



## Autism's True Nature

David Rowland\*

*Independent Researcher registered with ORCID, Canada*

**Received Date:** November 17, 2021; **Accepted Date:** November 21, 2021; **Published Date:** November 30, 2021

\***Corresponding author:** David Rowland, Independent researcher registered with ORCID, Canada.  
Email: [david222@hush.com](mailto:david222@hush.com)

### Abstract

This study links an epidemic of false autism diagnoses to a broadening of the definition of *autism* in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), explains the neurophysiological cause of autism, develops a litmus test whereby you can determine if someone suspected of being autistic has been correctly diagnosed, and redefines autism in terms of its unique cause.

### Introduction

*Autism*, from the Greek word meaning *self*, was coined in 1911 by Swiss psychiatrist, Eugen Bleuler, who used it to describe withdrawal into one's inner world [1]. Autistic children appear to be in a world of their own isolated and alone with senses that can easily overload. These children talk endlessly about one subject, engage in repetitive behaviors (e.g., wringing hands, rocking body), continually repeat certain words or phrases (echolalia), and are resistant to change [2].

In 1943, psychiatrist Leo Kanner studied the case histories of 11 highly intelligent children who shared a common set of symptoms consistent with autism: the need for solitude, the need for sameness, and to be alone in a world that never varied [3]. Kanner assumed that these children came into the world without innate biologically provided ways of emotionally connecting with other people [4].

In 1944, medical professor Hans Asperger described "a particularly interesting and highly recognizable type of child" who has an autistic personality that is an "extreme variant of

male intelligence." Asperger described four boys who had severe difficulties of social integration that were compensated for by the kind of high level of thought or experience that can lead to exceptional achievements in later life. He chose the label *autism* for this condition as referring to an inherent fundamental disturbance of contact, the shutting off of relations between self and the outside world [5]. Asperger remarked that for those boys, social adaptation has to proceed via the intellect; and in fact, they have to learn everything by the intellect. He considered the autistic syndrome to be a stable personality trait that is genetically transmitted in families [6].

In 1962, psychiatrist Gerhard Bosch compared infantile autism to the Asperger autistic syndrome and considered them to be two variants of the same condition [7]. In the author's family, one young lad has nonverbal autism and his younger sibling has Asperger syndrome, thus confirming that both variations are indeed the same genetic condition.

In 1979, psychiatrist Lorna Wing introduced the term *Asperger syndrome* to describe the autistic personality. Wing personally examined 34 cases fitting Asperger's description of the autism syndrome and found that they had the following 11 traits in common: [6]

- Single-mindedness combined with social isolation;
- Pedantic speech, often consisting of lengthy discourses on favorite subjects;
- Poor comprehension of other people's expressions and gestures;
- Tendency to misinterpret or ignore non-verbal signs;
- Impairment of two-way social interaction;
- Inability to understand rules of social behavior;

- Lacking the intuitive ability to adapt their approaches to fit in with the needs of others;
- Intensely attached to certain possessions;
- Excellent rote memories and intensely interested in one or two subjects;
- Absorb every available fact concerning their chosen field and talk about it at length, regardless if the listener is interested; and
- Thought processes are confined to a pedantic, literal, and logical chain of reasoning.

In 2020, author David Rowland discovered that autism is caused by an inherent neurophysiological anomaly which creates a perpetual state of hyperfocus, i.e., intense mental concentration fixated on one thought pattern at a time to the exclusion of everything else, including one's own feelings [8-10]. Hyperfocus is the sole factor responsible for the autistic person's withdrawal into an inner space that is entirely intellectual. Hyperfocus keeps a person's awareness trapped in the analytical/logical left frontal lobe with no ability to access whatever may be happening in the right frontal lobe, the place where emotions and social connectivity are felt. Autistic hyperfocus explains all 11 traits of Asperger syndrome as listed by Lorna Wing above.

## Epidemic of False Diagnoses

In 2020, the Centers for Disease Control (CDC) reported that 1 in 54 children is diagnosed with an autism spectrum disorder, for a prevalence rate of 1.85 percent of the population [11]. In 2012, a review of global prevalence of autism had found 62 cases per 10,000 people, for a prevalence rate of 0.62 percent [12]. This apparent 300 percent increase in autism prevalence is in stark contrast to all other disorders listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), for which there has been no increase in prevalence over this same eight-year period.

A 10-year Swedish study in 2015 concluded that although the prevalence of the autism phenotype has remained stable, clinically diagnosed autism spectrum disorder has increased substantially [13]. A 2016 study in the U.S. reported that many children originally diagnosed with autism spectrum disorder were later found not to be autistic. Misdiagnosed children are less likely to have been referred to and diagnosed by a specialist, and also less likely to have received a diagnosis of autism disorder or Asperger syndrome [14].

A 2016 study in Germany indicates that the prevalence of autism spectrum disorder diagnoses had increased by over 70 percent between the years 2006 and 2012. The researchers strongly suggest that such dramatic increase was due to a significant portion of misdiagnoses [15]. It is believed that many of the children in question may simply have had a low IQ, learning difficulties, or ADHD rather than autism [16].

A comprehensive 2019 study in *JAMA Psychiatry* indicates that autism is being significantly over diagnosed [17]. Dr.

Laurent Mottron, co-author of this most recent study, has expressed these concerns: "*The autism category has considerably overextended ...most neurogenetic and child psychiatry disorders that have only a loose resemblance with autism can now be labeled autistic ... you could not have ADHD and autism before 2013, now you can*"[18]. Doctors now tend to label as autistic anyone who simply has ADHD and poor socialization.

A 2019 report in the *Irish Times* suggests that many children are being misdiagnosed with autism spectrum disorder (ASD) when instead they have sensory processing disorder (SPD) [19]. Children are being diagnosed as autistic simply because of poor eye contact, not liking hugs and kisses, having poor play, and having meltdowns. An article in the *Telegraph* on the same theme gave an example of an 18-month old child who had been given a diagnosis of autism when his behavior became withdrawn and aggressive. A year later it was discovered that this boy had been suffering from an autoimmune condition that affects behavior [20].

## Misleading Criteria

Currently, the diagnosis of autism is based on behaviors shared with other diagnoses. The National Institute of Mental Health (NIMH) claims that autism spectrum disorder (ASD) is a developmental disorder that affects communication and behavior and is characterized by the following: [21]

- Difficulty with communication and interaction with people
- Restricted interests and repetitive behaviors
- Symptoms that impair ability to function properly in school, work, and other areas of life.

The above criteria are so overly broad as to be meaningless. None of them applies exclusively to autism. Furthermore, autism is not a developmental disorder but rather an inherent brain anomaly.

The NIMH goes on to list 14 signs and symptoms of ASD, many of which are subjective. Examples:

- a. A child with poor social communication/interaction behaviors may be the product of bad parenting.
- b. A child having difficulty interacting with others may have a sensory processing disorder (SPD).
- c. A child who has repetitive behaviors and gets upset with slight changes in routine may have obsessive compulsive disorder (OCD).
- d. Having a lasting intense interest in certain topics also applies to neurotypical children who have high IQs.
- e. Making little or inconsistent eye contact applies only to some autistic children. Many make full eye contact during every conversation.

## Autistic Traits Have a Single Cause

From intimate knowledge of my own autistic brain and from studying the behavior of 21 other autistic people (including three family members), I have compiled a list of 50 traits that all 22 of us have in common. These autistic characteristics appear to have a single cause: *hyperfocus*, the perpetual and unrelenting state of intense single-minded concentration fixated on one thing at a time, to the exclusion of everything else. Hyperfocus thus appears to be the unique and defining causal state of autism that creates all of its observed characteristics [8, 9, 23].

Hyperfocus keeps a person perpetually trapped in the mental/intellectual part of his/her mind with no ability to divide attention between two thoughts (or stimuli), thus making it impossible to feel emotions as they happen. S/he can only process emotions intellectually, a process that may take 24 hours or so. Without the ability to feel emotion, it is impossible

to be spontaneous, to be emotionally available, to feel connected to others, or to be aware of how one is perceived. Anthony Hopkins spoke for every autistic person when he is reputed to have said, *“My whole life I have felt like an outsider.”*

## Autistic Hyperfocus

Hyperfocus is the unique and defining characteristic of autism that is responsible for all 50 of its observed traits listed below. Hyperfocus is the perpetual and unrelenting state of intense single-minded concentration fixated on one thought pattern at a time, to the exclusion of everything else. All 50 of these traits are caused by the inability to run two mental programs simultaneously [8, 9, 23].

Approximately one-third of the traits below can also have other causes. That is why the symptom survey approach to diagnosing fails. Without understanding causality, the categorizing of symptoms creates only confusion.

Mental Traits	<ul style="list-style-type: none"> <li>• Intense single-mindedness</li> <li>• Trapped in thoughts</li> <li>• Mind always busy, tendency to overthink</li> <li>• Passionately pursues interests, often to extremes</li> <li>• Amasses encyclopedic knowledge about areas of interest</li> <li>• Self-awareness but no social awareness</li> <li>• Interruptions trigger agitation, confusion, or anxiety</li> <li>• Cannot multitask</li> </ul>
Sensory Overload	<ul style="list-style-type: none"> <li>• Hypersensitive to loud noises and bright lights</li> <li>• Experiences anxiety from being mentally trapped in a sensory assault</li> <li>• Overwhelmed from hearing unwanted conversations</li> <li>• Overwhelmed by too much information</li> <li>• Coping with electronics and filling out forms may cause anxiety</li> <li>• Sensory overload makes it impossible to think or focus</li> <li>• Difficulty listening to radio or talking with others while driving</li> </ul>
Emotional Traits	<ul style="list-style-type: none"> <li>• Unable to feel emotion</li> <li>• Processes emotions intellectually</li> <li>• Has generalized physiological responses instead of emotions</li> <li>• Anxiety bypasses the intellect to warn of unprocessed emotions</li> <li>• Incapable of experiencing fear</li> <li>• Can be angry without knowing so</li> <li>• Never (or rarely) cries or laughs</li> <li>• Cannot nurture self psychologically</li> <li>• Shrinks from emotional displays by others</li> <li>• Unable to defend against emotional attacks</li> </ul>
Social Traits	<ul style="list-style-type: none"> <li>• Considers self to be an outsider</li> <li>• Lacks innate desire to socialize</li> <li>• Unaware of feelings, needs, and interests of others</li> <li>• No awareness of how perceived by others</li> <li>• Unaware of socially appropriate responses</li> <li>• Cannot pick up on subtleties, unable to take hints</li> <li>• Unable to read body language</li> </ul>

In Conversation	<ul style="list-style-type: none"> <li>• Speaks factually with no trace of emotion</li> <li>• Takes everything literally</li> <li>• Easier to monologue than dialogue</li> <li>• Oblivious to motivations of others while they are speaking</li> <li>• Misses sarcasm</li> <li>• Misses social cues and nonverbal communication</li> <li>• Participating in 3-way conversations may be overwhelming</li> <li>• May have difficulty following topic changes</li> </ul>
In Relationships	<ul style="list-style-type: none"> <li>• Understands love intellectually but cannot feel love</li> <li>• May understand empathy but unable to feel it</li> <li>• Cannot be emotionally available to others</li> <li>• Others cannot provide an emotional safety net</li> </ul>
Temperament	<ul style="list-style-type: none"> <li>• Drawn more strongly to certain things than to people</li> <li>• Innate forthrightness tends to scare others</li> <li>• Never bored, always engaged in some mental activity</li> <li>• Consistent to daily routines, agitated if routine is disrupted</li> <li>• Spontaneity not possible, activities must be pre-planned</li> <li>• Cannot lie spontaneously, can tell only premeditated lies</li> </ul>

Table 1: 50 Autistic Traits Caused by Hyperfocus

Differential Diagnosis

Differential diagnosis is distinguishing a specific condition from others that may have similar clinical features. The neurophysiological differences between autism and conditions for which it is mistaken can be profound.

Both attention deficit hyperactivity disorder (ADHD) and obsessive-compulsive disorder (OCD) share a common trait, *fickle focus*, which is defined as intervals of intense mental fixation interspersed with episodes of distraction or impulsiveness. Fickle focus can look like hyperfocus that

comes and goes; however, true hyperfocus is perpetual and unrelenting. Autistic people never get any relief from hyperfocus.

Because of the confusion between fickle focus and hyperfocus, many people with ADHD or OCD are misdiagnosed as being on the autism spectrum. Also, some who are truly autistic are given false multiple diagnoses that include either ADHD or OCD or both.

Autism appears to be entirely neurophysiological in origin. ADHD and OCD appear to be caused or aggravated by a biochemical imbalance of neurotransmitters. Low dopamine is suspected in ADHD and low serotonin suspected in OCD.

	Autism	ADHD	OCD
<b>Hyperfocus</b>	Hyperfocus <sup>1</sup>	Fickle focus <sup>2</sup>	Fickle focus <sup>2</sup>
<b>Cingulate Gyrus</b>	Dysfunctional	Functional	Functional
<b>Amygdala</b>	Inactive	Active	Active
<b>Left Frontal Lobe</b>	High alpha activity.	High beta activity.	High beta activity.
<b>Neurochemical Imbalance</b>	n/a	Low dopamine suspected.	Low serotonin suspected.
<b>Concentration</b>	Intense	Intense	Intense
<b>Distraction</b>	Never distracted.	Sometimes distracted.	Self-distracts.
<b>Multitasking</b>	Unable to multitask.	May be able to multitask.	Unable to multitask.
<b>Emotional Aspects</b>	Incapable of feeling emotion. Processes emotions intellectually.	Can trigger intense emotions.	Compulsive behaviors may be attempts to alleviate emotional distress.
<b>Social Aspects</b>	Unable to understand and respond to emotional needs of others.	Poor social skills.	Social anxiety.

<sup>1</sup>Hyperfocus is perpetual and unrelenting attention fixated on one thought or stimulus at a time, to the exclusion of everything else.  
<sup>2</sup>Fickle focus consists of intervals of intensely paying attention interspersed with episodes of distraction or impulsiveness.

Table 3: Comparative Neurophysiology and Neuropsychology

## Autistic Fearlessness

Autistic people do not have an involuntary fear response. In every dangerous or life-threatening situation, the autistic person is fully focused on the event itself and incapable of feeling fear or even nervousness in that moment. S/he feels a mildly heightened sense of awareness while coldly calculating risks and mitigating factors that quickly form an immediate plan

## Litmus Test for Autism

Hyperfocus is the unique and defining causal state of autism that creates all of its observed characteristics. 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 [8, 9].

1.	How often do you cry?	“never” or “rarely”
2.	How often do you laugh?	“never” or “rarely”
3.	What are you afraid of?	“nothing” or an intellectual answer
4.	What are you feeling now?	“nothing” or an intellectual answer
5.	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 **not** autistic.

**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?”*

## Our Inner Space

We who are autistic thoroughly enjoy our inner intellectual space. It is an exciting place in which we are continually learning and discovering, finding answers to questions that most people do not think to ask. Our innate skill at logic enables us to separate out what is important from what is not, thereby turning complexity into simplicity. We are self-motivated achievers who delight in what we accomplish.

Autistic people who cannot communicate enjoy their inner intellectual world just as much as those of us who can. Whether they spend their time fixated on televised cartoon shows or silently exploring the universe with their iPads, they are delighting in that experience.

of action. In my entire life, including 17 years of experience in karate, I have never once felt fear of any kind.

Sometimes autistic people may intellectualize about fear, for example saying that after thinking about such-and-such decided it could be a scary thing. However, they are incapable of *feeling* fear. If you encounter someone who has never felt fear, this person is most probably locked into autistic hyperfocus.

The autistic brain cannot be socialized. We voluntarily associate with others when required in pursuing a passion, such as playing a musical instrument or participating in track and field events. We prefer to be the initiators of what little social contact we require. It is distressing when others try to force us to conform to social norms.

## The Spectrum Fallacy

The autism spectrum is an erroneous concept that has been a major contributor to the epidemic of false diagnoses of autism. In 2013, the American Psychiatric Association (APA) merged the following four disorders under the umbrella of *autism spectrum disorder* (ASD): autism disorder, Asperger syndrome, childhood disintegrative disorder, and pervasive developmental disorder not otherwise specified (PDD-NOS). Autism now includes a broad range of conditions of questionable similarity. Professionals diagnose by ticking off subjective symptoms on a checklist without ascertaining the possible causes of said symptoms.

The APA defines autism spectrum disorder as “a neurodevelopment disorder that is characterized by difficulties with social communication and social interaction and restricted and repetitive patterns in behaviors, interests, and activities.” [22]. The DSM-5 describes autism as being characterized by (1) persistent deficits in social communication and social interaction; and (2) restricted, repetitive patterns of behavior, interests, or activities. These criteria are so vague as to be meaningless. If you do not know what causes specific symptoms, then you know nothing about any presumed disorder in question.

Autism does not belong on any spectrum. There is only one kind of autism, not several. There are no shades of autism, no varying degrees of autism, nor any such thing as autistic tendencies. Autism is 100 percent. Either a person is autistic, or s/he is not. There is no middle ground.

## Intensity of Hyperfocus

The only variable within autism is the intensity with which hyperfocus is experienced. Those with extreme autism are so intensely locked into hyperfocus as to be unreachable. Those with Asperger syndrome experience hyperfocus less intensely.

Nonverbal autistic children are the ones most intensely trapped in hyperfocus, and there is no known way to bring them out of it. The only nonverbal children who can be taught to

speak are those suffering from developmental, learning, language, communication, or social disorders that are unrelated to autism.

Naoki Higashida is an autistic person who is entirely aware but unable to communicate using speech. At age 13, he typed out a book (one keystroke at a time) that explained the reasons for his erratic running, clapping, and jumping that draws stares from others [25, 26].

Einstein started life with intense hyperfocus. He did not speak until age four and had echolalia until age seven. There is no known therapy that can reduce the intensity of inherent hyperfocus. Somehow Einstein managed to do this on his own.

## Absence of Pathology

Autism can only be understood from the inside looking out. Those looking in have no frame of reference by which to understand what it is they are observing. What autistic people experience in themselves as idiosyncrasy, others misinterpret as aberration.

Autism is simply a neurophysiological anomaly. The only thing different about an autistic brain is the specialized way in which it processes information. As such, autism does not fit the medical definition of *disorder* (i.e., a pathological or diseased condition of mind or body). Michelangelo, Mozart, Paganini, Newton, Darwin, Jefferson, Edison, Tesla, and Einstein were autistic and obviously not suffering from any mental pathology [9, 24].

## The Futility of Therapy

It is not possible to fix that which is not broken. Autism is an inherent neurophysiological way of functioning that cannot be altered.

Therapies for autism are aimed at socializing the child. It cannot be done. It is no more possible to socialize an autistic person than it would be to intellectualize a neurotypical person. The autistic brain works in a precise way that cannot be changed. No one can be talked out of inherent hyperfocus.

Applied behavior analysis (ABA) is the most common therapy that is forced upon autistic children. It is an intensive one-on-one program that aims to improve social skills by increasing desirable behaviors and decreasing problem behaviors. There is a vocal community of adults with autism (many of whom had ABA as children) who say that ABA is harmful because it is based on the cruel premise of trying to make people with autism “normal”.

ABA's message is that autistic ways of doing things are wrong and need to be corrected, and that the autistic child is broken and must be molded to be more palatable to non-autistic people. This mistaken belief is destructive of the child's identity and self-worth [27].

ABA teaches autistic people that their needs are less important than pleasing other people. This makes autistic children overly compliant, leaving them vulnerable to manipulation and abuse. These children need to be taught how to express and get their needs met, not to be taught that their needs are less valid than the needs of people around them [27].

## Redefining Autism

The psychology professions now require a causal based definition and description of autism, for which I recommend the following:

**Definition:** Autism is 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. The probable cause of hyperfocus is a dysfunctional cingulate gyrus (CG), that part of the brain which focuses attention [9].

**Description:** Autism is an inherent neurophysiological difference in how the brain processes information. Autistic people live in a specialized inner space that is entirely intellectual, free from emotional and social distractions. They tend to observe the world in scholarly detail without feeling any emotional attachment to what they see [9].

The DSM-5 mistakenly assumes that autism is a mental disorder. Not so. Autism is simply a specialized intellectual way of functioning. There is no pathology involved. There is no therapy that can change an autistic brain.

Since autism is not a mental disorder, it should be removed from the DSM-5 and replaced with a *Neurodevelopmental Disorders* category that correctly identifies conditions that are to be subsumed under this new heading.

## Conclusion

Autism is an inherent neurophysiological difference in how the brain processes information. Autism is perpetual and unrelenting hyperfocus, the state of intense single-minded concentration fixated on one thought pattern at a time to the exclusion of everything else, including one's own feelings. We who are autistic live in a specialized inner space that is entirely intellectual, free from emotional and social distractions. We observe the world in scholarly detail, but without any emotional attachment to what we see.

## References

1. Blatt G. “Autism”, Encyclopedia Britannica.
2. Montgomery S (2012) Temple Grandin. New York : Houghton Mifflon Harcourt, 22.
3. Kanner L (1943) Autistic disturbances of affective contact, Nervous Child.

4. Grandin T, Panek R. The Autistic Brain. New York, 2014: First Mariner Books, 5-7.
5. Frith (1991) Cambridge: Cambridge University Press, 37-92.
6. Wing L (1981) Asperger syndrome: a clinical account. Psychological Medicine, 11:115-129.
7. Bosch G (1970) Infantile Autism (trans. D Jordan, I Jordan). Springer-Verlag: New York.
8. Rowland D (2020) The neurophysiological cause of autism. Journal of Neurology & Neurophysiology 11:001-004.
9. Rowland D (2020) Redefining autism. Journal of Neurology, Psychiatry and Brain Research 02.
10. Rowland D (2020) How the autistic mind functions – an insider's report. Journal of Neurology, Psychiatry and Brain Research 03.
11. "Autism Statistics and Facts". Autism Speaks.org.
12. Elsabbagh M, Divan G, Yun-Joo Koh YJ et al. (2012) Global prevalence of autism and other pervasive developmental disorders. Autism Res, 5:160-79.
13. Lundström S, Reichenberg A, Anckarsäter H et al. (2015) Autism phenotype versus registered diagnosis in Swedish children: prevalence trends over 10 years in general population samples. British Medical Journal Apr. 28.
14. Blumberg SJ, Zablotzky B, Avila RM et al. (2016) Diagnosis Lost: Differences between children who had and who currently have an autism spectrum diagnosis. Autism. 20:783-95.
15. Bachman C, Gerste B, Hoffman F (2018) Diagnoses of autism spectrum disorders in Germany: Time trends in administrative prevalence and diagnostic stability. Autism, 22:283-290.
16. Rose J (2016) "How many children are misdiagnosed with autism? The rates continue to rise." Romper.com.
17. Rodgaard E, Jensen K, Vergnes J et al. (2019) Temporal changes in effect sizes of studies comparing individuals with and without autism: a meta-analysis. JAMA Psychiatry online Aug. 21.
18. "Are We Overdiagnosing Autism". Healthline.com.
19. McDonagh M (2019) "Why are so many children being diagnosed with autism spectrum disorders?" The Irish Times.
20. Mintz L (2019) "Are doctors diagnosing too many children with autism?" The Telegraph.
21. "Autism Spectrum Disorder". National Institute of Mental Health.
22. "Autism Spectrum Disorder". American Psychological Association.
23. Rowland D (2020) Differential diagnosis of autism: a causal analysis. J Neurol Neurophysiol, 11:489.
24. Rowland D (2020) Autism as an intellectual lens. Journal of Neurology, Psychiatry and Brain Research, 01.
25. Higashida N (2016) The Reason I Jump: The Inner Voice of a Thirteen-year-old Boy with Autism.
26. Higashida N (2019) Fall Down 7 Times Get Up 8: A Young Man's Voice from the Silence of Autism.
27. "Rebelling against a culture that values assimilation over individuality". Neurodivergent Rebel.com.

**Citation:** Rowland D (2021) *Autism's True Nature*. *Jr Neuro Psycho and Brain Res: JNPBR-159*.