

The Revelatory Journey of Fine-tuning the Diagnosis of an Adult Male on the Autistic Spectrum – Asperger Syndrome/High-functioning Autism with Corollary Diagnoses

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ABSTRACT

This article provides an account of the revelatory experience of diagnosing a high-functioning, autistic, adult male by a non-specialist medical practitioner and its implications for knowledge, attitudes and practice in dealing with the autistic spectrum.

Keywords: Adults, Asperger syndrome, diagnosis, high-functioning autism

Viaje revelador al configurar el diagnóstico de un varón adulto en sintonía con el espectro autista – síndrome de Asperger/autismo de alto funcionamiento con diagnósticos corolarios

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RESUMEN

Este artículo ofrece un reporte de la experiencia reveladora del diagnóstico de un varón adulto autista de alto funcionamiento por un médico no especializado y sus implicaciones para el conocimiento, las actitudes y la práctica al tratar con el espectro autista.

Palabras clave: Adultos, síndrome de Asperger, diagnóstico, autismo de alto funcionamiento

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INTRODUCTION

This paper was inspired by the fact that despite the upsurge in the prevalence or diagnosis of autistic conditions, the majority of information on knowledge, attitudes and practice (KAP) concerning autism is shared only among those with the condition, those that care for/live with them and the still relatively few specialists in the field (1, 2). Medical authorities remain unwilling/unable to make a categorical statement about whether the upward trend is due to more diagnosis or actual prevalence (2). This paper was written by a non-specialist in autism and reviewed by the client in keeping with

the fact that although an autistic person, particularly the high-functioners, can resort to manipulative behaviours, any interaction with them must be seen to be convincingly free of the same (3).

Autism is viewed as a spectrum of conditions with the cardinal issue being social and interpersonal dysfunction and difficulty, although the intelligence quotient (IQ) can range from low to genius level. The ability to function socially can also range from poor to high, and with the latter, it is often unclear what is atypical, other than that the person seems 'different' or 'weird' (2).

The subject of this paper, a Jamaican, met the author on leave from his long-time residence in the Middle East. Unusually, he informed the author that she would be his doctor, based on no real acquaintance and despite the geographical distance. His statement was originally disregarded. Despite familiarity with autism, friends and acquaintances with autistic charges and a colleague specialist in autistic speech therapy, this case was a wake-up call proving to the author the medical profession's need for KAP information regarding autism.

CASE REPORT

The client was in his later middle years, a known hypertensive and, unbeknownst to the author at the time of meeting and for most of the therapeutic contact, reportedly had been diagnosed 10 years previously as autistic. Among blood relatives in the generation following his were another male on the spectrum (likely high-functioning based on observed social and academic success) and a female with a nebulous psychiatric diagnostic history. Based on her case notes, the author used the term 'nebulous' because the diagnosis was changed from bipolar to borderline personality with corollary diagnoses of narcissistic tendencies, depressive episodes and temporary psychotic episodes with a reference to the fact that the diagnostic path would remain under review even at the approximately 10-year mark of formal medical supervision. In addition, this woman's medications were also changed with a note regarding observation. The client's nuclear family grew up in a town within a five-mile radius of at least five other families with no blood links in which there were other formally diagnosed cases of autism, dyslexia and attention deficit hyperactivity disorder (ADHD) in the same and the following generations as the client's. The town was among those built around the bauxite and aluminium industry and not one of the Maroon or German settlements where intermarriage was common. Of note, the client's mother had a sclerotic condition, although it was not diagnosed as tuberous sclerosis (4). She had failed pregnancies before conceiving the client, a first-born. She stated that at an appropriate age, 'we had to insist he leave home'.

The request for a long-distance therapeutic relationship was eventually taken seriously when the client, *via* online sessions, made the following complaints: 'a bit depressed', a long-standing scalp lesion which he dug at relentlessly, repeatedly creating an approximately 1 cm craterous sore, and disillusion about not being stably married or having any children at his age and stage. On his third disintegrated marriage, he felt that the marriages had

had severe emotional, financial and career advancement costs. He acknowledged himself as a 'bad husband' and felt himself victimized by his former and current spouses. He said he had never lived conjugally for more than three years. He had grown up in a family in which the mother loved and viewed him as 'different', but specialized investigation and contact were never undertaken. The 'difference' was subsumed in a competitive and academically successful household where all (parents and siblings alike) were achievement-oriented. This 'difference' also included the client's shyness which could have been a natural introversion or brought on by his own awareness that he was 'different' or a synergistic blend of both. The causality within and between corollary phenomena in the study of autism is often murky (2).

In retrospectively considering the client's probable earlier diagnosis of autism, dealings with him led this author only in the direction of Asperger syndrome now being considered the same as high-functioning autism (HFA), although still debated (2). In fact, the client's high IQ and his professional and verbal adeptness (congruent with advanced tertiary education) at first caused the author not to consider the autism spectrum. Only because literature review turned up Asperger syndrome followed by its relation to the spectrum did the author make the connection to autism. In those with HFA and Asperger syndrome, the IQ is always normal or above the neurotypical average compared to other forms of autism but still with the same social difficulties at their core (2). It is unknown whether the client's diagnosis was incomplete or if on hearing the term 'autism' he left therapeutic contact so that no further diagnostic fine-tuning could occur. He had no social or emotional support at the time of his diagnosis and was in the midst of a disintegrating marriage in which the then spouse could not accept or deal with the diagnosis. It is also unknown whether in contacting the author, the client was actually seeking an unbiased second opinion. This background information may never be known and is the kind that those with HFA commonly keep private in an attempt to control, avoid betrayal and/or manipulate given social situations (3). When it was finally believed that the correct diagnosis had been reached and, again retrospectively, considering the client's thrice-repeated statement, 'One day, I'll tell you my story', it occurred to the author that the client likely had known about himself and rather than tell him what had been deduced, the author simply asked how long he had known about his diagnosis. Ten years was the answer after the client's brief obfuscation.

Using online coaching sessions and guided by available adult test instruments (5), personal interview, emails,

and conversations with friends and family, the profile and diagnosis of Asperger syndrome were posited. Corollary diagnoses were narcissistic traits and avoidant personality disorder (6). The client had alternately accepted and rejected all repeatedly.

History included:

- High IQ and gift with information technology
- Over-achiever approach to life, career and academics
- Childlike behaviours and habits
- Academically, materially and professionally successful
- Preference for solitude with occasional feelings of loneliness
- Alternation between gross unreliability and utter reliability in personal life
- Addiction to online pornography and consequent interpersonal sexual dysfunction (7)
- Fixation on conspiracy and alien theories
- Self-assessment as 'looking like a kook' when shown present list
- Mimicking of appearance and preferences of social company
- Cultivated social norms/behaviours sometimes practised with third-person commentary
- Marked adaptability to highly varied physical, cultural and impersonal professional settings
- Deflated/vacillating narcissism encompassing (6):
 - o Capacity for great charm
 - o A victim mentality with a 'hero or zero' attitude to himself and relentless self-comparison to others, self-abnegation to please or complete lack of empathy
 - o Controlling and manipulative behaviours
 - o Much intimate conversation initiated in a negative vein, often making reference to physical ailments and disorders as introductory subject matter
 - o Marked benevolence towards underdogs with deep feelings of betrayal if the underdog 'bites'
 - o Academically controversial issue of veracity *versus* falsehood in communication (8)
 - o Great affinity with pets – much time spent massaging them as a child and younger man
 - o Extreme agitation, distraction and avoidant behaviours in personal/therapeutic interview
 - o Irregularities and avoidance in written communication – neurotypical acknowledgement or timely response was absent
- o Decisive and abrupt approaches to given situations
- o Ambivalence about love and conjugal relationships with difficulty offering others long-term emotional support
- o Acknowledgement that he was emotionally 'a mess'
- o Extreme procrastination in some personal matters and over- to super-production in the work arena
- o Lack of health-seeking behaviour re mental/emotional therapies/support although the urge was there
- o Great admiration of father and brother, and difficult relations, although love and loyalty, towards mother and sister
- o Precipitous falling in and out of love/infatuations including much falsehood
- o Body image challenges – teased about appearance as a child, weight challenges in late adulthood and repeatedly made references to body image/physical prowess, sometimes as non-sequiturs
- Whole body scarring which may or may not have begun with genuine dermatological cause or been psychosomatic from the beginning
- Dysthymia and/or frequent depressive episodes
- Insomnia
- Long-standing great geographical distance from family, spouse and milieu of his formative years

DISCUSSION

The first impression was of a negative personality who was a narcissist, but it did not fit other genuinely kind and considerate behaviours observed in many cases. The impression of defence or covering insecurity arose. With the single formal interview (which was never repeated due to the client's agitation and distraction behaviours), the avoidance disorder diagnosis was formulated. Did a decision between negative narcissism and avoidance disorder have to be made? Signs and symptoms overlapped (2). However, neither diagnosis was global enough for the personality being witnessed, and this is a hallmark of the final HFA diagnosis – much is suggested but does not quite fit (2). Those with HFA are more self-aware than classically autistic people but with marked 'blind spots' (9). Many are materially self-sufficient and can mask, at cost, their internal difficulties (2, 9).

Regarding this diagnostic confusion, the history of the female relative with the borderline personality described

above is not uncommon when there is a missed diagnosis of autism. Corollary diagnoses are the norm with autism, and each element requires specific therapy (2). Autism is highly case-specific, and corollary diagnoses can have bio-physiological or social roots *eg* traits developed as

defences against the stresses of being autistic in a neuro-typical world (9).
By the end of a year, the following path to balance was suggested (Figure):

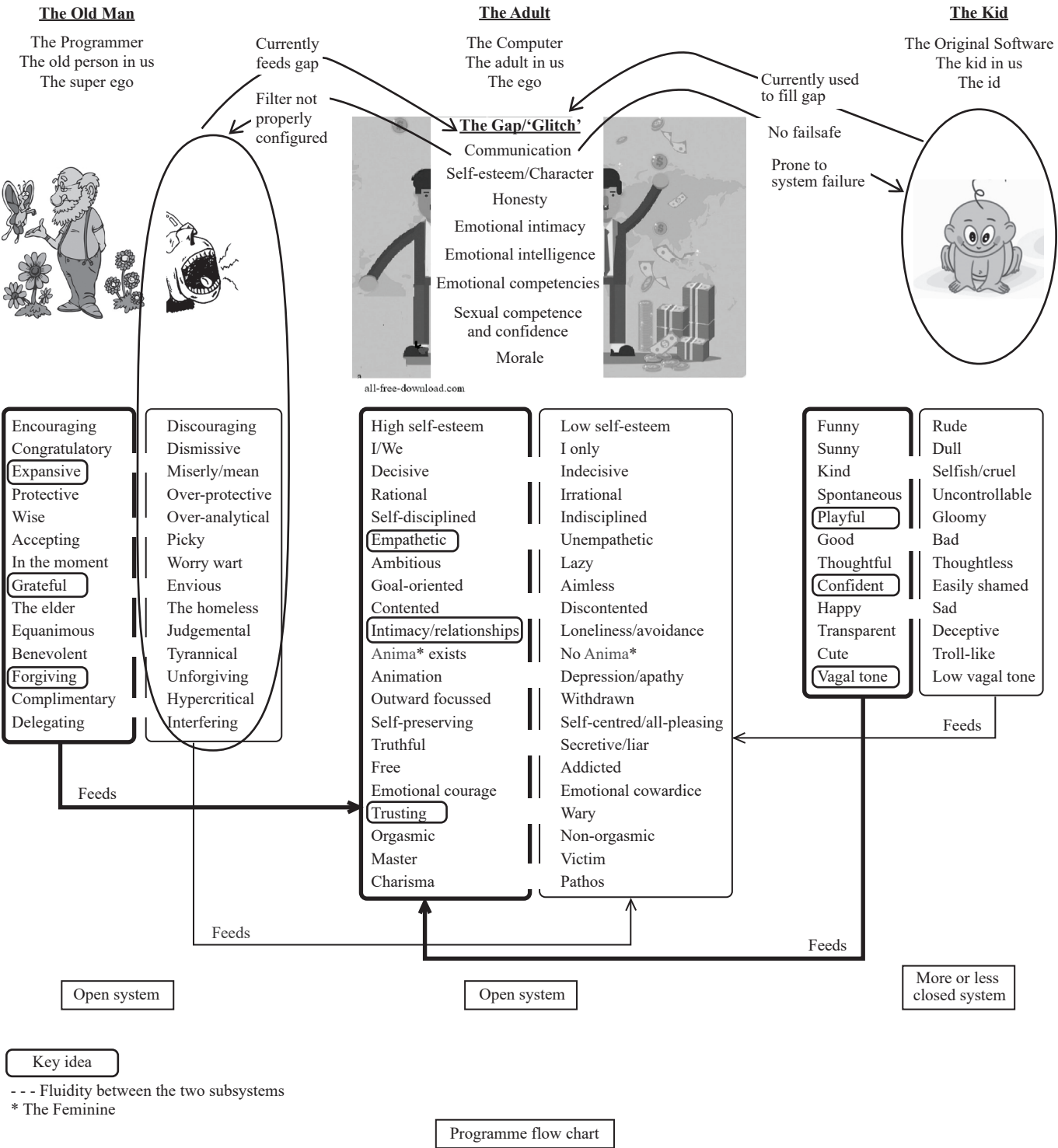
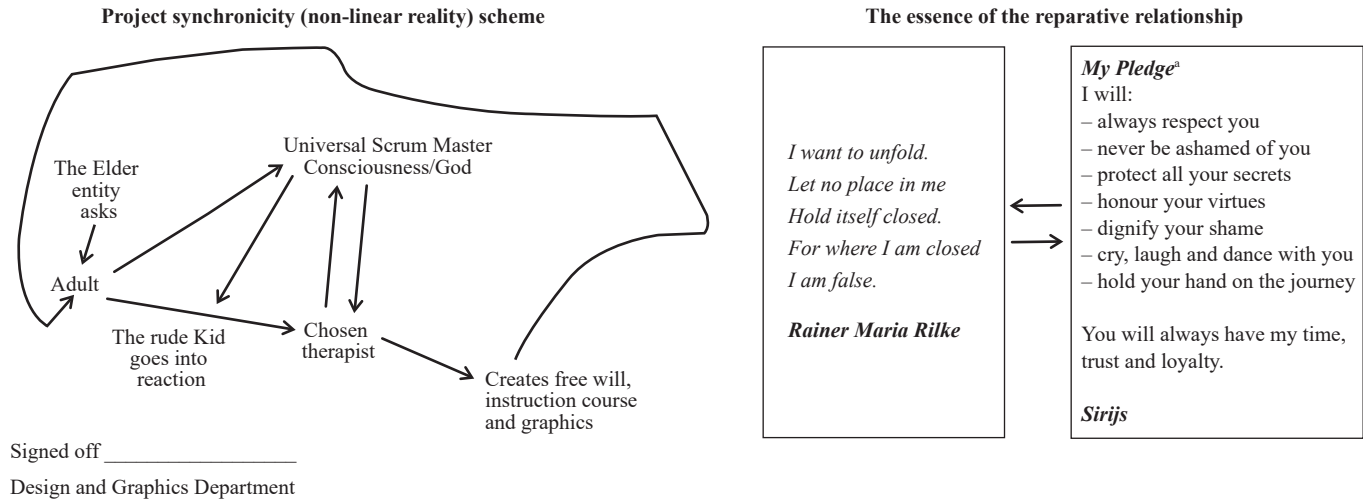


Figure: Schema developed on the principles of transactional analysis to help the client visually appreciate his condition and aims of therapeutic interaction.

Figure (continued)



The fixes

1. Use programmes and software marked in bold lines (left side) in The Adult
2. Reconfigure filter to accept the Elder and block Scrooge
3. Fully incorporate Kid into RAM/CPU of Adult. Kid software not designed for troubleshooting and spot fixes
4. Download and install Anima driver
5. Human contact to challenge, stimulate and support

Tasks

1. Reparative relationships including normal intimacy and orgasmic meditation^b
2. Regular normal meditation
3. Some coaching (better with (1) and/or (2))
4. Massage once a week, preferably a masseuse, but any gender will do
5. Possible judicious use of oxytocin therapy^c after all other tasks well underway

End game

Computer can register and override own glitches, fill own requirements by sending requests to others based on default true line code. (Adult can acknowledge and compensate his/her own glitches by asking others for help and support based on honest communication.)

Computer not sidelined by other computers, conscripts them as part of friendly network that builds in local and network failsafes. (Adult is not threatened by intimate relationships with women or friendships with other bright men and forms long-term intimate and friendship bonds that are his/her life support system.)

Computer can run its own programme in parallel with others in network, working through and compensating incompatibilities on a day-to-day basis without system/network failure. (Adult comfortable being himself/herself in intimate relations and friendships, working through and out disagreements and incompatibilities on a day-to-day basis without destruction of relationships.)

Something to do
Someone to love
Something to look forward to

Sources of images:

The Old Man: <https://pixabay.com/en/>

The Adult: <https://all-free-download.com/>

The Kid: <https://all-free-download.com/>

^a Karu S. My pledge. In: Lowe S, ed. The brown phoenix – an erotic dialogue from the Indies. Seattle, USA: Amazon; 2012.

^b Onetaste. What is OM? [Internet]. San Francisco, CA: Onetaste; 2017 [cited 2017 Apr 19]. Available from: <http://onetaste.us/what-is-om>.

^c Oxytocin Inhalation Project, Autism Research Centre, Department of Developmental Psychiatry, University of Cambridge [Internet]. Cambridge, UK: Cambridge University; 2017 [cited 2017 Apr 18] Available from: www.autismresearchcentre.com/project_14_oxytocin.

- Continuation of self-initiated exercise routine, special interest travel and improved materno-filial relations
- Final acceptance of diagnosis if made by a specialist
- Lessening geographical distance to/greater contact with family and loved ones
- Divorce
- 'Coming out' to family
- Specialized work on dysfunctions
- Planning social support for retirement
- Cessation of use of pornography and more direct physical, interpersonal contact beginning with therapeutic massage
- Practise at ceasing falsehood/confabulation

It was also shared with the client that those with HFA may have singular affinity with the computer because modern computing was invented by Alan Turing, who was likely to have had HFA (10). There appears to be peculiar synchronicity between the rise of the incidence/diagnosis of autism and the age of computing; for those with HFA in their middle years today, the whole life journey may have been very difficult due to a lack of awareness, knowledge and resources in the therapeutic and academic spheres, but there is still a great deal of unresolved stigma (11).

The Figure is a schema based on transactional analysis and the client's particular affinities and gifts. It was used to help increase self-awareness and suggest therapeutic approaches before the final proposal of diagnosis of HFA and corollary diagnoses were formulated (12). They are still applicable after diagnosis and expand basic suggestions above. At this client's stage, should he choose to undertake the challenge of a relationship again, a rewarding one with a partner whose IQ is high enough to interest him, who knows the client's status and is prepared to deal with it or who herself has HFA is likely the client's ultimate route to balance. It remains to be seen if the client's past bravery is used to pursue further specialized attention.

The autism tools caused humour for the author because some traits caused self-recognition as a neurotypical, culturally defined eccentric, being spared outright schizotypal disorder (13). Know thyself if you intend to fence with an 'Aspie', a name the Asperger community has given itself (9).

Improvement in KAP regarding autism should prevent over-diagnosis and over-prescription of drugs and tolerate differences and 'thinking outside the box' (9, 14). The greatest need is interaction with others. Altered neural circuitry for needing others remains, although there is an overall deficit in the circuitry for achieving socialization. The input of the Asperger community itself is critical to

improving KAP regarding autism, particularly those with HFA (15, 16).

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