



Scientific FACTS about Autism

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Abstract

To try to explain what they do not understand about autism, the psychology professions have falsely supposed that autism is a disorder that belongs on a spectrum. This erroneous supposition has created an epidemic of false diagnoses whereby 70% of those believed to be on this alleged spectrum are not autistic. Autism is not a disorder. It is a genetic 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 observe their outside world in detail, without any emotional attachment to what they see.

Keywords: Autism, Asperger, Asd, Neurophysiology, Neuropsychology

Introduction

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 emotions. The probable cause of hyperfocus is a dysfunctional cingulate gyrus (CG), the part of the brain which focuses attention. [1]

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 observe the world in detail without feeling any emotional attachment to what they see. [1]

Autism is a neurophysiological idiosyncrasy. 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., pathological or diseased condition of mind or body). Mozart, Paganini, Newton, Darwin, Jefferson, Edison, Tesla, and Einstein were autistic and obviously not suffering from any mental pathology. [2]

Historical Research

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. [3] 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 words or phrases (echolalia), and are resistant to change. [4]

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. [5] Kanner assumed that these children came into the world without innate biologically provided ways of emotionally connecting with other people. [6]

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 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 self from the outside world. [7] Asperger remarked that for those boys, social adaptation has to proceed via the intellect, 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. [8]

In 1962, psychiatrist Gerhard Bosch compared infantile autism to the Asperger autism syndrome and considered them to be two variants of the same condition. [9] In the family of the author of this article, one young lad has nonverbal autism; and his younger brother has Asperger's, thus confirming that both conditions have the same genetic origin. [10]

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: [8]

- 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;
- Lack of 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; and
- Thought processes are confined to a pedantic, literal, and logical chain of reasoning.

In 2020, David Rowland discovered that autism is caused by an inherent neurophysiological idiosyncrasy that creates a state of perpetual hyperfocus, which he defines as intense mental concentration fixated on one thought pattern at a time to the exclusion of everything else, including one's own feelings. [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 fixated in the analytical/logical left frontal lobe of the brain, with no ability to access whatever may be happening in the right frontal lobe, the place where emotions and social connectivity are felt. Hyperfocus explains all 11 traits of Asperger syndrome as documented by Lorna Wing.

The False Spectrum

Autism does not belong on any alleged spectrum. There is only one autism, and it is 100%. Either you are autistic, or you are not.

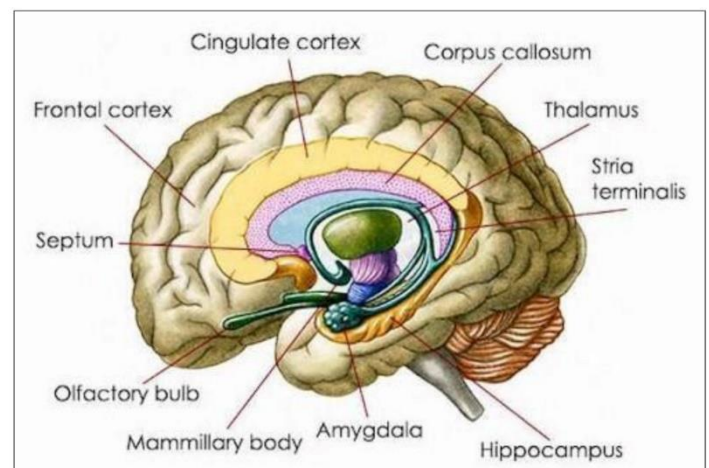
In 2013, the American Psychiatric Association merged four disorders under the umbrella of autism spectrum disorder (ASD): autism disorder, Asperger syndrome, childhood disintegrative disorder, and pervasive disorder not otherwise specified (PDD-NOS). This alleged spectrum is a basket catch-all for conditions of unknown similarity.

The American Psychological Association defines autism spectrum disorder (ASD) as any one of a group of disorders typically occurring during the preschool years and characterized by varying difficulties in communication and social interaction.[11] DSM-5, the *Diagnostic and Statistical Manual of Mental Disorders* 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.

Epidemic of False Diagnoses

In 2018, the Centers for Disease Control (CDC) reported that 1 in 44 children were diagnosed with an autism spectrum disorder, for a prevalence rate of 2.27% of the population.[12] In 2012, a review of global prevalence of autism found 62 cases per 10,000 people, for a prevalence rate of 0.62%.[13] This apparent 266% increase in autism prevalence is in stark contrast to all other disorders in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), for which there have been no increase in prevalence over this same 6-year period. These data suggest that 70% of those believed to be on the alleged spectrum are not autistic.

Neurophysiology of the Autistic Brain



The neurological structure of the autistic brain is the same as for any other brain. What is different about the autistic brain is how it functions with respect to its neurophysiology. EEG mapping of the autistic brain is summarized in the following table:

Cingulate Cortex/Gyrus	Dysfunctional	The cingulate gyrus (CG) is that part of the brain which focuses attention. In autism, the CG keeps the person's attention fixated in the left frontal lobe, creating a perpetual state of hyperfocus.
Left Frontal Cortex/Lobe	Dysregulated	In the autistic left frontal lobe, alpha frequencies (8-12 Hz) predominate over beta (12.5-30 Hz), which is the exact opposite of the neurotypical brain. Predominate alpha frequencies in the left brain appear to be compensating for the inability to access creativity and intuition from the right brain.
Right Frontal Cortex/Lobe	Inaccessible	There is normal brainwave activity in the right frontal lobe, with alpha frequencies predominating over beta. However, neural networks may be underdeveloped. The autistic person is completely unaware of anything that happens in the right frontal lobe, the place where emotions and social connectivity are experienced by neurotypical people.
Amygdala	Inactive	The amygdala plays a central role in the expressing of emotions, especially fear. A dysfunctional CG prevents the autistic person from feeling any emotion, with the result that the amygdala is non-functional. Autistic people are incapable of experiencing fear.

In a neurotypical brain, the CG acts like an automatic transmission that seamlessly switches attention back and forth between frontal lobes, as needed. In autism, a dysfunctional CG keeps the person's attention fixated in the left frontal lobe (logical, analytical) – with no ability to access the right frontal lobe (emotional/creative), which plays a central role in spontaneity, social behavior, and nonverbal abilities. Some neurotypical people are left-brain dominant, whereas others are right brain dominant. Autistic people are left brain exclusive. Their thinking is monotopic in that they naturally focus on one thing at a time, in great depth, and in a state of flow.

The right frontal lobe, the place where emotions are experienced, is inaccessible to autistic people. The amygdala, the place where emotions are expressed, is inactive in the autistic brain. These facts are consistent with Leo Kanner's belief that autistic children come into the world without innate biological ways of emotionally connecting with other people. [5]

In a neurotypical brain, the amygdala processes emotions associated with fear and stores emotional memories. When faced with a dangerous situation, the amygdala sounds an alarm that sets off a chain of events: hormones course through the body, pupils dilate, heart rate increases, and the body experiences a "fight or flight" reaction. In extreme situations, all nervous energy goes to the amygdala, which runs totally on instinct and emotion; and that part of the brain that uses logic shuts down completely. In the autistic brain, none of this happens because the amygdala is nonfunctional.

Autistic Fearlessness

Because the amygdala is inactive, autistic people are incapable of experiencing fear. They have no involuntary fear response. Innate fearlessness makes autistic children oblivious to dangerous or life-threatening situations. Autistic adults who are faced with danger focus fully on the event itself while coldly calculating risks and mitigating factors that quickly form an immediate plan of action.

Emotions Processed Intellectually

Autistic people process their emotions intellectually, a process that can take 24 hours or more, by which time it is too late to have felt anything. Autistic people have no emotional reactions and no emotional memories. All memories are of events that happened about which they felt no emotion at the time, and about which they feel no emotion when telling someone about it afterward.

To autistic people, emotions are information. They express love by what they do for others. They express empathy by their generosity. However, they are incapable of feeling either love or empathy.

50 Autistic Traits have a Single Cause

Hyperfocus restricts autistic people from being able to run two mental programs simultaneously. Consequently, every autistic person has all 50 of the traits listed below. [14]

Mental Traits	<ul style="list-style-type: none"> • Intense single-mindedness • Trapped in thoughts, mind always busy • Tends to overthink everything • Passionately pursues interests, often to extremes • Amasses encyclopedic knowledge about areas of interest • Self-awareness but no social awareness • Interruptions trigger agitation, confusion, or anxiety • Cannot multitask
Sensory Overload	<ul style="list-style-type: none"> • Hypersensitive to loud noises and bright lights • Sensory assaults can trigger physiological anxiety • Overwhelmed from hearing unwanted conversations • Overwhelmed by too much information • Sensory overload makes it impossible to think or focus • Difficulty listening to radio or talking while driving
Emotional Traits	<ul style="list-style-type: none"> • Biologically incapable of feeling emotion • Incapable of emotionally reacting to anything • Processes emotions intellectually • May have physiological responses instead of emotions • Anxiety bypasses the intellect to warn of unprocessed emotions • Incapable of experiencing fear • Can be angry without knowing so • Never (or rarely) cries or laughs • Cannot nurture self psychologically • Shrinks from emotional displays by others • Unable to defend against emotional attacks
Social Traits	<ul style="list-style-type: none"> • Considers self to be an outsider • Lacks innate ability to socialize • Unaware of feelings and needs of others • Unaware of socially appropriate responses • Unaware of subtleties, unable to take hints
In Conversation	<ul style="list-style-type: none"> • Interested only in information • Content of conversation important, context irrelevant • Speaks factually, without emotion • Takes everything literally • Easier to monologue than dialogue • Misinterprets sarcasm • Unaware of social cues and nonverbal communication • Participating in 3-way conversations may be overwhelming • May have difficulty following topic changes
In Relationships	<ul style="list-style-type: none"> • Understands love intellectually but cannot feel love • May understand empathy but unable to feel it • Cannot be emotionally available to others • Others cannot provide an emotional safety net
Temperament	<ul style="list-style-type: none"> • Drawn more strongly to certain things than to people • Innate forthrightness tends to scare others • Never bored, always engaged in mental activity • Consistent to daily routines, agitated if routine is disturbed • Spontaneity not possible; activities must be preplanned • Cannot lie spontaneously; can tell only premeditated lies

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 are profound.[15]

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.[2]

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

Autism is entirely neurophysiological in origin. ADHD and OCD result from neurochemical imbalance. ADHD is caused by low dopamine.[16] OCD is caused by low serotonin.[17]

Comparative Neuropsychology

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

1. **Hyperfocus** is perpetual attention fixated on one thought pattern at a time, excluding all else.
2. **Fickle focus** is intermittent bouts of fixated attention.

Conclusions

What makes the autistic brain different is its unique neurophysiology (i.e., how it functions). The cingulate gyrus (CG) focuses attention exclusively in the left frontal lobe, creating perpetual and unrelenting hyperfocus, a state of intense single-minded concentration fixated on one thought pattern at a time to the exclusion of everything else. The autistic brain is monotropic in that it naturally focuses on one thing at a time, in great depth, and in a state of flow.

Autistic people live in a specialized inner space that is entirely intellectual, free from emotional and social distractions. They observe the world in detail without feeling any emotional attachment to what they see. Autistic children come into the world without innate biologically provided ways of emotionally connecting with other people.

Autistic people are incapable of experiencing fear. They have no involuntary fear response. Innate fearlessness makes autistic children oblivious to dangerous or life-threatening situations. Autistic adults who are faced with danger focus fully on the event itself while coldly calculating risks and

mitigating factors that quickly form an immediate plan of action.

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