Autistan
Diplomatic
Organization

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20231110[en]_Autistan_[S005721]-UN_{WHO-MHSU}_Necessity-Fundamental-Distinction-Autism-Disorders

Necessity of the Fundamental Distinction between Autism and Autism Spectrum Disorders

10/11/2023

Dear Mrs Servili

I would like to thank you very much for agreeing to a dialogue on this subject.
You will find below an attempt of text to "support" our remote meeting.
Please forgive the perhaps 'peremptory' tone of this text, or anything else that would be inappropriate or disturbing. The dialogue (which I hope will last) will enable us to correct what needs to be corrected. Thank you very much.

On behalf of the Autistan Diplomatic Organization, please accept, dear Mrs Servili, the assurance of my highest consideration.

The General Secretary,
Eric L.

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1. "Autism"

1.1 Our factual description of "Autism"

In order to make it clearer that "Autism" is not the same thing as the "Disorders" that characterise it, here (from 1.1.1. to 1.1.3.) is an attempt to describe "Autism" in a non-judgemental (negative or positive) way.

1.1.1 "Essential characteristic" of autism

Autism is a natural human "difference" or "peculiarity" present from birth (or before) until the end of life, in the same way as albinism, "dwarfism", Down's syndrome ("trisomy 21"), the fact of having two eyes of different colours, or of being "red-haired", or of being 2 metres tall, etc., which are all part of **human biodiversity**.

This particularity is **genetic and hereditary** *(and we have never seen an autistic person whose parents did not have a degree of autism, even "mild").*

1.1.2 "Mental, sensory and behavioural characteristics" of autism *(description without a defectological approach)*

Autism **consists of** (among other things)**:**

- A) Not seeking / not wishing interactions with the social environment *(i.e. - usually - unfamiliar people, in a context often perceived as absurd / worrying / hostile or simply uninteresting),*
-- which therefore obviously leads to "difficulties" when these interactions are socially imposed or expected,
-- which does not encourage the development of communication (including language, verbal or non-verbal),
-- which makes it difficult to understand or perceive:
--- the intentions of others *(and all the more so if they are not expressed clearly, or - worse - if they are hidden or disguised),*
--- "social conventions" *(and all the more so because they are rarely written down, and are highly*

variable and debatable and therefore unreliable),
--- humour, irony, innuendo, "saying one thing to mean the opposite", etc. ((all the more so because these 'normal' mechanisms are almost always 'complexifications' or misappropriations/disguises/perversions of reality),

--- abstract or symbolic presentations of reality *(because they differ too much from reality to appear "true" or to allow the thing symbolised to be recognised)*;
→ Why would this be a "disorder" or "pathology"? It seems more like a quality…

- B) Not being interested in "socially normal" preoccupations,
-- but on the contrary, being interested in other things;
→ In what way would this be "a disorder" or "a pathology"? It seems more like a quality…

- C) Not being interested in what "others" think (including what they think of us),
-- and therefore not to act according to a possible "judgement by others" *(cf. the very strangely named "Theory of Mind")* ;
→ In what way would this be "a disorder" or "a pathology"? It CAN or SHOULD be a quality…

- D) Having a great capacity for focus (i.e. coherent attention) and perseverance for subjects deemed interesting ;
→ How would that be "a disorder" or "a pathology"? It seems more like a quality…

- E) Noticing anomalies or errors spontaneously and easily *(what is generally referred to - defectively - as "excessive attention to detail")*,
-- being disturbed by them *(because they are almost always "unnatural", erroneous, incorrect, absurd, unfair, toxic, harmful, destructive, etc.)*,
-- needing to correct these anomalies *(i.e., in particular, to order, align, or improve coherence and harmony)*;
→ In what way would that be "a disorder" or "a pathology"? It seems more like a quality…

- F) A need for order, coherence, and harmony *(including, for example, "completeness", which explains the "end-to-end" nature of certain "autistic endeavours")*;
→ Why would that be a ***'disorder'*** *or a 'disorder' or a 'pathology'? It seems more like a quality…*

- G) Being very sensitive to disturbances, particularly sensory disturbances *(all the more so as they are generally unnatural - cf. the notion of "Socio-Generated ((~~Impairments~~)) Disturbances")*,

-- and also to non-sensory disturbances, for example of the "food" type *(generally caused by "denatured" food)*;
→ Why would this be a 'disorder' or 'pathology'? It seems more like a quality (to protect oneself)...

- H) Striving for accuracy and precision, i.e. wanting to get closer to the truth;
→ In what way would that be "a disorder" or "a pathology"? It seems more like a quality...

- I) Respecting things that are deemed reliable / true / righteous *(and all the more so when we perceive "the social world" as unreliable / untrue / unfair),*
-- and not wishing / not tolerating the external imposition of modifications to these things deemed reliable *(and all the more so when no justification is provided or understandable)*;
→ How would that be "a disorder" or "a disorder" or "a pathology"? It seems more like a quality...

- J) An ability to perceive "general trends" or the deep structure of things *(which is logical if you are in tune with harmony and truth - and if you are not too much disturbed by "socio-generated disturbances").*
→ In what way would that be "a disorder" or "a pathology"? It seems more like a quality...

- K) Having - consequently - behaviours or activities or interests which - obviously - do not correspond to what is expected by the "social norms" in force at the time and place of the situation,
-- including physical manifestations or movements which are "not normal" ;
→ In what way is this a "disorder" or "pathology"?

Note: this list is incomplete, imperfect, and insufficiently ordered (due to lack of time).

> *Note on the note: this need for precision, completeness, order, and for the avoidance of misunderstandings/accusations etc. illustrates some of the characteristics of autism (imperfectly) presented above, and there is nothing negative about that.*

1.1.3 "Self-protection characteristic" of Autism

Autism involves a form of "self-protective resistance" which enables the above points A to K to be preserved - or even developed *(and which is generally described by the term "rigidity").*

Important note: For us, there is nothing negative or "defectological" in these characteristics (1.1.1. to 1.1.3.), so there are no "troubles" or "disorders" in these aspects.

1.2. The "defectological" characterisation of autism *(i.e. from a "non-autistic" point of view)*

In a social system that considers itself rather virtuous or non-defective, autism (which 'contradicts' and 'thwarts' this system) is inevitably perceived as something 'negative'. Conversely, if we weigh up, on the one hand, the few defects of autism and, on the other, the overwhelming and appalling number of defects, vices and 'disorders' specific to 'non-autism' (which 'non-socialised' autistic people do not have), we quickly understand that the 'defectological' judgement on autism is first and foremost a question of point of view (a bit like when 'white men' think that 'black men' are 'inferior' - or vice versa).

As a result of this social bias, autism **is characterised in particular by** "Autism Disorders", which are generally the most immediately visible negative aspects, described in the following chapter.

1.3. Essential conclusion

→ To be "characterised by a thing",
is not the same as "being that thing".

Autism is *characterised* by
disorders / difficulties / deficits etc.,
autism *is* not
these disorders / difficulties / deficits etc.

2. "Autism Disorders"

Note: "Autism Disorders" are generally referred to as "Autism Spectrum Disorders" (ASD), but this has no impact on the explanations contained in this letter.
We use the term "Autism Disorder" here for simplicity's sake.

2.1. The subjective and debatable nature of the notion of "impairment/deficiency/disorder" *(related to autism)*

Most problematic autistic behaviours are 'impairments' only from the point of view of non-autistic people.

For example, an autistic person who does not understand the "mechanism of manipulation" is "virtuous in a virtuous world", but "deficient in a deficient world", because they are going to have problems (they are going to be manipulated).

Please forgive the probably unpleasant nature of this comment, but in the literal sense of the word 'deficient', we can say that we are indeed 'deficient' or 'faulty' in terms of 'non-autistic vices', not to say 'Non-Autistic Disorders', while clarifying that 'non-autism' does not necessarily imply presenting all Non-Autistic Disorders in a uniform manner (there may even be very, very few, fortunately).

2.1.1. Subjective disorders *(related to autism)*

Most "autistic disorders" are in fact " matters of point of view".
Like :

- Not being interested in 'complicated' (unnatural, not to say 'perverted') **social relationships**, superficial discussions or someone's 'social image' (including oneself).

→ This is a problem from the point of view of a social system based on these mechanisms, but they are themselves flawed, and 'in a perfect world' these 'troubles' would be qualities.
In today's 'imperfect world', these 'disorders' are in fact 'resistances' to protect oneself.
These are qualities, but the consequences of not recognising or accepting them obviously cause

suffering.
The *manifestations* of this suffering (the crises) lead people to believe that autistic people have "disorders" (or "defects"), from the point of view of people who consider "complicated social skills" to be "virtuous".

- Having "restricted interests"

→ If it does not turn into an obsession that really damages your health (which is rare), how could the fact of being passionate about various specific interests be a bad thing?
Instead of 'automatically' following the 'standard' interests, which are almost identical for everyone, and very limited?
The richness and diversity of autistic interests could make it possible to live a very fulfilling life (if we were not permanently placed among "normal obstacles"), and could also enrich society (inventions, creations, improvements, etc.).
Note: one does not have to be an 'autistic genius' to 'deserve' to enjoy rights, accommodation, consideration, and happiness.

- Inability to cope with change

→ What we cannot stand is that these changes are decided by others (and imposed on us), that we are not given time to prepare (adapt), that there are no explanations or JUSTIFICATIONS (an essential concept for autistic people).

- If an autistic person cannot bear to be touched against his will, is this an 'autistic disorder', or is there something that the social environment should not do?
And if he (or she) throws a tantrum when you touch him (or her), isn't it out of exasperation and above all despair, because nobody understands and nobody does anything to stop those 'disturbances'?

- If an autistic person is so naive and "angelic" as to be easily manipulated (and even at risk of rape), yes, of course it's a very serious problem and one has to fight it, but do we live in such a "confused" social system that we should consider being "angelic and pure" as a "disorder", a defect?

These are questions of point of view. This does not mean that nothing should be done, but that one should adopt a respectful approach to autism, and not incriminate autistic people (or autism), when analysing these problems.

2.1.2. Examples of subjectivity in the WHO "technical description" of Autism Spectrum Disorders

https://icd.who.int/browse11/l-m/en#/http%3a%2f%2fid.who.int%2ficd%2fentity%2f437815624

- a) " *Autism spectrum disorder is characterised by* ***persistent deficits in the ability to initiate and to sustain reciprocal social interaction and social communication,*** "

→ It's a 'disorder' and a problem for gaining acceptance and survival in a social system that doesn't understand and rejects autistic people (in particular because of the defectological confusion),
BUT it's also 'self-protection', so as not to acquire 'vices' or unnatural formatting, and various "bad learnings" such as the omnipresent social mechanism which forces people to build a "positive social image" and their own self-esteem through "(possible) judgements by strangers", which is very dangerous for "socialised" autistic people (depression, suicide), whereas autistic people "better protected by their autism" are not at all interested in what "people" think of them, which is not so negative.

- b) " *and by a range of* ***restricted, repetitive, and inflexible patterns of behaviour, interests or activities*** ".

→ It is also a matter of perspective.
- As far as 'restricted' is concerned, on the one hand it is no worse than 'ordinary interests' (which are incredibly poor and limited: football, eating, chatting, 'shining', taking an interest in celebrities and everything else that is superficial and pointless, etc.). -
As far as abuse is concerned (when it objectively harms the person's life), we also need to ask ourselves whether corrections to the living environment (socio-generated environment) might not help to avoid these excesses.
- As far as the 'inflexible' character is concerned, the same comment applies, but we also need to understand that 'perseverance' can be very useful.
From an autistic point of view, most non-autistic people have a terrible lack of sustained attention and perseverance, which prevents them from analysing problems in depth in order to understand and solve them *(and what is more, they often "don't have the time" because they're busy having fun, watching TV etc.).*

- c) " *that are* ***clearly atypical*** *or* ***excessive*** *for the individual's* ***age*** *and* ***sociocultural context****.* "

→ How are atypicalism or originality problems?
Especially in such a standardised, bland, sanitised, denatured world, on the contrary, originality and creativity are increasingly valuable assets.
They are problems, especially from the point of view of the mediocre and the jealous, who then

take it upon themselves to harass, etc.

→ Who can judge whether an interest is 'excessive'?
- We should study the lives of all the great geniuses and inventors (like Da Vinci, Tesla, Turing and so many others), who were often autistic and almost always 'obsessed' by their interests, which explains why they obtained results, unlike researchers who were 'not obsessed enough'. -
As for the vast majority of autistic people (who are not bound to become great discoverers), we can also realise that certain phases of 'obsession' are useful passages in their lives, to 'resolve and evacuate' something, and move on to the next stage.
And, as said earlier, if the social environment were better adapted, the autistic person would have less need to 'take refuge' so strongly in their interests.

→ If a child is an 'expert' in a field, why should that be deemed 'excessive'?
An excess, it is when there is a problem.
The problem here is obviously not the abundance of knowledge and expertise, but the discomfort of peers, who feel outmatched, and who react by mocking and bullying.
So the problem is neither autism nor expertise, but rather 'non-autism and stupidity'...

→ What is more, are there "standard and compulsory ages" for this or that level of expertise?
We hope not.
The autistic child's level of interest or expertise is therefore "inappropriate" (we would say "superior"), not "for his age", but "in relation to the level of children his age in this field".
This is a further clarification to put things back in their place, and to remind that the problems are mainly "in relation to the social environment (and its "judgement"!).
In other words, when an autistic child is alone and is not exposed to "social judgement", then his intense interests are not a problem for anyone (and he can become a person who improves society).

- ***d)*** " *The onset of the disorder* "

→ (Here, the problem is only in French.)

- ***e)*** " occurs during the developmental period "

→ Really? After childhood, we stop developing?
(That would explain why most adults are so 'immutable', not to say 'stubborn'... Anyway).

- ***f)*** " *typically in early childhood, but symptoms may not become fully manifest until later, when* ***social demands*** ".

→ Here we can clearly see the importance of the "social" factor, in other words, of the "question of points of view".

→ Is it "autism's fault", or can autistic people honestly be blamed for "disorders", when it is "**social**

demands" that are (very often) erroneous / ill-conceived / stupid / gross / approximate / abusive / absurd / unjust / toxic / deadly / dangerous / perverted or perverse / distorted or unnatural...?

- g) "*exceed* ***limited capacities.*** "

→ Yes, it is true, autistic people most often have limited capacities in terms of '*social vices socially considered as virtues*' (and forgive me for putting it so bluntly).
Yes, in the literal sense of the word, they are 'deficiencies', 'deficits' (in social vices).

" *Deficits are sufficiently severe to cause impairment in personal, family, social, educational, occupational or other important areas of functioning and are usually a pervasive feature of the individual's functioning observable in all settings, although they may vary according to social, educational, or other context. Individuals along the spectrum exhibit a full range of intellectual functioning and language abilities.* "

→ The same remark, but in conclusion, do these 'deficits' and 'maladjustments to a defective system' make autism 'a disorder', in other words, is the 'autistic nature', which allows us to resist and protect ourselves from these problems, 'per se' a deficiency, a disorder, a disordered state *(a very absurd word when we know that autistic people are generally very attached to order, alignment, etc.)*?
Of course not.

So, although there are indeed disorders, difficulties, problems, 'deficits' *(in relation to things that are generally defective),* the fact remains that the 'autistic nature', i.e. autism, is in no way a "trouble", and even less a 'disorder' (since autism is characterised in particular by 'strong coherence').

2.1.3. Subjectivity in the WHO's "general description" of "disorders"

Logically, this longer and more 'general public' page contains many other examples of 'subjective character', but it would be tedious to list them again as in the previous chapter.

2.2. The objective, factual and undeniable nature of the "problems/difficulties"

Regardless of the discussion on the subjective nature of the "deficiencies/disorders" that may or may not be the cause of the factual difficulties,
and irrespective of the extent to which these difficulties are "rather the fault of autism", or "rather the fault of society", or a combination of the two,
anyway, the difficulties and problems exist and that is undeniable.

These difficulties and problems must therefore be reduced, BUT without falling into the easy trap of "it's all autism's fault" and "these problems show that autism/autism spectrum disorders are an unwelcome deficiency".

In other words, "don't throw the baby out with the (dirty) bathwater", i.e. reduce the problems and difficulties, but preserve the autism (or autistic nature, which is different from "disorders"), since the idea of "preserving disorders" is a nonsense.

2.2.1. Objective disorders *(related to autism)*

When we are faced with the following situations (for example) with an autistic person, there are indeed problems, and there are indeed "troubles", "disorders", "defects" or "deficiencies" in the autistic person's behaviour:

- The person loses themselves *(this results from a "lack of connection with the environment", which stems from a "distancing" that can be reduced when society becomes more welcoming and accessible)*;

- The person is not autonomous *(this can be learned even although it takes longer, and this problem would disappear more quickly if the person were not "overprotected" by the family, or "put under a glass bell jar" in an institution)*;

- The person relieves him/herself inappropriately, or walks around naked, etc. *(this can be learned, even if it takes longer: like everyone else, even pets, one has to learn to respect social codes as a minimum. The minimum, not the maximum.*
  (Because adaptations do not just have to come from us: they have to be reciprocal, 50/50 for the efforts);

- The person is self-mutilating *(here, we need to look for the underlying reasons, and to do the necessary to understand autism, in particular the notion of "socio-generated disturbances")*;

- *There are obviously many other examples, and we can discuss them.*

HOWEVER, these problems are not "autism" but (very often) the result of the "encounter" between the person's "autistic nature" and the "non-autistic system" (socio-generated), the functioning of which is - in short - diametrically opposed to the components of autism as described (imperfectly) in chapters 1.1.2. and 1.1.3.

What is more - as we saw above - 'disorders' are often subjective (*'a matter of point of view', such as the inability to lie, which is obviously an excellent quality in a world 'as it should be', but a flaw in a 'perverted' world).*

2.2.2. Objective Difficulties and Disorders" from the Autistic Perspective

In the previous chapters of this part 2, we saw that some "autistic disorders" are only disorders from the point of view of non-autistic people, and that some others are objective problems.

But there is something else: what we autistic people perceive as problems, and which causes us to suffer, but which is generally not perceived, or perceived only to a limited extent, by non-autistic people.
In other words, for them, these things are not problems, and it is "our fault" (or "autism's fault") if we suffer because of them.
The consequence of this reasoning is that "society" makes no effort (or very little) to reduce these problems.

These things are described in more detail in the next chapter (2.3.).

It is important to understand that for us, difficulties "related to autism" are not quite the same thing as for non-autistic people.
Rather, they are "difficulties relating to the lack of Adequate Consideration of Autism", i.e. difficulties arising from the lack of adaptation on the part of "society" - which believes that it has no efforts to make, and that it is up to us (and other "not normal" people) to provide all the efforts of adaptation.

For example, if an autistic person cannot stand being touched or grazed by strangers (especially if this is done knowingly and without any "justified" reason), then this person will be irritated and will suffer, in a very real and objective way, and:

- from this person's point of view, they haven't done anything wrong, they haven't asked anyone for anything, they just want to be left alone and they have every right to that, they have the right to the integrity of their body, they have the right to be

sensitive, etc., in other words, for us, the problem here is at 100% people who come to disturb and irritate us, without any valid reason ;
- but from the point of view of 'the system', it doesn't pay any attention to our suffering, because it doesn't perceive or understand it, because 'normal people' aren't irritated by these interactions (and they take themselves as the reference for what is 'good' and 'not good'), but they are disturbed by our 'manifestations of troubles' (i.e. our complaints and then our crises), and they consider that our functioning here is 'defective' (since *THEY* don't have these problems...).

In other words:

- a/ we have objective difficulties and suffering, which come from "non-autistic" things (this document, in an attempt to remain "diplomatic", avoids mentioning "Disorders of Non-Autism" or "Non-Autistic Disorders" too much), but these are minimised (or simply not seen / ignored / denied) by non-autistic people;
- b/ instead of trying to understand this, they simply think "that is not normal, so he/she is "defective", so they do nothing to look for the causes, and even less to correct their system;
- c/ they get tired / irritated / offended / angry etc. when we insist with our complaints and cries (which is inevitable since our suffering (a) continues since the system does NOTHING (b) to correct itself;
- d/ they declare that we have "a disorder", "a problem" etc. and that we therefore need to be corrected, "treated" etc.: of course, that we have a problem, but it's not autism (which only serves to reveal or amplify): our problem, in short, is what 'the defects of non-autism' inflict on us.

So, in this "troubling story of troubles", often, 'around the trouble', there are on the one hand non-autistic people who don't see our problems and difficulties, and who are disturbed by our manifestations, and on the other hand autistic people who see and suffer from problems 'invisible to the eyes of normals', and who on top of that :

- suffer from difficulties in making themselves understood (and here again, it is not always our fault, because even when we express ourselves perfectly well, 'normals' do not pay attention, because they 'don't have the time' etc.);
- suffer from the fact that this social environment (very "deaf and blind and rigid") refuses to make corrections, or does not see how to do so;
- suffer from the fact that, on top of that, it is them (and their "autism") who are incriminated, when they were very quiet on their own and had not asked for anything;

- suffer from the attempts at 'correction and formatting' (generally toxic and 'stupid') that are imposed on them (instead of solving the causes);
- suffer from exclusion, from having to "live" in "places made for them";
- suffer a great deal, too, because of the feeling of inferiority "by construction" implied by all this;
- and finally, with so much suffering, they sometimes end up committing suicide, while the 'normals' sit back and do not understand a thing (they could understand, but when we explain it to them, they DO NOT listen...).

2.3. "Socio-Generated ((~~Impairments~~)) Disturbances", according to us

We propose the notion of "Socio-Generated Disturbances" *(because the words "aggression" or "attacks" are usually too strong)* to describe the things or manifestations external to the autistic person which "reach him/her" and which disturb him (or which "troubles" him/her), and which come directly or indirectly from the social environment.

These Socio-Generated ((~~Impairments~~)) *(wrong machine-translation)* Disturbances are almost always the causes of the discomforts, disturbances and then the suffering of autistic people, and it is important to understand this mechanism in order to better understand the notion of "autism disorders" and to understand that the problems are mostly created by a socio-administrative system lacking Correct Consideration of Autism Everywhere.

> *It is important to note that machine translation systems do not know how to translate "**Atteintes** Socio-Générées" into English.*
> *In particular, they often (very absurdly) translate the word '**atteinte**' by 'deficiency' or by 'impairment', which describe things that are inherent in the person, whereas the '**atteintes**' we are talking about refer, on the contrary, to external things that disturb the person.*
>
> *For example, if an autistic person (who was calm and didn't ask for anything) "receives" "attacks" ("**atteintes**") such as those listed below, we can't really say that these attacks are inherent to this person, quite the contrary since they disrupt his autistic harmony and nature, so these attacks are "strongly foreign" to the person:*
> *- Unpleasant smell, difficult to identify or "justify";*
> *- adjustments (temperature, sound, etc.) made in an extreme and unintelligent manner;*

- people who graze and touch (or, worse, who "need" to touch us in order to talk to us, or, even worse, who touch us on the back out of the blue in order to get our attention, precisely when we want to be left alone and don't need them or their advice/requests etc.);
- social demands of all kinds, that we did not ask for and that we do not need;
- exposure to all sorts of absurdities and errors, which disturb and irritate us all the more when the social environment (which is highly insensitive and inattentive) refuses to correct them (and when, in addition, it reproaches us for our requests for corrections and punishes us if we insist when this is unbearable);
- injustices of all kinds (all the more unbearable when solutions are never found, because "nobody understands anything and nobody cares");
- etc.
We have not found a better expression than "Socio-Generated Disturbances" (but suggestions are welcome).

2.3.1. Socio-Generated Sensory ((~~Impairment~~)) Disturbances

These are things that affect us sensorially and are disharmonious.
These disharmonies cause us to suffer because they disrupt our highly sensitive and "intrinsically coherent and harmonious" neurological system.

2.3.2. Socio-Generated Mental ((~~Disorders~~)) Disturbances

Anything imposed or demanded of an autistic person must seem fair or justified. Otherwise, it is "mental harm".
Violations of harmony, such as inconsistencies, absurdities and injustices, cause us great suffering because they disturb our 'mental system', which - like sensory things - is highly sensitive and 'intrinsically harmonious'.

2.3.3. Other Socio-Generated ((~~Disorders~~)) Disturbances

- Unnatural food (to be discussed).
- Electromagnetic phenomena, and anything that is not natural, i.e. not harmonious**.**
- ... *(More to discover*)

2.4. Other possible ((~~Damage~~)) Disturbances

(This chapter exists to "leave the door open" to other types of disturbances, and because it is not certain that all such disturbances are necessarily caused by the social (or socio-generated) environment).

3. Autism Disorders" according to the WHO

3.1. The WHO's "general description" of "autism/disorders" *(the two ones being confused)*

This problem exists in particular on the "Home page/Media centre/Main **benchmarks/Detail/Autism spectrum** disorders" page.
https://www.who.int/news-room/fact-sheets/detail/autism-spectrum-disorders

We highlight in GREEN the 'correct' passages *(i.e. those that limit themselves to mentioning the 'troubles', which seems to us to be quite legitimate).*

We highlight in RED the passages which create or fuel confusion *(i.e. those which mention the expression "autism" in a context which describes "autism disorders", which necessarily implies that the WHO considers that they are the same thing, and which creates and anchors this confusion in the mind of the reader, and of all the national entities dealing with "autism disorders" throughout the world, which is very serious and very damaging, as this document attempts to show).*

Note 1 : in the French version, the (incorrect) expression "atteintes d'autisme" (= "reached by autism" / "hit by autism" / "contaminated by autism"), which is very present, necessarily brings to mind a "disease", which reinforces the confusion "autism" = "autistic disorders".

Note 2 : in the English version, it is mentioned that people "have" autism, which is absurd to us.
How can one "have" autism ??
Once again, here autism is seen as a sort of "disease", like "having cancer", "having AIDS", "having Alzheimer's disease" etc.

No one "has" autism: one "is" autistic, and this is characterized by deficits, disorders etc.
On the other hand, we do HAVE difficulties and problems yes, which are not "autism", but which come from quite the contrary : the non-autistically generated "disturbances" from "the exterior".

Autism

29 March 2023

العربية
中文
Français
Русский
Español

Key facts

- **Autism – also referred to as autism spectrum disorder –** constitutes a diverse group of conditions related to development of the brain.
- About 1 in 100 children has autism.
  → *In the French text, it is written "1 in 160".*
  (very outdated translation?...)
- Characteristics may be detected in early childhood, but autism is often not diagnosed until much later.
- The abilities and needs of autistic people vary and can evolve over time. While some people with autism can live independently, others have severe disabilities and require life-long care and support.
- Evidence-based psychosocial interventions can improve communication and social skills, with a positive impact on the well-being and quality of life of both autistic people and their caregivers.
- Care for people with autism needs to be accompanied by actions at community and societal levels for greater accessibility, inclusivity and support.

Overview

Autism spectrum disorders (ASD) are a diverse group of conditions. They are characterized by some degree of difficulty with social interaction and communication. Other characteristics are atypical patterns of activities and behaviours, such as difficulty with transition from one activity to another, a focus on details and unusual reactions to sensations.

The abilities and needs of autistic people vary and can evolve over time. While some people with autism can live independently, others have severe disabilities and require life-long care and support. Autism often has an impact on education and employment opportunities. In addition, the demands on families providing care and support can be significant. Societal attitudes and the level of support provided by local and national authorities are important factors determining the quality of life of people with autism.

Characteristics of autism may be detected in early childhood, but autism is often not diagnosed until much later.

People with autism often have co-occurring conditions, including epilepsy, depression, anxiety and attention deficit hyperactivity disorder as well as challenging behaviours such as difficulty sleeping and self-injury. The level of intellectual functioning among autistic people varies widely, extending from profound impairment to superior levels.

Epidemiology

It is estimated that worldwide about 1 in 100 children has autism *(1)*. This estimate represents an average figure, and reported prevalence varies substantially across studies. Some well-controlled studies have, however, reported figures that are substantially higher. The prevalence of autism in many low- and middle-income countries is unknown.

Causes

Available scientific evidence suggests that there are probably many factors that make a child more likely to have autism, including environmental and genetic factors.

Available epidemiological data conclude that there is no evidence of a causal association between measles, mumps and rubella vaccine, and autism. Previous studies suggesting a causal link were found to be filled with methodological flaws *(2,3)*.

There is also no evidence to suggest that any other childhood vaccine may increase the risk of autism. Evidence reviews of the potential association between the preservative thiomersal and aluminium adjuvants contained in inactivated vaccines and the risk of autism strongly concluded that vaccines do not increase the risk of autism.

Assessment and care

A broad range of interventions, from early childhood and across the life span, can optimize the development, health, well-being and quality of life of autistic people. Timely access to early evidence-based psychosocial interventions can improve the ability of autistic children to communicate effectively and interact socially. The monitoring of child development as part of routine maternal and child health care is recommended.

It is important that, once autism has been diagnosed, children, adolescents and adults with autism and their carers are offered relevant information, services, referrals, and practical support, in accordance with their individual and evolving needs and preferences.

The health-care needs of people with autism are complex and require a range of integrated services, that include health promotion, care and rehabilitation. Collaboration between the health sector and other sectors, particularly education, employment and social care, is important.

Interventions for people with autism and other developmental disabilities need to be designed and delivered with the participation of people living with these conditions. Care needs to be accompanied by actions at community and societal levels for greater accessibility, inclusivity and support.

Human rights

All people, including people with autism, have the right to the enjoyment of the highest attainable standard of physical and mental health.

And yet, autistic people are often subject to stigma and discrimination, including unjust deprivation of health care, education and opportunities to engage and participate in their communities.

People with autism have the same health problems as the general population. However, they may, in addition, have specific health-care needs related to autism or other co-occurring conditions. They may be more vulnerable to developing chronic noncommunicable conditions because of behavioural risk factors such as physical inactivity and poor dietary preferences, and are at greater risk of violence, injury and abuse.

People with autism require accessible health services for general health-care needs like the rest of the population, including promotive and preventive services and treatment of acute and chronic illness. Nevertheless, autistic people have higher rates of unmet health-care needs compared with the general population. They are also more vulnerable during humanitarian emergencies. A common barrier is created by health-care providers' inadequate knowledge and understanding of autism.

WHO resolution on autism spectrum disorders

In May 2014, the Sixty-seventh World Health Assembly adopted a resolution entitled Comprehensive and coordinated efforts for the management of autism spectrum disorders, which was supported by more than 60 countries.

The resolution urges WHO to collaborate with Member States and partner agencies to strengthen national capacities to address ASD and other developmental disabilities.

WHO response

WHO and partners recognize the need to strengthen countries' abilities to promote the optimal health and well-being of all people with autism.

WHO's efforts focus on:

- increasing the commitment of governments to taking action to improve the quality of life of people with autism;
- providing guidance on policies and action plans that address autism within the broader framework of health, mental and brain health and disabilities;
- contributing to strengthening the ability of the health workforce to provide appropriate and effective care and promote optimal standards of health and well-being for people with autism; and
- promoting inclusive and enabling environments for people with autism and other developmental disabilities and providing support to their caregivers.

> WHO *Comprehensive mental health action plan 2013–2030* and World Health Assembly Resolution WHA73.10 for "global actions on epilepsy and other neurological disorders" calls on countries to address the current significant gaps in early detection, care, treatment and rehabilitation for mental and neurodevelopmental conditions, which include autism. It also calls for counties [?] to address the social, economic, educational and inclusion needs of people living with mental and neurological disorders, and their families, and to improve surveillance and relevant research.

3.2. The WHO "technical description" of "Autism Spectrum Disorders" in "ICD-11 / 6A02" *(WITHOUT the confusion of the "general description")*

The "technical and official" description of "Autism Spectrum Disorders" on the "6A02 Autism Spectrum Disorders" page (https://icd.who.int/browse11/l-m/en#/http://id.who.int/icd/entity/437815624) **does not make the detrimental equation.**
It simply mentions "Autism Spectrum Disorders", without ever making the mistake of writing "autism" to designate these disorders.
This is obviously very well in our opinion, but it is not enough, because people "affected by the usual confusion" (i.e. almost everyone) can refer to the "general description" to defend "their" point of view.
In addition, this 'technical description' contains other rather serious problems, in particular the defectological approach, which we will discuss in the next section (5).

> **6A02 Autism spectrum disorder**
>
> **Description**
> Autism spectrum disorder is characterised by persistent deficits in the ability to initiate and to sustain reciprocal social interaction and social communication, and by a range of restricted, repetitive, and inflexible patterns of behaviour, interests or activities that are clearly atypical or excessive for the individual's age and sociocultural context. The onset of the disorder occurs during the developmental period, typically in early childhood, but symptoms may not become fully manifest until later, when social demands exceed limited capacities. Deficits are sufficiently severe to cause impairment in personal, family, social, educational, occupational or other important areas of functioning and are usually a pervasive feature of the individual's functioning observable in all settings, although they may vary according to social, educational, or other context. Individuals along the spectrum exhibit a full range of intellectual functioning and language abilities.

4. Our Fundamental Distinction between "Autism" and "Autism Spectrum Disorders"

4.1. What is this distinction?

It is a differentiation:
- which helps to understand that "Autism" is not the same thing as "the Disorders that characterise it",
- which highlights the fundamental importance of this distinction,
- which makes it clear that one must stop confusing "Autism" with "Autism Spectrum Disorders" if one really wants to work effectively for the good of autistic people.

4.2. Why is this distinction so important?

Here are a few examples of reasons.
Some important reasons may have been forgotten here.

4.2.1. Simply because it is true (i.e. because the current confusion is wrong)

4.2.2. Because, even semantically, the current confusion is nonsense

Sorry, but saying that **"A" = "the problems of A"** (or that "*Autism is also called Autism Spectrum Disorders*") seems as absurd to us as the following:
- "The bicycle" is also known as "the benefits of cycling";
- "Cigarettes" is also known as "all the harmful effects of cigarettes";
- "Global warming" = "the consequences of global warming";
- "Mental health" = "mental health disorders";
- "Dwarfism" = "the difficulties faced by people of small stature";
- And so on.

4.2.3. Because in some cases "autism" is not accompanied by "disorders"

It's quite rare, but :

- when the person's "autism" (i.e. "autistic nature") is rather "mild",
- and when the socio-generated environment is sufficiently non-disruptive,
- and whether the person is making the necessary adaptation efforts,

then we are indeed in presence of autism (of this person), but NOT of disorders (since there is no problem).
This example shows that, although there is a strong correlation between 'autism' and 'disorders', it is incorrect to assert that they are the same thing, since the first can exist without the seconds.

> Note: in the same way, and this is also rather rare, 'non-autism' is not always accompanied by 'Non-Autistic Disorders' *(i.e. 'social vices' incompatible with the characteristics of autism, and which 'non-adapted' autistic people are therefore not presenting).*
> In fact, although they are not 'protected by autism', some non-autistic people still manage to avoid falling into the major general trap of automatic duplication (by formatting and copying) of these 'social vices' *(so widespread and so 'vitiated' that they are perceived as 'virtues' or at least as 'correct' things simply because they are 'normal', i.e. common).*
> Consequently, we cannot say that "non-autism" is "non-autism disorders".
> *(If you are reading this, you probably have very few of these disorders, if any at all).*
>
> *In short, a person's "nature" (or characteristics) is not fundamentally a negative thing, and is not the same thing as the "defects inherent in that nature".*

4.2.4. Because the current confusion hinders the perception and understanding of the qualities of autism (and therefore their development)

How can it be conceived that a 'disorder' (or a 'set of disorders') could have qualities? It simply does not make sense.

Yet, autistic qualities do exist (even if they are not uniformly distributed), and this is well known.

One of the things that makes autism "enigmatic" in the eyes of "normal people" is precisely the fact that "autism" is officially presented only as "disorders" (i.e. only as defects), whereas everyone knows about the existence of "autistic prodigies" (and it even seems that a very large number of "geniuses" and inventors have been autistic).

This (absurd) mystery no longer exists as soon as a distinction is made between 'autism' (and its qualities) and 'disorders' (which cannot possess any qualities, by definition).

4.2.5. Because reducing "autism" solely to "disorders" or "deficiencies" is highly devaluing and dangerous

Do you imagine your life having always heard (or perceived) that you are "deficient" or "affected" or "ill" or, in short, a person "inferior to normals"?

This serious problem explains many autistic suicides *(because of the 'learned' non-autistic trap of building self-esteem through possible judgement by 'society' - whereas 'severe' autistics are protected from this because - quite rightly - they do not care about the judgement of others)*.

This problem disappears as soon as you understand the difference between 'autism' and 'disorders', since autism is more a quality (which is theoretically impossible to 'erase', so that is good), whereas 'disorders' are more difficulties, which obviously aren't part of our nature, so there's no reason to be ashamed of them.

4.2.6. Because it is detrimental to "learning about society" *(which is very useful, as long as it is not "formatting")*

The fact that we are considered (and officially so by the WHO) to be "carriers of disorders", "mentally ill" and therefore "fundamentally deficient for life":
- obviously doesn't make us want to get closer to a society that thinks it is "superior" and therefore underestimates (or despises) us,
-- and this doesn't encourage our willingness and our efforts to adapt to a system that is so unwelcoming and so confused and mistaken.

Note: the "salutary distancing" conferred by autism is very useful for "protecting oneself from social vices", but this does not imply that one should remain isolated or excluded.

In fact, it's obviously very useful to learn how society works (i.e. non-autistically), in order to live decently, to work, to be happy, and so on.
But one has to learn to use it WITHOUT believing that it is "virtuous" *(this subject would take too long to explain here).*

4.2.7. Because the current confusion encourages stigmatisation and serious prejudice against us

In fact, this confusion - which reduces autism to a disorder and/or a mental condition - gives rise to a generally negative and defectological social approach to autism, which - quite logically - produces all the rejection, harassment, discrimination, exclusion, loss of opportunities, suffering and, ultimately, the kind of 'non-life' to which we are subjected.

This is very serious: STOP, PLEASE...

4.2.8. Because the general negative and defectological social approach thus engendered leads to eugenics (i.e. a form of genocide)

Indeed, it leads - very tragically and absurdly - to murder by one's own parents, as well as to the eugenics generally desired against us (through "pre-birth suppression").

> Iceland boasts of being the first country in the world to have completely 'eradicated' Down's syndrome *(known in Brazil as 'the love gene')*: we think that is nothing to be proud of.

In a socio-administrative system sufficiently adapted and therefore accessible to autistic people, AND by putting an end to the very damaging confusion between autism and disorders, we could carry out a statistical study with surveys, which would make it possible to determine that the overwhelming majority of autistic people or Down's syndrome prefer to have been born (despite all the socio-generated problems) rather than not to have been born at all.

Attempts to prevent the birth of autistic people are therefore inappropriate, even culpable (and we can also talk about the risks to the richness of human biodiversity).

Wanting to eliminate autistic people (or any other 'category' of people) is akin to a crime against humanity.

4.2.9. Because this confusion does not promote accessibility for autistic people

As a result of the current confusion, the absence of any positive aspect relating to "autism" stands in the way of the necessary adaptation/correction of the socio-administrative system to ensure "Proper Consideration of Autism Everywhere".

Why should the public authorities make any effort to adapt, and to correct the many serious flaws in their systems (which make us suffer before anyone else), if they consider 'autism' to be some kind of defect, and autistic people to be 'sick', dead weight, a burden on society? Thinking that the problems only come from us or from "that damned autism", and not at all from their own mind-blinding and astonishing flaws and missteps?

The Correct Consideration of Autism Everywhere is necessary for "Accessibility for Handicapped Autistic People", an indispensable condition for a freer, fairer, more autonomous, more fulfilled and happier life for these persons, with levels similar to those enjoyed by non-autistic people.

> *On this subject, thank you very much for having used the word "**accessibility**" in your "descriptions", because the public authorities in many countries seem to "understand nothing" or even "hear nothing" when we ask them (during years) for "accessibility policies and measures for ((~~disabled~~)) handicapped autistic people".*
> *We can therefore quote this text to try (once again) to "wake them up".*

4.2.10. Because the current confusion gives rise to permanent and pointless conflicts between the *(generally non-autistic)* advocates of the usual "defectological" approach and their *(generally autistic)* opponents

Because almost everyone (even among autistic people) confuses autism with the disorders that characterise it, misunderstandings and conflicts are omnipresent, powerful and destructive between:

- A) People who consider "autism" to be a "deficiency", a disease, a blemish, something to be eliminated or corrected, etc.: in fact, with the word "autism", they are referring to "autism disorders", which are indeed - a priori - undesirable things;

- B) People *(generally well-adapted autistic people)* who, when they use the word "autism", first of all see their own "autistic nature" (and feel that this is not some kind of "set of impairments to be carried for life"), and who have rather "mild" "disorders".

For example, when people "A" say that "autism" can come from diet or environmental or even family factors, people "B" retort that this is false because "autism" is present from birth (and probably even before).
Here, people "B" are perfectly right, and people "A" are wrongly using the expression "autism" to mean "autism disorders".
The problem is that people are not talking about the same thing, because of the current confusion, which allows the word "autism" to be used for two different things.

4.2.11. Because the current confusion hinders research and understanding of autism

For example, we generally read that "autism" stems from both genetic and environmental factors: this is inaccurate,
- "Autism" is genetic (and hereditary) in nature;
- "Autism Disorders" are generally linked mainly to environmental factors *(including, in particular, the social or socio-generated environment, such as incorrect diet or almost anything "unnatural" that is presented or imposed on the autistic person).*

It is simple, logical, and easy to understand...

4.2.12. And more...

There are other motives that sometimes emerge in the course of reflections, discussions and misunderstandings, but it is difficult to remember everything when writing this text.
Let's hope that the above might have some chance of convincing you...

5. The negative/defectological and "judgmental" nature of the WHO definitions of "Autism" and "Autism Spectrum Disorders"

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Here are a few passages from these two WHO texts, which are couched in a negative, 'defectological' frame of mind. Their wording implies a form of 'judgement' which assumes, in short, that 'the system' is necessarily right, and that those who are not adapted to it are inevitably 'defective' or intrinsically 'flawed'.

> A comment on 'relativity':
> Of course, there are problems, and of course, one could (in order to " blame " these texts less) say that the " deficits " in question are faults only in relation to a system that is itself faulty (and " minus by minus equals plus "), but these texts do not do that, and one can hardly imagine the WHO going on the principle that it is the whole of the social system that is " sick ". *(Or if some people at the WHO have come to that conclusion, no doubt it cannot be said 'officially').*

5.1. Concerning "autism/disorders" *(confounded)* in the "general description"

Key facts

- **Autism – also referred to as autism spectrum disorder—constitutes a diverse group of conditions related to development of the brain.**

- **About 1 in 100 children has autism.**
- **Characteristics may be detected in early childhood, but autism is often not diagnosed until much later.**
- **The abilities and needs of autistic people vary and can evolve over time. While some people with autism can live independently, others have severe disabilities and require life-long care and support.**
- **Evidence-based psychosocial interventions can improve communication and social skills, with a positive impact on the well-being and quality of life of both autistic people and their caregivers.**
- **Care for people with autism needs to be accompanied by actions at community and societal levels for greater accessibility, inclusivity and support.**

Overview

Autism spectrum disorders (ASD) are a diverse group of conditions. They are characterized by some degree of difficulty with social interaction and communication. Other characteristics are atypical patterns of activities and behaviours, such as difficulty with transition from one activity to another, a focus on details and unusual reactions to sensations.

The abilities and needs of autistic people vary and can evolve over time. While some people with autism can live independently, others have severe disabilities and require life-long care and support. Autism often has an impact on education and employment opportunities. In addition, the demands on families providing care and support can be significant. Societal attitudes and the level of support provided by local and national authorities are crucial factors determining the quality of life of people with autism.

Characteristics of autism may be detected in early childhood, but autism is often not diagnosed until much later.

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It is estimated that worldwide about 1 in 100 children has autism *(1)*. This estimate represents an average figure, and reported prevalence varies substantially across studies. Some well-controlled studies have, however, reported figures that are substantially higher. The prevalence of autism in many low- and middle-income countries is unknown.

Causes

Available scientific evidence suggests that there are probably many factors that make a child more likely to have autism, including environmental and genetic factors.

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Assessment and care

A broad range of interventions, from early childhood and across the life span, can optimize the development, health, well-being and quality of life of autistic people. Timely access to early evidence-based psychosocial interventions can improve the ability of autistic children to communicate effectively and interact socially. The monitoring of child development as part of routine maternal and child health care is recommended.

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And yet, autistic people are often subject to stigma and discrimination, including unjust deprivation of health care, education and opportunities to engage and participate in their communities.

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The resolution urges WHO to collaborate with Member States and partner agencies to strengthen national capacities to address ASD and other developmental disabilities.

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- providing guidance on policies and action plans that address autism within the broader framework of health, mental and brain health and disabilities;
- contributing to strengthening the ability of the health workforce to provide appropriate and effective care and promote optimal standards of health and well-being for people with autism; and
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WHO *Comprehensive mental health action plan 2013–2030* and World Health Assembly Resolution WHA73.10 for “global actions on epilepsy and other neurological disorders” calls on countries to address the current significant gaps in early detection, care, treatment and rehabilitation for mental and neurodevelopmental conditions, which include autism. It also calls for counties to address the social, economic, educational and inclusion needs of people living with mental and neurological disorders, and their families, and to improve surveillance and relevant research.

Note: in the end, it is mostly the (incorrect) use of the word "atteint(e)(s)" that gives such a defective and unpleasant impression with the French text.
The English version I much less annoying, except the usual confusion ("risk of autism", "ASD = autism" etc.), and the "having" autism or being "with" autism.

5.2. Concerning "disorders" in the "technical description"

6A02 Autism spectrum disorder

Description

Autism spectrum disorder is characterised by persistent **deficits** in the ability to initiate and to sustain reciprocal social interaction and social communication, and by a range of **restricted**, repetitive, and **inflexible** patterns of behaviour, interests or activities that are clearly atypical or **excessive** for the individual’s age and sociocultural context. The onset of the disorder occurs during the developmental period, typically in early childhood, but symptoms may not become fully manifest until later, when social demands exceed limited capacities. **Deficits** are sufficiently severe to cause **impairment** in personal, family, social, educational, occupational or other important areas of functioning and are usually a **pervasive** feature of the individual’s functioning observable in all settings, although they may vary according to social, educational, or other context. Individuals along the spectrum exhibit a full range of intellectual functioning and language abilities.

6. Other important issues on the WHO website concerning "Autism" and "Autism Spectrum Disorders"

Important note: this part and all those that follow are very important but are not essential for understanding the necessity of the Fundamental Distinction set out in parts 1 to 4.
If there is any disagreement or doubt about its content, this part should not be used to refute the demonstration.

When you manage to escape the "autism bias" *(which* is *easy when you are an autistic person who is "suspicious about adaptations")*, certain (non-autistic) aberrations jump out at you (and forgive me for pointing this out).

Here are five examples *(whose absurdity and "immutable and inflexible" nature are "mental ((~~attacks~~)) disturbances" for autistic people who have understood these errors for years).*

6.1. The "Anglophone Disorderism Disorder" *(cf. "autistic disorders")*

When you consider how strongly autistic people need "order" *(which - in our view - corresponds to their more general need for 'harmonisation of the outside' with their harmonious nature)*, the term 'disorders' is striking.

It would almost be funny if the consequences of this "initial defectological bias" were not lives of suffering for millions of people (which could be avoided with a bit of care, common sense, understanding, humility and courage).

The 'disorder' (not to say the 'big nonsense') is not autism, it's the socio-administrative system that surrounds autistic people, and which is imposed on them via 'socio-generated ((~~infringements~~)) disturbances, which obviously provokes reactions of a magnitude proportional to the lack of attention/action/correction on the part of the social environment, which does not understand and which sees those legitimate reactions as 'disorders' when in fact they are the amplification of the ambient "disorder" - not to say "deadly chaos").

What else ?...

6.2. The "Francophone Troublism Disorder" *(cf. "autistic troubles")*

In French, the word "disorders" has been translated as "troubles" *(which, in English, means also "problems")*.

It is less absurd than "disorder", but it is incorrect too.

In fact, the term 'disorders' here refers to something that autistic people 'carry' or that is attached to them, whereas in reality it's quite the opposite, since most of our problems (and suffering) come from what we call 'Socio-Generated ((~~Impairments~~)) Disturbances', i.e. disturbances (of our harmonious nature) that 'trouble us'.
For us, the 'troubles' are 'outside' : the social world is perceived as particularly troubled , disordered, chaotic, confused, absurd, ill-conceived, toxic, hurtful etc. etc., which is obviously disturbing and 'troubling'.

What's particularly 'troubling' (before having understood its mechanisms) is the non-autistic idea that it's us autistics who are 'troubled and defective', whereas we see (or unconsciously feel) that the "social system" is crumbling (and dying) more and more every day under an infinite number of absurdities, errors, confusions and vices, which "non-socially adapted" autistic people are quite simply UNABLE to produce (thanks to the "limitations" of autism)...
In such 'troubled and troubling' external conditions, it is not surprising that autistic people spontaneously adopt an attitude of 'distancing' (which is related to a kind of natural instinct for survival or protection against 'the general nonsense').

6.3. The "Anglo-French Personwithism Disorder" *(cf. "persons with autism")*

This is a problem that many autistic activists have been aware of for many years.

It is very rare for people with autism to define themselves as "people WITH autism". It happens to those who are not aware of this error concerning autism *(again another one!)*.

This problem comes from the English language, and from a concept (a priori praiseworthy) called "person first", which consists of saying or writing the word "person" before the condition or disability that characterises the person and that is intended to be mentioned.
This grammatical construction makes it possible to avoid presenting the person first by their disability or by something perceived as negative, and to remind people that before being "autistic" or "blind" or something else, they are first and foremost a "person".

In English, you cannot say "a person autistic", because the adjective has to come before the noun, and that is where the problem lies.
So the 'solution' is to say 'person WITH autism'.

But in doing so, we create a different notion: that autism is something "detachable" from the person *(which is not true, since autism is "lifelong")*, whereas with "autistic person", this formulation conveys the idea that the "autistic" character is inseparable from the person (which is obvious to us).

It is also important to understand that although "autism" is "inseparable and lifelong" from the person, "autism disorders" (which are NOT the same thing) are, on the other hand, completely variable and sometimes even "collapsible".
They can be reduced over time, and they can also occur less strongly if the social or socio-generational environment is more 'friendly' or less 'disturbing'.
So the expression "person with ASD" is less incorrect than "person with autism".
However, when we understand that there is nothing negative about "autism" (not "disorders"), then :
- it is incorrect (because it is degrading) to refer to autistic people by their "disorders";
- there is nothing incorrect (nothing devaluing) about writing or saying the word "autistic" first, in English, as in "autistic person" (there should be no shame in that).

To solve the problem, English-speaking campaigners usually say "an autistic person" or sometimes "an autist", "the autistics", or "I'm autistic / I'm an autistic / I'm an autist".

(There's also a problem of confusion between adjective and noun, but it is too complicated - and pointless - to analyse it here).

But in French, the problem does not arise because it is grammatically correct to say "une personne autiste" (with the adjective in second, therefore). It is therefore absurd to have 'imported' a problem that is automatically solved by the French language.
Indeed, we often read "les personnes **avec** autisme", when it's so easy to simply say "les autistes".
If you want to show respect by using the word "personne", why not just say "les personnes autistes"?
There's really no need to use the word 'with', which is only necessary in English.

And it is irritating.

Do we say:
- "people with homosexuality"? *(homosexuals)*
- "people with Africanity / or - worse – Africanism" *(Africans)*
- "people with Brasilianity / or - worse - Brasilianism"? *(Brazilians)*
- "people with sinistrism (or left laterality)"? *(left-handed people)*
- "people with egoism"? *(egoists)*
- "people with one-leggedness"? *(one-legged people)*
- "people with asthma"? *(asthmatics)*
- "people with diabetes"? *(diabetics)*
- "people with poetism" *(poets)*
- "people with sportivity"? *(athletes)*
- "people with unemployment / with job search"? *(the unemployed / jobseekers)*
- "people with doctorates"? *(Doctors)*
- Etc. etc.

In French, you just have to say "les autistes" or "les personnes autistes", and that is fine.

Excessive precautions are painful, all the more so because they are absurd and unjustified, and counterproductive here, since the use of 'with' tends to 'separate us from our autism', which consists rather in qualities.

It is all a problem created out of thin air, because people mix everything up because they are 'confused' about autism, because it is presented in a negative way, because of the confusion that we really wish to reduce "using the best lever" thanks to this letter.

Being autistic is a bit like being a cat *(often reserved and difficult)*, and being non-autistic is a bit like being a dog *(often sociable and easy)*.
Cats too have 'problems' in an unsuitable environment *(and they keep their distance from many things that interest humans and dogs)*, but being a cat is not a problem in itself.
And we do not say "a domestic animal with felinity" *(or "carrier of felinity" or "affected by felinity")*, but simply "a cat".

6.4. The "Francophone Hittism-Affectism Disorder" *(cf. "personnes atteintes d'autisme" ("persons hit (affected) by autism"))*

Here is a problem that is much worse than the "Personwithism Disorder " mentioned above.

In fact, the expression "être atteint(e) de" *("to be hit (affected) by")* is only used for illnesses or similar problems.

According to ChatGPT :

When is the expression "être atteint de" used in French?

ChatGPT

In French, the expression "être atteint de" is commonly used to indicate that a person suffers from a particular disease, disorder or condition. Here are some examples of when this expression is used:

1. Diseases: You can say "être atteint de" followed by the name of the disease to describe someone who suffers from it. For example, "être atteint de la grippe" ("to have flu"), "être atteint du diabète" ("to have diabetes"), "être atteint du cancer" ("to have cancer"), etc.
2. Psychological disorders: It can also be used to refer to mental or psychological disorders, such as "être atteint de dépression" ("to suffer from depression"), "être atteint de troubles de l'anxieté" ("to suffer from anxiety disorders"), etc.
3. Medical conditions: This expression is used to describe specific medical conditions, such as "blindness", "deafness", "paralysis", etc.
4. Infections: It can be used to refer to infections or transmissible diseases, for example, "être atteint de la tuberculose" ("to have tuberculosis"), "être atteint du SIDA" ("to have HIV"), etc.
5. Genetic disorders: You can say "être atteint de " ("to suffer from") followed by the name of a genetic disorder, such as Huntington's disease, cystic fibrosis, and so on.

6. Other health conditions: This expression can be used to describe various other health conditions, such as "être atteint de..." severe allergies, arthritis, asthma, and so on.

In short, "être atteint de la grippe" ("to have / to suffer from") is commonly used to describe the presence of a disease, disorder or health condition in a person. It is a common way of expressing the illness or condition a person may have.

Not only is it incorrect and infamous to refer to us as "sick" *(and "for life", at that), but it's* also particularly absurd since the fact of being "hit / affected" must occur at some point, i.e. initially you're not "affected", then there comes a time when you're "hit" (by an illness etc.).

Now, in the case of autism, which is present from birth and very probably before (since 'autism' is 'in the genes'), at which moment does 'autism' 'reach / hit' the person, and how?
It is all nonsense, as usual.

Sometimes we read that autism "appears" from a few months after birth: this does not mean that autism is not present before, it simply means that we can notice its manifestations after a few months. As is often the case, people confuse everything.

To be "hit / reached", you have to have been hit / reached.
So this expression is incorrect for "genetic disorders" (despite what ChatGPT says), or for any problem that does not presuppose a precise moment or action that produced such "atteinte" ("hit / affection") (as is the case with Down's syndrome, for example).

Finally, let us remember that what 'affects / hits' us is not 'autism', of course, but the 'Socio-Generated ((~~Impairments~~)) Disturbances' we have mentioned.

> It is nevertheless appreciable that the French versions of the WHO texts have fortunately avoided the worst error, which consists of the expression "souffrir d'autisme", since we do not suffer "because of autism" but rather "because of the effects of non-autism", as explained below in 7.3.

6.5. The "Anglophone Havism Disorder" *(cf. "to have autism")*

This can be considered a "moderate" version of the "Hittism-Affectism Disorder" *(which has its severe version with the "Francophone Sufferism Disorder", just briefly mentioned above).*

Whereas the French language doesn't hesitate to worry people (and therefore to exacerbate stigmatisation and exclusion) by reminding them that we are 'affected' by autism (this 'calamity') *(probably because we didn't run fast enough or because we couldn't find a cave or forest dark enough to avoid being 'hit')*, the English language is more elegant and neutral and simply says that we 'have' autism.

However, this is not correct either because we '**are**' autistic, as mentioned in the 'Note 2' at the beginning of part 3, reproduced below:

> *Note 2 : in the English version, it is mentioned that people "have" autism, which is absurd to us.*
> *How can one "have" autism ??*
> *Once again, here autism is seen as a sort of "disease", like "having cancer", "having AIDS", "having Alzheimer's disease" etc.*
> *No one "has" autism: one "is" autistic, and this is characterized by deficits, disorders etc.*
> *On the other hand, we do HAVE difficulties and problems yes, which are not "autism", but which come from quite the contrary : the "non-autistic disturbances" from "the exterior".*

6.6 The world upside down

We have only seen five examples here, because they appear in the pages of the WHO (and almost everywhere else when it comes to autism), but in reality, there are an infinite number *(and it can be "torturous" to live with all this, and "in a sea of social incomprehension").*

It is clear that when 'society' looks at autism, it tends to understand the opposite of the truth, and that is quite logical from a system that considers itself to be overall 'non-defective' *(because of the illusion provided by strength in numbers).*

To sum up, the "normal system looks at autism through the wrong end of the telescope or binoculars", and says "it doesn't work"... Which is quite logical.
And when we suggest that it should start again from scratch, in other words, stop "walking on the head", it refuses *(because this destabilises it far too much, and we can even see it sometimes in the perplexed or frightened look of some people when faced with autism, which ultimately*

confronts "the normal system" with its flaws and contradictions, and which puts it in a situation of failure, which is - in the long term – probably a good thing).

7. Additional details on "co-morbidities", "disability" and "suffering"

Important note: this part and all those that follow are very important but are not essential for understanding the necessity of the Fundamental Distinction set out in parts 1 to 4.
If there is any disagreement or doubt about its content, this part should not be used to refute the demonstration.

7.1. Comorbidities

7.1.1. Problems wrongly attributed to autism

Example: "Depression".
This problem is not specific to autism. It affects autistic people who have been "socialised", who have learned enough about the "mechanisms of non-autism". It is therefore essentially a "non-autistic" problem, not an "autistic disorder", but a "non-autistic problem affecting autistic people". Of course, we need to fight against this problem, but it is not by fighting against the autistic nature (or 'autism') that we will succeed; on the contrary, a good understanding of one's own autism can greatly improve one's self-esteem, so that one encounters fewer obstacles and negative thoughts.

7.1.2. Other problems, disorders, pathologies and illnesses that frequently affect autistic people

Examples: ADHD, epilepsy, swallowing disorders, etc.
These are things that are not exclusive to autism, as they also exist in non-autistic people.
We are not experts and cannot really provide any useful information here, but we can take part in working groups to study these problems in order to reduce them.

7.2. The "handicap" associated with these "disorders"

This "handicap" is the "disadvantage" and the impossibilities resulting from the obstacles, rejections and erroneous accusations (misunderstandings and confusions) that stem from it:

- The lack of proper consideration of autism everywhere (and therefore the lack of accessibility policies and measures that should come from it, i.e. "universal design" and general, non-individualised measures, including in the attitudes of non-autistic people (employees, civil servants, etc.));

- The absence (or near-absence) of social assistance services (socio-administrative, legal, and other) and (individualised) human assistance;

- The lack of understanding of autism (and of "what to do and what not to do"), and the lack of understanding of 'non-autism', by :
-- families (parents, etc.);
-- autistic people;
-- and the social environment of autistic people.

This "handicap" is not something "carried" (like a ball and chain, a curse, a tare, or an "incapacity") by autistic people, but the result of interactions, i.e. a lack of reciprocal adaptations. In general, this is not due to a lack of goodwill, but simply to a lack of knowledge about how to make these adaptations (for example, in the administration, in public and private services, at school and at work, in the family...).

7.3. The "sufferings of autistic people"

Clearly, these sufferings are not due to "autism" (and they are rarely due to "autistic disorders").

Autistic people do not suffer from *autism*;
they suffer mostly from the *consequences* of
the lack of **Correct Consideration of Autism Everywhere**.

8. Our positive and realistic approach to "Autism"

Important note: this part and all those that follow are very important but are not essential for understanding the necessity of the Fundamental Distinction set out in parts 1 to 4.
If there is any disagreement or doubt about its content, this part should not be used to refute the demonstration.

8.1. "Autism" or Autistic Nature

The more we understand about autism *(as distinct from 'autistic disorders'), the* more we realise that this 'peculiarity' is, in the end, a form of "*self-protection/resistance of the harmonious naturalness (or natural harmony) of the person*", or perhaps even of the human species if we reason in a more 'elevated' way.

What more can be said?

8.2. The Qualities of Autism arising from the Autistic Nature

The prospect of describing the qualities of autism is... difficult, because there are many of them and they would have to be detailed or even demonstrated, which would make this document too long.

But the list of characteristics in part 1 already looks very much like a list of positive points or qualities, which the rest of the document should also reinforce.

We therefore hope that this text has convinced you sufficiently of the reality and usefulness of the Qualities of Autism. If not, please say so, as we will then have to write a specific text.

8.3. The benefits of these qualities for society if the current confusion were to be ended, which would make it possible to begin the corrections/adaptations necessary for autistic people but also salutary for everyone

Of course, the constant 'confrontation' that results from 'natural autistic resistance' makes life very difficult for autistic people.
But it is wrong to want to 'correct autistic people' (or, worse, eradicate them, as is unfortunately done with Down's syndrome people), when it is the social system that needs correcting, and we are useful in detecting and pointing out its errors and excesses, even if it is painful.

We can see that the social system is increasingly 'lost', toxic and self-destructive.

What is more, this system is becoming increasingly 'robotic', as individuals themselves become increasingly enslaved and dependent on machines, technology, and 'soulless', artificial, automatic things.

We can also see that everything is becoming increasingly "reduced and poor", in other words standardised and "normalised" (in the name of ease and materialistic enjoyment).

All this represents a great danger for humankind *(which has already succeeded in destroying a considerable proportion of animal species, and of* ***Nature*** *(plant and mineral), which it respects so little that it calls it "the environment" or "the ambient surroundings", whereas we owe it everything).*

People are increasingly becoming "robotic humanoids".
The system is becoming increasingly complicated, and we can no longer get by without recourse to technological aids ("artificial intelligence" etc.).

The "artificialisation of the human species" is intrinsically dangerous, and it is therefore important to preserve "original, natural specimens", such as "indigenous peoples" and autistic people.

Less theoretically and in the shorter term, it can easily be shown that the adaptations to be provided by society for autistic (and other vulnerable) people are not extravagant or abusive things, and that - on the contrary - they simply consist of providing CORRECTIONS to reduce or eliminate excesses (leading to suffering, destruction and waste) which are harmful to EVERYONE (and even to animals and "Nature").

To borrow a famous advertising slogan : autism is like "a few grams of finesse in a rough world".

One must look beyond the negative manifestations, which are merely consequences.

You will not be driving down dirt mountain roads in a Rolls-Royce, and you will not be doing a week's shopping at the supermarket in a two-seater Ferrari.
It should come as no surprise that there is breakage and screams when you interact with autistic people without tact and sensitivity.

As already said, autistic people are like the alarm signals of a malfunctioning system.
The thoughtless reflex of turning off the alarm light or siren *(so as not to be disturbed because one is busy eating or "watching the football game")* **is very dangerous.**

Instead, it's necessary to look for the causes. And to do that, one has to understand autism. But we can't begin to understand autism if we confuse "autism" with "disorders", which inevitably leads us to see autism as a negative thing to be eradicated, when in fact it is more like an opportunity for society.

It is true that the condition or behaviour of most autistic people, who are "moderate" to "severe", seems to contradict this very positive picture, but we can also consider that:
- the "weight" of, for example, 90% of autistic people ("severe" or "moderate") is "useful" in a certain sense, to force the social system to question itself,
- the actions or explanations or requests of the other autistic people are more "explicit" and also contribute to improving the system (and not just for autistic people),

or "could" contribute, when "the system" finally will have the intelligence and courage to *"look at autism from the right side of the optical instrument"*, which implies that it recognises its serious flaws, and it is probably the VERTIGO (or dizziness) then felt that is the biggest obstacle.

There is nothing we can do about it.
We can only provide our points of view, and then "the non-autistic force" decides.

9. Additional information: "The needs of autistic people"

Important note: this part and all those that follow are very important but are not essential for understanding the necessity of the Fundamental Distinction set out in parts 1 to 4.
If there is any disagreement or doubt about its content, this part should not be used to refute the demonstration.

9.1. Harmony in general

9.1.1. Acceptance, inclusion, equity

Autistic people must be accepted everywhere (facilities, services, etc.) on an equal footing with others:

- Because it is a question of rights (an obligation under the UN CRPD, for example).

- Above all, because it is necessary:
-- to learn to live in society (and not to be afraid of it, but to enjoy it), which is impossible if someone is excluded or treated as "deficient" or "defective";
-- so as not to be "locked into their world", and to reduce the various disorders characteristic of autism;
(People have the right to be in their world (the "Autistan"), but they also have the right to leave it when they wish, and not to be "confined" to their own world because of social barriers, rejection, "disturbances", etc.).
-- so as not to feel a sense of injustice, of exclusion, which causes suffering;
-- so as not to feel inferior, which affects self-esteem.

9.1.2. No specific restrictions

Autistic people **should not be subjected to restrictions or limitations that would not be imposed on other people**, because of the needs explained in the previous chapter (freedom, self-esteem, etc.).

- This is particularly important in the family context (cf. **the huge problem of "over-protection"**).

9.1.3. Harmony and coherence in education and in learning about social functioning

- It is absolutely essential that the social environment (family, educators, therapists, school, etc.) is **consistent** in its rules and in the way rules are applied, which must be done in the same way by everyone.
Otherwise, it is of no value to the autistic person, because his or her thought system can only integrate things that are coherent, harmonious and fair (or that he or she considers to be so): if the people around the autistic person cannot even agree on a rule (or on the way to apply a rule), then for the autistic person this rule has no value, is not reliable, and therefore of course this rule will not enter his/her brain, thanks to what we will call "*the self-protection of natural harmony*", a notion which is in our opinion a good way of conceiving autism.

- It is therefore very important that ALL the people who influence the autistic person's life (parents, educators, school...) CONCERT *(consult mutually and coordinate)* seriously and attentively, and as often as possible (for example with WhatsApp or Telegram groups).
Unfortunately, this fundamental principle of 'coherence' (the importance of which is obvious when it comes to understanding autism) is very rarely understood and used.

It is therefore logical, unfortunately, that the learning progress of autistic people is very slow when their educators (including their parents) are not in clear and reassuring harmony, in a very precise way.
We explain it to them, but they do not listen (they think they already know better...).

9.2. Protection against "disturbances" *(i.e. breaches of harmony)*

The problem is that non-autistic people do not feel these disturbances and therefore do nothing to stop them, even when we ask them to.
We therefore continue to suffer until a crisis inevitably occurs, to which non-autistic people will then pay attention, but without stopping those "disturbances" (which are the sources of the suffering): they will just try to calm the crises, or to keep us away, to lock us up etc., always

believing that these crises are *"logical because it's because of autism, we know that autistic people have crises"*...

So the "attacks" and then the crises start up again, etc. *(since nothing is done to stop the things that only we perceive)*, so it's not surprising that autistic people develop very slowly (or not at all) in such conditions, and this is also the case when the only means found to avoid those "disturbances" is isolation or overprotection.

9.2.1. Socio-generated sensory ((~~impairment~~)) disturbances

See section 2.3.1.

9.2.2. Socio-generated mental ((~~disorders~~)) disturbances

See section 2.3.2.

9.2.3. Other socio-generated ((~~damage~~)) disturbances

See section 2.3.3.

9.2.4. Other possible ((~~damage~~)) disturbances (not socio-generated)

See section 2.4.

9.3. Physical security and freedom

This is really essential, for obvious reasons, but above all because it is necessary for the physical freedom of autistic people, which is an indispensable condition for making 'random' experiences and discoveries on their own 'life path', which is inevitably very original in the case of autistic people.
To this end, at the very least, a reliable GPS tracking system must be created (for certain autistic people, where this is useful and desired).

9.4. Respect for the autistic nature

Originality, a unique and different life path, (possible) creativity, the right to be different: all this contributes to the enrichment of the human species and the preservation of human biodiversity. Autistic people are highly sensitive to problems, inconsistencies, and injustices; they are like the alarm sirens on a security system.

Wanting to do away with autism is absurd, because the measures to be implemented for the "Correct Consideration of Autism Everywhere" (i.e. accessibility for autistic people) are beneficial and useful for EVERYONE, cost almost nothing and often save money (in energy or legal proceedings, for example).

Those measures cannot be harmful to non-autistic people, simply because what we need is HARMONY, and therefore the correction and improvement of "socio-generated" things.

We do not need extravagant "adjustments" that would make non-autistic people suffer, ever, but the reduction or elimination of errors, excesses, and absurdities (which harm EVERYONE).

Trying to "eradicate autism" is like trying to turn off the alarm sirens, without looking into the causes of the alarms... and that is very dangerous.
Individually, trying to remove a person's autism is as absurd as trying to force a cat to wear socks, or trying to force a French speaker to 'erase' their knowledge of French to speak another language in another country.

But, of course, you also need:
A- to **ensure accessibility, assistance, protection (without over-protection)**, etc.

B- to **reduce the "disorders characteristic of autism"**, i.e. to realise that some of them are merely "subjective disorders", and to do what is necessary to reduce the other ones (the "objective disorders"), starting by reducing the "disturbances" - after having understood them *(for example by dialoguing with our Organisation)*;

C- to **"teach non-autism" (and autism) to autistic people (and their parents)**, to teach them the codes and mechanisms to enable them to be autonomous in an "incoherent" social system *(it must be understood that, for autistic people, the "normal system" is VERY incoherent, and this is where our biggest problem lies).*

It is possible (and necessary) to reduce "disorders" and problems without affecting the autism and its qualities in the person, but to do so, it is obviously necessary to start by making a distinction between "autism" and "disorders".

9.5. Learning about "non-autism" and autism (qualities and characteristics)

Being autistic in a non-autistic system is like being a foreigner in another country: you have to learn the codes, which are never 'natural', and you have to make a constant effort, like when speaking a second language.
It is vital to learn about 'non-autism' (and in particular the problems of 'non-autism', which do not exist in autism).
We can easily help in this respect.

It is also necessary for autistic people to understand the "qualities of their autism" so that they can make better use of them, but also to preserve or develop their "self-esteem" *(very important)*.

Note: When autistic people display "negative" behaviours (e.g. pride, lying, manipulation) that do not seem to correspond to the "characteristics of autism" (or "autistic disorders"), it is simply because they are "using" mechanisms that they learnt during their adaptation to "non-autism". You can be autistic and have non-autistic behaviours (sometimes 'good', sometimes 'bad'), just as you can be French and speak English. There is no incompatibility or mystery with that.

9.6. Protection against the serious trap of self-esteem through judgement by others (and other traps)

This problem (acquired during the incorrect (anti-autistic) learning of non-autistic social mechanisms) is very important, very absurd, very serious and very dangerous (depression, suicide...).

Autistic people are not born with this problem.
It's necessary to protect them from it, while teaching them what it is and how it works.

This is very difficult to do for non-autistic people, because they are, more and more, almost all victims of this trap without realising it.

9.7. Discoveries, experiences, and adventures (including travel)

It is really essential.
Without this, the autistic person cannot learn and remains "blocked".
(This would be a long chapter to explain, and I have many examples and even personal evidence).
Why should non-autistic people be allowed to do these things, but not autistic people when they need them most?
Help is needed to achieve this, in line with everything we have explained *(acceptance and equality, no specific limitations for autistic people, BUT accommodation and protection (not restrictions) where necessary).*
(Don't confuse "protection" with "restrictions and exclusions". Nor should you confuse "experimentation and adventure" with "letting loose in the lion's den without preparation or help").

9.8. Personal fulfilment and the 'right to happiness'

This is more or less the result of the previous chapters.

And
this is impossible with a "defectological approach" to autism,
in particular
if we start by reducing "Autism" to "Disorders".

10. A question of "frames of reference" *(or paradigms)* - Conclusion

10.1 "Natural reference frame" vs. "Artificial reference frame"

The reasoning underlying this entire document is based on the notion of two opposing frames of reference:

- **A) The "natural frame of reference" :**

  -- which, in short, is characterised by "the highest **naturalness** in everything", **harmony** / coherence, correctness, truth *(and therefore by a "balance", which is not globally destructive (even when the lion eats the gazelle))* ;

  -- and **to which autistic people are "naturally well adapted".**

- **B) The "artificial frame of reference"** ***(or "denatured" or "anti-natural")*** **:**

  -- which, in short, is characterised by **disharmony** / incoherence (or disorder), incorrectness (or absurdity), untruthfulness (or falsity) *(and therefore by a globally destructive imbalance, i.e. generating a "perdition" of society, problem that is becoming more difficult to deny every day),*

  -- and **to which autistic people are 'naturally maladjusted'**, since autism is principally characterised by :

  --- harmony *(even if our reactions to disharmony can give the impression of "disorder", which in fact comes from this socio-generated disharmony which is simply "revealed and amplified" by autistic sensitivity and "unacceptance-*

resistance") ;

--- naturalness *(which is characterised in particular by harmony).*

Notes:
- Accuracy" and "truth" are nothing else than "harmony with reality (in its description/understanding)".
- La "Nature" est caractérisée par l'harmonie : il suffit d'ouvrir les yeux pour le voir.

10.2. Conclusion

If we understand that,
and if we understand that ***most* "autistic disorders" are :**

- either 'disorders' **solely from the point of view of the 'artificial referential'** ('vitiated'),
(such as, for example, the inability to lie, or the incomprehension of the mechanism that consists in saying "white" when one means "black", or the lack of interest in the latest twists and turns in the heart affairs of a film star which are perfectly useless in reducing the world's suffering) ;

- or 'disorders' **that would not exist if the social and socio-generated environment made an effort to adapt** by providing 'Correct Consideration of Autism Everywhere', i.e. by correcting the 'Non-Autistic Disorders' *(which are often present but 'not inevitably accompanying non-autism' (because "Non-Autism and ((~~Disorders~~)) flaws specific to Non-Autism are not the same thing...")),*

then it is easier to understand:

- the subjective nature of "autism disorders",

- the qualities of "autism",

and so one should understand better
(despite the fact that this document is still very imperfect, too confused, and poorly organised):

- how **obvious it is that "autism"** (which is part of our nature) **is NOT the same thing as the "disorders" or difficulties that characterise it,**

- and how **crucial it is to put an end to this confusion**, at least to, in particular :

  -- enable people to **see the qualities of autism** *(and therefore encourage them and even **make them useful to society**)*

  -- **avoid the great suffering** (unnecessary and unjustified), such as exclusion and depression (leading to suicide) indirectly engendered by this fateful confusion.

  QED *(Quod Erat Demonstrandum)*

10.3. In a nutshell

Once an autistic person understands that it is **not an "existential flaw" (and for life) to be maladjusted to a "defective" social system**, or to be "deficient in terms of social vices",
- then he/she goes much better (which **reduces 'depression' but also 'distancing'**),
-- which makes it possible to **adapt better** *(preserving the autistic qualities, as far as possible)*),
-- and so he/she can **begin to live a dignified and fulfilled life**, without that despairing feeling of inferiority or intrinsic 'defectiveness', which obviously 'blocks everything'.

BUT **this is obviously impossible if, from the start and on a permanent basis, the system instils in everyone that "autism is a disorder" and that, therefore, when you are autistic, you are necessarily "defective", and "for life"**.

Indeed, how can we live decently with this idea,
which is constantly repeated in all the texts and websites on autism,
EVEN in the "general description" by the WHO?? *(Sorry...)*

This is why
if the WHO agrees to study,
understand and correct this problem,
we will finally have the beginnings of
"correct" and fair conditions,
towards a better life for autistic people.

Otherwise, everything is biased and distorted from the start,
and **autistic people are "condemned for life"**
to be "deficient persons carrying disorders",
because of that
"official (and non-autistic) confusion about autism".

10.4. In one sentence...

"It is no measure of health
to be (well) adjusted
to a profoundly sick society."

(Jiddu Krishnamurti)

Appendix A: e-mail from the Alliance Autiste (France) dated 01/06/2023

From: **Alliance Autiste** <contact@allianceautiste.org>
Date: Thu. June 1, 2023 at 20:07
Subject: Problems detrimental to autistic people in some WHO designations and approaches
To: DREW BOLD, Nathalie Jane <drewn@who.int>, FUNK, Michelle Karen <funkm@who.int>

Madam Director / Mr Director
Ms Michelle FUNK
Ms Nathalie DREW BOLD
Department of Mental Health and Substance Abuse
World Health Organization
Geneva

01/06/2023

Dear Madam, dear Sir

I hope you are well, and thank you for your kindness in 2014 and 2015, and for the kind letter of thanks from Mr SAXENA *[former Director]*.

There are two important issues on this page: https://www.who.int/en/news-room/fact-sheets/detail/autism-spectrum-disorders

A1. Error of "person with" (and "affected by")

It says "people with autism" but autistic people don't know what "people with autism" are, nor "people with feminity", "people with homosexuality", "people with dwarfism", etc.
It is very clear to us autistic people that autism is part of our nature and identity, and not something we 'bear' or 'wear'.
We thought that this problem of misunderstanding autism had been solved several years ago, and we are surprised to see that it still appears on the WHO website.

The same error (the "with autism") can be seen on this page: https://www.who.int/news/item/31-032022-who-s-training-for-caregivers-of-children-with-autism-goes-online (and apparently on all the others...).

1.1. Even worse, the French translation (https://www.who.int/fr/news-room/fact-sheets/detail/autism-spectrum-disorders) is the worst that can be made: "personnes **atteintes** d'autisme". (i.e. "hit / affected")
Even for the official French authorities (who are not particularly avant-garde when it comes to autism), this infamous term was abandoned years ago (thanks in particular to the efforts and protests of our association).
Or otherwise, you'd have to explain to us when (and how...) this autism 'hits' people...

You can have or present these disorders, but you can't be "hit" by them.
The only things that "hits" us are "sensory, mental and other disturbances", which are almost always "socio-generated", i.e. we are often hit/affected by "social nuisances" (inconsistencies...), not to say "Non-Autistic Disorders"...

A2. Confusion between "autism" and "disorders (characterising autism)"

This article, in its French version (https://www.who.int/fr/news-room/fact-sheets/detail/autism-spectrum-disorders, dated 01/06/2021) maintains the confusion between "autism" and "autistic disorders" (because it uses these two terms interchangeably), whereas they are two correlated but distinct things.
--> Explanations: https://allianceautiste.org/distinction-fondamentale-de-l-autisme/

And in the English version (https://www.who.int/en/news-room/fact-sheets/detail/autism-spectrum-disorders , more recent, dated 30/03/2022), it's even worse, since it reads in black and white "Autism - also referred to as autism spectrum disorder"
--> What is the indisputable scientific or medical publication (internet link, please) that says that "autism" can also be called "autism spectrum disorder" (or "autistic disorder")?
Autism is *characterised* by "disorders", it's not the same thing.
A thing cannot be what characterises it: it's a simple question of logic.

This unfortunate phraseology means that we are seen only as "carriers of disorders", which really does help to reduce the stigma, and maintains the "loss of opportunities" and the risk of suicide.
What's more, it violates the CRPD, which says that ((~~disabled~~)) handicapped people must be presented in a positive light.

What defines us as autistic people is autism (which is not a negative thing). Disorders come second.

On your English page https://www.who.int/en/news-room/fact-sheets/detail/autism-spectrum-disorders), it's written that one child in 100 "has autism", which is absurd because one cannot "have autism", but one can indeed "have (or present) autistic disorders".
This confusion is therefore linked to point 1 above.

In short, autistic people ARE autistic people, who generally HAVE (or present) not "autism", but "disorders characterizing autism".

--> We would therefore like to know if you can tell us what your organisation intends to do to correct these errors.
If these brief explanations are not enough for you, we understand, and we can discuss them to clarify them.
You could also consult the autism movements around the world, which will at least confirm the - unfortunately common - "people with" error. We can demonstrate that this error is particularly absurd in the French language, unlike the English language where it remains an error, but it can be explained by the imperatives of grammar.

These errors are detrimental because when we try to explain them to certain entities in France, they sometimes refer to the WHO pages.

It is really essential not to confuse "autism" with "disorders that characterise autism" (or "autistic disorders"), because it is this confusion that fuels endless polemics, and it also prevents us from seeing and valuing the "qualities of autism". Indeed, the "qualities of a disorder" does not mean anything.

We'd also like to know if you could point us to an official WHO reference page defining "autism" and/or "autistic disorders", which would enable us (if it's not wrong...) to back up our explanations to recalcitrant French entities. Or maybe it's the page in question here?

(We know the ICD-11 classification 6A02 https://icd.who.int/browse11/l-m/fr#/http%3a%2f%2fid.who.int%2ficd%2fentity%2f437815624, and this page does not seem to pose a major problem since it only refers to "autistic disorders" (and not "autism") and since it does not contain the absurd formulation "atteint d'autisme" (which is solely the result of a translation problem)).

Lastly, this page in French (https://www.who.int/fr/news-room/fact-sheets/detail/autism-spectrum-disorders) contains an error in its link to the WHA 67.8 resolution (https://apps.who.int/gb/ebwha/pdf_files/WHA67-REC1/A67_2014_REC1-fr.pdf#page=25): the end of the URL should be "page=37" and not "page=25".

And it would have been preferable, instead, to link only to the WHA 67.8 resolution (without the other items): https://apps.who.int/iris/bitstream/handle/10665/170888/A67_R8-fr.pdf
As for the original English version of this page https://www.who.int/en/news-room/fact-sheets/detail/autism-spectrum-disorders), the link https://www.who.int/mental_health/maternal-child/WHA67.8_resolution_autism.pdf) is also wrong because it sends to a non-existent page.
(And it's not "autistic disorders" that make it easy for us to see errors and confusion, it's "autism"...).

Please note that resolution WHA 67.8 does not seem to confuse "autism" and "autistic disorders", since it is careful to mention only "autistic disorders", and does not make the mistake of saying "autism" instead.
However, it does contain the erroneous French translation "atteint de troubles autistiques".

The correction of problems 1 and 2 is really important for the well-being of autistic people around the world, and we hope that you will be able to study these subjects as carefully as possible, and - if in doubt - with the help of autistic people themselves.

As an autistic specialist in autism, I remain at your disposal for any study, consultation or advice concerning autism.

Thank you very much.

Please accept, dear Madam, dear Sir, the expression of our distinguished greetings.

For Alliance Autiste,
Eric L.

--
Alliance Autiste
contact@allianceautiste.org
AllianceAutiste.org
An autistic NGO working for the freedom and defence of autistic people, accessibility, and the correct recognition of autism everywhere, the fight against social and administrative abuse and exclusion, and the application of the CRPD in France.
registered in France under number W691085867

Appendix B: Web page of Alliance Autiste (France) on the "Fundamental Distinction of Autism"

https://allianceautiste.org/distinction-fondamentale-de-l-autisme/

Our "Fundamental Distinction of Autism

When you eat a nut, you do not eat the shell.
Confusing autism with autistic disorders generally means seeing only the disorders,
i.e. seeing only the shell of a closed walnut, and believing that it is inedible.

*Autism is **not** a disability; autism is characterised by specific "disorders" and difficulties which, in a social environment where autism is not properly taken into account, very often **lead to** handicaps (i.e. disadvantages).*
These difficulties and handicaps specific to autism result from the consequences of "Non-Autistic Disorders" (defects which the more autistic you are, the less you have), i.e. "Socio-generated Impairments" (sensory, mental, or other), which is difficult to understand for most Non-Autistic People because of the standard non-autistic functioning, which is diametrically opposed ("detailism"/approximation-confusion. truth/illusion, naturalness/artificiality etc.).

B1. Autism

is a natural biological human characteristic (like albinism for example) present at least from birth, which is part of what we call "human biodiversity".
It is an intrinsic part of our nature, and has important qualities that must not only be protected but also developed (particularly in terms of self-esteem and personal fulfilment on an original 'life path' - not to mention the potential benefits for society).
Wanting to "eradicate autism" makes no more sense than wanting to make an albino person tan so that he or she looks "normal" (and is less excluded).

B2. The specific difficulties and "disorders"

that *characterise* autism *are* not "autism"; they are :
- Either "subjective disorders", i.e. differences perceived as "deficiencies" by non-autistic people when they are not or should not be (such as not being interested in superficial things, "not knowing how to lie", preferring to remain isolated...) ;

- Or problems linked to 'impairments' (inconsistencies, disharmonies or non-naturalness) which may be neurological (sensory or mental) and/or non-neurological (diet, substances, exposure to various physical factors, etc.).

These problems generate suffering (which is not due to 'autism' but to the damage imposed - even unconsciously - by non-autistic people and their systems), which is not understood and which is therefore ignored and maintained, eventually leading to physical manifestations and/or seizures, the only visible elements, which are then referred to as 'autistic disorders' (often confused with 'autism').

(Note: "Co-morbidities" (such as epilepsy or ADHD) are not specific to autism).

As long as "autism" is confused with "disorders specific to autism", any reflection, approach, policy or other about autism is futile.

This widespread and persistent confusion explains most of the misunderstandings and controversies, and the mistaken approach to autism.
We've been saying this since 2015 and we can only repeat it (with explanations), hoping that the idea will catch on. Some others have also been saying it for a few years, but it remains isolated and not very audible.

N.B.: When we confuse autism with disorders, we can no longer talk about the **qualities of autism**. And of course, this inevitably gives a negative image of autism and autistic people (which encourages exclusion, suffering, deprivation of freedom, suicide, auticide, etc.).

Important:

As you can see from the following e-mail, the relevant French public authorities have themselves acknowledged that we are right about the "autism/disorders distinction", and - better still - they have started to CORRECT their pages.

Now, the French Administration hates admitting it is wrong (and it does not particularly like us); it only admits it is wrong and corrects itself when it really cannot do otherwise.

This shows that this subject is REALLY IMPORTANT.

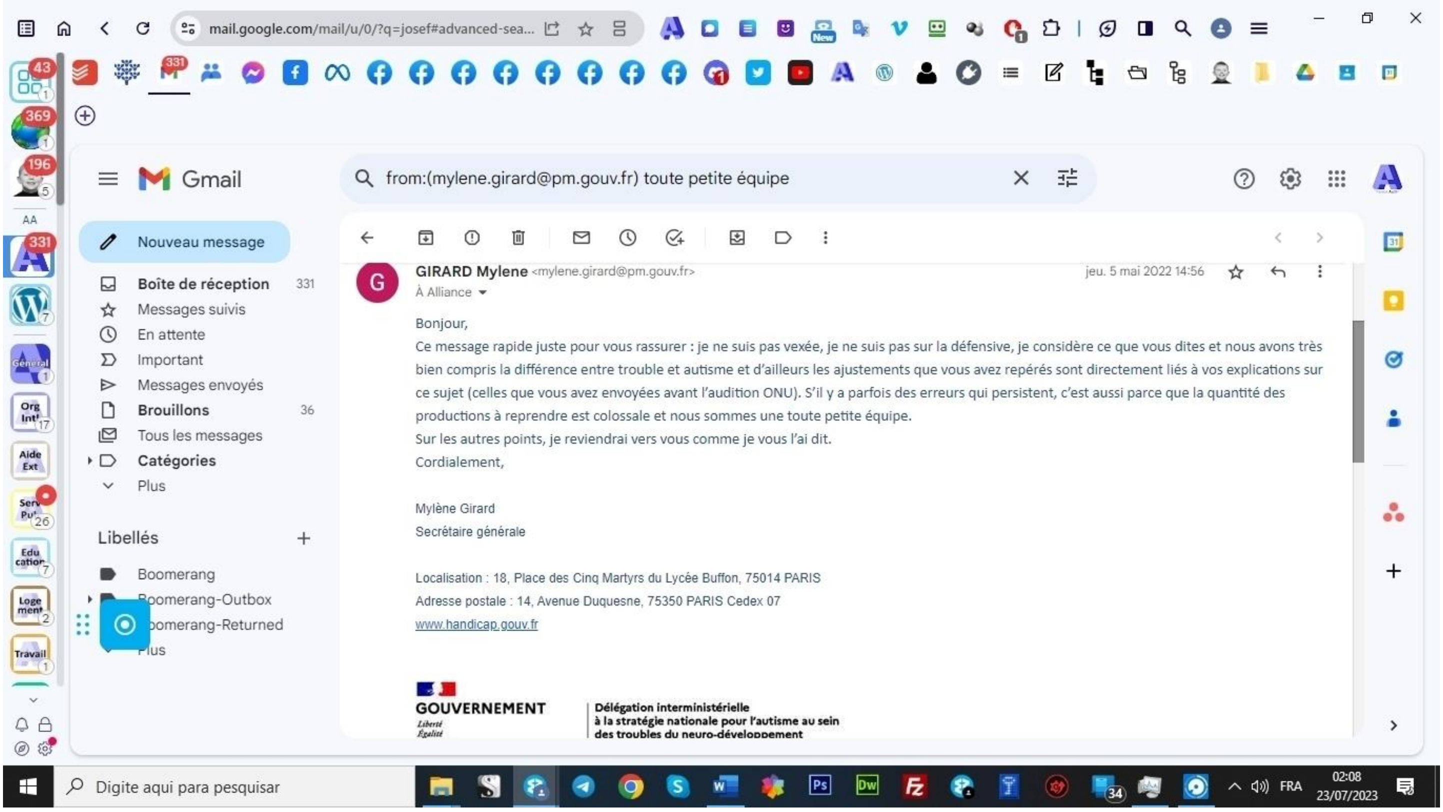
From: GIRARD Mylene <mylene.girard@pm.gouv.fr>
Date: Thu 5 May 2022 at 14:56
Subject: RE: 1/ Communication etc. - 2/ Participation - 3/ Accessibility - 4/ DdD - 5/ "mission entrusted to Vivre FM / ANPHI"
To: Alliance Autiste <contact@allianceautiste.org>

Hello,

This quick message is just to reassure you: I'm not offended, I'm not being defensive, I'm taking on board what you're saying and ***we've clearly understood the difference between disorder and autism and, moreover, the adjustments you've identified are directly linked to your explanations on this subject*** *(those you sent before the UN hearing). If there are sometimes persistent errors, it is also because the amount of production to be reviewed is colossal and we are a very small team.*

On the other points, I will come back to you as I said.

Yours sincerely
Mylène Girard
General Secretary
Délégation Interministérielle à la Stratégie Autisme et TND] [Interministerial Delegation for Autism and Neurodevelopmental Disabilities Strategy
Location: 18, Place des Cinq Martyrs du Lycée Buffon, 75014 PARIS
Postal address: 14, Avenue Duquesne, 75350 PARIS Cedex 07
[*www.handicap.gouv.fr*](http://www.handicap.gouv.fr)



GIRARD Mylene <mylene.girard@pm.gouv.fr>
À Alliance
jeu. 5 mai 2022 14:56

Bonjour,
Ce message rapide juste pour vous rassurer : je ne suis pas vexée, je ne suis pas sur la défensive, je considère ce que vous dites et nous avons très bien compris la différence entre trouble et autisme et d'ailleurs les ajustements que vous avez repérés sont directement liés à vos explications sur ce sujet (celles que vous avez envoyées avant l'audition ONU). S'il y a parfois des erreurs qui persistent, c'est aussi parce que la quantité des productions à reprendre est colossale et nous sommes une toute petite équipe.
Sur les autres points, je reviendrai vers vous comme je vous l'ai dit.
Cordialement,

Mylène Girard
Secrétaire générale

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www.handicap.gouv.fr

GOUVERNEMENT
Liberté
Égalité
Délégation interministérielle
à la stratégie nationale pour l'autisme au sein
des troubles du neuro-développement

B3. Autistic disabilities

are the *consequences* of difficulties or disorders (2), which are the result of problems imposed (almost always unconsciously) by the non-autistic environment, due to a lack of understanding and incorrect consideration of autism (1).

This implies that autism is not the direct cause of disabilities: it is society's failure to take autism into account that creates difficulties and disorders, which in turn generate disabilities.

Thus, to say that "autism is a handicap" is inappropriate: autism often *causes* handicaps (indirectly), when the autistic person is forced to conform to a "social mould" or to live in a social system that does not integrate autism correctly.
In a few rare cases, the autistic person may be able to circumvent or manage the impairments perfectly, in which case the problems in question do not exist: the qualities specific to their autism can then flourish freely, and this proves once again that confusing autism with a disability makes no sense: the necessary *distinctions* must be made in this area.

We hope that one day the message will be heard: we invite autistic people, we listen to them politely without really taking them seriously, and we continue to "try to understand autism", ignoring the explanations in front of us, and continuing to maintain the impairments that make autistic people suffer, without even understanding it or thinking of asking ourselves how to reduce them...

In any case, disability is a *fact* (the limitation of possibilities in an environment) whereas autism is not a fact but a state or a particularity: we cannot say that autism, blindness, or deafness *are* disabilities, but that they *lead to* disabilities in certain situations.

Finally, the CRPD and the 2005 law explain in substance that disability is a limitation in an interaction: **the disability cannot therefore be both one of the factors** *(in this case, autism)* **causing the limitation, and the limitation itself. CQFD.**

Very important:
No one "suffers from autism" (or "from autism"), just as no one suffers from dwarfism, albinism, Down's syndrome etc.

Autistic people do not suffer from *autism*, but mainly *from the consequences* (i.e. the "damage", rejections, maladjustments etc.) **of not taking Autism Properly Into Account Everywhere** (i.e. in the socio-administrative system, in the family etc.).

Further reflection:
Confusing "autism" with "autistic disorders" is a bit like saying that being left-handed is having difficulty writing or acting with the right hand *(i.e. defining a difference in a purely negative way).*
No, being left-handed is just being left-handed, it's not a disability;
and being autistic is not a 'lack of non-autism'.
We don't say that being right-handed means having difficulty writing or acting with the left hand.
If you live in a social environment that allows you to write or act with both your right and left hands, then left-handed people have fewer difficulties.

If you liked these explanations, you will also like the (more detailed) ones here:
https://autistan.org/autisme/?lang=en

Appendix C: Letter "To the World Health Organization, and for a Healthier Organization of the World (WHO / HOW)" of October 9th, 2015

This letter has been sent by email on 8 and 9 October 2015 to Ms Paule Pillard (WHO) and Ms Chiara Servili (WHO), among others.

https://autisticalliance.org/wp-content/uploads/20151009_5-EL_WHO-long-statement-about-dignity-and-right-to-be-born.pdf

"To the World Health Organization and for a Healthier Organization of the World (WHO / HOW)"

9 October 2015, Geneva

I am Eric L., a high potential autistic,
and the following are only my personal thoughts, about dignity in mental health.

C1. First condition for dignity : the right to be alive, the right to be born

The autistic people, the Down syndrome people, and other "mentally different" or "neurologically different" persons, are very concerned about the current trend towards eugenics, due to the possibility for parents to abort the natural cycle of life, just because their baby would be different than what they want.
A human being is not like a product that you order on the Internet.
I do not think that anyone has any right to interfere with the creation of life.

C1a. How can you be sure that the person would have preferred not to be born ?
C1a1. Ask them what they think about that, with polls, when possible.
And I would be surprised if many of them would prefer not having come to earth.
The suicide wishes are another issue, coming from the fact that society is giving us a very hard time.
C1a2. And when not possible, ask for instance to those of the autistics who managed to "get out"

(of their special world), if they would have preferred not coming to life, when they were "alone in their world", including in case they would never have "got out" (which is impossible to ascertain in the case of autistics, at least).

C1b. Many of the people who help humankind to progress are coming from the category of people different from the norm, which often makes them considered as "mentally ill" by the "normal ones".
If you allow the eradication of the different people, you take the risk of also eradicating humankind, because if only formatted and similar people remain, they will lose themselves into copies of copies, and finally destruction, as we can already see.
Not to mention that when you remove the margins, then the people who are inside the norm but close to the margins become the new margins, the new problems to exclude or to remove. And little by little, with this normalization enterprise, you end up with a society of clones, robotic, automatic humans, which is already on the way since a few decades.
And even if these innovative persons are only a very tiny fraction of what I would call the “mental minorities”, maybe it's worth not taking the risk to kill them (when killing all before birth), not to mention the fact that anyway any life has the same value, whatever the abilities of the persons.

C1c. I just do not see why people, even so-called "ill", would not have the right to live (or to be born) ?

C1d. If there were sensible and real efforts made to understand us, then :
C1d1. The parents (and society) would understand that many times, we -the so-called "mentally ill" persons- are suffering less from a so-called "disease" than from all the things imposed on us by society, which is believing that the only way to be happy is to be like them (which I certainly do not believe) and which is therefore trying to "cure" us by having us being like them, or otherwise by excluding us.
The problem here, is the inability of the "not different people" (like copies of copies) to accept the "different people", and for me THIS is a kind of mental illness. And even, an illness of the heart.

C1d2. If people were really open-minded and open-hearted, and accepting our collaboration (which they ignore), they would not only understand better the nature and the reasons of our sufferings, but also they would be able AND WILLING to undertake the proper measures, for us to live better, and with dignity, which means real acceptance, with equity, and not only some pity towards people seen more or less as "sub-humans", worth only to be "cured" (and also to be used by some businesses living on that).

C1e. Who has the right to decide of modifying nature ?
Didn't we have enough lessons, and catastrophes, showing that when men change the natural course of things, they have to pay it the highest price ? So many civilisations, minorities and animal species have disappeared or have been killed, for stupid reasons, and now you want to kill the most vulnerable, precious and pure human beings ever, who may contain some specimens indispensable for the survival of mankind, like the original is to the copy : for instance the autistics, and the other people that a normalized society cannot understand, and cannot listen to.
“Normal people” unable to hear our voices because they are focused on pleasures and illusions. Like the illusion of being entitled and able to “rectify” persons who are different by nature, and who may not want to change this.

C2. Second condition for dignity : the right to live where we want, and how we want

We need the deinstitutionalization, we need to be included in the heart of society (but with protections) as full citizens, and we are grateful to the WHO for mentioning this in the resolution 67.8 of the World Health Assembly.
Excluding people who are already suffering, and treating them as second-class humans, is something very insulting and destructive for dignity and self-esteem. Myself I experienced it, more than enough. All this is easy to understand, but some countries are just pretending to be willing to solve the problem, which is difficult because of the global [general] public fear, allowing the power of the institutionalizing lobbies, for financial considerations, and *this* shall be cured.
There is no dignity where there is no liberty and equal rights.

C3. Third condition for dignity : not considering as "sick" or "madmen" people who are just different

Some people do have real mental health troubles, and are glad to be cured.
But many so-called “abnormal” behaviours or thoughts can be confused with that, because of the mental barriers of both : these persons, and those attempting to cure them.
Many times, people do not understand our thoughts or behaviours, and they decide that we are "mad", just because it is the easiest thing to do, and also the only choice in their automatic, pre-filled thought system.
When it happens to me, I just see that they do not have the capabilities to understand me.
And this is likely to be similar, with various categories of so-called "mentally ill persons".
Of course I am talking about so-called illnesses coming with birth, and not about those produced by society (like psychosis, depression, substance abuse problems etc.).
In my case, I do not think that the fact that normal people do not have enough mental capabilities to understand me, should be seen as a mental illness. At least, not of [by] me.
But I can show you medical certificates where the doctors wrote that I have a "serious mental illness", but also -they write- that they cannot understand my explanations…
Who is stupid ? Who is insane ?

C3a. Many people are suffering in their brain, not because of a personal condition or “disease” which would be inherent to them, but in reaction to the disorders imposed on them by a social organization which is itself a chaos, not consistent, not just, directed by silly “codes”, not adapted to the natural life.
Thus, the fact that some people are not adapted, or trying to escape from this artificial reality, is perhaps not insane, but an attempt to save oneself from the global social madness of the “modern” materialistic system, which is unfortunately reaching now even the developing countries.

C3b. Regarding autism

- I do not see why the lack of communication, or interest, towards a human environment perceived as absurd and dangerous, should be a sign of “mental illness”, instead of a kind of “auto-protection, safe mode”.
- I do not see why a strong and good “natural inability” to be adapted to artificial, untrue, and unjust social codes, values, rules and behaviours should be a "mental disorder”.
- I do not see why our so-called “narrow interests” and our perfectionism is more a mental trouble than the fact of having no passions nor interests, apart from a few limited and dictated illusions like football, movies, fashion, small-talk, gossip, and other things unuseful for humankind or for the safeguard of life in general.
- Are you sure that the so-called disorder is not caused by the reaction of pure, hyper-sensitive children, gifted with a hyper-coherent neurological system, to the growing chaos and social aggressions of all kinds (including mental and moral aggressions), that are imposed on us all the time ?
- Don’t you think that the epidemic, the disorder, is not ours, but the one of society, and that it is just reflected and shown by the most sensitive humans, who unconsciously but safely cannot buy into that ?
- And that this growing number of so-called "mentally disturbed" people are not, in fact, “mentally *annoyed*” people, just because their autism, present at birth and before, makes them more sensitive, reluctant to all that nightmare ?
- And don’t you think that you are not doing like when people just shut down the alarms because of the noise of the sirens, but without looking further ?
- When the fuses of humankind are starting to melt : the problem is in humankind malfunction, not in the fuses.

C4. Fourth main condition for dignity : curing people in case of *real diseases*, and not in case of “differences”

confused with diseases because of the limitations of the global [general] normalitarism (or "normalterrorism"...) :

4a. It is necessary to understand deeply the persons, not only with theories and medicines, but also with good sense, humanity, and compassion.
And then it will be possible to comprehend that what they need may be very different than what the "normal people" think that they need.
Sorry, but one of the "mental errors" (not to say illnesses) of the "normal people" -even with good will- is that they assume that their own mental setting is the only one valid, which makes that they try to use their own intellectual faculties and schemes, to understand other mental wirings which are very different.

This is very hard, especially when you do not give them any value, because if you believe that a way of thinking is not sane, you will never even want to try it. Not to mention the fear about adventuring out of the box.

4b. People think that what is good for them should be good for us, and thus they try to "correct" us, to be like them.
But this is a nonsense, it is like forcing a cat to wear ~~sockets~~ [socks], or shoes.
This kind of things is one of those which are causing a big part of our problems.
Please give us consideration, give us attention, give us reasonable accommodation : not what you believe is good for us, but what we really need (and that we try to ask) : this way we will suffer less, we will be less irritated, and all will be less difficult and painful for all.

C5. In conclusion

5a. If the community really wants the best interest of the persons with "mental illnesses" (real or supposed), they should start by trying to understand their points of view, instead of trying to "correct them", or to cure them with concepts and measures not always appropriate, which are in fact increasing their social sufferings, in too many cases.

5b. If you want to help them, you should start by loving them (even and especially when it is difficult for you), and by accepting them in society.
In the FREEDOM of society, which is normal for you, but a non-accessible dream for them. Why ? Just because you ban them !
Why do normal people exclude different people, and gather them in special places, like with the concentration camps ?
Because they want to be quiet, and because they are afraid.
The “mental minorities” do not want to be prisoners and victims of the "normality diseases" like egoism, fear, laziness, lies and illusion ; we do not want to be oppressed because of the comfortabilism of the *quiet people*, which I see as a mental obsession due to the fact that inside of them [in the deepest recesses of their minds] they are guessing the madness and dangerosity of the system, and this so terrifying for them, that they have no other options than escaping in “acceptable illusions” (power, possession, games, movies etc.), or “not acceptable illusions” (drugs, etc.) and all this is a global [general] social psychosis, which is the major mental illness to be cured.
And I am happy that most of autistics and other minorities are not into that.
We want to live with you but not be forced to think or act like you, nor to accept a superiority which is very debatable.
Forcing a person to be “like everyone” in order to include her, is as ill-treating as forcing to be excluded.
Mixing [fusion] is confusion, and finally loss.
Intelligent organization of different things, and harmonious cooperation is progress.
The wild nature is organized.

5c. And to finish, regarding the mental problems coming from the current society's ill construction, and distorted way of living and of thinking, society should address the causes of the problems, and not just try to cure the victims.
We have a major global social mental problem, and it is no wonder if more and more humans are “getting mad”.
And now about the "substances", there should be more efforts to ban and really eradicate the most dangerous of them.

Please cure and eradicate the problems, instead of attempting to cure and eradicate the victims of the problems, especially when some of them can help you solving these problems, if only you could listen to them.

The victims of the biggest mental health troubles are the “normal persons” themselves, lost in illusion and confusion, eating and destructing the planet, killing all what they see as unuseful, or bad for their illusion of well-being : wild animals, ethnic minorities, and now the neurological minorities, who are not doing all these insanities and atrocities.
Please cure that first, start understanding, and stating, that lies, illusions, possession, and power obsessions, are real diseases, and the most dangerous mental disorders, causing the troubles of the entire world.

Thank you.

E.L.

D. An example of a "conjunction" of socio-generated sensory and mental ((~~impairments~~)) disturbances, lived very recently

This situation occurred on 08/11/2023, i.e. the day before this document was finalised.

It was not at all "provoked" for the purpose of illustrating it, since everything happened "by surprise", and there were several almost simultaneous ((~~attacks~~)) disturbances, which is rare, and which explains why it was not possible to adapt to it.

As this is 'personal and individual', the precise and 'personal' account of this unfortunate event is not very appropriate for this official and public document of the Autistan Diplomatic Organization, but it can be found on another site, here: https://autisticalliance.org/en/description-conjonction-atteintes-socio-generees-classiques-exemple-vecu/
WHO mental health specialists may use it as they see fit, if they find it of interest.

Nevertheless, here is an attempt to describe these problems in a "depersonalised" way.

D1. Rather detailed chronological description

This situation involves the following, which occurred in just a few minutes (perhaps 5 to 8 minutes):
- a) Sensory ((~~Attacks~~)) Disturbances SD1: the "unwanted touching of the body by others", or more precisely the risk (very plausible in Brazil) of such attacks by a Non-Autistic Person NAP1 behind oneself in a queue at a shop checkout, forcing the autistic person to move away (i.e. to self-exclude) *(This last problem could have constituted a mental attack if it had been realised).*
- b) Then a Mental ((~~Impairment~~)) Disturbance MD1: the injustice of seeing one's place at the checkout taken by the other person (NAP1).
- c) Then the Mental ((~~Impairment~~)) Disturbance MD2 arising from the exasperation caused by the fact that, "as usual", the non-autistic person with whom we have a problem "doesn't understand anything" about our explanations (because they don't listen attentively, because they think they're right because we have an "abnormal" attitude, which removes the idea of trying to understand).
- d) Then the "more general" Mental ((~~Impairment~~)) Disturbance MD3 *(not due to NAP1)* consisting of the "vague invasion" by memories of similar problems, which is irritating because these problems are never resolved, so it

generates an accumulation of frustrations, which increases sensitivity, irritability, and "immediate reactivity" to these problems. (You become a "live skinned" person).

- e) Then a Sensory ((~~Impairment~~)) Disturbance SD2 caused by the intense cold of the air-conditioning flow (((~~an impairment~~)) a disturbance which would certainly have been less noticeable in the absence of the ((~~impairments~~)) disturbances described above).
- f) Then a Mental ((~~Impairment~~)) Disturbance MD4 consisting of a "vague invasion" of painful memories (like with "d)") of countless similar situations of sensory and mental ((~~impairments~~)) disturbances relating to the "gross and abusive" settings of appliances producing cold or heat, and the lack of intelligence (or will) of the social environment to respond adequately to (very reasonable) requests for adaptations, i.e. "balanced" settings, *NOT TO THE MAXIMUM* as is almost always the case, very stupidly *(and this is "infuriating", after several decades like that)*.
- g) Then (almost simultaneously) a Mental ((~~Attack~~)) Disturbance MD5 when you realise that when you were waiting just 1 metre away, this problem of very cold air flow did not exist, which leads to realise that the air conditioning unit (very large and powerful) blows precisely where you are obliged to wait *(so as not to have the social problem "b)")*, which is badly designed since this is the place where ((~~disabled~~)) handicapped or elderly people (potentially fragile or sensitive) often spend several minutes.
- h) Then a Mental ((~~Impairment~~)) Disturbance MD6 *(slight compared to the rest here, but which increases the "neurological ebullition" a little)* due to the initially "deaf" attitude of the NAP2 staff to the implicit requests for correction.

(Note: this ((~~breach~~)) disturbance is 'forgivable' because the request should have been explicit, and above all because the inertia and calm of the employees in Brazil is very useful, in the end, to avoid 'escalations of mutual irritation', which can have terrible consequences.
But " in the moment ", the impression of "speaking Chinese" or "talking to walls" can only increase the exasperation of the person "hit / affected / reached by the socio-generated disturbances").

- i) Then the Mental ((~~Damage~~)) Disturbance MD7 due to the fact that nobody reacts, among at least a dozen members of staff watching the scene, when the upset person speaks very loudly, is visibly in pain, and addresses them, ultimately saying *"What the hell, am I speaking Chinese? Isn't there anyone who will answer?"*
- j) Then the Mental ((~~Injury~~)) Disturbance MD8 when the manager *NAP3 (who finally reacts when you say the word "manager")* simply explains that she has asked to turn off the air conditioning, which she thinks solves the problem: here it must be understood that this "((~~attack~~)) disturbance" is an avalanche of memories of similar situations, which in short refer to the major "double-stupidity" which consists of either adjusting "to the maximum of cold or hot", or stupidly TURNING OFF the appliance, which doesn't solve the problem at all since the temperature of the place quickly becomes too hot or too cold *(which provokes complaints from other users, directed at the autistic person who has already been "assaulted")*, and which leads to very irritating thoughts on the fact that thermostats and settings do exist, that "it's not for dogs" (= it has a purpose), and also on the - very despairing - fact that this problem occurs EVERYWHERE IN THE WORLD.
- k) Then the (very classic) Mental ((~~Damage~~)) Disturbance MD9 of the fact that the manager doesn't seem to listen at all when you try (despite your irritation) to explain point "j)" above.
- l) And also the Mental ((~~Impairment~~)) Disturbance MD10 due to the fact that instead of trying to understand (or admit) the "obvious logical subtlety" described above, the manager simply replies *"Yes, but [switching it off completely] it is what *me* I asked for"*, which refers to the unfair aspect of the fact that "authority" here surpasses "reason".

- m) Also the Mental ((~~Injury~~)) Disturbance MD11 constituted by the fact that the manager does not pay the slightest attention when you try to explain to her that the choice to turn off the air conditioning is not the best solution because not only does it not solve the problem (as seen in "j)") but, moreover, this "solution" is not sustainable, i.e. the manager or company has no consideration for the particularly ill-conceived nature of a freezing flow directed precisely where the most fragile people are *(and all the more so as there are a lot of elderly people in the neighbourhood, who, in times of Covid, are very weakened, i.e. being stuck for several minutes in the cold can lead to weakening below a potentially fatal threshold)*.
- n) Then *(as if all this wasn't "sufficient"!)* a very serious Sensory ((~~Impairment~~)) Disturbance SD3: a NAP4 person who we didn't see coming, and who starts by TOUCHING the autistic person, who is already "in turmoil" and whose biggest problem (more serious than the heat or cold) is precisely such an "unwanted touch" (which, on top of that, is useless and even counter-productive, because if the aim is to soothe, it's really the opposite that is achieved).

It's what they call 'the coup de grâce' (death blow)... *('Finishing horses off' is another saying).*

This problem could have been avoided if it hadn't been preceded by all the rest, since this person NAP4 arrived 'from the side' (not from behind by surprise), which, in normal circumstances, leaves enough time to step back or to avoid, or else - if the touch is unavoidable - to prepare oneself mentally and quickly for it, which makes it possible to accept it a little.

But with all the 'mental turmoil' (the irritation, which is something that happens to everyone, but 'more sensitively' here) produced by all the rest (just before), you're 'invaded', overwhelmed, and you no longer have the mental or neurological resources to perceive 'normally' what's going on around you.

- o) Then the Mental ((~~Impairment~~)) Disturbance MD12 due to the fact that the person NAP4 (who has touched) declares that she "does not have leprosy", which immediately leads to "desperate thoughts" (albeit vague) relating to the fact that "people never understand anything": in fact, here the person NAP4 had not at all imagined that the requests "Don't touch me!" could have anything to do with personal sensitivity (which you can sometimes state BEFORE being touched, to avoid it, but not anymore when you're irritated, which prevents to explain yourself properly).
- p) Then the Mental ((~~Injury~~)) Disturbance MD13 constituted by the mockery uttered by this person NAP4, which is excusable because, faced with an "audience" (customers, staff), she feels obliged to "defend" herself against the behaviour and shouting of the person she doesn't understand and whom she certainly considers to be "a twat" (or "a nutcase"), which, socially, "justifies' this 'defence by mockery' (and all the more so if we add the question of 'machismo', even though it has absolutely nothing to do with this situation, but 'people don't know' and therefore 'they believe what they imagine') *(and in the same erroneous mechanism, sometimes there's also the question of 'racism', which is completely absurd and which exasperates even more, even if it's very rare).*
- q) And finally, the Mental ((~~Impairment~~)) Disturbance MD14 due to the fact that a NAP5 customer at a nearby checkout can't help but burst out laughing, in reaction to a "bon mot" (sarcastic) from NAP4.

Note: mockery is not important for the "victim" here because he has long understood the "generally erroneous and unimportant" nature of "social judgement", but it doesn't help to calm, and above all, for almost all autistic people, such a situation of "general mockery" leads to a feeling of shame and of being "undesirable", which obviously leads to avoiding "social experiences", and which sometimes leads to suicide, in the belief that one is fundamentally deficient : "thanks a lot" to the "Autism-Disorder Confusion (ADC)"...

D2. The "normal non-autistic" approach *(of course superficial and erroneous)* to this situation

From the point of view of the staff and clients, most probably they thought they were seeing "a madman" or "a prick" or "a mental patient" or a very demanding person, thinking himself superior, or that sort of things.
This is logical, given their lack of knowledge and understanding of the inner mechanisms of the situation (summarised in D1 above).

If a psychiatrist or psychologist were present and could give their opinion, AND IF that specialist could have understood that the angry person is autistic (which, alas, is rather rare in "mild" autism), then they would simply have concluded that :
- a) The angry person is behaving inappropriately.
- b) This is logical, as the person is autistic: autistic people are notoriously irritable *(i.e. they get angry for no valid reason, or "because of their autism / their disorder")*.
- c) This situation therefore illustrates an "autism disorder".
- d) There should be "treatment" for this person, unfortunately society does not provide enough care or treatment centres, blah blah blah...

D3. Approach "from the inside" *(i.e. precise and realistic, instead of "guessing")*

From the point of view of the autistic person, who really lives the situations and knows the content, contours and details of the perceptions, emotions, and things they experience (that are imposed on them), things are VERY different, and what we see and experience is almost the opposite of what is believed by "others".

Here's what an autistic person might feel or think in this situation:
- a) ~~The angry person is behaving inappropriately~~.

→ No, it's the social environment that's behaving inappropriately *(indeed: it touches us unnecessarily, it doesn't maintain a "social distance", it doesn't listen attentively, it has no intelligence when it comes to thermostats although that doesn't require "studies in aeronautics", it decides abruptly and without proportion or appropriateness, it uses authority instead of reason and fairness, it laughs at us, etc.)*.
- b) ~~It's logical, as the person is autistic, because it's well known that autistic people are irritable~~ ~~*(understand: they get angry for no good reason, or "because of their autism/disorders")*.~~

→ It's quite logical, understandable and legitimate to be easily irritable and to lose one's temper and then shout, when you're constantly exposed to "risks of social ((~~harm~~)) disturbances" and when, even with a great deal of experience to protect yourself from it, it still happens to you sometimes, which is irritating and despairing, all the more so because the (non-autistic) social environment, everywhere in the world, behaves in the same "automatic and rudimentary" way, and generally does NOTHING to reduce these problems (because of the illusion of

correctness conferred by numbers/mass, and also because of the false idea that "autism = disorders = deficiency").
- c) ~~This situation therefore illustrates an "autism disorder"~~.
→ No, this situation illustrates the sensitivity and suffering of autistic people faced with the consequences of "non-autism disorders", which are never reduced because they are not perceived as negative by "society", because "everyone does it like that, it's normal".
To understand better:
-- In a society where everyone would understand the purpose of thermostats *(which would therefore be set correctly)*, if a "gross" person were to turn the thermostat all the way up or all the way down, HE or SHE would be the 'culprit', not the autistic victim who is merely revealing the problems.
-- In a "Covid-type" pandemic, or in a country where it is incorrect (and unacceptable) to TOUCH people to talk to them, it is "the person who touches" who would be judged as inadequate, at fault, "rude", ill-educated, etc.
In the situation described here, it is indeed the social environment that "causes problems and disturbances * " *(through its behaviour, body postures, physical actions aimed at and "touching" others, inappropriate actions or reactions, "stupid" settings, or habits, etc.).* **: Here, the machine-translation has correctly translated "atteintes" by "disturbances".*
The autistic person, on the other hand, hasn't asked for anything, hasn't done anything wrong, is quite calm, waiting to pay at the checkout, trying to follow the rules as they are told.
So how can we incriminate them, and accuse them of 'problems', when we see that they have done nothing, and that the problems come from outside?
And how can we reproach them for expressing their requests for a cessation of troubles, and their suffering?
- d) ~~There needs to be 'treatment' for this person, but unfortunately society doesn't provide enough care or treatment centres, blah blah blah...~~
No, we have the right to be sensitive and different, and what's more, as far as sensory ((~~impairment~~)) disturbances ((~~is~~)) are concerned, we can't really be changed *(for example, if someone comes and touches us on the back, the reflexes are beyond our control)*, unless we are turned into 'vegetables' with medication, which is unacceptable.
Not only do we have this right, but our sensitivity could be very useful for optimising or correcting 'social adjustments', if society had the intelligence and courage to try to listen to us.
What is needed is not to 'treat and format autistic people' (which does not contradict the need for social learning), but to 'treat' the defects, errors, and absurdities of the system, which lead to disaster, immense suffering and many deaths every day.
We're blamed for our 'disorders', but when you look at the disorders and defects specific to the non-autistic system *(which, by definition, don't exist in autistic people - except when their behaviour is 'de-autistified')*, then our own "disorders" really aren't a big deal, they're really benign, almost 'relaxing', in comparison.

Any 'normal' person can become very irritated, shout, and even be violent, if they are subjected to more harm than they can bear, and yet their behaviour is not 'proof of a mental disorder', but a simple human reaction.
For autistic people, it's the same, except that we are MUCH more sensitive (because of our great coherence/harmony) so we react more often and more quickly than "normally insensitive" people, who don't understand this, because of the "not delicate / not refined" and "standard" nature of their "reasoning" (which is "automatic").
It's not that difficult to understand.

D4. How to "decide" (how to choose) between the two opposing approaches ("Who's right?")

Some may say that despite all these explanations, it's still up to us to adapt, and that "society" doesn't have to make any particular effort (or that "it's impossible").
So how do we know who's right?

The answer is simple: "It is not a sign of good health to be adapted to a profoundly sick society." *(chapter 10.4 of this letter)*

In other words, the fact that everyone is making the same mistakes (by copying each other thanks to non-autistic duplication abilities) does not mean that they are no longer mistakes.

And there are at least two ways of finding out whether or not a social behaviour is 'wrong':
- by trying to analyse situations very finely, to see 'who caused the problems in the first place' (as was done above, even if it is inevitably difficult to be impartial);
- or alternatively *(but this is more theoretical and difficult)*, by trying to see what is in harmony with 'the natural frame of reference', and what goes against it.

With a little good faith, one can generally conclude that autistic people (like people with Down's syndrome) have done nothing wrong, and that they are perfectly justified in asking for corrections to a poorly designed system that is causing them suffering.

And if all that isn't enough, all you have to do is turn on a TV news channel and:
- to see that most of what is happening is catastrophic and destructive, and it is 'society's' fault;
- that the toxic and vitiated mechanisms at work do not at all correspond to the characteristics of autism, in other words, that autistic people (not socialised) would be quite incapable of committing such errors and horrors.
Isn't that obvious?

D5. The need for a better understanding of autism and the creation of accessibility policies (and corresponding concrete measures) for ((~~disabled~~)) handicapped autistic people

The situation experienced by an autistic person, as summarised here, shows that
- EVEN if you are a specialist in autism
-- who has a very good understanding of the subtleties of the mechanisms involved (autistic and non-autistic),

-- and who is very used to, organised and adapted to avoiding this kind of problem,
- AND EVEN in a country that is so welcoming, friendly and 'accessible' to autistic people (Brazil),
you can still get into this kind of situation, and very quickly, without being able to "protect yourself",

then one understands:
- that – very logically - these situations happen much more often and in much more distressing ways for autistic people who are less well prepared *(and it should be pointed out that their problems can be different, not necessarily on the basis of proximity or temperature)*;
- that there is an obvious need for accessibility policies that take proper account of autism (*and* ***we can really help a lot in this respect***);
--- all the more so because even in a country as 'good' as Brazil, with a 'good' and respectful population *(despite the problems of 'touch', which are part of its culture)*, even with the systematic existence of reserved checkouts and areas, this is still not enough.
(For example, the notion of a 'preferential CHECKOUT' is correct for autistic people, but NOT the notion of a 'preferential WAITING LINE', since this requires proximity and the problems we saw above, among others.
This is also a big problem when there is no preferential CHECKOUT but only a preferential LINE (queue) (whose people are called by various checkouts)).

D6. The idea that perhaps some explanations by autistic people might be relevant and useful *(but are not enough considered)*

In order to obtain the understanding and therefore the adaptations D5 above, it is obvious that one has to REALLY listen to the "Rosetta stones" like us,
- since we can describe the mechanisms very precisely and in a way that makes it possible to really understand what's going on, and to realise the depth of the usual misunderstandings;
- and since *(no offense intended!)*, as you'll understand if you read this whole document, there really is a problem with the faulty 'normal approach' (medical and negative etc.), which starts from the outset with a confusion 'that ruins everything' (the Autism-Disorder Confusion, ADC) that prevents from seeing the two opposing points of view, from seeing the positive and the negative.

Note: the fact of not really listening to us when it is obvious that our explanations can greatly help to reduce the suffering of autistic people in the world, is a very absurd thing and an example of mental ((~~harm~~)) disturbance sometimes particularly "torturous".
Most of the people in the public authorities of the countries to whom we will suggest reading such a document will never want to do so because "it's too long" and/or "they already know better" or "we already have specialists", and will continue not to understand autism (or, much worse, to believe they understand), whereas they have before their eyes important explanations enabling them to "use the telescope from the right side" and therefore to begin to understand.
Then it's like turning on the light. But they refuse, and we can't force them.

D7. Possible solutions for this example

This document is intended for the WHO, which deals mainly with health issues, whereas the more we understand autism, the more we realise that it is a "society" issue, not a health issue, even though many "autistic disorders" have something to do with mental health when the lack of Proper Autism Consideration Everywhere leads to "damage", disturbances, "blockages in one's own world", mental suffering, depression, etc.

> *(For example, with the situation described, we can clearly see that the person's "mental health" has been severely disrupted, because he was less and less able to deal with the situation, because he was neurologically disrupted, etc., which has a "medical" dimension.*
> *BUT this does not mean that "autism" or "autism disorders" are intrinsically "mental health disorders".*
> *However, this is a delicate debate and is beyond the scope of this document, which "limits itself" to trying to show the difference between "autism" and "disorders", which is difficult enough).*

Consequently, we are not going to enter into detailed discussions here on the public policies to be undertaken in terms of accessibility, since - a priori - this does not fall within the remit of the WHO.

However, we can briefly suggest a few paths to consider in relation to the situation described:

- The concept of "preferential lanes" (when we are lucky enough to have them) needs to be optimised, to better integrate autism (or other particularities).
-- For example, a simple sentence could be added to the "preferential lane" signs: "Please respect the social distance in this lane".
That would really help a lot!
(Note: despite all its negative aspects, the Covid-19 period was very pleasant in this respect: no more touching or approaching: a dream...)
- If, in a preferential queue, a person behaves in a "non-normal" and irritated way, and if they don't seem to be deaf, mute or blind, and have no physical particularities, then the staff should wonder "maybe autism", and activate the right reflexes (to be detailed in policies to be created).
- Something really needs to be done about the problems of "abusive social settings" *(pleonasm...)* for heat or cold (and so many other things!).
What's more, it leads to waste, pollution, destruction and so on.
Perhaps it should be explained to people that if it can be regulated "degree by degree", it's because it's useful, otherwise there would only be an "on / off" button...
- *(These are just a few ideas.)*