

# Autistic People are Biologically Incapable of Feeling Emotion

Research Article

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## Author Details

*David Rowland\***Independent Researcher registered with ORCID, Canada***\*Corresponding author**

David Rowland, Independent Researcher registered with ORCID, Canada

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## Abstract

Autistic people live in a specialized inner space that is entirely intellectual, free from emotional and social distractions. They observe the world in detail without feeling any emotional attachment to what they see. They have no innate biological way of emotionally connecting with other people. Autistic people process their emotions intellectually, a process that can take 24 hours, by which time it is too late to have felt anything. Because they do not feel emotion, they have no emotional reactions and no emotional memories. All memories are of events that happened about which they felt no emotion at the time and feel no emotion when talking about it afterward.

**Keywords:** Autism, Asperger, Asd, Neuropsychology, Neuroscience

## Introduction

**Definition:** Autism is perpetual and unrelenting hyperfocus, the state of intense single-minded concentration fixated on one thing at a time to the exclusion of everything else, including one's own emotions. The probable cause of hyperfocus is a dysfunctional cingulate gyrus (CG), that part of the brain which focuses attention [1].

**Description:** Autism is an inherent neurophysiological difference in how the brain processes information. Autistic people live in a specialized inner space that is entirely intellectual, free from emotional and social distractions. They observe the world in detail without feeling any emotional attachment to what they see [1].

## Historical Research

Autism, from the Greek word meaning self, was coined in 1911 by Swiss psychiatrist, Eugen Bleuler, who used it to describe withdrawal into one's inner world [2]. Autistic children appear to be in a world of their own, isolated and alone with senses that can easily overload. These children talk endlessly about one subject, engage in repetitive behaviors (e.g., wringing hands, rocking body), continually repeat certain words or phrases (echolalia), and are resistant to change [3].

In 1943, psychiatrist Leo Kanner studied the case histories of 11 highly intelligent children who shared a common set of symptoms consistent with autism: the need for solitude, the need for sameness,

and to be alone in a world that never varied [4]. Kanner assumed that these children came into the world without innate biological provided ways of emotionally connecting with other people [5].

In 1944, medical professor Hans Asperger described "a particularly interesting and highly recognizable type of child" who has an autistic personality that is an "extreme variant of male intelligence." Asperger described four boys who had severe difficulties of social integration that were compensated for by the kind of high level of thought or experience that can lead to exceptional achievements in later life. He chose the label autism for this condition as referring to an inherent fundamental disturbance of contact, the shutting off of relations between self and the outside world [6]. Asperger remarked that for those boys, social adaptation has to proceed via the intellect, and in fact they have to learn everything by the intellect. He considered the autistic syndrome to be a stable personality trait that is genetically transmitted in families [7].

In 1962, psychiatrist Gerhard Bosch compared infantile autism to the Asperger autistic syndrome and considered them to be two variants of the same condition [8]. In 1979, psychiatrist Lorna Wing introduced the term Asperger syndrome to describe the autistic personality. Wing personally examined 34 cases fitting Asperger's description of the autism syndrome and found that they had the following 11 traits in common:[9]

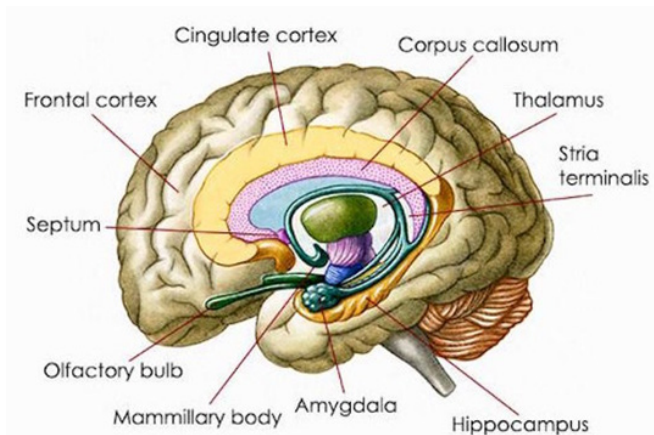


- a) Single-mindedness combined with social isolation;
- b) Pedantic speech, often consisting of lengthy discourses on favorite subjects;
- c) Poor comprehension of other people's expressions and gestures;
- d) Tendency to misinterpret or ignore non-verbal signs;
- e) Impairment of two-way social interaction;
- f) Inability to understand rules of social behavior;
- g) Lack of the intuitive ability to adapt their approaches to fit in with the needs of others;
- h) Intensely attached to certain possessions;
- i) Excellent rote memories and intensely interested in one or two subjects;

- j) Absorb every available fact concerning their chosen field and talk about it at length, regardless if the listener is interested; and
- k) Thought processes are confined to a pedantic, literal, and logical chain of reasoning.

In 2020, David Rowland discovered that autism is caused by an inherent neurophysiological idiosyncrasy that creates a state of perpetual hyperfocus, which he defines as intense mental concentration fixated on one thought pattern at a time to the exclusion of everything else, including one's own feelings [10]. Hyperfocus is the sole factor responsible for the autistic person's withdrawal into an inner space that is entirely intellectual. Hyperfocus keeps a person's awareness trapped in the analytical/logical left frontal lobe of the brain with no ability to access whatever may be happening in the right frontal lobe, the place where emotions and social connectivity are felt. Hyperfocus explains all 11 traits of Asperger syndrome as listed by Lorna Wing above Figure 1.

Cingulate Cortex/ Gyrus	Dysfunctional	The cingulate gyrus (CG) is that part of the brain which focuses attention. In autism, the CG keeps the person's attention trapped in the left frontal lobe, creating a perpetual state of hyperfocus.
Left Frontal Cortex/ Lobe	Dysregulated	In the autistic left frontal lobe, alpha frequencies (8-12 Hz) predominate over beta (12.5-30 Hz), which is the exact opposite of the neurotypical brain. Higher alpha frequencies in the left brain appear to be compensating for the inability to access creativity and intuition from the right brain.
Right Frontal Cortex/ Lobe	Inaccessible	There is normal brainwave activity in the right frontal lobe, with alpha frequencies predominating over beta. However, neural networks may be underdeveloped. The autistic person is completely unaware of anything that happens in his/her right frontal lobe, the place where emotions and social connectivity are experienced by neurotypical people.
Amygdala	Inactive	The amygdala plays a central role in the expressing of emotions, especially fear. A dysfunctional CG prevents the autistic person from feeling any emotion, with the result that the amygdala is non-functional. An autistic person never experiences fear.



**Figure 1:** The neurological structure of the autistic brain is the same as for any other brain. What is different about the autistic brain is how it functions with respect to its neurophysiology.

In a neurotypical brain, the cingulate gyrus (CG) acts like an automatic transmission that seamlessly switches attention back and forth between frontal lobes, as needed. In autism, a dysfunctional CG keeps the person's attention trapped in the left frontal lobe (logical/analytical) – with no ability to access the right frontal lobe (emotional/creative), which plays a central role in spontaneity, social behavior, and nonverbal abilities. Some neurotypical people are left-brain dominant

whereas others are right brain dominant. Autistic people, however, are left brain exclusive. They speak factually, in a monotone voice, and with an expressionless face [11].

The right frontal lobe, the place where emotions are experienced, is inaccessible to autistic people. The amygdala, the place where emotions are expressed, is inactive in the autistic brain. These facts are consistent with Leo Kanner's belief that autistic children come into



the world without innate biologically provided ways of emotionally connecting with other people [4].

In a neurotypical brain, the amygdala processes emotions associated with fear and stores emotional memories. When faced with a dangerous situation, the amygdala sounds an alarm that sets off a chain of events: hormones course through the body, pupils dilate, heart rate increases, and the body experiences a “fight or flight” reaction. In extreme situations, all nervous energy goes to the amygdala, which runs totally on instinct and emotion; and that part of the brain that uses logic shuts down completely. In the autistic brain, none of this happens because the amygdala is nonfunctional. In every dangerous situation, the autistic person is fully focused on the event itself and is incapable of feeling fear. Because autistic people do not feel emotion, they have no reactions and no emotional memories. All memories are of events that happened about which they felt no emotion at the time, and about which they feel no emotion when talking about it afterward. Autistic people lack an emotional guidance system. They process their emotions intellectually, which process can take 24 hours, by which time it is too late to have felt anything. Physiological anxiety acts as a safety net to warn of any unprocessed emotion. Identifying and naming the emotion in question instantly relieves the anxiety.

### Autistic Fearlessness

Autistic people have no involuntary fear response. Innate fearlessness makes autistic children oblivious to danger. In life-threatening situations, the autistic adult is fully focused on the event itself and incapable of feeling fear or even nervousness in that moment. She or he feels a mildly heightened sense of awareness while coldly calculating risks and mitigating factors that quickly form an immediate plan of action. The author of this article is autistic and in his entire life, including 17 years of experience in martial arts, has never once felt fear of any kind [1]. He has never had a fight-or-flight reaction and has no awareness of how that could feel.

Sometimes autistic people may intellectualize about fear, for example saying that after thinking about such-and-such decided it could be a scary thing. However, they are incapable of experiencing any actual fear. If you encounter someone who has never felt fear, this person is most probably locked into autistic hyperfocus [1].

### Litmus Test

Hyperfocus is the unique and defining causal state of autism that creates all of its observed characteristics. Hyperfocus prevents someone from dividing attention between two thought patterns at the same time. An autistic person talking to you is incapable of feeling any emotion in that moment. The surest way to find out if someone is autistic is to ask these five questions, to which you will receive the following responses [1].

1.	How often do you cry?	“never” or “rarely”
2.	How often do you laugh?	“never” or “rarely”
3.	What are you afraid of?	“nothing” or an intellectual answer
4.	What are you feeling now?	“nothing” or an intellectual answer
5.	Do you ever get bored?	“never”

Example of an intellectual answer: “No, I’m not angry. That wouldn’t be logical.”

Anyone who answers all five questions as above is autistic. Anyone who answers four or fewer as above is not autistic.

### 50 Autistic Traits Have a Single Cause

Hyperfocus is the unique and defining characteristic of autism that creates all 50 of its observed traits listed below. Hyperfocus is the perpetual and unrelenting state of intense single-minded concentration fixated on one thought pattern at a time, to the exclusion of everything else. All 50 of these traits are caused by the inability to run two mental programs simultaneously [1].

Mental Traits	<p>Intense single-mindedness</p> <p>Trapped in thoughts, mind always busy</p> <p>Tends to overthink everything</p> <p>Passionately pursues interests, often to extremes</p> <p>Amasses encyclopedic knowledge about areas of interest</p> <p>Self-awareness but no social awareness</p> <p>Interruptions trigger agitation, confusion, or anxiety</p> <p>Cannot multitask</p>
Sensory Overload	<p>Hypersensitive to loud noises and bright lights</p> <p>Sensory assaults can trigger physiological anxiety</p> <p>Overwhelmed from hearing unwanted conversations</p> <p>Overwhelmed by too much information</p> <p>Sensory overload makes it impossible to think or focus</p> <p>Difficulty listening to radio or talking with others while driving</p>



<p>Emotional Traits</p>	<p>Biologically incapable of feeling emotion                  Incapable of emotionally reacting to anything                  Processes emotions intellectually                  May have physiological responses instead of emotions                  Anxiety bypasses the intellect to warn of unprocessed emotions                  Incapable of experiencing fear                  Can be angry without knowing so                  Never (or rarely) cries or laughs                  Cannot nurture self psychologically                  Shrinks from emotional displays by others                  Unable to defend against emotional attacks</p>
<p>Social Traits</p>	<p>Considers self to be an outsider                  Lacks innate ability to socialize                  Unaware of feelings and needs of others                  Oblivious to how perceived by others                  Unaware of socially appropriate responses                  Cannot pick up on subtleties, unable to take hints</p>
<p>In Conversation</p>	<p>Interested only in information                  Content of conversation important, context irrelevant                  Speaks factually, without emotion                  Takes everything literally                  Easier to monologue than dialogue                  Misinterprets sarcasm                  Misses social cues and nonverbal communication                  Participating in 3-way conversations may be overwhelming                  May have difficulty following topic changes</p>
<p>In Relationships</p>	<p>Understands love intellectually but cannot feel love                  May understand empathy but unable to feel it                  Cannot be emotionally available to others                  Others cannot provide an emotional safety net</p>
<p>Temperament</p>	<p>Drawn more strongly to certain things than to people                  Innate forthrightness tends to scare others                  Never bored, always engaged in mental activity                  Consistent to daily routines, agitated if routine is disturbed                  Spontaneity not possible; activities must be pre-planned                  Cannot lie spontaneously; can tell only premeditated lies</p>

### Conclusions

The unique neurophysiology of the autistic brain creates perpetual and unrelenting hyperfocus, a state of intense single-minded concentration fixated on one thing at a time to the exclusion of everything else, including one's own feelings. Autistic people live in a specialized inner space that is entirely intellectual, free from emotional and social distractions. They observe the world in detail without feeling any emotional attachment to what they see. Autistic children come into the world without innate biologically provided ways of emotionally connecting with other people. Autistic people lack an emotional guidance system. They process their emotions intellectually, a process that

can take 24 hours, by which time it is too late to have felt anything. Physiological anxiety warns of an unprocessed emotion. Identifying and naming the emotion in question instantly relieves the anxiety. Because autistic people do not feel emotion, they have no emotional reactions and no emotional memories. All memories are of events that happened about which they felt no emotion at the time and feel no emotion when talking about it afterward.

### References

1. Rowland D (2020) Redefining autism. *Journal of Neurology, Psychiatry and Brain Research* 02.



2. Blatt G. Autism. Encyclopedia Britannica.
3. Montgomery S (2012) Temple Grandin. New York: Houghton Mifflon Harcourt; p 22.
4. Kanner L (1943) Autistic Disturbances of Affective Contact. *Nervous Child*.
5. Grandin T, Panek R (2014) *The Autistic Brain*. New York: First Mariner Books; pp 5-7.
6. Frith U (1991) *Autism and Asperger Syndrome*. Cambridge: Cambridge University Press; pp 37-92.
7. Wing L (1981) Asperger syndrome: a clinical account. *Psychological Medicine* 11(1): 115-129.
8. Bosch G (1970) *Infantile Autism* (trans. D Jordan, I Jordan). New York: Springer-Verlag.
9. Wing L (1981) Asperger syndrome: a clinical account. *Psychological Medicine* 11(1): 115-129.
10. Rowland D (2020) The neurophysiological cause of autism. *Journal of Neurology & Neurophysiology* 11(5): 001-004.
11. Rowland D (2020) Autism as an intellectual lens. *Journal of Neurology, Psychiatry and Brain Research* (01).

