



Richard Woods @Richard_Autism

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This is a fundamental reason why I am so annoyed that key "PDA is an ASD" have not tried to investigate if divergent outlooks on PDA are valid. They basically assumed that their own views on PDA are correct & everyone else's is mistaken (& also on autism).



It is so arrogant to only conduct research & advocate for PDA as an ASD, despite the literature being contested, with both evidence & other experts stating PDA is seen outside of autism. Also PDA maybe other things, like an Attachment Disorder.

It is NOT scientific to only conduct research to support one outlook on the topic, such as PDA is an ASD (this has been happening). Researchers should not be favouring any particular outlook over another.

This is the crux of, divergent outlooks for PDA should have tried & tested before assuming PDA is an ASD and lobbying for PDA's acceptance as an ASD. Such engagement with divergent perspectives, just has not happened.

Just an idea of how arrogant it is only conduct research for PDA as an ASD, & to lobby for it. For are only some of the things that would have to be mistaken for "PDA is an ASD" advocates to be correct.

Elizabeth Newson stating PDA is not autism, and it is a mistake to view PDA as an ASD.

Anxiety is not part of autism, but a co-occurring issue.

That all attempts to divide autism through clinical and research means have failed, i.e., autism cannot be divided; that autism is an indivisible construct, and nature of support between subtypes is the same.

That is PDA is its own distinct clustering of features (which is supported by multiple studies), & Newson's own comments that PDA needs to be substantially different to autistic disorder & Asperger's Syndrome.

All the research and expert that says PDA is seen in non-autistic persons. Christopher Gillberg's prediction PDA is a common Disorder, possibly a new type of Disorder.

Basically our entire understanding of what autism is, that it is a way of being, a pervasive way of thinking. As it is OK for anyone who has RRBI's & social communication issues behavioural patterns to be viewed as autism.

So PDA does not even need to be developmental in nature, for persons with PDA to be viewed as autistic (so what is the point in autism needing to be early infancy?)

The fact that Disorders are heterogeneous, spectrum conditions with poor boundaries, and that they can have features that overlap other Disorders. As PDA has to have a hard boarder for it to be an ASD (Eaton and Weaver 2020).

When a feature actually becomes "pathological" in nature. A feature becomes pathological when it impacts only area of functioning, i.e., it does not have to be seen in multiple contexts, or be pervasive.

Also those who think PDA is related to constructs that are related to trauma, like Attachment Disorders and Personality Disorders.

All the persons who think PDA can be seen in "milder" presentations, both inside and outside of autism.

For the record, if you do not believe me that PDA needs to be developmental in nature, here are the latest views of the [@PDASociety](#)



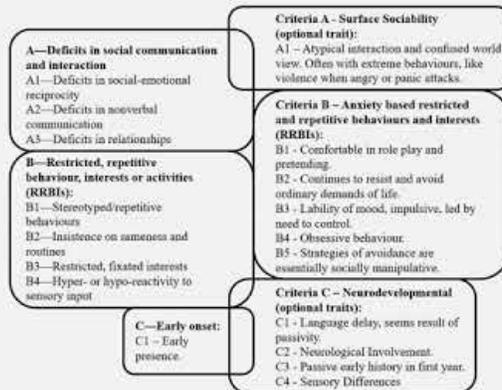
Also that most/ all people have a "need for control" and benefit being in charge of their lives, would also need to be mistaken.

"a need for control which is often driven by anxiety or an automatic 'threat response' in the face of demands"

...

TIME TO PROFILE YOU.

Autism (left) + PDA Traits (right), my view.



Aut|medes

PDA is not an ASD.

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<https://www.youtube.com/embed/GSIdMzDMC-w>

This is a strong list of everything that needs to be mistaken for "PDA to be an ASD", just off the top of my head. That [@KeatesResearch](#) partly explains why I have strong case for my position on PDA.

Why I find it ludicrous that we are meant to just blindly accept the claims of "PDA is an ASD" advocates, that PDA is an ASD; because so much opinion & established understandings need to be mistaken for them to be correct on the topic.

[@threadreaderapp](#) unroll, if you could?