation of Rose’s troubles differs from that in *The Glass Menagerie*. First, Catharine, unlike Laura, does not appear to suffer from any innate impairments: her anxiety and antisocial behavior are caused by trauma related to immorality within her family and then exacerbated by destructive psychiatric treatments. Second, although Williams, through the character of Sebastian Venable, implicates himself among those whose selfish misconduct destroyed Rose, he reserves his most vituperative portraiture for Edwina: the heartless, malevolent Aunt Vi, who so values her family’s good name that she will sacrifice the mind of a relative to prevent its being tarnished. In this way the play—written while Williams was in the throes of psychoanalysis and while the psychoanalytic community was obsessed with the so-called refrigerator mother theory of autism—is far more wrathful than guilt-ridden. Furthermore, Mrs. Venable’s suppression of an unspeakable truth suggests a possibility that Williams had contemplated earlier in *A Streetcar Named Desire*, in which Blanche DuBois is institutionalized after being raped by her brother-in-law,

Stanley Kowalski: that Rose's accusations of sexual immorality within the family had not been delusional. Finally, Catharine, whose name suggests catharsis, earnestly attempts, though fails, to be a source of salvation for the anguished Sebastian. Both plays demonstrate tragic failures of familial support, but while Laura will presumably be lost once the support is gone, Catharine has the potential to be the source of such support, if only her deeply flawed family could see her immense value. In *Suddenly Last Summer*, Williams is moving toward an idea that his anger and sense of loss over Rose's lobotomy would not yet allow him to realize fully: that if Rose was a victim of his estrangement from her, he was no less so.

¶19 This notion would be at the heart of his last great play, *The Night of the Iguana*, in which Rose, after having been drawn as the helpless Laura Wingfield and the victimized Catharine Holly, appears as the near-messianic artist Hannah Jelkes. Importantly, this character is not depicted as being in any way disabled; if Laura's brace is an impressionistic image suggesting Rose's cognitive and social disability, the strong and functional Hannah is an impressionistic image of the positive qualities of Rose's autistic cast of mind. Traveling through Mexico with her invalid grandfather Nonno, she arrives at the Costa Verde Hotel, where she encounters T. Lawrence Shannon, a former Episcopal priest who has been dismissed for "fornication and heresy" and whose current career as a tour guide seems to be collapsing under similar circumstances. Shannon is an obvious Williams surrogate: a combination of sexual weakness, substance abuse, and debilitating religious guilt have left him emotionally ensnared, a condition symbolically represented by the iguana that hotel employees have tied to the verandah. Hannah, whose immediate circumstances seem as dire as his—she and Nonno have run out of money and are at the mercy of the unsympathetic innkeeper Maxine Faulk—maintains a quiet dignity, an immunity from human vanity, that mystifies Shannon.

¶20 Throughout the play, stage directions emphasize her marked divergence while eschewing any association of this divergence with the fragility of Laura Wingfield. When she first appears, we are told that she "*is remarkable-looking—ethereal, almost ghostly. She suggests a Gothic cathedral image of a medieval saint, but animated. She could be thirty, she could be forty: she is totally feminine and yet androgynous-looking—almost timeless*" (*Theatre* 4:266). Withdrawn, Hannah at times seems cold and aloof. We are told that she "*has always had a sort of fastidiousness, a reluctance, toward intimate physical contact*" (348), and when she acknowledges Nonno's dementia and notes, "Memory failure is his greatest dread," she makes the statement "*almost coolly, as if it didn't matter*" (302). Still, she is capable of summoning great fortitude, resilience, and willingness to sacrifice when these are required by the needs of a loved one: to reach the hotel, she has pushed Nonno in his wheelchair uphill through a rainforest in the heat of summer. Exuding "*the sad, preoccupied air of a lonely child picking flowers,*" she is innocent in a way that, far from making her vulnerable to the more worldly and experienced people she encounters, gives her a psychological advantage over them (296). At least one description of Hannah explicitly links autism to strength, explaining that in her situation "*only as strong a woman as hannah could remain outwardly impassive*" (313). When she coolly informs Maxine that she has no money and Maxine snaps that she seems proud of the fact, Hannah, vulnerable to neither insult nor embarrassment, replies, "I'm not proud of it or ashamed of it either. It just happens to be what's happened to us" (292).

¶21 The redemptive power of Hannah's disengagement is first brought to light when she sketches a portrait of Shannon, who uses the situation as an opportunity for confession. The interview begins when Hannah, making meaningless small talk while preoccupied with her sketching, asks, "How long have you been inactive in the,

uh, Church, Mr. Shannon?” When Shannon responds belligerently with “What’s that got to do with the price of rice in China?” Hannah, unaware of the awkwardness, simply replies, “Nothing” (301), and resumes the conversation. This back-and-forth continues for the duration of the sitting, with Shannon agonizing over the shameful of his past and Hannah, indifferent and preoccupied with her drawing, always offering responses that are unemotional, polite, and mechanical. When Shannon reveals that he was locked out of his church for “[f]ornication and heresy . . . in the same week,” he apparently intends to shock her; if so, her cool response surely disappoints him: “What were the circumstances of the . . . uh . . . first offense?” (302). Shannon goes on to explain that his partner in the fornication “declared herself to [him]—wildly,” and Hannah responds, “A declaration of love?” Sensing irony, Shannon yells, “Don’t make *fun* of me, honey!” She replies, “I wasn’t” (302–3). The truthfulness of her denial becomes apparent a moment later when Shannon describes his congregation’s response to his post-fornication heretical sermon. Shannon says, “[A] thunderstorm broke that Sunday,” and Hannah, ever the concrete thinker, takes him literally: “You mean *outside* the church?” (304). At the emotional climax of his story, Shannon announces his loss of faith in orthodox Christianity, explaining that he now spends his time collecting evidence of “[m]y personal idea of God, not as a senile delinquent, but as a . . .” and then trails off, to which Hannah responds, “Incomplete sentence,” as if she is correcting a student theme (304–5). Heart-wrenching and comical at the same time, the scene is a classic example of how easy talking to a person with autism can be.

¶22 The detachment evident in Hannah’s reaction to Shannon’s confession is mild compared to a revelation she makes to him near the end of the play. He has asked her if she has ever had a love experience, and she describes the closest thing she has had to a consensual sexual encounter. A man, who had been kind to her and accompanied her on a moonlit boat ride, asked her if he could hold her underwear for a few moments and stand with his back to her, presumably to masturbate. When she says that she gratified his request, Shannon is incredulous, and Hannah states the moral of the story simply: “Accept whatever situation you cannot improve. . . . The incident was embarrassing, not violent . . . and somehow the little experience had been rather touching, I mean it was so *lonely*.” “You mean it didn’t *disgust* you?” Shannon asks. Hannah replies, “Nothing human disgusts me unless it’s unkind, violent” (363–64). Hannah’s objectivity, so consistent with Aspergian social blindness, allows Shannon to look beyond the socially constructed stigma attached to his behavior, transcend his guilt, and embrace his passions as legitimate components of his humanity. When, at Hannah’s urging, Shannon unties the wild iguana from the verandah, Williams ingeniously reverses the symbolism from *The Glass Menagerie*. Instead of the fragile woman being shattered by the insensitive man, the confined man is liberated by the female “neurological other.” In this way, Williams’s last great play may be read as a celebration of the simple, healing clarity that can be found in the paradigm-ignoring autistic mindset—that is to say, it can be read as a manifesto of neurodiversity, though written more than three decades before the term was coined.

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¶23 If society at large has been slow to move beyond the traditional, reductive binary of sane versus insane, Tennessee Williams scholarship has been particularly vexed by such inertia. All too often, Williams’s relationship to his sister’s difficulties is discussed in terms of his tenuous grasp on “sanity” and his fear that he would follow Rose across the line into “insanity” but for the catharsis he received from writing. Understanding human behavior as existing on a spectrum rather than falling into neat dichotomies can greatly sharpen our

understanding of these kinds of issues. It should not be taken for granted that Rose Williams fell prey to a “blue devil” that her brother was somehow able to ward off; it is far more likely that she simply had a more severe and less easily managed form of a cognitive style that was a family trait: from Edwina’s obsessive and inflexible prudishness, to C. C.’s coldness and social ineptness, to young Tom’s “interior life that would become his own very private world” (Leverich 43). Of equal importance is the fact that the trajectory indicated by the three plays discussed here—from guilt to blame to acceptance—mirrors the history of the autism concept. *The Glass Menagerie* represents those earliest years of the diagnosis, when autism, conflated with schizophrenia, was seen as a debilitating psychotic disorder for which institutionalization would likely be a necessity. *Suddenly Last Summer* represents the period of the refrigerator mother hypothesis, most notoriously associated with Bruno Bettelheim, a time when it was fashionable to blame family members for the difficulties encountered by persons with autism. And *The Night of the Iguana* suggests the realization of the neurodiversity concept. The play indicates that by the 1960s Williams, in renewing his relationship with Rose and coming to terms with his guilt and anger, had transcended the reductive notion of the disabled person in need of salvation or protection and arrived at the realization that neurodiversity has value, that cognitively different does not mean cognitively invalid, and, on a personal level, that he needed Rose at least as much as she needed him. By 1979, Williams was able to declare Rose “the living presence of truth and faith in my life” and explain that, along with his grandmother, she “defined a true nobility to me and gave to my life what I have known of grace” (*Notebooks* 741). Thus, the pattern of growth seen here is one that continued through Williams’s life; moreover, as Jim Sinclair would surely observe, it is one from which any person with a neurodivergent loved one can learn a great deal.

Notes

¹ Leverich documents the nonfunctional play (36) and quirky self-dramatization (41) of Rose’s childhood.

² The same doctor even recommended that Rose take up smoking (Leverich 190). This recommendation became the basis for Williams’s one-act play *Why Do You Smoke So Much, Lily?*

³ Williams would later use this biographical detail in *Portrait of a Madonna* (1944). Interestingly, Andy Warhol, the most celebrated enthusiast of Campbell’s soup cans, is also thought to have had Asperger’s syndrome (Fitzgerald 231–38).

⁴ Leverich provides documentation of Rose’s pertinacity (62, 180), unresponsiveness (198), apparent echolalia (62), and gastrointestinal issues (87, 108, 247).

⁵ “Sex-related social difficulties may emerge over time [for girls with Asperger’s syndrome]—boys have more impairments early on, whereas for girls social difficulties might appear more in early adolescence” (Nichols, Moravcik, and Tetenbaum 24). Autism expert Tony Attwood writes, “Some girls and women with Asperger’s syndrome, and adults of considerable intellectual ability, can be more difficult to diagnose due to an ability to camouflage their difficulties” (40). The apparent late onset of Rose’s difficulties was the principal reason that, for the past seventy years, she has been thought of as schizophrenic rather than autistic.

⁶ Williams’s 1950 short story “The Resemblance Between a Violin Case and a Coffin” features an unnamed female character who exhibits the same awkwardness and inappropriate behavior towards men that plagued Rose. The young woman is a nervous wreck at the thought of performing a duet with handsome Richard Miles. The disastrous recital comes to an end, and, instead of bowing, she puts her head on Richard’s chest.

⁷ Three decades after Rose’s lobotomy, it would become known that, though psychosurgery had been thought to alleviate symptoms of schizophrenia, in reality it sometimes “activated schizophrenia-like symptoms” in patients who had not previously shown signs of the disorder (Raloff 361). Interestingly, Rose’s aunt Isabel Brownlow predicted such an outcome. She wrote to Edwina that Rose “is not *deranged*, but would certainly become so in an institution of that kind [an asylum]” (qtd. in Leverich 205).

⁸ These feelings are evident in an entry from Williams’s notebooks dated March 24, 1943:

A cord breaking.
 1000 miles away.
 Rose. Her head cut open.
 A knife thrust in her brain.
 Me. Here. Smoking.
 My father, mean as a devil, snoring—1000 miles away. (*Notebooks* 361)

⁹ Rose Williams had a similar experience at Rubicam's Business School (Williams changed the name only slightly, to Rubicam's Business College, for the play) and deceived her mother in the same manner (Leverich 116).

¹⁰ "Head operation" was the euphemism Edwina used for the lobotomy when, after it had been completed, she wrote to Williams to inform him of it for the first time (Devlin and Tischler 429).

¹¹ Two Williams notebook entries written within three weeks of each other mention the poison "delusions" and insulin injections (*Notebooks* 101, 103).

¹² Mrs. Venable's line is an echo of Edwina from Williams's memory, if not from reality. In 1981 he told an interviewer that, when Rose began telling stories about masturbating with altar candles at All Saint's College, Edwina "rushed to the head doctor, and she said, 'Do anything, *anything* to shut her up!'" (*Conversations* 327).

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