



**Richard Woods** @Richard\_Autism

11 Dec · 47 tweets · [Richard\\_Autism/status/1337505482953527297](https://twitter.com/Richard_Autism/status/1337505482953527297)



[@ekverstania](#) How I define autism is an interesting question.

[@ekverstania](#) I do not have time to do a blog post on this so I will do my best to cover here briefly.

[@ekverstania](#) First point is that, I think autism is complex, it is not a simple concept. Any such approach to do so, is going to have issues. At the same time, depending on the situation, I can be happy working with such models, like DSM-5 autism criteria.

[@ekverstania](#) I define autism as an interactive construct, that is dependent on: (1) a person's autistic features; (2) the situation the autistic person is in at any given moment; (3) the bias of each observer, the autistic person has.

[@ekverstania](#) To get an accurate representation of what autism is, you need to map multiple dimensions. It is an interactive phenomenon with its environment. There are multiple reasons for this.

[@ekverstania](#) First off, each autistic person will have their own constellation of features that are attributed to autism. These features will also interact with any comorbidities & vice versa. This is with a person being by themselves and relaxed.

[@ekverstania](#) We know that the features of autism, vary depending on age of the person. The situation the person is in. A highly distressed autistic person, is typically displays more pronounced autism features.

[@ekverstania](#) So you have to model environment and situation an autistic person is in, in order to adequately show how it presents in any given moment.

[@ekverstania](#) It is even more complicated than that, as an observer's bias will affect, how they interpret where autism starts and stops.

[@ekverstania](#) We know clinician bias, is a barrier to diagnosing autistic females. How caregiver's bias, can deny certain opportunities to their autistic Child & Young Person's.

[@ekverstania](#) A lot of this is from double empathy problem research. Wider knowledge of each person around what autism is.

[@ekverstania](#) I would have different axis for each individual factor. It is a multi-dimensional phenomenon. While a person is autistic, autism as a phenomenon is broader than that.

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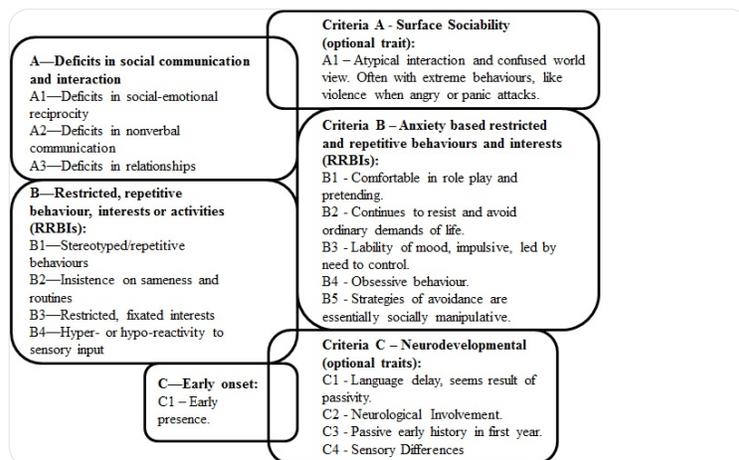
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[@ekverstania](#) I will also add that most autistic persons do not want autism to be divided. We know from debate autistic persons vs person with autism, that majority view is generally accepted to represent community's wishes.

[@ekverstania](#) Which makes sense for "autistic features" to not be dividable either; this supported by evidence that autism cannot be divided.

[@ekverstania](#) Thinking about it, one can take a similar approach to for PDA. So one would have "Demand Avoidance" features, which would be the core ones as set out here for example.



[@ekverstania](#) These core demand avoidance features would be interactive with the situation they are in and co-morbid that a person has, obviously how they present is also impacted by the age of a person.

[@ekverstania](#) Also "demand avoidance" features being transactional with their

environment fits into current understanding taken in PDA literature.

Then what you call PDA is then socially constructed by the interaction of demand avoidance features and observers bias.

[@ekverstania](#) So it explains that Help4Psychology Extreme Demand Avoidance and Rational Demand Avoidance groups are arbitrary distinctions.

[@ekverstania](#) Which again makes sense as the distinction between Rational Demand Avoidance group and Extreme is arbitrary; due to various factors. Especially when many CYP in RDA group, cannot rationalise their demand avoidance, so it would be irrational too.

[@ekverstania](#) So demand avoidance features, would represent a broader group of people, including those at lower end of PDA diagnostic thresholds, such as seen in Gillberg et al (2015), or diagnosed using the EDA-Q.

[@ekverstania](#) Then acknowledges between the groups is again arbitrary, resulting from the bias of the observers. So demand avoidance features themselves would not be dividable.

Wider social interaction phenomean, a suitable name is needed, like Demand Avoidance Phenomena.

[@ekverstania](#) Again this all needs further reflecting and working out exact specifics.

[@ekverstania](#) Worth pointing out PDA literature states it has nothing specific to it.

[@ekverstania](#) So to clarify, the autistic features/ demand avoidance features, are features that located to the individual, that:

- mutually interact with a person's comorbids.
- Are affected by the person's environment and situation.

[@ekverstania](#) For something to be considered an "X" feature, it would need to be backed up by research. I am thinking that features would be grouped into traits. Traits have to universal among the population, but features do not.

[@ekverstania](#) This makes sense, most psychological based constructs exist within a spectrum. We know that how features in autism and PDA change depending on a person's circumstances.

[@ekverstania](#) An implication of this is that if a trait is comprised entirely of features that is not universal, it cannot be considered to be a trait of said population. Meaning that autistic/ demand avoidance traits are indivisible.

[@ekverstania](#) Again a person is either autistic or not. No autistic person is more "autistic" than another autistic person.

Again would be same for a person with demand avoidance features.

[@ekverstania](#) We know that there are no biomarker tests for "mental disorders", i.e. they are all social constructs. So this means that there is no direct tests for identifying autistic features, same for demand avoidance features.

[@ekverstania](#) So what is being diagnosed then?

Simple "autism" and Demand Avoidance Phenomena (PDA/ EDA/ RAD etc). So the broader phenomena that is autistic features/ demand avoidance features interacting with observers bias.

[@ekverstania](#) This again makes sense as a mental disorder diagnosis is subjective and is essentially the clinician's opinion.

[@ekverstania](#) What clinicians try to do when identifying a mental disorder is to minimise the gap between their bias and the autism features/ demand avoidance features present in a person.

[@ekverstania](#) So you can do this, using: questionnaires, observation schedules, semi-structured interviews, school reports, many raters (caregivers/ teachers etc) completing questionnaires, getting to know the person.

[@ekverstania](#) So to be clear it is the broader phenomena that is shaped by social interaction and observer's bias that is being diagnosed, not the autistic features/ demand avoidance features themselves.

[@ekverstania](#) So it is important to use clear and precise language and not to conflate terminology.

Any divisions in a population, are arbitrary, done at the broader, diagnostic level.

[@ekverstania](#) There is important, that autistic features and demand avoidance features, are not inherently pathologised, this is done at autism/ PDA level, by the observers bias.

[@ekverstania](#) So for example autistic features, may not be as pronounced as seen in non-autistic persons, but it does not mean it is deficit.

[@ekverstania](#) As a feature is not static, can change over time, the situation the person is in. This representation of autistic features produces the spiky skills profile known for in autism.

[@ekverstania](#) What this means, is that deficits are socially created, created at the broader level on when autistic feature/ demand avoidance features interact with the observers bias. While autistic features views autistic persons as fully human.

[@ekverstania](#) I am going to stop this thread here. I think it sets out enough points. I need to make more time to fully flesh it out.

[@threadreaderapp](#) unroll please.

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