True-Pseudo Autism Theory and the Basic Capacities Development (BCD) Training System

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Abstract: *Autism is widely regarded as an incurable condition by the majority of medical professionals both domestically and internationally, with a minimal likelihood of complete recovery. Achieving self-sufficiency is already considered a commendable achievement for individuals with autism, and most individuals with autism require lifelong rehabilitation training. The True-Pseudo Autism Theory posits that true autism, characterized by congenital intellectual deficits resulting from genetic mutations, is a rare and atypical condition, while the vast majority of individuals with autism exhibit pseudo autism, which arises from gene epigenetic fluctuations leading to imbalances in one or more functions and severe developmental disparities. Among these individuals, there are often highly gifted children who display autistic traits simply because their parents and society fail to understand them and provide inappropriate parenting. The True-Pseudo Autism BCD Training System (Queming Training System) classifies children with pseudo autism into six distinct categories and, through precise training tailored to the root causes of their specific challenges, aims to eliminate these challenges. This approach enables them to regain the ability to acquire knowledge from their surroundings at any time, akin to typically developing children. Only a period of time is required for them to fill the gaps in their previous cognitive and life knowledge, allowing them to achieve complete recovery. When intervention is initiated at around the age of 2 and combined with scientific and appropriate parenting, the vast majority of highly gifted children with pseudo autism often grow up to become highly intelligent individuals.*

Keywords: *Autism Spectrum Disorder; True Autism; Pseudo Autism; True-Pseudo Autism Theory; BCD, Queming Training System*

1. Introduction

Autism Spectrum Disorder (ASD), also known as autism or autistic disorder, is a pervasive developmental disorder that typically manifests in early childhood, usually before the age of 3. It is characterized by impairments in social interaction, communication difficulties, restricted interests, and repetitive behaviors [1]. Since its first description by American physician Leo Kanner in 1943, the prevalence of autism has been steadily increasing worldwide. Numerous research institutions and scholars, both domestically and internationally, have explored the etiology of autism from various angles. While some theories and data have been proposed or identified as associated with autism, such as autism-related genes [2-9], sensory processing dysfunction [10-12], immune dysfunction [13-15], gut microbiota imbalance [16-19], and food intolerances [20], these hypotheses or data can only explain a minority of cases. To date, no definitive and authoritative causative factors have been officially endorsed.

Due to the unclear etiology of autism, despite the emphasis placed by governments around the world on early screening and rehabilitation for autistic children, along with the formulation of numerous policies and substantial financial and human resources investments, the rehabilitation outcomes for most autistic children have been less than satisfactory. The Applied Behavior Analysis (ABA) training method, widely used both domestically and internationally, has shown a recovery rate of only 10% for autistic children under the best rehabilitation conditions, with less than 25% achieving lifelong self-sufficiency post-recovery. Consequently, autism has been defined by the majority of medical professionals as an incurable condition. Pediatricians and rehabilitation therapists at the

Taiyuan Queming Children's Rehabilitation Center often convey to parents that their child diagnosed with autism will require lifelong rehabilitation training and their parents' lifelong care. At present, autism has become the "cancer of the mind" in people's minds, imposing significant financial burdens and psychological stress on the primary caregivers and families of autistic individuals.

After years of exploration, the Taiyuan Queming Children's Rehabilitation Center has developed the True-Pseudo Autism Theory and, based on this theory, has achieved favorable rehabilitation outcomes for children of different types. Therefore, this article provides a detailed explanation of this theory and the corresponding training methods in the hope of offering insights into the rehabilitation training for autistic children.

2. True-Pseudo Autism Theory

2.1. Formation of the True-Pseudo Autism Theory

The Taiyuan Queming Children's Rehabilitation Center initially focused on improving the learning abilities of students, particularly those aged 5 and older, who exhibited academic difficulties or learning disparities. These difficulties ranged from slow handwriting and struggles with memorization to difficulties in mathematics, English, essay writing, academic disinterest, and hyperactivity, among others. In 2003, the center unknowingly admitted a group of students with low IQs (as low as 30) and extremely poor academic performance (some could not even grasp basic math concepts like 1+1). After 2 to 3 years of training, these students showed significant improvements in their learning abilities. It was only at the end of their training that it was revealed by their parents that these children had previously been diagnosed with autism by medical institutions. This revelation led to the realization that the methods employed to enhance the learning abilities of typically developing children could also assist children with autism. Due to concerns about potentially disrupting the learning environment for other children, the center did not accept children with autism before 2006.However, once parents of other autistic children learned about the progress made by these students, they often approached the center, appealing to parents of typically developing children to allow their autistic children to receive training. Over time, these appeals were successful, and the center reluctantly began admitting a limited number of children with autism while strictly controlling quotas and age restrictions (with a minimum age requirement of 5 years). As time passed, the proportion of children with autism gradually increased. By 2008, the center began accepting children under the age of 4, and the percentage of children with autism exceeded 90%. Consequently, the Taiyuan Queming Children's Rehabilitation Center transformed from an institution initially dedicated to enhancing the learning abilities of typically developing children into a rehabilitation center for training children with autism. However, the BCD training system still retained the content and methods used for typically developing children, treating children with autism as if they were typically developing. At the same time, the center continued to classify children with autism according to the methods used to assess the learning abilities of typically developing children, implementing corresponding training methods, and achieving favorable rehabilitation outcomes.In the same year, the center conducted an analysis and summary of the training outcomes for each child with autism, with a particular focus on their comprehension abilities. Children with autism who showed poor rehabilitation outcomes and no improvement in comprehension abilities (only capable of speaking, partial self-sufficiency in daily life, and no significant improvement in comprehension) were classified as having true autism. In contrast, children with autism who demonstrated significant improvement in comprehension or achieved complete recovery were labeled as having pseudo autism. This analysis and summary of training outcomes laid the foundation for identifying true and pseudo autism, thus giving rise to the True-Pseudo Autism Theory (also known as the Sparrow Song Theory). Through in-depth systematic analysis, long-term tracking, and validation, a precise definition of true and pseudo autism for the purpose of rehabilitation training was established in 2013.

2.2. Causes of True and Pseudo Autism

True autism is a condition characterized by congenital intellectual deficits caused by genetic mutations, resulting in the loss of innate cognitive organ functions. Therefore, it is also referred to as organic autism. It is a rare condition, with a human prevalence rate of one in 150, accounting for only 0.2% of children diagnosed with autism in hospitals [21] (Table 1).

Pseudo autism, on the other hand, is not related to brain organ damage or genetic mutations

affecting brain neurogenes that control thought processes. It is a result of random fluctuations in the gene epigenetic processes that affect the functioning organs responsible for acquiring knowledge or influencing knowledge acquisition in the brain. Children with pseudo autism exhibit either excessively strong or weak functioning in one or more areas (with functional values exceeding 13% beyond the average for their age group), leading to severe developmental imbalances. This outcome results in incomplete information acquisition, which in turn induces a high degree of fear in these children, prompting them to exhibit excessive self-protective behaviors (Table 1). Before the age of 2, over 90% of children with pseudo autism show little to no difference from typically developing children, and in many cases, they may even demonstrate superior abilities compared to their peers. As they grow older, children with pseudo autism gradually become reluctant to observe events occurring around them. As their issues worsen, they begin to avoid eye contact with others and refuse to observe anything in their immediate surroundings, even with people they are closest to. Consequently, they lose the opportunity to acquire knowledge from their environment, leading to cognitive delays, slowed intellectual development, stagnation, or even regression, ultimately resulting in intellectual disabilities. Their cognitive organs remain intact; it is their behavioral manifestations that resemble those of true autism. The underlying causes are unrelated to true autism, and thus, it is referred to as functional autism. Among children diagnosed with autism by medical institutions, 99.8% fall into the category of pseudo autism. These children belong to the group of typically developing children with extremely imbalanced developmental abilities. Their intellectual deficits are a result of society and families not understanding their issues, failing to address the root causes of their problems, and a mismatch between their postnatal caregiving and the children's needs.

3. True-Pseudo Autism BCD Training System

Currently, the vast majority of hospitals, both domestically and internationally, diagnose children with autism primarily within the field of psychiatry. As long as a child exhibits symptoms such as social interaction difficulties, avoidance of eye contact, reluctance to observe events in their immediate surroundings, and developmental delays, they are often classified as having autism. Based on the severity of their symptoms, they may be further categorized into autism, autism spectrum, or autism tendencies. Subsequently, doctors typically recommend that parents of children with autism enroll them in autism rehabilitation centers. These centers primarily employ the internationally recognized ABA (Applied Behavior Analysis) training system, specifically the Discrete Trial Training (DTT) approach. Under the guidance of specialized trainers, children with autism repeatedly memorize specific pieces of information to enhance their cognitive abilities.

During their participation in ABA training at these centers, many parents find that the rehabilitation outcomes do not meet their expectations. As a result, they often switch to different centers, some even seeking various treatment methods, such as sensory training, medication, acupuncture, and even religious or spiritual interventions. However, their children's recovery outcomes still fall short of their hopes. Faced with a lack of progress and hopelessness in traditional rehabilitation programs, some parents explore alternative rehabilitation methods outside of ABA training. Among them, a small number of parents consider the Taiyuan Queming Children's Rehabilitation Center as a last resort, either out of desperation or upon the recommendation of friends and family.

The True-Pseudo Autism BCD Training System (Queming Training System) is based on a comprehensive understanding of the abilities of children with autism. It classifies them into two categories: true autism (organic autism) and pseudo autism (functional autism). Pseudo autism is further divided into six types based on the root causes of the child's issues: timid type, hyperexcitable type, severely language-challenged type, extremely low observational and perceptual type, delayed brain development type, and Asperger's syndrome [21]. Under the guidance of regular early childhood educators, preferably those who have experience raising children, the training does not focus on teaching specific knowledge to the children. Instead, it employs a pedagogical approach used with typically developing children to address the developmental disparities in children with pseudo autism. The aim is to gradually restore the children's ability to autonomously acquire knowledge, just as typically developing children do. They should be able to obtain knowledge from their surroundings and people at any time, imitate, and comprehend it. Through this training, their language, life skills, and other abilities gradually improve to the level of typically developing children (Table 1).

Table 1. Comparison of ABA training system with True-Pseudo autism BCD training system

	International Mainstream: ABA Training	Taiyuan Queming: True-Pseudo Autism	Remarks
(1) Category	Autism, Autism Spectrum, Autism Tendencies, etc.	True Autism 0.2%, Pseudo Autism 99.8%, Pseudo Autism divided into 6 major types	
(2) Genetic-level Investigation	All autism is caused by genetic mutations	True autism: Genetic mutations; Over 90% of Pseudo autism cases result from random epigenetic processes manifesting as extreme states, with normal genes	True autism is a typical rare disease, and it took Taiyuan Queming three years to discover only one true autistic child.
(3) Epigenetic-level Causes	Genetic mutations directly lead to autism	Pseudo autism children are essentially normal children; their imbalances are due to excessively strong or weak development of a certain knowledge-acquiring organ caused by epigenetic processes, with functional values exceeding the average by 13%	
(4) Autism Manifestations	Any time social interaction difficulties, avoidance of eye contact, reluctance to observe events in their immediate surroundings, developmental delays are observed, it is considered autism, with no distinction between true and pseudo autism	Over 90% of Pseudo autism children exhibit no differences from typically developing children before the age of 2. As they grow older, they gradually stop looking at people, initially avoiding eye contact with outsiders, and later even with family members. This is due to the excessive development or underdevelopment of an organ controlling or influencing knowledge acquisition, resulting in excessive fear, timidity, and overprotectiveness. They exhibit traits similar to true autism.	
(5) Identification Purpose	Identifying various abilities of children, assessing whether they have autism, autism spectrum, or the severity of issues	Not only understanding a child's abilities but also finding the root causes of a child's problems and solutions	
(6) Training Theory	Autism children experience extensive developmental delays, cognitive deficits, and social difficulties, requiring lifelong training and lifelong support	Pseudo autism children are essentially normal children with normal cognitive organs. Their cognitive delays result from excessively strong or weak development of specific functions, such as overprotectiveness and reluctance to observe their surroundings. Most issues are acquired later in life.	
(7) Training Methods	Repeatedly teaching knowledge to autism children (rote memorization) hundreds or thousands of times	Pseudo autism children are normal children; training focuses on eliminating the root causes, restoring the ability to acquire knowledge naturally in daily life, including life skills and language	
(8) Training Approaches	Centered on teaching knowledge to autism children	Pseudoautism children are normal children, and training must be conducted as if educating normal children, with the core goal of filling developmental gaps	
(9) Knowledge Acquisition	Rehabilitation therapists, parents	Pseudo autism children have the ability to learn and imitate from their surroundings at any time. Everyone around them serves as their teacher, and they learn and comprehend in daily life	
(10) Technical Sources	Psychiatry	Genetics, neurology, cognitive science, and epigenetics	
(11) Training Duration	Lifelong training	Children under 4 years old have an average training duration of less than 9 months (a one-time lifelong training)	
(12) Scientific Validity of Queming Theory		Scientific intervention for children under 3 years old; as long as the child's innate talents are not interfered with, the majority can be developed into highly intelligent children	
(13) Rehabilitation Rate	10%	85%	
(14) Training Teachers	Special education teachers	General education preschool teachers	

4. True-Pseudo Autism Rehabilitation Outcomes

The True-Pseudo autism BCD training system (Queming training system) has been in practice for nearly 20 years, initially applying methods designed to improve the learning abilities of typical children to the training of autistic children. It has successfully helped over a thousand children with pseudoautism return to a state of normalcy. Over time, the rehabilitation rates for autistic children have also increased annually. For children under the age of 4, without prior ABA training or intervention

with brain-altering medications, the rehabilitation rate was 50% in 2008, 70% in 2013, and over 85% in 2018, with an average training duration of less than 9 months. For children aged 4 to 8, the rehabilitation rate has reached 60%, with an average training duration of 1 to 1.5 years.

5. Discussion

Compared to the international mainstream ABA training system, the True-Pseudo autism BCD training system (Queming training system) differs significantly in its basic classification methods and genetic-level theoretical understanding. These differences dictate distinct training objectives, specific training methods, and approaches, ultimately leading to significant differences in the rehabilitation outcomes for autistic children.

The True-Pseudo autism BCD training system subdivides children with pseudoautism into specific categories and addresses the root causes of their individual issues, allowing for targeted solutions. This approach helps children gradually regain the ability to acquire knowledge from their surroundings, just like typical children. Consequently, there is no need for specialized teachers or rehabilitation specialists to teach them the missing knowledge and skills. Based on years of rehabilitation experience, children with pseudoautism typically take about six months after leaving the institution to fully return to a normal state. This time is needed to compensate for the cognitive deficits and achieve complete recovery. Once these cognitive and life knowledge gaps are adequately filled, children will demonstrate a completely normal state.

6. Conclusion

Among the many children with pseudoautism who began intervention at the age of 2 or younger and whose parents actively participated in the training process, it is often observed that these children become highly intelligent after completing the training. This further supports the notion that pseudoautism may be attributed to exceptionally high talents in certain specific cognitive functions. These exceptionally talented children may exhibit premature maturity and heightened fear due to the unique positioning of the endocrine organs responsible for controlling knowledge acquisition in their brains. However, a lack of understanding from parents and society, coupled with inappropriate upbringing, may lead these highly gifted children to display traits associated with autism. Children with pseudoautism, much like elite athletes with highly developed physical abilities, possess brains that are operating at the limits of knowledge acquisition. With proper scientific nurturing, they have the potential to become exceptional individuals, perhaps unraveling the secret behind the success of the Queming rehabilitation theory.

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