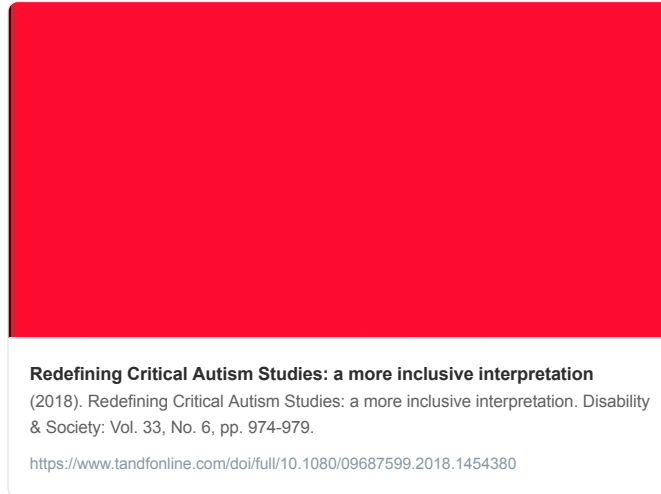


Richard Woods @Richard_Autism

20 Apr · 24 tweets · [Richard_Autism/status/1384569735900192771](#)

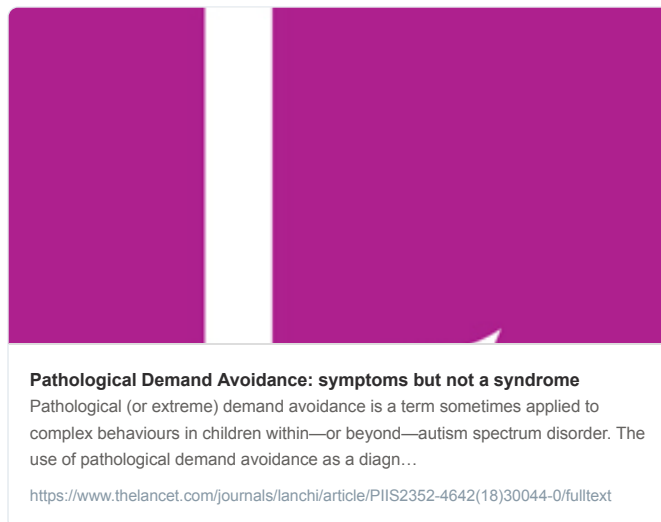


[@Keirwales](#) If you do have Sammi Timimi on the podcast, please could you ask him, what is their response is to the points around the validity of autism made here:



[@Keirwales](#) How co-occurring conditions often present differently inside & outside autism, due to simultaneously interacting with each other. Surely, there is something valid there causing co-occurring conditions to present slightly differently?

[@Keirwales](#) E.g. anxiety disorders often have different causes for their behaviour in autism.



with autism aged 10–14 years, using a rigorous researcher-rated parent interview, found that 70% of children with autism spectrum disorder had a comorbid psychiatric presentation, and 41% had two or more. The most common comorbidities found in this study were social anxiety disorder (29%), ADHD (28%), and oppositional defiance disorder (28%). There is an extensive research literature about each of these conditions, including effective treatment strategies. How well do these acknowledged co-occurring disorders then describe the component features of pathological demand avoidance?

Anxiety disorders

A wide range of anxiety disorders in association with autism spectrum disorder has been characterised as an important comorbidity in clinical practice.²⁰ Although the presentations might appear similar, anxiety within autism spectrum disorder is well known to have particular features that often set it apart from anxiety in other contexts. Comorbid anxiety can be associated with factors such as sensory sensitivity and cognitive misappraisal, and can be experienced as particularly intense and overwhelming by a child with autism spectrum disorder. In turn, this overwhelming anxiety can contribute to emotional dysregulation or avoidant and controlling behaviour.^{21,22} Concordantly, descriptions of pathological demand avoidance include anxiety and emotional volatility. The management of anxiety in autism spectrum disorder, although benefiting from research and clinical experience in non-autism contexts, needs to be adapted to the context and to be implemented with clinical skill and sensitivity to take account of the individual characteristics of patients with autism spectrum disorder. Modifying cognitive behavioural therapy in this way shows evidence of effect in more high functioning children with autism spectrum disorder (see the National Institute for Health and Care Excellence [NICE] clinical guidance CG170).²³ General anxiety management and graded desensitisation methods can also be successful, particularly with specific anxieties. There is also some evidence for the additional benefit of anxiolytic medication in patients with autism spectrum disorder.²⁰

[@Keirwales](#) Also ask Timimi to explain what is behind double empathy problem research, which suggests social communication issues in autism are due to breakdown in social interactions between people...

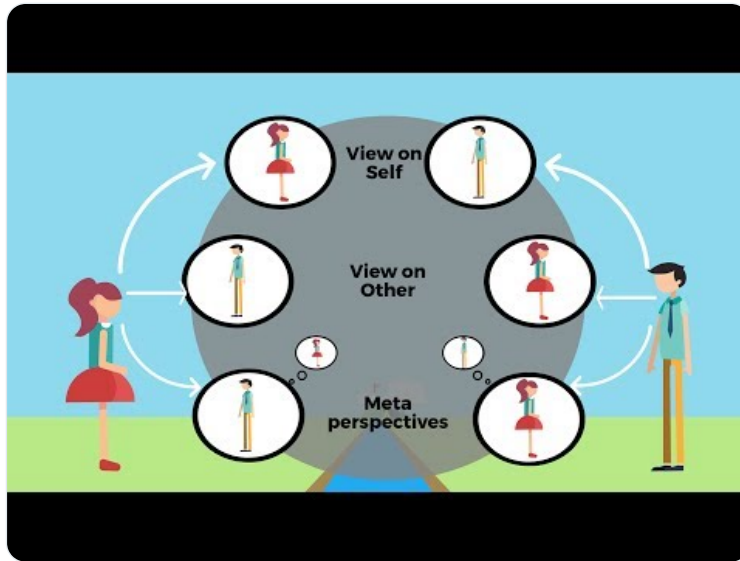
... [@Keirwales](#) how non-autistic persons often have issues correctly reading autistic facial expressions. Autistic persons interact comparably well in autistic to autistic interactions, as non-autistic persons do in non-autistic to non-autistic interactions.

[@Keirwales](#) Such as from here:



<https://www.youtube.com/embed/bicSvN71s64>

And



https://www.youtube.com/embed/TSMF_3f0Q0c

And

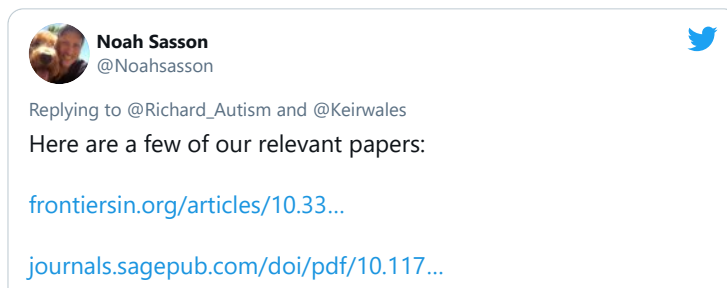


[@Noahsasson](#) please could you link to your research on Double Empathy?

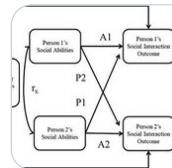
[@Keirwales](#) Please could you ask Timimi what causing these observations, if autism is not a valid construct?

[@Keirwales](#) I accept that Timimi means well and he often has a point. I think he goes to far in some critique of autism. Others have debated Timimi on this topic before, like [@milton_damian](#) here:

<https://blogs.exeter.ac.uk/exploringdiagnosis/debates/debate-1/>



journals.sagepub.com/doi/pdf/10.117...



Social Cognition, Social Skill, and Social Motivation Mi...
Social cognition, social skill, and social motivation have been extensively researched and characterized as ...
frontiersin.org

6:26 PM · Apr 20, 2021

2 1 Copy link to Tweet

[@Keirwales](#) there has been some research into the autistic community by [@DrMBotha](#) which indicates that it helps mitigate the adverse effects of minority stress.



<https://www.youtube.com/embed/Ijap1yOBVd0>

[@Keirwales](#) This is a link to an overview of Double Empathy Problem and its research. I can send you a copy of it.



Double Empathy

The double empathy problem (DEP) refers to a "disjuncture in reciprocity between two differently disposed social actors" who hold different norms and expectations of each other, such as is common in....

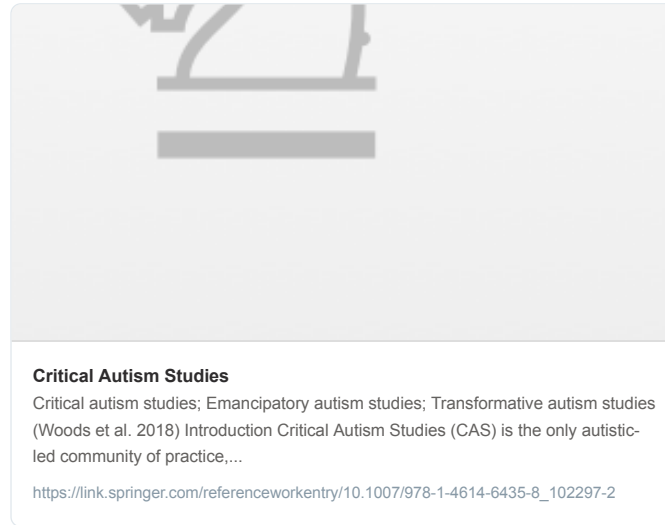
https://link.springer.com/referenceworkentry/10.1007%2F978-1-4614-6435-8_102273-2

[@Keirwales](#) That autistic persons outlooks on autism, tend to be stronger and more accurate than not autistic persons.

<http://www.larry->

arnold.net/Autonomy/index.php/autonomy/article/view/CO2/html

and (I can send you a copy of this).



[@Keirwales](#) there should be something valid behind the autism social construct, as in a tangible way of being human, that leads to these observations. Which I do not think Timimi appreciates.

On a tangent, I am enjoying the podcasts!

[@Keirwales](#) I accept that there appears to be a good case to challenge the validity of BPD. It is not an area I am fully informed in. I can see why some question that.

[@Keirwales](#) I would be interested in there being double empathy problem research in BPD, seeing if there are similar results occurring or not; especially in relation with person with BPD to person with BPD, vs non BPD person to non BPD person interactions.

[@Keirwales](#) Sorry for the tangent, Double Empathy Problem research does need investigating in other populations with hypothesised social interactions/ social communication issues, such as attributed to Theory of Mind deficits.

[@Keirwales](#) Just throwing that out there.

[@Keirwales](#) I am aware Theory of Mind is a weak theory and there are difficulties measuring it.

<https://psycnet.apa.org/fulltext/2019-75285-001.html>

&



What Do Theory-of-Mind Tasks Actually Measure? Theory and Practice...

In recent decades, the ability to represent others' mental states (i.e., theory of mind) has gained particular attention in various disciplines ranging from eth...

<https://journals.sagepub.com/doi/10.1177/1745691619896607>

[@Keirwales](#) Likewise the proposed coding issues in PDA of deficits in social identity/pride/ shame are also problematic; there are doubts that these deficits are valid.

We need to...

- refine our understanding of the **essential criteria** and the **core difficulty with social identity**
- Better understand areas of 'overlap' and 'co-morbidity' or co-existence
- Reach broader consensus on use criteria and classification in diagnosis
- Develop research tools for use as screening and diagnostic guidelines
- ...future versions of diagnostic manuals

DEFINITIONS DEFICITS.

Coding Issues.

- 1) Debate over manipulative vs strategic social demand avoidance, e.g. see (O'Nions & Eaton 2021).
- 2) Surface Sociability trait features hard to measure (Garralda 2003), e.g. sense of right from wrong (whose perspective?).
- 3) Or, are RRBIs, e.g. panic attacks.
- 4) Social communication issues are common in CYP (Wilkinson 2017); can make trait optional (Christie et al 2012).
- 5) Entirely autistic population samples, are issues from autism, or does autism contribute?

Autismades

DOI: 10.1177/1745691619896607

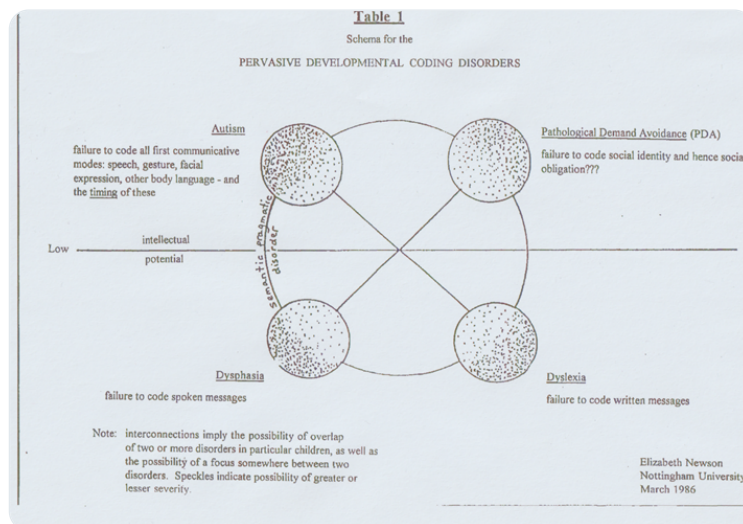
25

"Sweet!", "I love your necklace!", "I'm going to be sick!" "Bollocks!—I said bollocks!"
"Acknowledging demand but excusing self." "I'm sorry, but I can't." "I'm afraid I've got to do this first." "I'd rather do this!" "I don't have to, you can't make me!" "You do it, and I'll..." "Mummy wouldn't like me to?" "Physically incorporating self: hides under table, curls up in corner, goes limp, disclines in knee, drops everything, seems unable to look in direction of task though retains eye contact, removes clothes or glasses, "I'm too hot", "I'm too tired", "It's too late now", "I'm handicapped". "I'm going blind/deaf/paralytic." "My hands have gone flat!" "Whispering into fantasy, still play, animal play, talks only to doll or to inanimate objects, speaks to doll, "My girls won't let me do that!" "My teddy doesn't like this game!" "But I'm a teacher, teachers don't have hands"; grows, bites, "Reducing meaningful conversation, bombards adult with speech for other reasons, e.g. humming to drown out demands, mimics purposefully, refuses to speak." "As last myself, coughing, sneezing, hitting, kicking, head banging in panic attack."
3. **Surface sociability, but apparent lack of sense of social identity, pride, or shame:** At first might normally associate with enough empathy to manipulate adults as shown above, but enigmatic and without depth. No negotiation with other children, doesn't identify with children as a category: the question "Does she know she's a child?" makes sense to parents, who recognise this as a major problem. Wants other children to admire, but usually shooes them by complete lack of boundaries. No sense of responsibility, not concerned with what is "fitting to her age" (might pick fight with toddler). Despite social awareness, behaviour is unfiltered, e.g. unprovoked aggression, extreme giggling/inappropriate laughter, or kicking/crushing in shop or classroom. Pretens adults but doesn't recognise their status. Seems very naughty, but parents say "not naughty but confused" and "It's not that she can't or won't, but she can't help herself" — parents at a loss as are others. Praise, reward, reproof, and punishment ineffective; behavioural approaches fail. 4. **Lack of mood, impulse, led by need to control:** Switches from smiling to frowning for no obvious reason, or both at once ("I hate you," while hugging, nipping while handholding). Ven-

[@Keirwales](#) can cognitive theories associated to deficits in social constructs of the disorders in the DSM-5 & ICD11, also be not valid social constructs?

[@DrMBotha](#) [@Allison66746425](#) [@milton_damian](#)

I am pretty certain it can be said of coding deficits PDA supposedly has. Newson needed PDA to have coding issues to fit into her own invented Pervasive Developmental Coding Disorders grouping.



[@Keirwales](#) She was questioning what PDA's coding issues were in 1986, 2 years before she reified its behaviour profile in 1988.

[@Keirwales](#) I often go off on tangents. Autism and PDA, more PDA is my passion/

special interest/ whichever term you wish to call it.

[@threadreaderapp](#) please could you unroll?

...