

Phil Gluyas: Autism News and Views

The truth about Autism is here

What is Autism? Not what Clements says

By Timelord Phil on December 26, 2019

On Tuesday August 27, 2019, Thomas Clements wrote an opinion piece in the Guardian claiming that the term "Autism" has become too broad a definition and assumes that the application of neurodiversity ignores those at the lower end of the Autistic spectrum. This is far from the truth as are many others assertions Mr Clements made. I feel the need, as a formally diagnosed Autistic adult, to correct the record and in the process maybe re-educate him on what Autism truly is.

The Autistic spectrum as such is an interpretation of the core condition of Autism. This is what Mr Clements does not understand. He is trying to define the lower end of the spectrum as real Autism and anything elsewhere on the spectrum is not. This is not true. Every person diagnosed on the Autistic spectrum has the same core traits. The difference lies in the next step – how those traits present. In high functioning Autistics such as myself, the traits are mild. In low functioning Autistics they are severe. But they are the same traits. Traits that need to be recognised and adjusted to. Those that do not adjust are the ones are generally of the ilk of Mr Clements – speaking negatively about the same traits but failing to recognise the behaviours also exist elsewhere on the spectrum.

Let's look at the DSM-V, published in May 2013 and responsible primarily for the merger that Mr Clements is complaining about. Autism Spectrum Disorder 299.00 presents five diagnostic points. Part A speaks of deficits. These deficits are the same in all diagnosed Autistics, but as part of this there is a requirement for "severity". That covers the difference that Mr Clements appears to believe isn't being taken into account. Part B speaks of other behaviours where two of the four criteria need only exist for a potential ASD diagnosis. Again, "severity" is also mentioned as part of the process so the differences of Part A are also covered for. Part C speaks of the timeline of symptoms and takes note of delays in diagnosis due to delayed social demands in some instances. That is more likely in high functioning Autistics, but it still picks it up – simply because it is the same trait. Part D uses the term "significant" but even then severity would still be widely variable. Significant is not an objective work in psychiatry and so forth, and yet it would appear Mr Clements wants a narrowing of that definition. This would impact poorly on those at the higher end of the spectrum such as myself who have fallen through the cracks of the system. Part E presents the exceptions of Intellectual Developmental Disorder (although that can be co-morbid with Autism as the criteria actually notes) or a Global Developmental Delay from an entirely different source (deprivation springs to mind as one example). It is my view that some self identifications of Autism are errors that are actually better explained by a Global delay and are therefore not Autistic.

So the DSM-V clearly shows that the traits are the same but the levels of severity can vary widely. This is the correct interpretation of the Autistic spectrum. Not the version Mr Clements is promoting in his

piece.

Another error that Mr Clements makes is identifying neurodiversity as a movement, and not it's original and correct meaning of brain difference. His criticisms are in fact directed at the Autism Rights Movement – our right to be who we are and not what society wants us to be. His opposition to this is counter productive as it is restricting his own rights and those of his brother who is lower on the spectrum than he is. I have never seen anyone in the Autism Rights Movement oppose treatment for ADHD, dyslexia or dyspraxia – or even Autism. The point is those treatments in the case of Autism at least should not be described as treatments. They should be described as supports – no different to the supports rights groups give marginalised people based on race, religion and so on. Anything that is co-morbid to the Autistic spectrum should be treated separately.

I put this to Mr Clements and his supporters – those who are at the lower end of the spectrum can be brought up said spectrum. However there is a restriction – it can only be done in childhood, and the earlier the better. The key to it though is to find what is causing the extreme behaviours, and I believe the cause to be sensory overload. Autistics are sensory sensitive, but it varies between hyposensitive and hypersensitive. And the lower on the spectrum the Autistic is, the more pronounced the sensory sensitivity. But again – this is all based in one fact. Autism is a single condition.

Mr Clements wants the spectrum broken up. He will not get his way if I have any say in it because his view is demonstrably wrong. He claims to have an “eyes wide open” (my words) view of the Spectrum. His attitude contradicts this claim. He has not adjusted to the condition as he does not accept it as a part of being human. It is. Low functioning Autistics need support and lots of it, especially the adults who have been trapped by a sensory overload that has become ingrained – the one negative for them that doesn't apply to the higher end of the spectrum. But this can be avoided in the future. And more importantly, coping mechanisms can be put in place based in tempering sensory overload as best as possible. The key is to find the source. That's the hard part and requires trial and error. But it will not help anyone if the spectrum is divided up. It can't be, because at the root it is the same condition. The claim that the lower functioning is being ignored by the higher functioning is totally wrong and offensive – and reflects on the people claiming it as having their own agenda to keep society fearful of Autism and of Autistics. And that we can not have.