



Release of Dr. Laurent Mottron's New Book:

"If Autism Is Not a Disease, Then What Is It?"

By DR. LAURENT MOTTRON

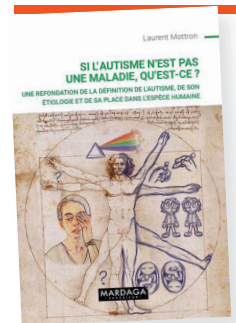
I feel compelled to write a book when I want to explore a complex and important issue in greater depth than what scientific articles allow. In my first book, *"Autism: A Different Kind of Intelligence"*, I demonstrated that autism is associated not with a lower form of intelligence, but a different one, and how it can be distinguished from developmental disorders. In my second book, *"Early Intervention for Autistic Children"*, I laid the groundwork for intervention principles intended to replace the then-dominant behavioral therapies. In this most recent work, *"If Autism Is Not a Disease, Then What Is It?"*, I attempt to answer a fundamental question: What kind of human variation is autism?

With the rise of the neurodiversity movement, most scientists and the general public now agree that autism—though it can make life very difficult for individuals and those around them—is not a disease. It is defined as a difference, which, while sometimes involving serious disadvantages, also offers certain advantages. Yet scientists continue to link it to genetic abnormalities and classify it as a "disorder," even though in most cases they are unable to identify any clear genetic or neurological anomalies. It is known beyond doubt that autism runs in families, but it is not associated with any specific genetic, brain-based, or other kind of abnormality. Lastly, defining autism as a spectrum allows for the inclusion of individuals as diverse as a non-verbal child with highly stereotyped behavior and a university professor obsessed with their research agenda, without understanding what they have in common.

Having encountered thousands of autistic individuals over the course of my life—many of them non-verbal preschoolers—I gradually came to the conviction that these children, at the time I saw them, were highly similar to one another. There was a kind of prototype of autism within this spectrum. As a group, however, they were very different from what they would later become: an Asperger syndrome individual or any adult who identifies as autistic.

I realized that autism, as it was originally discovered, corresponds to a phase of life, rather than a state that defines a person from birth to death. I came to understand that what we call the social signs of autism stem from not giving other humans the same priority that typical children do, though autistic children often regain some of that priority later. As for the so-called repetitive behaviors, these could all be explained by a greater interest in "pure" information than in the relationship between that information and human beings. For instance, autistic individuals may not be interested in the human voice or turn when their name is called but may become fascinated by language in its written form—presented to them without human interaction. This also explains why their first words are often learned from tablets and spoken in a language their parents don't speak.

This lack of interest in the social world may be subtly noticeable toward the end of the first year of life but becomes suddenly evident around 18 months.



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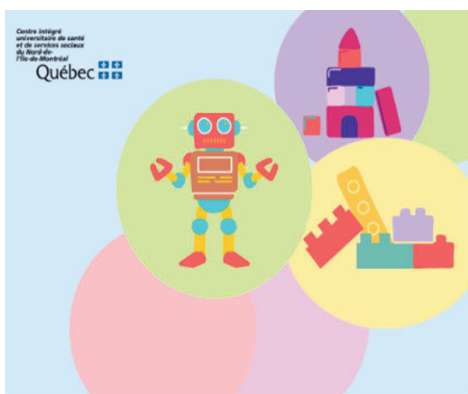
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It then persists, almost unchanged, until the child begins to speak again. At that point, the autistic child often regains at least some communicative language and recovers part of the typical child's social interest.

With all these ideas in mind, I began to wonder whether other examples exist in human development where some children take a minority path at a moment when two possible directions are available—within a short window, influenced by familial predisposition, and at a similar rate across all human groups. I searched for other examples of what we call a *bifurcation*, asymmetric because only a minority follow one of its branches. I realized that there are such minority developmental patterns in humans, with familial predisposition, that

are not caused by abnormalities. These include twin pregnancies, left-handedness, breech births, and possibly others. All of these are irreversible, at least for a time, and can lead to serious complications—perhaps explaining why they remain minority traits in the human population.

In all these cases, there comes a point in development where a “choice” is made between two paths—one of which is taken by the vast majority, while the other, though less common, is possible. For example, starting around the 25th week of pregnancy, the fetus no longer floats freely in the womb but remains in a head-down position. Only 2% of fetuses—usually in predisposed families—remain head-up, which can



En quoi consiste votre participation ?

Votre enfant complétera des tests cognitifs et participera à une situation de jeu.

Ce projet est divisé en 3 phases qui comprennent en moyenne 3 à 5 séances. L'âge de votre enfant déterminera à quelle phase celui-ci débutera sa participation.

30\$ vous sera remis à la fin de chaque séance.

Objectif du projet

Ce projet de recherche a pour objectif d'identifier les indices de l'intelligence chez les enfants autistes et de déterminer si ces indices sont propres à l'autisme.

Il vise à valider les méthodes d'évaluation qui permettent de donner un portrait plus complet du potentiel intellectuel des enfants autistes.

De plus, le projet nous permettra d'identifier les comportements et les habiletés perceptives qui pourraient être liées à l'intelligence.

Critères de participation

Votre enfant est âgé de 2 à 11 ans.

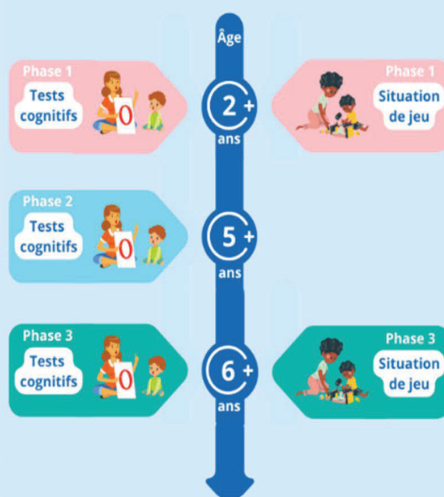
Il présente une des caractéristiques suivantes:

- a) a un diagnostic de trouble du spectre de l'autisme ;
- b) a un diagnostic de trouble du langage, trouble de l'apprentissage, TDAH ou autres ;
- c) il est neurotypique (aucune particularité dans le développement de votre enfant).

Lieu du projet

Hôpital Rivière-des-Prairies

Au Laboratoire du Groupe de recherche en neurosciences cognitives et autisme de Montréal



Vous êtes libre de participer à une ou plusieurs parties de ce projet, toute participation est grandement utile au progrès de la recherche sur l'autisme !
Vous pouvez vous retirer en tout temps du projet sans avoir à vous justifier.



¹ Numéros de projet : HP-HRIDP-13-01P, HP-HRIDP-15-01P, HP-HRIDP-15-02P, HP-HRIDP-15-03P et HP-CIUSSNIM-17-02P

Voir la suite et comment participer à la page suivante →

cause major complications at birth but sometimes results in no lasting harm.

According to this theory, autism would be linked to choosing a path of information processing in which human beings lose the priority they typically hold over surrounding information. In typical children, this prioritization manifests in shared gaze, orienting to voices, and seeking emotional connection with caregivers. This could explain why autistic individuals, having lost that priority, give greater importance to “physical” or non-social information—movements, colors, sounds, structures, and even language, but in an alternate form.

This theory helps explain many things that previously seemed unrelated: the division of autistic traits into “negative” social signs and “positive” non-social, perceptual ones; the regression around 18 months, when typical children rapidly develop language; the plateau in preschool years when the child doesn’t speak; and the recovery—ranging from almost complete to none at all—by school age. It also accounts for the consistent prevalence of autism across human populations, its minority status, and the existence of familial predisposition. Finally, this model justifies presenting language to autistic children in a non-social form, at least during preschool years, if we hope to spark their interest in it.



Notre étude longitudinale vise à suivre le développement des compétences et intérêts des enfants, à mesure qu'ils grandissent.

Qu'est-ce qu'une étude longitudinale ?

Cette méthode consiste à étudier plusieurs fois les mêmes enfants à des âges successifs.

Situation de jeu

Votre enfant sera exposé à des jeux avec lesquels il pourra jouer. Vous pourrez l'observer derrière un miroir sans tain. La situation de jeu sera filmée.



Tests cognitifs

Votre enfant sera amené à accomplir différentes tâches cognitives (avec ou sans matériel) présenté sur une table par une membre de l'équipe.

À noter que toutes les évaluatrices ont une expertise auprès des enfants autistes ou à besoins particuliers d'âge préscolaire et scolaire.

Les données sont confidentielles. Elles seront conservées de façon sécuritaire. Elles seront uniquement accessibles aux membres de l'équipe de recherche. Aucune information permettant de vous identifier ou d'identifier votre enfant ne sera partagée.



Pour participer au projet ou pour toutes autres questions :

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