

Review Article

Journal of Neurology, Psychiatry and Brain Research ISSN: 2641-6816

JNPBR-152

Trauma Induced Autism - An Update

David Rowland*

Independent researcher registered with ORCID.

Received Date: November 11, 2020; Accepted Date: November 17, 2020; Published Date: November 26, 2020

***Corresponding author:** David Rowland, Independent researcher registered with ORCID, Canada. Email: david222@hush.com

Abstract

Autism is characterized by perpetual and unrelenting hyperfocus, the state of intense single-minded concentration fixated on one thing at a time to the exclusion of everything else, including one's own feelings. Most cases of autism appear to be congenital in origin. This report opens the door to the possibility that some cases of autism may be caused by extreme trauma. Eight subjects were examined whose documented autism was precipitated by a single event that was experienced as so horrific as to make life too painful to continue living. In each case, the brain instantly responded by permanently altering its neurophysiology so that the person never again experienced emotional pain. Instead of ending their painful lives, these people put an end to emotional pain in their lives, with the unfortunate consequence that they also ended their ability to receive pleasure.

Introduction

In 2015, trauma from a skull fracture and concussion intensified my lifelong autism. After that incident, lighting displays in stores triggered extreme anxiety, shopping became unbearable because of sensory overload from product displays and overhearing conversations, interruptions to my train of thought caused anxiety lasting for hours, and the sound of a vacuum cleaner became excruciatingly painful inside my head. This effect is consistent with findings that patients with autism exhibit anxiety that is exacerbated in the setting of traumatic injury [3].

In 2019, I wondered if trauma can intensify autism, could it also cause autism. That year I discovered and reported on three cases that form the basis of the trauma induced autism hypothesis [4]. What started from curiosity has turned into an ongoing study to which five more cases have been added in this report.

Assessment

All participants in this study had been determined to have autism rather than post-traumatic stress disorder (PTSD), according to the criteria below [4]. From their histories it was inferred that their brains would have been profiled as neurotypical if examined prior to their respective defining traumatic incidents.

PTSD is characterized by persistent mental and emotional distress caused by specific traumatic events or terrifying experiences. Trauma induced autism (TIA) is an extreme coping mechanism that changes the neurophysiology of the brain in situations where one feels that his/her entire life is too painful to continue living. TIA prevents a person from ever feeling pain again, at the price of cutting off the ability to feel any emotion at all.

	Autism	PTSD	Neurotypical
Hyperfocus	hyperfocus	n/a	n/a
Cingulate Gyrus	dysfunctional	functional	functional
Amygdala	inactive	active	active
Left Frontal Lobe	high alpha activity	high alpha activity	high beta activity
Social Aspects	Unable to understand and respond to the needs of others	Social skills unaffected by PTSD	Varying degrees of social skills, depending on personality
Emotional Effects	Incapable of feeling emotion. Processes emotions intellectually.	Resists memories of specific events that were emotionally devastating.	Emotions flow freely.

Hyperfocus is defined as perpetual and unrelenting attention fixated on one thought or stimulus at a time, to the exclusion of everything else, including one's own feelings [1, 5, 6]. The suspected cause of hyperfocus is a dysfunctional cingulate gyrus (CG), that part of the brain which focuses attention [1, 5, 6].

A Litmus test for Autism

All eight subjects passed with flying colors the litmus test for hyperfocus, the unique and defining characteristic of autism. Hyperfocus prevents someone from dividing attention between two thought patterns or two stimuli at the same time. An autistic person talking to you is incapable of feeling any emotion in that moment. The surest way to find out if someone is autistic is to ask these five questions, to which you will receive the following responses: **[1, 5, 6]**

 How often do you cry? "never" or "rarely"
How often do you laugh? "never" or "rarely"
What are you afraid of? either "nothing" or an intellectual answer
What are you feeling right now? either "nothing" or an intellectual answer
Do you ever get bored? "never"

Example of an intellectual answer: "No, I'm not angry. That wouldn't be logical."

Anyone who answers all five questions as above is autistic. Anyone who answers four or fewer as above is notautistic. [**Note**: If the person answers the third question with a phobia (e.g., of heights), then re-ask the question this way, "Aside from this phobia, do you normally experience fear of any kind?"]

A Common Theme

What is fascinating about these cases is that they appear to be psychosomatic in origin. These young people experienced an event so emotionally devastating that their subconscious instantly changed their neurophysiology to keep them locked into a perpetual state of autistic hyperfocus ever afterward. The target organ that controls attention is the cingulate gyrus (CG), so the inference is that somehow their thoughts restricted how the CG functions. The benefit is that hyperfocus prevents them from every again experiencing emotional pain. The downside is that they never again get to feel emotion of any kind.

The seven subjects who were old enough to remember their defining traumatic event have episodic memory of it in intimate detail, but without feeling any emotion as they are telling the story. To them it was just something that happened.

Six of the eight subjects displayed undercurrents of subliminal anger that unexpectedly surface only in safe ways, e.g., at things rather than at people. Things like dropping a wrench, misplacing something important, or taking a wrong turn in traffic tend to unleash outbursts of anger more intense than warranted by the given situation. All eight become mentally paralyzed when under emotional attack.

Subject A

Subject A was born shortly after his father had been killed in a military accident. Subject A's family reported that until age five this child had been affectionate, socially interactive, and emotionally expressive. At age six, his mother married a man with a narcissistic personality disorder. From that point on, both parents neglected Subject A's emotional needs and frequently left him alone unsupervised.

Subject A remembers his failed attempt to commit suicide at age six. He wanted to end his unbearably painful life by joining his daddy in heaven and almost succeeded. Clad in a makeshift military uniform and with a rope fashioned into a hangman's noose, the young lad had climbed to the top of his backyard fence and was about to scale the spikes sticking out of an adjacent telephone pole when a neighbor suddenly appeared and shamed him out of it. Subject A was thus not able to end his painful life; however, his trauma induced autism prevented him from ever again feeling pain in his life.

Until he left home at age 16, *Subject A* was the victim of continuing psychological abuse. He was also psychologically abused in his former marriage. His present family cringes in

Trauma Induced Autism - An Update

horror whenever *Subject A* recounts any of these episodes from either time period. To him they were just things that happened about which he experienced no emotion, neither at the time nor in the telling of them afterward. He did not even realize that he had been abused.

Subject A describes himself as an emotional flatliner. He never laughs nor cries, never gets excited about anything, and always has the same deadpan facial expression.

Subject B

Subject B showed me a photo of herself taken at age four, in which she was excitedly playing outdoors and simultaneously making a strong emotional connection with the photographer in a way that no autistic child could. Two years later, all that changed. She never again felt excitement nor being emotionally connected to others.

At age 6, *Subject B* was forced to watch her father threaten her mother at gunpoint. Her mother knew her abusive husband would not pull the trigger if his daughter was watching.

As an adult *Subject B* has no social awareness and cannot understand other people's motivation. She pays more attention to her older son and cannot figure out why doing so up sets her younger son. If a friend gives her a hug, *Subject B* asks, "*Why are you doing that?*"

Subject B's hyperfocus has given her eidetic memory, which is of considerable benefit in her career as a technical support consultant and web designer. Hyperfocus also makes her impatient with people who keep repeating themselves in conversation. "Why don't they remember what they say?" she asks herself, not realizing that repetition is often for the purpose of emotionally connecting to the listener.

Subject C

Subject C was outgoing and socially interactive as a child. As a teenager his favorite activity was going to dances with his best friend. At age 17, Subject C witnessed this best friend being crushed to death in a mine collapse. From that moment on, he never again experienced emotional pain or pleasure. Whenever adversity struck his life, it was just something that happened about which he felt nothing.

Subject C's fearlessness made him a formidable opponent in the ring. For seven straight years he was a welterweight Golden Gloves boxing champion, never once having been knocked off his feet in all that time.

Subject C has survived multiple strokes, multiple heart attacks, and multiple open-heart surgeries. When asked if he is afraid of dying, his response was, "No. If it happens, I'm OK with that."

Subject D

Subject D describes himself as an "overly loving kid". His sister verifies that until age four or five, *Subject D* was outgoing and emotionally expressive. His parents had been separated since his birth, and the only male he felt close to in his home was his sister's husband, whom he worshipped and adored. He hung out with his adult brother-in-law, went fishing, played basketball and football, and was starting to learn a form of karate. All of this came crashing down when the brother-in-law moved out of the house never to return, because of his failed marriage.

Since that event, *Subject D* became withdrawn and angry at the world and has stayed that way until his present age of 39. Since the day he lost the only person in his life who meant anything to him, *Subject D* has never felt any emotion, has never felt anything for anybody. He also has never felt fear and even laughed during two incidents at which he was threatened at gunpoint.

Subject D's hyperfocus has given him the same visual gift that Temple Grandin has, namely the ability to see accurate, distinct pictures in exceptional detail and to manipulate those images in his head [2]. He is obsessed with inventions and can look at anything and instantly see how to build something better.

Subject E

Subject *E* is an autistic self-advocates who showed me photos of himself at age three in which he was being emotionally expressive to the photographer in a way that no autistic child could be. At age four, Subject E was punished for a bed wetting incident by being forced to spend all night terrified in one inch (2.5 cm) of water in the bathtub, during which time he never slept. His father told him that this is what happens to you when you do something wrong, then switched off the lights.

Subject E recalls that his lack of emotion was noticed by others as he was growing up. He never understood why people cried over certain things and just told them to fix the problem and get over it. From ages 12 until 30, *Subject E* pushed people away if they got too close.

Subject F

Subject F was a happy, gregarious child who loved to be the center of attention. At age 14, he suffered a severe concussion that kept him imprisoned in a darkened room for eight weeks. Through the walls he heard his narcissistic parents arguing, complaining what a burden he was to them, and making disparaging remarks about his failing grades in school. Six years have passed since the concussion, during which time *Subject* F has exhibited perpetual autistic hyperfocus. He has intense single-mindedness, takes everything literally, has no desire to socialize, is lacking in social awareness, is overwhelmed by 3-way conversations, and pursues only individual activities.

Subject G

Subject G is an autistic advocate with no known history of autism on either side of her family. When she was three, her older bipolar brother would get angry, shake her, throw things at her, or scare her on an almost daily basis. During a certain incident that happened at age eight, Subject F was prepared to kill her brother if she had to. Subject F's parents did nothing to protect her from her brother's continuing abuse. It only ended when, at age 15, Subject F threatened him never to touch her again.

Subject H

Subject H was born into a family with no known history of autism on either side. For the first two months of her little life she woke up every night crying. Mother and father would take turns comforting her. One night, the father observed the hostile mother shaking the infant. From that day forward until what is now 50 years later, *Subject G* has never cried. She lives her life in the perpetual state of autistic hyperfocus. She feels no emotional connection to anyone and is totally lacking in social awareness.

Conclusion

If autism can be induced by trauma in eight individuals, then it is possible that trauma may cause autism in many others. However, eight is an insignificant sample size from which to project meaningful information over the entire population of autistic people. We do not yet know if trauma induced autism is rare or commonplace. More research is required, and perhaps this can be facilitated by clinicians adding specific questions about trauma to their patient histories.

What is fascinating about these eight cases is that they appear to be entirely psychosomatic in origin. If so, then perhaps there will one day be discovered a psychosomatic method to reverse trauma induced autism. Hypnosis is unlikely to work, because an autistic person is unable to divide attention between the instructions and the experience s/he is supposed to be having. Psychotherapy is unlikely to work, because a person whose brain is locked into perpetual hyperfocus cannot be talked out of it.

References

- **1.** Rowland D (2020) Differential diagnosis of autism: a causal analysis. Journal of Neurology and Neurophysiology 11:1-2.
- **2.** Montgomery S (2012) Temple Grandin. New York, 2012: Houghton Mifflon Harcourt.
- **3.** Radice-Neuman D, Zupan B, Babbage DR, Willer B (2007) Overview of impaired facial effect in recognition in persons with traumatic brain Injury. Brain Injury 21: 807-816.

- **4.** Rowland D (2020) Discovery of trauma induced autism three case reports and their review. Journal of Neurological Disorders 8: 415.
- 5. Rowland D (2020) The neurophysiological cause of autism. Journal of Neurology and Neurophysiology 11: 001-004.
- **6.** Rowland D (2020) Redefining autism. Journal of Neurology, Psychiatry and Brain Research 2020, Issue 01.

Citation: Rowland D (2020) Trauma Induced Autism - An Update. Jr Neuro Psycho and Brain Res: JNPBR-152.