

## INTERVENTION SHEET #4

## DIAGNOSTIC CRITERIA FOR PERVASIVE FEELING DISORDERS IN NEUROTYPICALS

By Brigitte Harrisson, 2004

THIS DESCRIPTION IS A FORM OF AUTISTIC HUMOR DESIGNED TO ALLOW AUTISTICS AND NEUROTYPICALS TO GET TO  
KNOW EACH OTHER BETTER

### 1) QUALITATIVE IMPAIRMENT OF COMMUNICATION, AS EVIDENCED IN AT LEAST ONE OF THE FOLLOWING:

- ▶ a. Delayed or total absence of precise spoken language (overcompensation by other modes of communication, such as gestures, mimicry, or interpretation).
- ▶ b. Subjects with sufficient command of language show a marked inability to not interpret a conversation with others.
- ▶ c. Repetitive and stereotyped use of language (For example: "How are you?" "Fine.")
- ▶ d. Presentation of a spontaneous "pretending" play or social imitation play corresponding to the expectations of others, caused by the inability to truly assert oneself.

### 2) QUALITATIVE IMPAIRMENT OF AFFECTIVE AUTONOMY, AS EVIDENCED BY AT LEAST TWO OF THE FOLLOWING:

- ▶ a. Marked obsession with using vague, non-verbal behaviors such as eye contact, facial expressions, body postures, and gestures to regulate social interactions.
- ▶ b. Inability to establish relationships with peers who have a different way of functioning without ignoring an interpretation leading directly to excessive emotional deficiency.
- ▶ c. The subject is unable to manage their self-esteem autonomously, which leads them to constantly share their pleasures, interests, or successes with others. (For example, they call things out, constantly seek to point out individuals who they deem pathological because they are different, or to bring objects that interest them first and foremost.)
- ▶ d. Social or emotional reciprocity; the subject cannot exist without the gaze of their peers; acute dependence on others; grows disorganized at the sound of the word "solitude".

### 3) RESTRICTED, REPETITIVE, AND STEREOTYPED NATURE OF SOCIAL BEHAVIORS, SOCIALLY ACCEPTABLE INTERESTS AND ACTIVITIES, AS EVIDENCED BY AT LEAST ONE OF THE FOLLOWING:

- ▶ a. Preoccupation limited to a few centers of interest and stereotypes and restricted to keep up their social image, both in its intensity and in its orientation.
- ▶ b. Apparent inflexible adherence to specific habits or rituals of marked inconsistency but functional for the norm.
- ▶ c. Stereotyped and repetitive motor mannerisms that lack coherence with the emotion experienced.
- ▶ d. Persistent concerns for the appearance of certain parts of the body.



**SACCADE**  
CENTRE D'EXPERTISE EN AUTISME

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- 4) **DISRUPTION CAUSES CLINICALLY SIGNIFICANT IMPAIRMENT IN SOCIAL, OCCUPATIONAL, OR OTHER SIGNIFICANT AREAS OF FUNCTIONING.**
- 5) **THERE IS NO GENERAL LANGUAGE DELAY, BUT THE RECURRING LACK OF ACCURACY AND CLARITY OF COMMUNICATION IS CLINICALLY SIGNIFICANT.**
- 6) **DURING CHILDHOOD, THERE WAS A DECREASE IN THE AUTONOMY OF THINKING AND CURIOSITY OF THEIR ENVIRONMENT. THERE WAS, HOWEVER, ACCELERATED LEARNING OF ADAPTIVE BEHAVIOR.**

**FOR MORE INFORMATION,**  
please refer to: Harrison B, St-Charles L.  
**L'autisme expliqué aux non-autistes.**  
Quebec City: Trécarré; 2017.