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Autism

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The word "autism" is being used more and more often, and has also become known to the wider public in recent decades. What does that mean? Who are autistic people? Quirky loners with a lack of manners? Ingenious memory artists? Highly gifted mathematicians?

There is no doubt that there are also gifted people among autistic people. However, a large proportion of autistic people have mental or learning disabilities, cannot speak or can only speak to a limited extent, cannot live independently, and are dependent on help for the rest of their lives. Autism is one of the most profound developmental disorders. Even if those affected develop over the course of their lives, autism cannot be "treated away".

Disability or ability?

According to medical opinion, autism is a **disability.** The fact that it is one of the profound developmental disorders means that the disability persists for a lifetime, even if progress in development is quite possible.

There are autistic people who do not define their own autism as a disability, nor themselves as disabled. They call it a "state", **"being different".** So every person has his or her right to his or her own definition. If someone is more easily affected, such a view is understandable.

Some autistic people have special, e.g. artistic or mathematical skills, an exceptionally good memory, an amazing perception of detail. Nevertheless, autism makes their lives more difficult by making access to social contacts, employment, independent living, and enjoyable leisure activities more complicated or impossible. Anxiety, loneliness, lack of energy often characterize everyday life.

The term **"neurodiversity"** is generally more accepted by autistic people. This definition takes differences as natural human variants and not as deficits. The term "neurodiversity" applies to a large group of people, not only people with autism, but also with other characteristics, e.g. attention deficit disorder, ADHD, or dyslexia.

Whichever term you prefer: Life in a neurotypical society is a daily, energy-sapping challenge for the neurodiverse minority, including autistic people.

Diagnoses

In the International Classification of Disorders (ICD 10), autism is coded F84.0-84.5 and is divided into three subgroups: early childhood autism (F84.0), Asperger's syndrome (F84.5) and atypical autism (F84.1).

In the ICD 11, autism is found under 6 A 02. According to the view represented there, autism has a **spectrum character,** hence the name autism spectrum disorder. In this concept, intellectual, linguistic skills and the need for help play the greatest role, and the classification is based on these abilities.

The name **"early childhood autism"** meant that the abnormalities became apparent very early, in the first three years. This type of autism includes learning or intellectual disability, language development problems, and major deficiencies in the ability to be independent. Due to limited communication skills and behavioral characteristics, some autistic people give the image of a severe mental disability to the outside world, which is not necessarily present. The impression can be deceiving.

In **Asperger's syndrome** , there is no delay in language development, and those affected have average or above-average intellectual abilities.

Although these terms have now been replaced by the term "autism spectrum", they are still in use and show a little more concretely which form is involved.

Almost all autistic people, regardless of the subgroup, have in common in the following areas: specific perceptual characteristics that correspond to high sensitivity: fine hearing, sensitivity to light, sensitivity to touch and abnormalities in communication and interaction, as well as narrowly

defined special interests. They prefer routine, like constant circumstances, have problems with change. They also have problems with emotional regulation, with self-organization skills, with the ability to make decisions.

Late or Missing Diagnoses

Early childhood autism is usually diagnosed early, because the large developmental delays, lack of language or severely delayed language development, behavioral and communication problems quickly force parents and pediatricians to search for the causes.

People with Asperger's syndrome are diagnosed later because the abnormalities are not immediately visible, but only later, during their school years, when social-communicative skills become more and more important.

Asperger's syndrome was only recognized as an independent, profound developmental disorder in the International Classification of Disorders (ICD10) in 1992. Years passed before suitable diagnostic methods were developed, tested and disseminated.

Since the 2000s, more and more people have been able to be diagnosed with Asperger's syndrome, and now we have several generations, young and old, well-informed, conscious adults, who are trying to get a diagnosis in order to better explain the difficulties of their lives, understand themselves and seek targeted help.

Because of the better diagnostic possibilities and better level of knowledge, more and more adults and more girls or women can be diagnosed.

In the past, girls/women often fell through the cracks because their abnormalities were perceived as gender-specific behaviors - "girls are shy". This explains the increased number of diagnoses today. Autism is therefore not a fashionable diagnosis, but rather the diagnostic possibilities are more differentiated and accurate than before.

Causes

Autism is a congenital, genetic disability. According to the current state of research, the incidence of autism worldwide and also in Germany is 1%, according to some statistics even higher. Boys and men are about 2 to 4 times more likely to have autism than girls or women.

In addition to the proven genetic factors, environmental toxins, the use of certain medications during pregnancy and an older age of the parents are discussed.

Educational errors have been refuted as the cause of autism.

The genetic factors are obvious, because there are often other family members with autistic characteristics in the extended family of the autistic child, but who may never have been diagnosed.

Perception

The perception specific characteristics are caused by a different type of central stimulus processing. The perceptual stimuli are not filtered in the same way as in people without autism, so they have a much stronger effect. The perceptual characteristics range from hypersensitivities to subsensitivities, with hypersensitivities occurring more frequently: stimuli such as sounds, light, touch, taste, smell can be processed so intensively that they are experienced as disturbing, even painful. Appropriate protective measures such as wearing hearing protection or tinted glasses can help.

But not every stimulus can be mitigated in everyday life. Enduring this costs autistic people a lot of strength and repeatedly leads to withdrawal behavior as self-protection. If no retreat is possible, a silent or aggressive collapse (shutdowns and meltdowns) can occur. Of course, the sensory problems apply to everyone, including non-speaking autistic people. However, non-speakers have hardly any way to communicate this to us – unless they have learned to express themselves through supported communication. We can only guess from their behavior when sensory overload or general overload takes place and provide them with appropriate help and retreat.

Self-Stimulatory Behavior (Stimming)

Hands fluttering, spinning in circles, humming, fidgeting – we often see these behaviors not only in autistic people, very often in childhood. They serve for self-soothing, thus for regulating feelings, and sometimes for better concentration. Stimming is also used to combat boredom.

Communication

Communication characteristics are reflected in a wide spectrum.

Non-speaking autistic people have few compensatory abilities to express themselves, e.g. through gestures, body language or independent writing. It is a great help if they learn to communicate their wishes, feelings through supported communication via symbols, pictures or letters. A life without access to language and communication triggers hopelessness, continuous stress. Several autistic people report the prison-like feeling of being locked up in oneself.

Speaking autistic people stand out through "monologues", i.e. long lectures on special topics. They cannot perceive whether the conversational partners are interested in the topic or when they get bored. The mutuality of communication is missing.

In **well-speaking** children in the Asperger's area, a precise, eloquent choice of words is noticeable, which is much more mature than in their peers. These "little professors" delve into specific topics at an early age and acquire a considerable amount of information.

Interaction And The Double Empathy Problem

Recognizing facial expressions and feelings, intentions and desires of others is often difficult for autistic people. This lack of social ability causes insecurities in social situations and leads to misunderstandings on both sides, as the environment thinks that the autistic classmate/colleague is not interested in togetherness, in joint activities.

This phenomenon is called **the double empathy problem** and shows the complexity of the relationship between autistic and non-autistic people. Both sides should move towards each other, but autistic people have fewer skills, fewer tools at their disposal. They depend on the understanding and support of neurotypical people, the majority of society.

Through open communication about one's own autism, such situations could be prevented or facilitated, the pressure can be taken off. However, "outing" is complicated, because the consequences are not always positive.

Changes And Routines

Many people on the autism spectrum find it difficult to deal with change, the flexibility to do so is lacking. These can trigger sudden anxiety, refusal behavior, or even aggression. Routines with their predictability help to establish calm and security.

Executive Functions, Self-Organizational Abilities

The ability to distinguish between the important and the unimportant, to make decisions, to turn ideas into reality is severely affected in many autistic people, such as going to the kitchen when hungry and cutting a slice of bread and spreading it with butter, but also in more complex processes such as making appointments, writing emails, answering them, dealing with the authorities, keeping a household in order, to ensure a regular day-night rhythm, etc. To do this, they often need help even in adulthood.

This action-ability weakness – dyspraxia – is present in both non-speaking and speaking autistic people, even though in different forms, and often causes inner restlessness, but also shame.

Behavior

The environment, the outsiders, see special, perhaps confusing, or irritating behavior patterns, and are surprised. This is especially the case with speaking autistic people with good intellectual abilities, where the disability is not immediately visible.

In some situations, conspicuous behavior patterns such as throwing down objects, pushing someone, are often experienced and described as involuntary, not intended in their intensity. The ability to control one's own impulses is limited. Speaking autistic people also have this problem.

Some autistic people fight against their abnormalities with masking.

Masking

Autistic people do not necessarily show their behavioral characteristics in social situations: They suppress compulsions, stereotypical movements and do not freely communicate their need for relaxation, e.g. that they want to end a visit earlier, go home. Some report that they desperately control their own facial expressions by smiling for hours to make them seem more likeable.

The reason for masking is the fear of exclusion, of loneliness, of negative evaluations of oneself. Masking costs a lot of energy.

Energy

Many autistic people have a kind of energy sensitivity: their energy state fluctuates greatly, they feel so exhausted quickly, suddenly, out of the blue, that they have to withdraw or lie down. In this state, they sometimes can't even speak, so they can't explain why they suddenly have to withdraw.

Because of this rapid fatigue, part-time work instead of full-time work and the possibility of taking extra breaks prove to be useful for adults. The limited resilience often prevents them from planning activities, participating in activities with others.

In severe cases, the energy problem is so severe that school attendance, training, studies or employment are not possible. Research sees a possible connection with inflammatory states, similar to chronic fatigue syndrome, not only in autism, but also in neurodiversity in general. Those affected report that despite similarities to burnout and depression, this state of lack of energy feels different, represents something different.

Loneliness And Self-Esteem

The self-esteem of autistic people already suffers from the experiences of exclusion and loneliness in childhood. Basic resilience factors such as self-esteem, self-confidence, basic trust – cannot be fully developed, because the feedback from the respective environment is often negative: "You are wrong", "You don't belong to us", "You are stupid". Bullying experiences are part of the everyday life of many autistic children at school, many say that school was the worst time of their lives. "I just wanted to survive" – reported one boy.

Unfortunately, it is not surprising that depression, anxiety and compulsions result from this.

Comorbid Disorders

Unfortunately, autism rarely comes alone. The most common disorders that occur in addition to autism are: epilepsy, ADHD and intellectual disability. In the psychological area, depression, anxiety, compulsions, addiction (e.g. screen media addiction), and personality disorders occur with a high probability. Sleep disorders are also among the common side effects of autism.

The PDA profile (Pathologic Demand Avoidance, excessive refusal of instructions) is also one of the many side effects of autism. It is not an independent diagnosis and is considered a side effect.

Depression, anxiety and compulsions are highly likely to occur (40 to 50%).

The negative life experiences, the frequent social exclusion, the social misunderstandings, the feeling of lack of control and hopelessness shape the psychological development and the psychological state and reduce resilience.

The comorbidities, especially in combination with autism, put a considerable strain on the quality of life, make development, support and therapy more difficult, and cause painful experiences.

The psychological state is one of the most important therapy goals: Building resilience, supporting psychological balance, even well-being.

Parents

For the parents of autistic children and adults, autism is also a challenge. Parents ensure their autistic children the necessary peace and security in everyday life, while their cooperation is also essential in support and therapy. Catching up on the developmental deficits as much as possible, finding a good kindergarten, a good school, later training, a suitable course of study, a job, or suitable residential facilities occupy the parents day and night, because even when autistic people

grow up, they need further support in everyday life, in decisions, in implementing plans. Above all, the parents also provide emotional stability – they comfort, explain and calm their autistic children at all ages. The task of keeping in contact with the residential facility, keeping an eye on the conditions there in the event of staff shortages and fluctuations, and intervening if necessary is also time-consuming and expensive.

Accordingly, the strength of the parents is demanded throughout life. Due to this special challenge, they also need support to stay healthy and active. Naturopathy can provide good help here.

Counselling, Coaching Therapies

As you can see, there are a number of areas where counseling, coaching, therapy can be necessary and helpful.

Parents often seek counselling. The counselling topics relate to the autistic person: Search for suitable facilities (kindergarten, school, place of residence), choice of profession, recommendations for certain examinations, diagnostic additions. Lifestyle and way of living are also part of the counselling sessions. The state of health and energy, the resilience of the parents and possible solutions to this are also important parts of the counselling.

Special couples come to me for **couples counseling**: both or one of them has autism. Here, the relationship problems are the focus. Communication about the special recovery needs of the autistic person and the understanding of them on the part of the partner play a central role in the relationship. Couples who have disabled children and want to work through their relationship problems also come to counseling. The characteristics of the disabled child use a lot of strength and time, and this circumstance has an effect on the couple relationship.

Coaching is desired by some autistic adults who are in professional life, possibly in a couple relationship or marriage. As a rule, they seek advice because of fatigue, energy fluctuations, and time management.

Therapies go deeper than counseling and coaching. Psychological processes take a long time to be perceived, understood and, if necessary, changed or mitigated in their effects. Therapies can be carried out in **an individual or group setting** . Social training and training of social skills are offered in groups. Different psychotherapy methods can be effective, depending on the topic, task, or need. The therapy goals are different: Harmonization of the mental-physical state, improvement of living conditions, development of greater independence, general personality growth. Anxiety, depression, compulsions, the desire for contacts, friendships, communication techniques or relaxation methods are often part of the therapy sessions. The process of acceptance of autism is fundamentally important. Despite all the acceptance, everyone also has wishes for change.

An important feature of therapies with autistic people is that changes often trigger their anxiety. Here we are experiencing a desire for change with a limited ability to change. This makes therapies with autistic people **long-term therapies.**

It is also important to know that due to the lack of action-ability, even wanted, accepted, desired changes, thoroughly discussed proposals cannot be implemented without help. Another specific feature that must be taken into account is that topics and questions can remain the same for a long time: The lack of flexibility has an effect on the mental-psychological processes. In the client-centered conversational psychotherapy with which I work, no client has the obligation to change. There are always reasons why progress may or may not occur. The therapy process is free of the pressure to perform. And it is precisely in this free space that changes, personality growth, are in the offing.

Therapy Example

Young man with autism and multiple comorbidities
P. was 19 years old when he came to therapy. In addition to Asperger's autism, he had social phobia, severe handwashing compulsions, so that his hands were completely inflamed. He also suffered from depression, which had already been treated with medication, screen media addiction and obesity. Unfortunately, the combination of different comorbidities is not uncommon.

At that time, newly after his secondary school exam, he did an apprenticeship in a training centre founded especially for autistic people. The daily contact with other autistic people did him good, and worked against his loneliness.

He lived with his family.

He complained of constant exhaustion, which was partly physical (metabolism in obesity, side effects of antidepressants, no exercise, little sleep due to night-long video games), partly psychological (little motivation for training, because he was unsure whether afterwards he would be able to get a job and succeed. His social fears were also energy-sapping).

We start with his fears and compulsions, emotion regulation. I worked with client-centered psychotherapy and hypnotherapy methods, as well as with anxiolytic breathing techniques and relaxation exercises (autogenic training and progressive muscle relaxation).

We worked on his motivation, drive and goals. The therapy lasted two years, he successfully passed the exam at the end of his training and immediately got a good job that he was able to keep after the probationary period.

With regard to obesity and physical activation, he took part in physical education classes once a week, which was organized by the training center, but there was still too little exercise. We were able to introduce training sessions at his home on an exercise bike. Training at home was important because of his social phobia, which did not allow the possibility of visits to a gym, nor walks.

The complex situation could only be improved through interdisciplinary cooperation. In addition to psychotherapy and family support, treatment with a homeopath, consultations with a nutritionist, and check-ups with his psychiatrist were also important.

Because he lived with his family, many everyday tasks were taken off his shoulders, which was helpful with his weakness in action-ability so that he did not get overwhelmed. The favourable factors have contributed a lot to this positive development – the auxiliary, accepting, supportive environment both in the family and in education.

A success story? For the time window described above, perhaps, but we know that autistic people are exposed to many crises and status fluctuations in the course of their lives. That is why strengthening resilience plays a major role. The knowledge that "no matter what comes, I can cope with it because I am not left alone with problems, and because I can learn techniques that help me".

Keywords: ADHD, autism, high sensitivity, neurodiversity, mental health, psychosomatics, resilience.

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