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Discovery of Trauma Induced Autism - Three Case Reports and their Review

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Abstract

Autism is characterized by perpetual and unrelenting hyperfocus, the state of intense single-minded concentration fixated on one thing at a time to the exclusion of everything else, including one's own feelings. Most cases of autism appear to be congenital in origin. This report opens the door to the possibility that some cases of autism may be caused by extreme trauma. Three subjects were examined whose documented autism was precipitated by a single event that was experienced as so horrific as to make life too painful to continue living. In each case, the brain instantly responded by permanently altering its neurophysiology so that the person never again experienced emotional pain. Instead of ending their painful lives, these people put an end to emotional pain in their lives – with the unfortunate consequence that they also ended their ability to receive pleasure.

Keywords: Trauma; Cingulate Gyrus (CG); Post Traumatic Stress Disorder (PTSD); Trauma Induced Autism (TIA)

Introduction

Autism is perpetual and unrelenting hyperfocus, the state of intense single-minded concentration fixated on one thing at a time to the exclusion of everything else, including one's own feelings.

- Hyperfocus appears to be caused by a dysfunctional cingulate gyrus (CG), that part of the brain which focuses attention.
- Forty-four traits caused by hyperfocus are documented in Appendix A.

Until 2018, all my experiences of autism supported the hypothesis that autism is congenital. Although symptoms of autism may not become apparent for several years, the unique neurophysiological anomaly that is autism appears to be present at birth. This was the conclusion I had reached after studying 21 autistic people, including myself and three family members.

Literature Review

While reviewing my notes in 2019, I noticed that four case histories similar in that each person had suffered a single incident of extreme trauma. I was able to re-interview three of these people, and the evidence provided by so doing led me to conclude that in each case it was the trauma that had induced the autism.

Differential diagnosis

At the time of re-examination in 2019, all three subjects were determined to have autism rather than Post-Traumatic Stress Disorder (PTSD), according to the schedule of criteria below. From their histories it was inferred that their brains would have been profiled as neurotypical, if examined prior to their respective defining traumatic incidents.

PTSD is characterized by persistent mental and emotional distress caused by specific traumatic events or terrifying experiences. Trauma induced autism (TIA) is an extreme coping mechanism that changes the neurophysiology of the brain in situations where one feels that his/her entire life is too painful to continue living. TIA prevents a person from ever feeling pain again, at the price of cutting off the ability to feel any emotion at all (Table 1).

Variables	Autism	PTSD	Neurotypical
Hyperfocus	Hyperfocus[1]	N/A	N/A
Cingulate Gyrus	Dysfunctional	Functional	Functional
Amygdala	Inactive	Active	Active
Left Frontal Lobe	High alpha activity	High alpha activity	High beta activity
Social Aspects	Unable to understand and respond to the needs of others	Social skills unaffected by PTSD	Varying degrees of social skills, depending on personality
Emotional Effects	Incapable of feeling emotion. Processes emotions intellectually.	Resists memories of specific events that were emotionally devastating.	Emotions flow freely.

[1]Hyperfocus is defined as perpetual and unrelenting attention fixated on one thought or stimulus at a time, to the exclusion of everything else, including one's own feelings.

Table 1: Differential diagnosis of all three subjects.

The Litmus test for autism

All three subjects passed with flying colours the litmus test for hyperfocus, the unique and defining characteristic of autism. Hyperfocus prevents someone from dividing attention between two thought patterns or two stimuli at the same time. An autistic person talking to you is incapable of feeling any emotion in that moment. The surest way to find out if someone is autistic is to ask these five questions, to which you will receive the following responses [1]:

- How often do you cry? "Never" or "Rarely"
- How often do you laugh? "Never" or "Rarely"

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- What are you afraid of? Either "nothing" or an intellectual answer
- What are you feeling right now? Either "nothing" or an intellectual answer
- Do you ever get bored? "Never"

Example of an intellectual answer: "No, I'm not angry. That wouldn't be logical."

Anyone who answers all five questions as above is autistic. Anyone who answers four or fewer as above is not autistic. [Note: If the person answers the third question with a phobia (e.g., of heights), then re-ask the question this way, "Aside from this phobia, do you normally experience fear of any kind?"].

Case Series

Case 1: Subject A

Subject A was born shortly after his father had been killed in a military accident. Subject A's family reported that until age five this child had been affectionate, socially interactive, and emotionally expressive. At age six, his mother married a man with a narcissistic personality disorder (NPD). From that point on, both parents neglected Subject A's emotional needs and frequently left him alone without a baby-sitter [2].

Subject A remembers his failed attempt to commit suicide shortly before his seventh birthday. He wanted to end his unbearably painful life by joining his daddy in heaven – and almost succeeded [3]. Clad in a makeshift military uniform and with a rope fashioned into a hangman's noose, the young lad had climbed to the top of his backyard fence and was about to scale the spikes sticking out of an adjacent telephone pole when a neighbour suddenly appeared and shamed him out of it. Subject A was thus not able to end his painful life; however, his trauma induced autism prevented him from ever again feeling pain in his life [4].

Until he left home at age 16, Subject A was the victim of continuing abuse and neglect that have his present family cringing in horror whenever he recounts one of those episodes. To him they were just things that happened about which he experienced no emotion, neither at the time nor in the telling of them afterward. He did not even realize that he was being abused.

Subject A describes himself as an emotional flat liner. He never laughs nor cries, never gets excited about anything, and always has the same deadpan facial expression. Subject A wanted to become a teacher but did not enjoy interacting with students. Instead, he settled on a career of one-way communication by writing a series of self-health care books which have been instrumental in facilitating positive change in many people's lives [5]. None of the praise or recognition Subject A has received for his work evokes any emotion in him, however.

Subject A's hyperfocus has enabled him to acquire encyclopaedic knowledge on several topics. It has also made him a formidable public speaker who never experiences fear or nervousness [6]. He excels at monologues, during which he has no awareness of how his audience is receiving or perceiving him.

Case 2: Subject B

Subject B showed me a photo of herself taken at age 4, in which she was excitedly playing outdoors and simultaneously making a strong emotional connection with the photographer in a way that no autistic child could. Two years later, all that changed. She never again felt excitement nor being emotionally connected to others.

At age 6, Subject B was forced to watch her father threaten her mother at gunpoint. Her mother knew her abusive husband would not pull the trigger if his daughter was watching. As an adult, Subject B has no social awareness and has difficulty figuring out other people's motivation. She pays more attention to her older son and cannot figure out why doing so upset her younger son. If a friend gives her a hug, Subject B asks, "Why are you doing that?"

Subject B's hyperfocus has given her eidetic memory, which is of considerable benefit in her career as a technical support consultant and web designer. Hyperfocus also makes her impatient with people who keep repeating themselves in conversation [7]. "Why don't they remember what they say?" she asks herself, completely missing the point that repetition is often for the purpose of emotionally connecting to the listener, to make sure the speaker is being understood.

Case 3: Subject C

Subject C was outgoing and socially interactive as a child. As a teenager, his favourite activity was going to dances with his best friend. At age 18, Subject C witnessed this best friend being crushed to death in a mine collapse. From that moment on, he never again experienced emotional pain or pleasure. Whenever adversity struck his life, it was just something that happened about which he felt nothing.

Subject C's fearlessness made him a formidable opponent in the ring. For seven years straight he was a lightweight Golden Gloves boxing champion, never once having been knocked off his feet in all that time. Subject C has survived multiple strokes, multiple heart attacks, and multiple open-heart surgeries. When asked if he is afraid of dying, his response was, "No. If it happens, I'm OK with that."

Love and empathy

None of these three subjects have ever experienced love or empathy. Subject A has been able to figure out intellectually what these emotions mean, but the other two subjects have not. Subject C confided that one woman to him is as good as any other?

Discussion and Conclusion

If autism can be induced by trauma in three individuals, then it is possible that trauma may cause autism in many others. However, three is an insignificant sample size from which to project meaningful information over the entire population of autistic people. We do not yet know if trauma induced autism is rare or commonplace. More research is required, and perhaps this can be facilitated by clinicians adding specific questions about trauma to their patient histories.

What is fascinating about these three cases is that they appear to be entirely psychosomatic in origin. If so, then perhaps there will one day be discovered a psychosomatic method to reverse trauma induced autism. Hypnosis is unlikely to work, because an autistic person cannot divide attention between the instructions and the experience s/he is supposed to be having. Psychotherapy is unlikely to work, because a person whose brain is locked into perpetual hyperfocus cannot be talked out of it.

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