

William Carroll

Author's Note.

I began writing in December of 2018, it has taken me almost two years to finish due to the personal nature of this paper. It is important to note that I am both a person with autism and a person with multiple mental health disorders, the objective of this essay is not to diminish people living with mental health disorders or the importance of proper treatment and awareness towards both conditions, but rather to differentiate between an intellectual disability and a mental health disorder as well as the importance of understanding the difference to help better support people living in both situations.

Autism, Intellectual Disabilities, and Mental Health Disorders

Autism Awareness Week is almost over and after seeing a lot of information being shared and a number of posts misinterpreting autism's relationship with mental health. This paper will discuss autism, it's relationship with mental health disorders (mental disorders, or mental illness), and namely what makes it a disability.

Discussing why Autism is an Intellectual Disability

Before discussing what makes autism an intellectual disability we must first determine the criteria for both a mental disorder and intellectual disability, I have included the diagnostic criteria for intellectual disability and the definition of a mental disorder as described by the DSM-V. (Diagnostic and Statistical Manual of Mental Disorders)

Intellectual Disability: “Intellectual disability (intellectual developmental disorder) is a disorder with onset during the developmental period that includes both intellectual and adaptive functioning deficits in conceptual, social, and practical domains. The following three criteria must be met:

- A. Deficits in intellectual functions, such as reasoning, problem-solving, planning, abstract thinking, judgment, academic learning, and learning from experience, confirmed by both clinical assessment, and individualized, standardized, intelligence testing.
- B. Deficits in adaptive functioning that results in failure to meet developmental and sociocultural standards for personal independence and social responsibility. Without ongoing support, the adaptive deficits limit functioning in one or more activities of daily life, such as communication, social participation, and independent living, across multiple environments, such as school, work, and community.
- C. Onset of intellectual and adaptive deficits during the developmental period.”¹

Mental Health Disorder: “A mental health disorder is a syndrome characterized by clinically significant disturbances in an individual's cognition, emotion regulation, or behaviour, that reflects a dysfunction in the psychological, biological, or developmental process underlying mental functioning. Mental Disorders are usually associated with significant distress or disability in social, occupational or other important activities. An acceptable or culturally approved response to a common stressor or loss, such as the death of a loved one, is not a mental disorder. Socially deviant behaviour (e.g., political, religious, or sexual) and conflicts that are primarily between the individual and society are not mental disorders unless the deviance or conflict results from a dysfunction in the individual, as described above.”²

¹ Disability and Statistical Manual of Mental Disorders: Volume Five, 2013, p.33

² Diagnostic and Statistical Manual of Mental Disorders: Volume Five, 2013, p.53

We can now begin to examine the difference between mental disorders and intellectual disabilities — namely that intellectual disabilities are experienced consistently throughout life as opposed to mental disorders which may be lifelong but are generally only experienced for varying periods of time, regardless if that period is multiple weeks or months. Providing a contextual example we can compare my dissociative disorder (localized dissociative amnesia) and my autism, the dissociative disorder is stress-induced and is only of concern in situations where I may experience extreme stress (e.g. death of a loved one) whereas symptoms of my autism such as overstimulation, and an isolation unique to autism are consistent and I experience them on a daily basis. Aside from being experienced consistently, we must also consider the age of onset, which categorically distances autism from a mental disorder as autism is known to onset at approximately three years of age, unlike mental disorders which frequently don't begin presenting until approximately adolescence. There are of course some cases of mental disorders appearing before adolescence, such as; early-onset schizophrenia, ADHD, and PTSD (in children that have suffered severe trauma) however these cases are less common and would be statistical outliers.

Autism and its relationship with mental disorders.

Moving on from what makes autism a disability we will now discuss the relationship between mental disorders and autism, some similarities and some examples confusing the two. To quote the DSM-V, “Autism spectrum disorder is frequently associated with intellectual impairment and structural language disorder (i.e., an inability to comprehend and construct sentences with proper grammar), which should be noted under the relevant specifiers when applicable. Many individuals with autism spectrum disorder have psychiatric symptoms that do

form part of the diagnostic criteria for the disorder (about 70% of individuals with autism spectrum disorder may have one comorbid disorder, and 40% may have two or more comorbid disorders). When criteria for both ADHD and autism spectrum disorder are met, both diagnosis should be given. The same principle applies to the concurrent diagnosis of autism spectrum disorder and developmental coordination disorder, anxiety disorders, depressive disorders, and other comorbid diagnosis.”³ As you can see the relationship between autism and mental disorders is very strong, however, a strong relationship does not necessarily mean they are the same thing. This is important to remember for members of both communities, as without proper distinction creating awareness and promoting treatment becomes difficult, and can lead to neither party feeling prioritized.

During September 2018, an article came out from the Canadian Occupational Safety Magazine discussing a survey done by RBC Insurance relating to public opinion on mental illness being on the disabilities spectrum⁴. This is a prime example of debilitating mental illness being confused for disability, and while there are multiple examples of crossover between disability and mental disorders including; being a barrier to work on occasion, social stigma, and the isolation they may create. In my personal experience, the isolation and barriers to work created by my mental illness are only present when my mental illness has become debilitating — that is to say when I am losing time (dissociating), or so depressed I am able to leave bed, and have been reduced to a dysfunctional state temporarily even if for multiple days on occasion. Whereas my disability comes with daily struggles relating to function in a socially-normal capacity mostly relating to

³ Diagnostic and Statistical Manual of Mental Disorders: Volume Five, 2013, p.58-59

⁴ Canadian Occupational Safety Magazine (2018, September 25) *Mental health issues less likely to be seen as a disability: Survey* (<https://www.cos-mag.com/psychological-health-safety/38081-mental-health-issues-less-likely-to-be-seen-as-disabilities-survey/>)

overstimulation, performing my ADLs (Activities of Daily Living), the unique isolation created by being autistic, and disruptions in my daily routine.

The opinion of mental health being a disability is harmful to the correct treatment of both disorders. However, the confusion is also understandable, there is a growing desire - at least from my perspective - to appear diverse and socially aware of popular talking points, leading to opinions based on minimal research or little personal experience with the topic. This being said, the parents of and people living with disabilities also need to be conscious of the way that we discuss disability and especially spectrum disabilities/disorders. Regardless of a person's experience with an intellectual disability is very mild and primarily driven by their relationship with mental illness, that does not detract from the individual symptoms of disability that may crossover or may even be masked by mental illness.

Experienced Isolation in People Living with Autism

While being somewhat unrelated I would like to touch on the unique isolation I have been speaking to. Obviously each person's experience with autism is individual, however, there is encroaching isolation that seems to be ever-present in both my own and the lives of individuals that I am personally familiar with on the spectrum that isn't understandable or present for those that are neurotypical. I want to clarify it isn't isolation in the traditional sense, I am not physically alone in a lot of the situations I would experience this, in fact, it is often strongest when I am in groups of people, and is almost a feeling of missed or disconnection. A feeling related to my personal confusion surrounding social interaction and it's inner workings.

This feeling of isolation makes sense with a better understanding of emotional and social-cognitive loneliness. "Theoretical formulations of loneliness suggest two basic forms,

emotional and social-cognitive. Emotional loneliness represents the subjective responses to the lack of affective bonding with particular others, leading to sadness, fear, restlessness, and emptiness. Social-cognitive loneliness is based on cognitive processes such as self-evaluation, self-perception, and social comparison. Social-cognitive loneliness arises when children perceive their social relationship as unsatisfactory, or when they do not have accessible social networks or peer groups. Unlike the sadness or emptiness arising from emotional loneliness, social-cognitive loneliness gives rise to feelings of exclusion, meaninglessness, marginality, and boredom.”⁵

Having learned this we can begin to contextualize the loneliness I am speaking of more in relation to my lived experience and lack of social understanding, and less towards my mental illness. Often when describing my aforementioned loneliness to people experiencing mental illness they are unable to relate — This is not to say there is not isolation associated with mental illness, there is in fact strong social isolation and often a perceived feeling of greater isolation and misunderstanding when experiencing an episode — I only mean to say that the isolation I feel in relation to or caused by my autism seems almost one entirely of my own doing, based in my lack of social understanding. The idea of said isolation being self-induced has always been fascinating to me especially when considering the alternative theory that; disability does not reside in the individual, but rather that disability is socially constructed (McDermott and Varenne 1995; Oliver 1996). Taking this viewpoint, I ask the reader to consider that historical ostracization and lack of support for people living with autism (and more broadly any disability), could be partially responsible for said feelings of isolation and lack of social understanding. Especially as there is generally less effort put into learning how people on the spectrum communicate than us learning how you communicate.

⁵ Child Development, Vol. 71, No.2 (Mar. - Apr., 2000), *Loneliness and Friendship in High-Functioning Children with Autism*, p.447-456

Conclusion

Having already discussed factors contributing to autism's categorization as an intellectual disability as well as the relationship with mental disorders. Using my own treatment as an example I would like the reader to consider the effect of partially separating treatment for issues related to autism and mental illness. This is to say that in my own treatment I have found success in dealing primarily with issues affecting my mental health, as symptoms of my autism are significantly worse when experiencing some form of mental health episode. That isn't to say I do not work towards short-term goals regarding any autism-specific symptoms, they are simply seen more as long term goals as those issues will never disappear I will merely adjust.