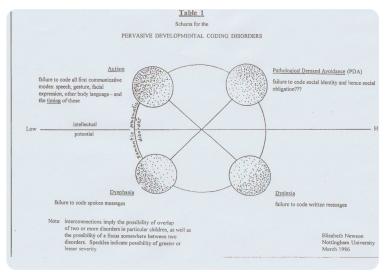
<u>@SamFellowesHPS</u> <u>@stevesilberman</u> I am unsure that is clear. So by biological means something like Tuberculosis has been identified which explains the "Abnormal perceptual experience". I.e., the abnormal experience must due to schizophrenia, not something else?

<u>@SamFellowesHPS</u> <u>@stevesilberman</u> Newson started collecting cases form 1975. Newson was clear in 1980-1983 PDA is not autism & she was aware of Triad of Impairment in early 1980s-1982. I am suspecting that Newson's PDA is actual 1970s Childhood Schizophrenia theory, not 1980s autism theory.

<u>@SamFellowesHPS</u> <u>@stevesilberman</u> It makes sense in broader context. If Newson was basing PDA on Childhood Schizophrenia, which then falls out favour in 1980s. Newson would need a new diagnostic grouping, which she did in 1986, her Pervasive Developmental Coding Disorders.

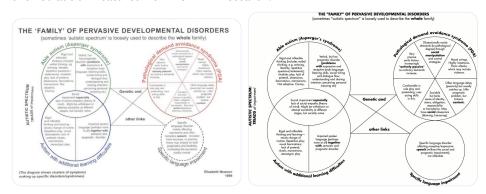


<u>@SamFellowesHPS</u> <u>@stevesilberman</u> It explains why Newson was consistent that PDA was not a form of autism from 1983 to 2003.

"However, I am very clear these are not autistic children." Newson (1983,p3).

<u>@SamFellowesHPS</u> <u>@stevesilberman</u> "PDA is a pervasive developmental disorder but not an autistic spectrum disorder: to describe it as such would be like describing every person in a family by the name of one of its members." Newson et al (2003) supplementary notes.

<u>@SamFellowesHPS</u> <u>@stevesilberman</u> It explains why she never based PDA on the triad of impairment for autism. Why Newson was happy to exclude those who showed autism features from her PDA research.



<u>@SamFellowesHPS</u> <u>@stevesilberman</u> CS: Apparent unawareness of his own personal identity to a degree inappropriate to his age.

PDA: Surface sociability, but apparent lack of sense of social identity, pride, or shame.

@SamFellowesHPS @stevesilberman CS:Distortion in motility patterns.

PDA: Neurological involvement: Soft neurological signs are seen in the form of clumsiness and physical awkwardness.

<u>@SamFellowesHPS</u> <u>@stevesilberman</u> CS: Acute, excessive, and seemingly illogical anxiety as a frequent phenomenon.

PDA: outbursts, screaming, hitting, kicking; best construed as panic attack. 60% have extreme outbursts or panic attacks goes "over the top" in protest or in fear reaction.

<u>@SamFellowesHPS</u> <u>@stevesilberman</u> CS: Apparent unawareness of his own personal identity to a degree inappropriate to his age.

PDA: motivation to avoid demands is so sustained, and because the child knows no boundaries to avoidance. Linked to illogical anxiety as in CS above?

<u>@SamFellowesHPS</u> <u>@stevesilberman</u> CS: Gross and sustained impairment of emotional relationships with people.

PDA: Lability of mood, impulsive, led by need to control: Switches from cuddling to thumping for no obvious reason; or both at once.

<u>@SamFellowesHPS</u> <u>@stevesilberman</u> CS: Sustained resistance to change in the environment and a striving to maintain or restore sameness.

PDA: Continues to resist and avoid ordinary demands of life. (WITH) strategies of avoidance are essentially socially manipulative.

<u>@SamFellowesHPS</u> <u>@stevesilberman</u> The "pathological" descriptor for PDA, can even be viewed as from CS criteria.

CS: Pathological preoccupation with particular objects or certain characteristics of them, without regard to their accepted functions.

<u>@SamFellowesHPS</u> <u>@stevesilberman</u> CS: Pathological preoccupation with particular objects or certain characteristics of them, without regard to their accepted functions.

PDA: Obsessive behaviour: Much or most of the behaviour described is carried out in an obsessive way

<u>@SamFellowesHPS</u> <u>@stevesilberman</u> CS: Abnormal perceptual experience (in the absence of discernible organic abnormality).

PDA: Comfortable in role play and pretending.

<u>@SamFellowesHPS</u> <u>@stevesilberman</u> CS: Speech either lost, or never acquired, or showing failure to develop beyond a level appropriate to an earlier age.

PDA: Language delay, seems result of passivity.

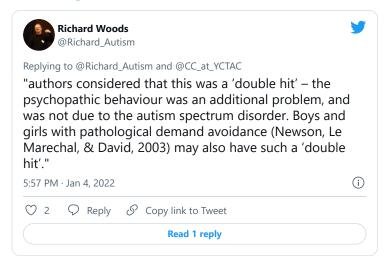
<u>@SamFellowesHPS</u> <u>@stevesilberman</u> PDA being based on Childhood Schizophrenia would explain why in 1991 Wing discussed PDA alongside other forms of childhood psychosis.

Below image is from Frith (1991, p106).

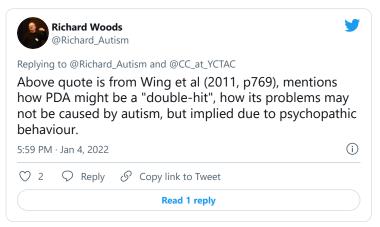
to and since the work of Kanner and Asperger. Some authors considered that all these could be grouped together as one single condition, namely, childhood psychosis, which they regarded as the childhood variant of schizophrenia (Bender, 1947, 1961; Rank, 1949; Sarrek, 1956; Goldfard, 1970; O'Corman, 1970; C'Cetak, 1961, 1964).

Other authors attempted to identify specific syndromes. De Sanctis (1966, 1908) applied the terms 'dementia precocissisma' and 'dementia precocissima catatonica' to conditions characterised by social and cognitive deterioration and stereotyped behaviour following a varying period of normal development. Heller (translated by Hulse, 1954) described similar conditions for which the term 'dementia nafrantisi' was used. Some of the children these authors wrote about died within a few years following the regression, but, in others, their condition stabilised at a low level of function. In these, the clinical pictures were strongly reminiscent of severe autism associated with severe retardation. Earl (1934) wrote a vivid account of a group of adolescents and adults who functioned as severely or profoundly mentally retarded with no speech or self-care but with some motor skills, who were indifferent to people and absorbed in repetitive, stereotyped movements of. fingers, limbs and body. He referred to this clinical picture as the 'primitive cataonic psychosis of idioo,'. Mahler (1932) described a group of children with abnormal social relationships, speechally "empty clinging" to adults, echolalia and repetitive speech on brazere themes, to which she gave the name 'symbiotic psychosis'. Newson (1938) wrote about children with what she called the 'demand avoidance syndrome' with some features reminiscent of Mahler's group. They had repetitive speech and play, accurately mimicking people, inappropriate social interaction and a marked tendency to react on any demand from other by traction of avoidance, which appeared to be manipulative, although in fact they lacked real social skills.

@SamFellowesHPS @stevesilberman



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<u>@SamFellowesHPS</u> <u>@stevesilberman</u> PDA being based off 1970s Childhood Schizophrenia explains why Wing (with Gould & Gillberg) suggested in 2011 that PDA might be a "double-hit" with PDA not being caused by autism, but psychopathic behaviour.

<u>@SamFellowesHPS</u> <u>@stevesilberman</u> PDA being based off 1970s Childhood Schizophrenia explains why Newson was so adamant PDA was not an ASD & seemed to go out of her way to ensure PDA could not be viewed as an ASD.

@SamFellowesHPS @stevesilberman @threadreaderapp please could you unroll?

Thank you in advance.

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