



Attitudes Towards Autism in Healthcare and in Society

Madeline Peters
with Dr. Jarman

+ History

■ Leo Kanner

- “Human beings normally live in constant interaction with their environment, and react to it continually. However, “autists” have severely disturbed and considerably limited interaction. The autist is only himself (cf. the Greek word autos) and is not an active member of a greater organism which he is influenced by and which influences constantly (Davis 460).”

■ Refrigerator mothers



+ History

- Bruno Bettelheim
 - Concentration camp experience



- Diagnostic and Statistical Manual (DSM) 3rd edition in 1980

+ Prevalence

- Rare
- 1 in 110 in 2014
- 1 in 68 in 2017

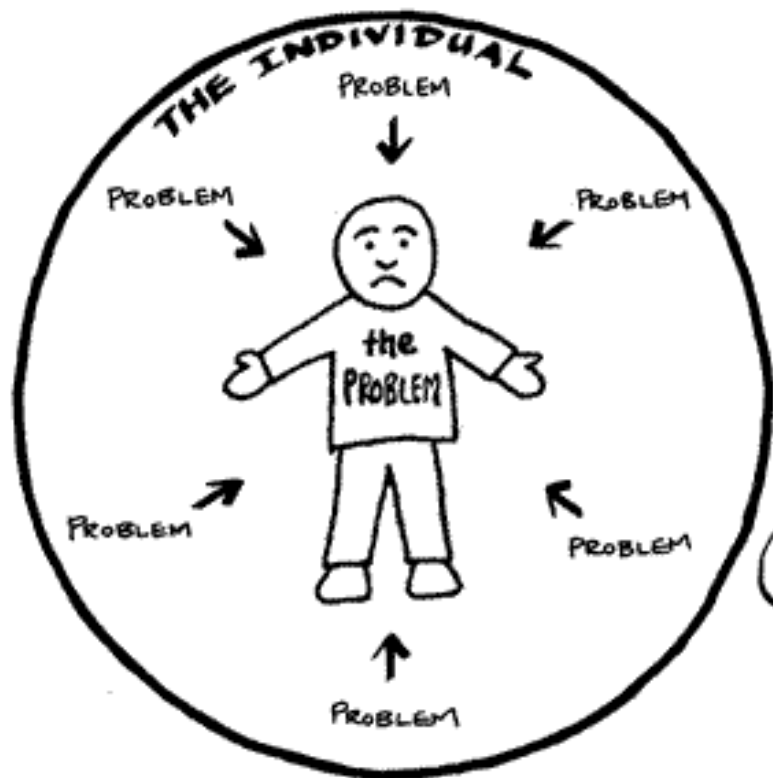
Epidemic?

- Center for Disease Control and Prevention (CDC) declared the 2014 prevalence numbers as “an urgent public health concern”
- Lead to autism prevalence being narrated as an “epidemic”

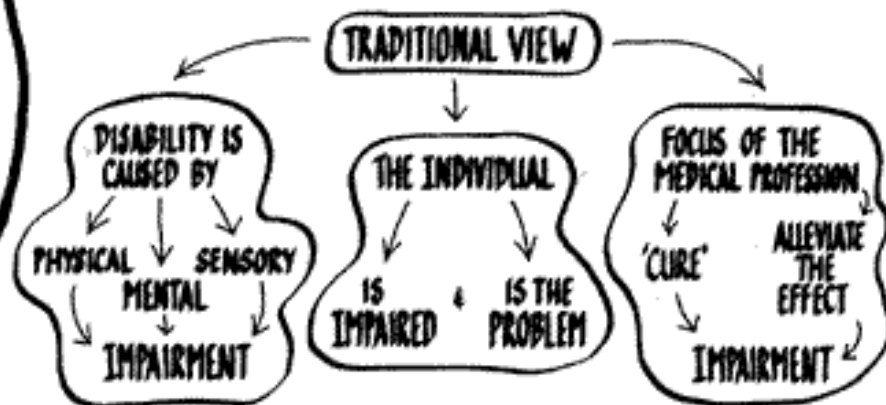


+ Disability Studies

THE MEDICAL MODEL OF DISABILITY

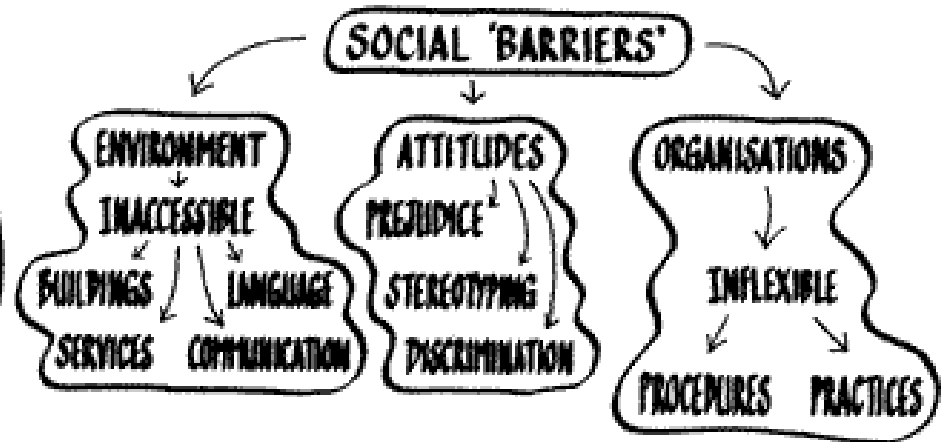
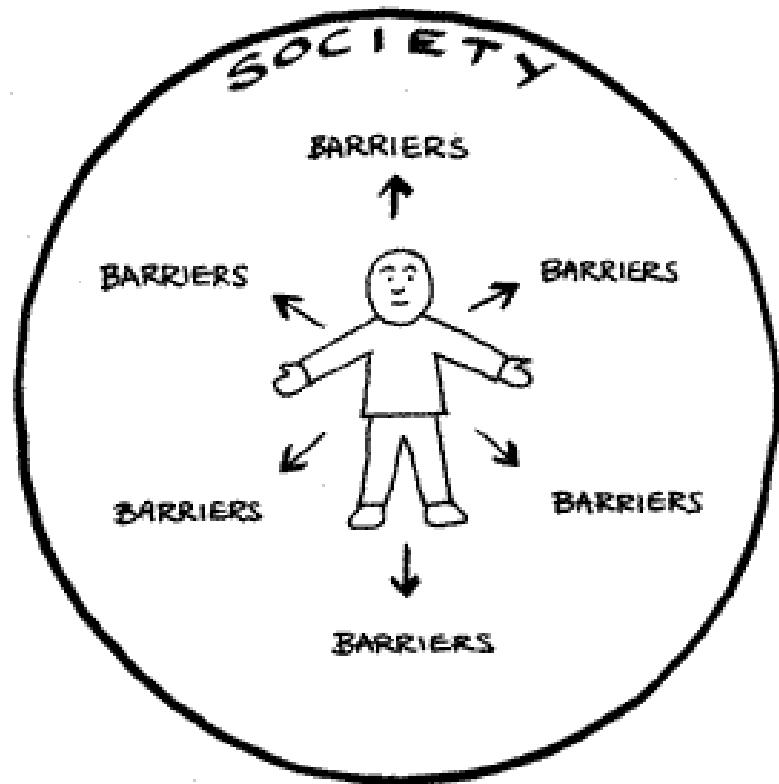


IMPAIRMENTS AND CHRONIC ILLNESS
OFTEN POSE REAL DIFFICULTIES BUT
- THEY ARE NOT THE MAIN PROBLEMS



+ Disability Studies

THE SOCIAL MODEL OF DISABILITY



+ Healthcare Today

Individual Model

- Disability is a “problem”
- Disability is a “personal tragedy”
- Disability becomes defining feature

Professionals

- 342 medical students' had their attitudes towards people with disabilities was measured (Symons).
 - Feel uncomfortable
 - Harbor negative attitudes
 - Are not taught how to approach disabilities in professional schooling



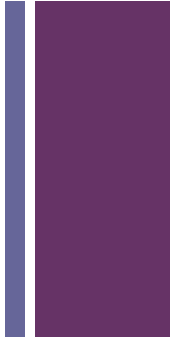
+ Jim Sinclair

- “Autism isn't something a person *has*, or a ‘shell’ that a person is trapped inside. There's no normal child hidden behind the autism. Autism is a way of being. It is *pervasive*; it colors every experience, every sensation, perception, thought, emotion, and encounter, every aspect of existence. It is not possible to separate the autism from the person--and if it were possible, the person you'd have left would not be the same person you started with.”





Jim Sinclair

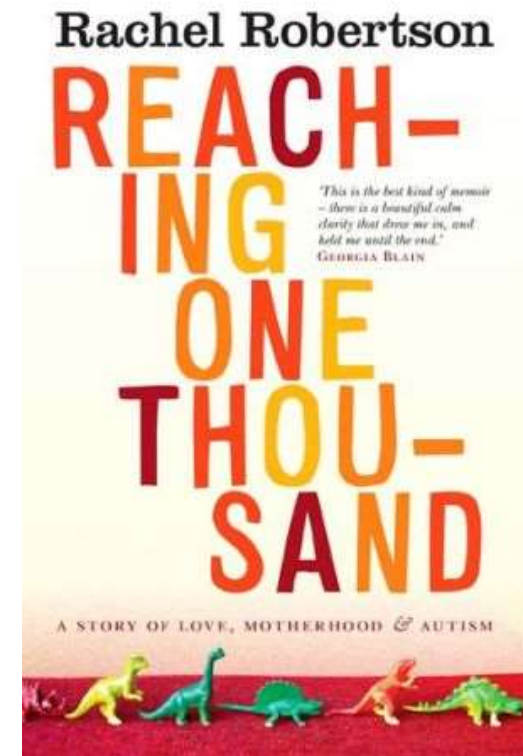
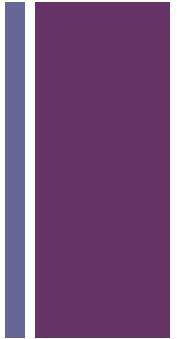


- “This is what I think autism societies should be about: not mourning for what never was, but exploration of what is. We need you. We need your help and your understanding. Your world is not very open to us, and we won't make it without your strong support. Yes, there is tragedy that comes with autism: not because of what we are, but because of the things that happen to us.”
- “The tragedy is not that we're here, but that your world has no place for us to be.”



Rachel Robertson

- Sensory integration therapy
 - Some of it made a difference, but some of the therapies made Robertson feel as if she was “reprogramming” her son’s brain
 - When expressing this to the professional, she was polite but Robertson felt judged
- Pediatrician
 - When telling a pediatrician that she did not feel as if anything about her son was an error and that he was his “true self,” she received this response:
 - ‘There’s no such thing as a true self, though, is there? We mold our children and we want to encourage yours to be less autistic, more normal. Isn’t that what you want?’



+ Bioculture



- Combination of human biology with socio-cultural context
 - “The biological without the cultural, or the cultural without the biological, is doomed to be reductionist at best and inaccurate at worst” (Davis 411).
- Mutual benefits
- A better and stronger science

+ Occupational Therapy

- What is OT?
- Code of ethics 7 principles
 - Beneficence
 - Nonmaleficence
 - Autonomy
 - Confidentiality
 - Social justice
 - Procedural justice
 - Veracity
 - Fidelity
- Client-centered practice



+ Affirmation Model

- Takes non-tragic approach
- Rejects negative correlation
- Not all disabled people view disability the same way
- Self-image





The Affirmation Model and OT

- Best compliment work of OTs
- Importance occupational performance is to one's identity
- Supports client-centered practice





References



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