



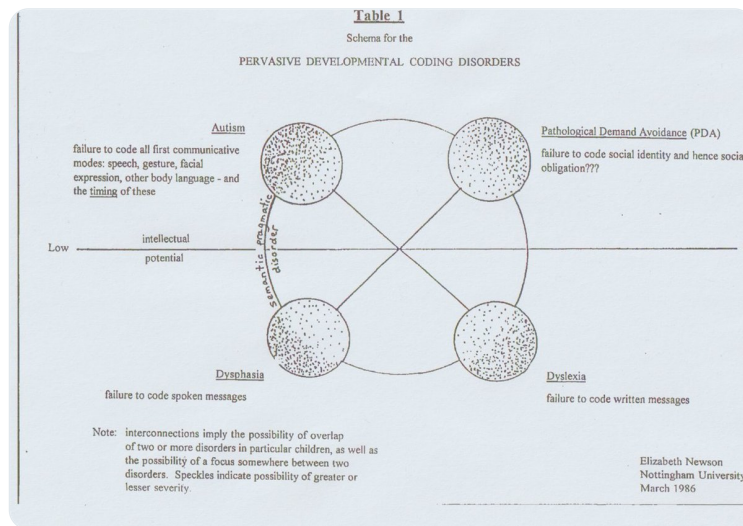
Richard Woods @Richard_Autism

Jan 10, 2022 · 22 tweets · [Richard_Autism/status/1480580714219327491](https://twitter.com/Richard_Autism/status/1480580714219327491)

[@SamFellowesHPS](#) [@stevesilberman](#) 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?

[@SamFellowesHPS](#) [@stevesilberman](#) 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.

[@SamFellowesHPS](#) [@stevesilberman](#) 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.

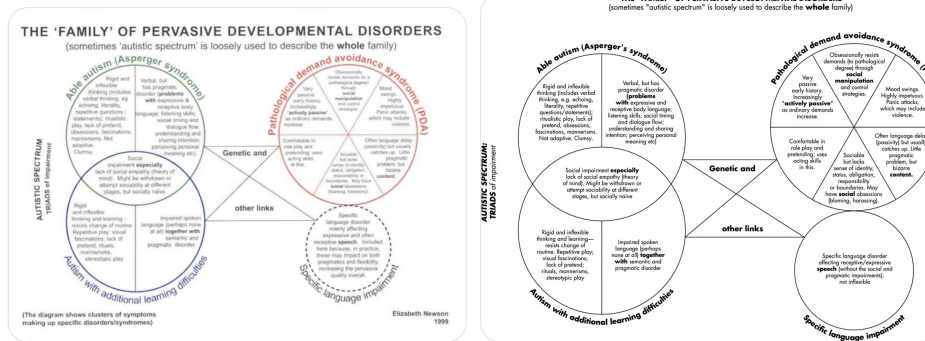


[@SamFellowesHPS](#) [@stevesilberman](#) It explains why Newson was consistent that PDA was not a form of autism from 1983 to 2003.

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

[@SamFellowesHPS](#) [@stevesilberman](#) “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.

[@SamFellowesHPS](#) [@stevesilberman](#) 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.



[@SamFellowesHPS](#) [@stevesilberman](#) 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.

[@SamFellowesHPS](#) [@stevesilberman](#) 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.

[@SamFellowesHPS](#) [@stevesilberman](#) 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?

[@SamFellowesHPS](#) [@stevesilberman](#) 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.

[@SamFellowesHPS](#) [@stevesilberman](#) 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.

[@SamFellowesHPS](#) [@stevesilberman](#) 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.

[@SamFellowesHPS](#) [@stevesilberman](#) 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

[@SamFellowesHPS](#) [@stevesilberman](#) CS: Abnormal perceptual experience (in the absence of discernible organic abnormality).

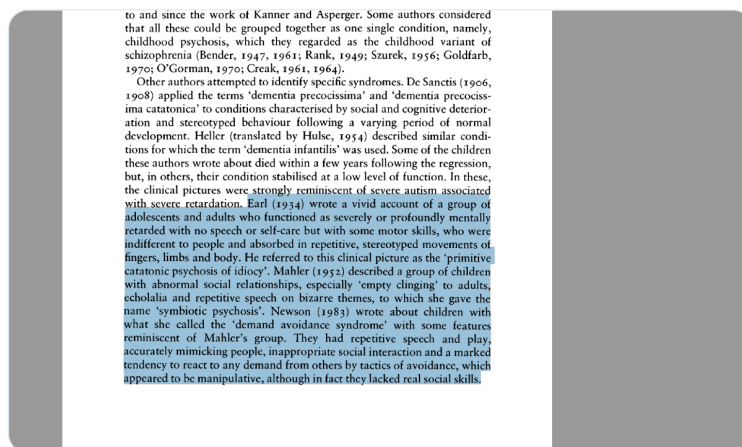
PDA: Comfortable in role play and pretending.

[@SamFellowesHPS](#) [@stevesilberman](#) CS: Speech either lost, or never acquired, or showing failure to develop beyond a level appropriate to an earlier age.

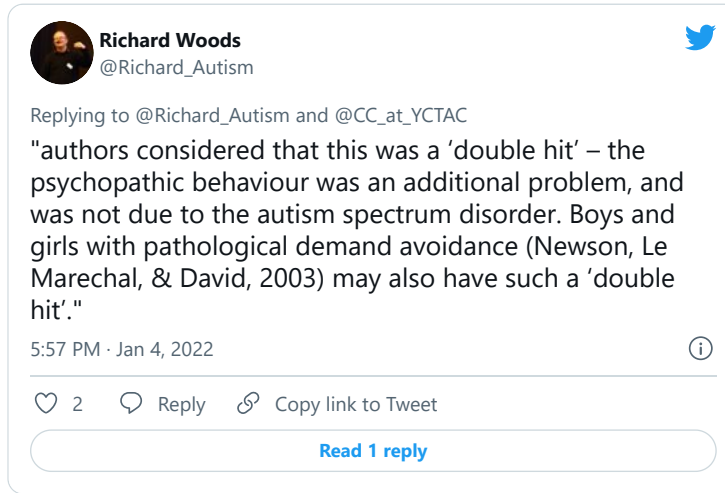
PDA: Language delay, seems result of passivity.

[@SamFellowesHPS](#) [@stevesilberman](#) 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).



[@SamFellowesHPS](#) [@stevesilberman](#)



Richard Woods
@Richard_Autism

Replying to @Richard_Autism and @CC_at_YCTAC

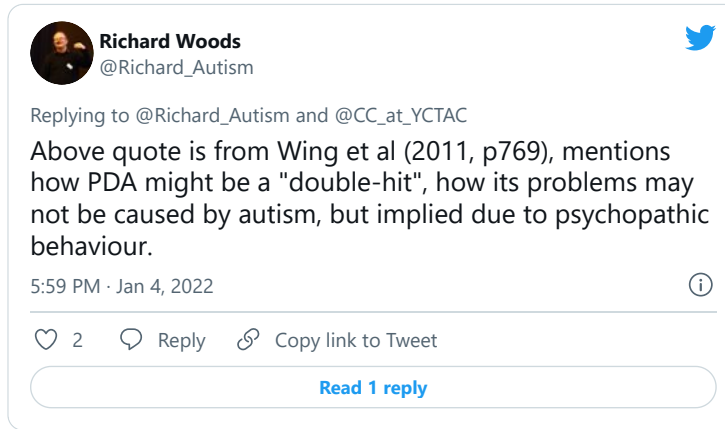
"authors considered that this was a 'double hit' – the psychopathic behaviour was an additional problem, and was not due to the autism spectrum disorder. Boys and girls with pathological demand avoidance (Newson, Le Marechal, & David, 2003) may also have such a 'double hit'."

5:57 PM · Jan 4, 2022

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Richard Woods
@Richard_Autism

Replying to @Richard_Autism and @CC_at_YCTAC

Above quote is from Wing et al (2011, p769), mentions how PDA might be a "double-hit", how its problems may not be caused by autism, but implied due to psychopathic behaviour.

5:59 PM · Jan 4, 2022

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[@SamFellowesHPS](#) [@stevesilberman](#) 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.

[@SamFellowesHPS](#) [@stevesilberman](#) 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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