Austen’s Autistic Characters

So Odd a Mixture: Along the Autistic Spectrum in ‘Pride and Prejudice’


Reviewed by Alexandra Gaspar.

Although the title of Bottomer’s book lacks originality, since “so odd a mixture of quick parts, sarcastic humour, reserve, and caprice” is Austen’s first characterization of Mr. Bennet, her thesis is strikingly original. The reader is confronted from the beginning by Bottomer’s very unusual point of view, indicated in the subtitle “Along the Autistic Spectrum in ‘Pride and Prejudice’”; she argues that eight characters in Pride and Prejudice are either autistic or suffer from Asperger’s syndrome. Bottomer’s experience as a speech language pathologist provides her the knowledge on the autistic spectrum, but she apparently has little familiarity with the scholarship on Jane Austen. Bottomer’s So Odd a Mixture was primarily inspired and influenced by Dr. Tony Attwood’s Asperger’s Syndrome, one reason why this book would be of more interest to the general reader than to a scholarly audience.

The first part of Bottomer’s book offers a brief background of Asperger’s syndrome or autism and at the same time informs the audience of her intentions. While most scholars and critics have argued that Austen’s characters were mainly inspired by family members or neighbors and that she only described what she saw, Bottomer’s analysis indirectly implies that all those people were autistic or suffering from Asperger’s syndrome. The eight characters analyzed and diagnosed by Bottomer as autistic are basically all the major characters (Mr. Collins, Mary Bennet, Lydia Bennet, Mr. Bennet, Mrs. Bennet, Anne de Bourgh, Lady Catherine de Bourgh, and Fitzwilliam Darcy), with the exception of Jane and Elizabeth. According to Bottomer the areas of difficulty which these characters encounter are: 1) theory of mind, 2) central coherence, 3) executive functioning, 4) cognitive shifting, 5) language processing, 6) dyspraxia or impairment of motor planning, 7) awareness of the unwritten rules of conversation, 8) interpretation of non-verbal cues from facial expression and gestures, and 9) sensory sensitivities. It is important to note that all the mentioned difficulties are seen from a medical perspective.

In the next two parts of the book, Bottomer carefully analyzes each autistic character of the Bennet, Collins, Darcy, and DeBourgh families. In order to make her argument stronger and more credible, Bottomer starts each analysis by quoting Austen’s most fruitful description of the characters. While scholars see Mr. Collins as a fool, Bottomer believes that he, like many in the spectrum, “does not appear to have the compensatory advantage of high intelligence to help balance his weak social skills” (45); rigidity and fascination with numbers and patterns seem to be his main characteristics.

Mary and Lydia Bennet are Bottomer’s next targets. Mary’s interest in books does not have any positive effect but brings only “a tendency to overly formal speech” (50). She is antisocial, not able to read facial expressions, and always wants to say something but does not know how. Lydia is Mary’s opposite. She is wild, noisy, emotionally unstable, and unable to listen. All these traits are usually interpreted by the reader as poorly developed social skills, while Bottomer argues that they are autistic traits. The last two autistic characters in the Bennet family are Mr. Bennett and Mrs. Bennett. Constantly presented in opposition, Mrs. Bennett is obsessed with marrying her daughters, while Mr. Bennet is indifferent to all except his own pleasure. According to Bottomer, the couple also manifest rigidity and the inability to shift ideas, just as their daughters do. Self-centered and with serious social issues, Mr. Bennett fits Bottomer’s description which affirms that “for those with Asperger’s syndrome the most stressful activity is to socialize” (70).

Bottomer analyzes the Darcy and de Bourgh families in part three. Anne de Bourgh, whom the reader barely notices, is in Bottomer’s view “the most blatantly autistic, showing traits from the severe, classic or Kanner’s end of the spectrum rather than the milder or Asperger’s end” (99). Anne’s mother, Lady Catherine de Bourgh, is diagnosed as having autism simply because she is “a woman who directs others with little regard for their feelings” (105).

Surprisingly, the last autistic character on Bottomer’s list is Mr. Darcy. Whereas scholars see Darcy as shy, Bottomer believes that it “is not pride but subtle autism that is the major reason for Darcy’s frequent silences, awkward behaviour at social events” (111). The analysis of Mr. Darcy is more than fifty pages long, but the majority of the arguments are repetitive and almost none of them is fully supported with scholarly evidence.

Bottomer’s original argument is extremely controversial. In addition, the book contains several major editorial errors in pagination, spelling, and punctuation. Ultimately, those interested in using this book to gain a better appreciation of the characters in Jane Austen’s Pride and Prejudice may be frustrated because Bottomer analyzes the characters more from a modern medical perspective than a literary point of view.

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