

AURELIE RAIDRON

The little book
of
Survival in Confinement
for the use of
People on the **A**utism **S**pectrum
and/or **I**solated
and/or with **M**ental **D**isorders
and their friends and relatives

CAUTION

Because of the current situation, this text was drafted in a hurry. It is intended for people on the spectrum of autism living independently. It was written between Monday 16th of March and Thursday 19th of March and was published on the 20th March 2020. Some of the advice provided in this book may no longer be applicable depending on the guidelines imposed by the government.

The terms "certain PAS", "certain IPs", "certain PMDs", "certain PAS/I/MDs" (for "certain individuals on the autism spectrum and/or isolated and/or mentally disordered") have been adopted for ease of reading. Their use will be justified if necessary.

The term "mental disorder" refers to illnesses and disorders such as depression, bipolar disorder, Eating Disorder, GAD (Generalized Anxiety Disorder), OCD (Obsessive Compulsive Disorder), Borderline Personality Disorder, etc.

This text is not a therapy but has been validated by a neuropsychologist specializing in CBT. I would like to thank Florian Gatto for his verification.

This text was written in french. I would like to thank Jessica Chambers and Virginie Rousset for their english translation.

It is forbidden to :

- Reproduce this work without the name of its author.
- Sell this book. It was not written for profit but in the hope of helping the confined daily life of an audience in difficulty.
- Plagiarize this text and make it your own.

It is advised to :

- Share this text as much as possible, making it public
- To have the persons concerned read it and invite them to specify their needs using the points raised here.
- Contact a doctor if you have any doubts about a given situation. This text **is not a medical accompaniment and does not replace the opinion of a specialist.**

It is not advised to :

- Make decisions for those concerned, except in cases of mortal danger.
- Administer or take medication without medical advice.
- To consider this book as a self-diagnostic tool (beware of the [Barnum effect!](#))

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INTRODUCTION

Although accustomed to isolation or withdrawal, some PASs are not necessarily de-socialized. Being on a spectrum, they consequently do not have the same needs and co-morbidities are not uncommon. IP/MD are also among the most vulnerable populations in terms of managing the current health phenomenon.

Some advice and recommendations may prove useful in these times of confinement and exceptional measures, where cooperation may be complicated by the specificities and needs of each one.

This book is intended to be as inclusive as possible. Unfortunately, it is not free of errors and requires your indulgence.

The entire book is also [retrievable online](#).

I. NOTES FOR FRIENDS AND RELATIVES

A) UNLOADING, ACCOMPANYING, ARRANGING

B) PANIC ATTACKS

C) TRANSFORMING TOGETHER

D) TAKING CARE OF YOURSELF

A) UNLOADING, ACCOMPANYING, ARRANGING

FEAR

- It is important not to minimize the fear of the suffering person (nor your own!). For example, avoid phrases such as: "It's okay", "It will pass", "You're strong". Instead, ask questions about the nature of the fear, welcome, and listen without judgment. You can put forward the fact that you understand, that you are afraid too, and offer to transform this together. The person needs to "unload" their fear, at least a part of it, otherwise they will remain stuck in an obsessive circle (ruminations). The ruminations get worse when the suffering person is left alone with their thoughts, or when the discussion around these same thoughts drags on and on.

STIMMING

- Some PASs sometimes use self-stimulating or calming gestures (which we call stimming). These are gestures that any human can do (touching hair, scratching, tapping), to a much more systematic, longer, and less innocuous degree. Some PASs swing back and forth, scratch, clap their hands, need to touch surfaces, and so on. These seemingly mechanical gestures are necessary to regain contact with the tangible (which also means "reconnecting to a sensoriality that begins with oneself...") and to relieve strong tension. Don't ask the person to stop stimming, these gestures are highly necessary: think of them as self-accompaniment. Understand that the sensory treatment of PAS is not the same as that of neurotypicals.

NEEDS

- If someone you know is PAS/I/MD (or all three of them!): do not leave them unaccompanied (suggest a daily appointment by video, or by message, to take stock of their possible needs. Offer to do their shopping, for example, to go to the pharmacy for them, to call on their behalf for certain appointments, to help them take care of their derogatory certificate **if and only if the situation allows it**, etc.). Some PAS/I/MD have difficulty verbalizing their needs or calling for help in an emergency (in many PASs, pain is difficult to feel or assess. Talking on the phone is also an obstacle). If this is true in normal times, confinement can make the situation of these vulnerable people simpler (protection)... but also more complicated and dangerous (isolation).

COMMUNICATION

- Some PAS/I/TD will want to stay home alone. Although it is their choice (or not, depending on government measures), this configuration may expose them to serious consequences. Many use social networks moderately to intensely, while their IRL social activity is particularly reduced; it is in fact advisable to manifest yourself in this way. Do not hesitate to get daily news, ask them how they feel, show them your affection, invite them to confide in you in case of discomfort or need (Many PAS do not have the reflex to ask for help or support. Many IP/MD are "afraid to bother people" as their self-esteem is often fluctuating or low).

INFORMATION HANDLING

- Some PAS have information processing disorders. In these stressful times, their tolerance to the flow of this information may be reduced: avoid, for example, accumulating requests in the same sentence. Don't hesitate to rephrase what is being asked of you: it can happen that, under stress, a PAS/MD has difficulty with syntax, vocabulary, etc. Do not hesitate to make sure that what you have already formulated has been understood. PASs may feel as though they are "absent" during discussions. This also applies to MDPs.

PRAXIS

- Some PAS/MDs have difficulty performing daily tasks and may appear "clumsy". If you can, offer to help!

EXECUTIVE FUNCTION

- Some PAS/I/MD have executive function disorders. It is difficult for them to plan certain tasks that may seem easy to neurotypicals, or even to finish tasks in progress. In fact, forgetfulness in the execution of the task or a return to it may be observed. If the PAS/I/MD's state of fatigue is already advanced, they will have more difficulty processing information. If you can, offer your help. Using tables, pictograms or labels, take stock together of the current tasks and those that may have been overlooked.

SHUTDOWNS & MELTDOWNS

- Some PASs are prone to meltdowns. These collapses can manifest as anger, crying, sudden silence and are essential for "discharge". They may occur as a result of sensory overload, cumulative stress or sudden change. If the person is not in danger, it is imperative not to push them into a corner by demanding an explanation, a response or anything else. It is advisable not to intervene. If it is possible to discuss beforehand, do not hesitate to ask what attitude is desired in case of collapses (some PASs will want absolute silence, others will prefer contact and touch textures, etc.).

PMD CRISES

- Some PMDs, depending on their disorder, may also be prone to specific seizures (different, however, from autistic meltdowns). To avoid emotional escalations, avoid blaming the person in crisis and avoid making the person feel guilty. While it is never easy to know how to behave during a crisis, it is advisable not to point fingers at the other person's behaviour (especially while the crisis is taking place). Again, you can ask the person beforehand what strategies could be adopted in the event of a major crisis -within the limits of what is feasible!- Postponing a conversation may also be indicated. Inviting the person to their "safe place" -see below- can help them to reconnect with it.

DISSOCIATION

- Some PMDs are subject to de-realization and dissociation. In a borderline person, for example, dissociative crises may cause the person to immediately cut off contact with their environment to the point of not being able to respond. You can accompany the person in strong dissociation by gradually bringing them back to something familiar: talking softly about something they like, putting loved, tangible objects, textures in their hands that remind them of pleasant sensations, making them smell something that reassures them. Crises can last several hours. Recovery from a dissociative crisis may last several days.

SENSORIALITY AND A SAFE PLACE

- Some PAS/I/MD have an important sensory relationship, both in its disruptive potential and in its soothing properties. For example, anxiety in a PMD may promote sensitivity to certain stimuli. In a PAS, assume that this hypersensoriality is already a daily struggle, and that a comorbidity will therefore amplify it and lead very quickly to autistic meltdown. It is also very important to insist on the fact that a PAS will not necessarily be sensitive to a volume of sound, but can be sensitive to an accumulation of sounds over a given period of time, and to the fact that a sound can appear unexpectedly (for example, the sound of a falling glass). Therefore, it is advisable to act in two steps:

- **ANTICIPATE** : Organize the environment by favouring moderate to low luminosity, reduce sound stimuli (avoid television + chatting with two children + vacuuming...) and olfactory stimuli.

- **ACCEPT** : Accept collapses without intervention unless the PAS/I/MD is in danger. According to the agreements established between the PAS/I/MD and you, adapt, accommodate, contain, etc. Set up a neutral, non-hazardous room that is not a communal living space, where the PAS/I/MD (and you too!) can isolate themselves without being disturbed by a third person. It is advisable to furnish this room with very soft and containing textures (voluminous cushions, plaids, fluffy textures, ball rolled duvets, etc.) and to favour low to moderate luminosity. Offer comforting sound banks (cat purring, white noise, drones, sea noise, etc.) that can be easily accessed via a computer, telephone application, etc., to accompany the soothing effect.

NB : This neutral room solution can also be a valuable solution in case of conflicts between children during containment. Name this room together (the "Cuddly Room", the "Quiet House", anything goes!). It is advisable to add a home-made urn (another activity!) in which the child who is going through a contrariety is invited to put a "letter-journal". This letter-journal can be inserted into the urn (provided that confidentiality is respected: the solution is to tape the urn down completely, except for the opening, of course), destroyed (the child may not wish to put it in the urn), read after appeasement if the child expresses the desire to do so.

- If it is difficult to find a safe place, a visualization exercise can be set up: in a quiet place, ask the person to close their eyes and imagine a place that would reassure them and that could be their refuge in case of anxiety. What is that place like? What do they see? What is the environment like? With the help of a relaxing accompaniment (deep breathing exercises, for example), guide the person until they feel calm.

ANXIETY AND COMPULSIONS

- PAS/I/MD are generally more prone to anxiety and compulsive behaviours than others. One can believe that one is doing the right thing by moving in the direction of possible compulsions, or by focusing on anxiety-provoking subjects; although it is difficult to distinguish between a compulsive need for reassurance and a fully adapted anxiety, it is advisable not to fuel anxiety.

° If the PAS/I/MD asks you a question whose subject (anxiety-provoking) has been raised several times, remind them that they have already answered this question, and lead the discussion towards something new or constructive.

° If the PAS/I/MD is performing an OCD ritual (not a routine ritual!), do not make a derogatory remark, but invite them to do something they might enjoy.

ROUTINE

- PASs (and some PI/MDs) are reassured by routines and familiar topics. If there is no justification for not following these routines, it is not appropriate to relax or modify them, especially in the case of containment.

SOLITUDE

- Sometimes the PAS/I/MD just needs... to be alone. To be sure, just ask them.

IDENTIFYING FEELINGS

- If a PAS shows the need to verbalize something (in a meltdown or basic conversation) but fails to do so and requires your help, proceed with simple questions or an alternative.

For example:

"I suddenly don't feel well. I'm..."

- Physically or morally?

- Morally.

- Are you able to identify what you're feeling?

- I don't know, it's confusing. I don't know how to say it.

- Are you feeling anxious?

- Yes.

- Do you want to share this with me?"

This also applies to a PI/MD.

PREMENSTRUAL SYNDROME (PMS)

PMS is not an uncommon phenomenon. Many people experience its physical and/or psychological effects from moderate to intense degrees. Breast tension, abdominal pain, back pain, digestive problems, headaches and migraines, but also irritability, gloom, etc. In cases of PMD, there is an intensification of mood disorders, compulsions, meltdowns and suicidal behaviour. Many PMDs suffering from obsessive disorders report an increase in intrusive thoughts, both in frequency of onset and content, and greater anxiety (and response to that anxiety) is noted. It is important to note that although the scientific literature refers to PREmenstrual syndrome, the symptoms may be observed during the menstrual period.

- If a PAS/I/MD shows symptoms during this period, do not hesitate to offer your help: does the PAS/I/MD need to be accompanied during the anxiety? Do they need to drink? Can you assist them in case of disabling symptoms (help them walk to the toilet, arrange a bed near the bathroom, offer to buy them disposable sanitary pads or share yours if an outing is impossible, help them wash their

reusable pads, etc.)? If the PAS/I/MD manifests the need for isolation, make sure that they are sufficiently hydrated and that they have not forgotten to change their internal intimate protection (just ask them, when possible. If you observe a longer than usual withdrawal without going to the toilet, you can try to mention this, for example by asking if the PAS/I/MD has enough protection ahead of time). Do not offer painkillers: they may aggravate the symptoms of COVID-19.

B) PANIC ATTACKS

- If a PAS/I/MD contacts you during an anxiety attack, or you are in the presence of this person, several solutions are possible.

°A PAS/I/MD will feel as if they are dying. A panic attack or an anxiety attack may, at worst, cause vagal discomfort (if so, lie down and raise the person's legs to a square until they are comfortable again) and nausea, but nothing fatal or dangerous. For a PAS/I/MD, an anxiety attack or panic attack can be very substantial. You can work with them to neutralize the seizure, and then later do some [neuroeducation together to better understand what an anxiety attack is all about.](#)

*Offer them a glass of cold water and/or a cold, wet washcloth to put on their neck, face, etc.

*Invite the PAS/I/MD to slowly inhale (4 to 5 seconds) and then slowly exhale for 4 to 5 seconds, focusing on the second count. If the PAS/I/MD is synaesthetic (which is the case with many PASs), ask the person to focus on the color of the numbers, their smell, character, spatial arrangement, etc., depending on the type of synaesthesia the PAS/I/MD person is experiencing. Alternatively, depending on the type of synaesthesia, ask the PAS/I/MD to recite from A to D/E, inviting the PAS/I/MD to focus on the appearance of their A, their B, the character they associate with the letters, etc. Then ask them to invert and imagine a "line" between each number or character.

*Invite the PAS/I/MD to reconnect to the real world by asking them to name several objects in the room. Ask them to describe these objects, their texture, colour, volume, size, etc. Then, ask them to isolate the sounds in the room, to indicate their origin and intensity. Do the same with smells and shapes.

*In PSA, the resolution of an anxiety attack may involve an autistic meltdown. If the PAS is unable to verbalize, do not force them, this can reinforce their muteness (and the meltdown).

°In case you are in the virtual presence of the anxious person :

- If the PAS/I/MD has contacted you in the middle of a crisis, it is because they are in need of support.

*Ask them how they feel, what caused the anxiety, if and how you can help them.

*Explicitly mark your understanding: if speaking is not easy for the PAS, the "vague" written word can be experienced in a confusing way. Inaccuracies, double meanings and innuendo can sometimes lead to confusion. If anxiety is high, comprehension may be further impaired. Invite the PAS/I/MD, if they feel able, to video chat with them, or offer to speak to them by voice message. If they live alone, a familiar voice can bring them back to reality and to a state of calm more quickly.

*Gradually get the PAS/I/MD to reconnect to their physical sensations and focus their attention elsewhere.

C) TRANSFORMING TOGETHER

It is often said that PASs are devoid of empathy. The popularization of empathy terminology and questionable diagnostic methodologies make them seem like cold people unable to accept the words of others. While it is true that many PASs have difficulty determining the feelings of the other person (and their own!) and make "social missteps", it is not uncommon to find PASs among psychologists, social workers, and among your closest friends. Better still, some PASs (especially those in Asperger's women) have overly violent and confused feelings when faced with a situation exposed to them and are unable to express them in an appropriate way: their response is therefore often very pragmatic, sometimes clumsy.

Transforming this fear, this crisis, this unpleasant state together requires of accompaniment and cooperation. Contrary to popular belief, PASs are not necessarily disconnected from social ties. On the contrary, some PASs are very talkative when they are passionate about subjects; however, managing social codes requires a certain effort. Being in the presence of other individuals can generate a great deal of fatigue, due to the need for adaptability and the accumulation of information. Transforming together will induce the setting up of this cooperation to bring the PAS/I/MD towards a calming and reinforcing the link by a positive management of the crisis. The psychological consequences of confinement on PAS/I/MD can be heavy. It is therefore important to promote social bonding by taking into account the functioning of PASs, communication and exploration of the specificities of PAS/I/MDs in order to foster resilience and adaptation to the measures.

A section to help you set up creative activities in the short and medium term is available. The feasibility of the proposed exercises is to be assessed according to the specificities of the PAS/I/MD.

D) TAKING CARE OF YOURSELF

Accompanying the other must not involve neglecting one's own needs or leading to sacrifice. You can also be subject to moments of exhaustion, and it is advisable to listen to your feelings and your limits.

- Give yourself moments of silence and comfort as much as possible: hot showers, reading, time slots for isolation are precious facilities that will promote the dynamics of the bond. Don't hesitate to also communicate with people you trust who can listen to you if needed: you are also affected by events and their impact on your daily life is not insignificant.
- If you witness an autistic meltdown or a PAS/I/MD crisis, try as much as possible not to take the event personally: you are not responsible for the other person's reactions. Meltdowns and crises can be overwhelming. Do not try to reason with the PAS/I/MD, they may not be able to hear or listen to you.
- Taking care of yourself does not mean rejecting the other: if your limits have been reached, you may manifest your difficulty in being able to receive requests.

II. NOTES FOR PAS/I/MD

A) PREVENTING, ORGANIZING, ARRANGING

B) PANIC ATTACKS

C) TRANSFORMING TOGETHER

D) TAKING CARE OF YOURSELF

A) PREVENTING, ORGANIZING, ARRANGING

Planning one's daily life as a PAS/I/MD will require the implementation of preventive, adaptive and ... [creative](#) measures, in order to maintain daily comfort in this uncertain environment, to maintain social links and to rely on one's own singularities to live the experience of confinement with as little suffering as possible.

Before continuing, it seems important to me to insist on these points:

- Your fear and the emotions you're experiencing are **legitimate**: Don't judge them, don't judge yourself, don't push them away.
- The situation is exceptional and favours a climate of stress and sensations that will seem new to you. Surprise and astonishment go hand in hand with a feeling of losing control: observing a resurgence of certain symptoms concerning your mental health is completely understandable.
- We don't have enough hindsight to date to guarantee the psychological effects of long-term confinement on at-risk populations such as PAS/I/MD. Socio-economic issues, while seemingly predictable, depend on data that is too complex or shifting to define the direct consequences. It seems relevant to put in place anticipation strategies today and to rely on its capacity to adapt, preserve and be resilient for the individual and common good.

FEAR, ANXIETY AND COMPULSIONS

- The containment situation, the uncertainty about the evolution of COVID-19 and its impact on the world organization generate a global climate of fear. Its effects can lead to cognitive confusion,

irritability, and greater vulnerability to collapses or crises of any kind (obsessions and compulsions, panic attacks, increased addictive behaviour, more pronounced mood disorders, feelings of derealization, etc.).

As a PAS/I/MD, strategies can be put in place to accompany anxiety and compulsive behaviour.

- First of all, **don't feel guilty**. Your brain is an organ: it is not "you". You can't control it by simply deciding to do it. If he was a fractured wrist, would you blame him for being broken? Guilt and restrictive strategies (deciding to skip a meal after a compulsive eating seizure, not washing your hands for an hour, etc.) reinforce compulsions. Avoidance strategies will have the same effect (do not read articles on COVID-19 for fear of having a panic attack, etc.).

- Then **find out**. The best way to reduce fear is to know what it's about. But don't read everything that's written about COVID-19: choose [sources that have been proven reliable](#) and consult them regularly.

- **DON'T FIGHT** any compulsions, whatever they may be. Integrating the notion of fighting into an already tense behavioural process adds performance anxiety. A simple protocol to accompany the crisis can minimize or even cancel it:

° Identifying and/or discharging emotion

- **CED**: If a **compulsive eating disorder** arises, sit down for a second and retrace your steps. At what point does the compulsion arise? Has it been a busy day? Frustrating? Boring? Anxiety-inducing? In the cases mentioned, the response by ingestion of food may be observed, and the satiety signal may be altered. If you are tired, you should logically sleep. In case of fatigue, the brain responds with an injunction to eat, even if hunger is not felt.

- **OCD**: The approach is slightly different. **Compulsion** will be required to cancel an intrusive thought (obsession). However, it is advisable not to dwell on the causes of the onset of either the compulsion or the obsession. Indeed, questioning an intrusive thought or the object of an OCD will reinforce the obsession-compulsion loop and potentially cause the PAS/I/MD to merge with the thought.

Accept that uncertainty is the breeding ground for **OCD**: events are uncertain enough to favour obsessions and their compulsions. In addition, PAS are more vulnerable to change.

° Sharing and being welcomed

- **ED**: Ask a selected person if you can benefit from listening to them. If it is difficult to share your feelings, communicating in writing or by video with this person, chosen for their neutrality and capacity to welcome you, can temper an eating disorder. Talking about your frustration, acknowledging a drop in self-esteem, a fear, a fatigue can help release the tension that keeps the brain focused on food intake. Don't hesitate to point out... the things that are difficult for you to specify!

The PAS/I/MD sometimes have difficulty verbalizing the emotions they experience, especially because its emotions are confused or "do not appear in an identifiable order" (In my case, I am often looking for the "percentage of this or that emotion", I do not feel the precise emotion that makes me list all the others. This is how the confusion in me manifests itself. I start to doubt the emotion I am

feeling and 1) I cry or 2) I end up describing the situation in a very pragmatic way, like a case study).

- For PAS/I/MD suffering from [ROCD](#) (relationship OCD), [POCD](#) (pedophilia OCD), other impulse phobias, etc., confinement in a couple, family or group can be an aggravating factor in seizures. It is advisable to continue applying the tools learned in [CBT](#).

If you have never had CBT therapy, you are advised **not to negotiate** with your intrusive thoughts (If your thought, although it seems real, tells you that you are probably a pedophile, let it pass, as you would probably let an annoying earworm song pass, for fear of having it in your head all day. And if you're wondering, as you read this sentence, how can I be sure that you're not a pedophile since the idea has been in your head for ten days, and I'm probably wrong, that you must be one of those people who are trying to persuade themselves that they won't do it but that at any moment you could potentially do it, but... and if... it's because you're currently in the middle of an obsessive-compulsive loop), **don't seek reassurance** from your loved ones about the purpose of your OCD, and, above all, **don't run away from anxiety-provoking situations**. However, it is a good idea to set up isolation areas where you can rest so that you are not exposed to anxiety-provoking situations when you are already vulnerable and tired.

I would recommend that you to get in touch with a CBT therapist in your area if the situation becomes too difficult on a daily basis: mental health professionals are currently offering online consultations by video to overcome travel limitations.

°Moving towards an activity that monopolizes attention

- Compulsions can be avoided by shifting attention to a concrete [activity](#). For a PAS/I/MD, repeated or precise gestures (drawing, linocutting, xylography, cutting, etc.), gathering information on a specific interest and sensory activities or activities requiring precise knowledge can bring immediate relief. Do not hesitate to change activities if and/or when the brain becomes obsessed again.

It is strongly advised against drug withdrawal without medical supervision: the exceptional nature of the situation constitutes a loss of reference points which some PAS/I/MD will appreciate the calm and the absence of sound stimuli.

STIMMING

- Your need for self-stimulation/relaxation may manifest itself more intensely during the period of confinement: having to share a common space where the environment is uncontrollable, having to endure the impact of environmental stress, having to maintain your autistic masking or having to manage total isolation are all reasons to resort to stimming gestures.

Three scenarios are possible :

°If you live in a community and have already talked about your autism, don't hesitate to submit the fact that this need may be more pressing and/or frequent and that it is important for you to practice these actions when they prove to be irrepressible. These gestures can help to avoid meltdowns.

However, you can shift your need for stimulation to an activity that occupies your hands, your attention and brings relief.

°If you live in a community and do not want to share your autism, isolate yourself as soon as the environment begins to weaken you or you feel the need to stim, if you can. As said in the previous example, you can also move your stimming to a manual activity.

°If you are confined alone, accept that your stimming frequency may increase. These are gestures that can draw your attention to the high level of anxiety or emotion you are experiencing and play a role in calming it. You can recognize this need and accompany it to an engaging activity, which will have a similar effect. Adapting your environment can also help to reduce the anxiety you feel.

REQUIREMENTS, EXECUTIVE FUNCTION AND ROUTINE

- The changes induced by the imposed confinement generate contradictory emotions in PASs. The disruptions they cause may affect recognition and/or satisfaction of needs and executive function. Routine systems can alleviate the consequences of confusion.

- Make colourful lists :

°Classify your needs by degree of importance (vital needs in red / comfort needs in orange / other needs in green) and make three lists. On the first list, write down, for example, drinking, eating, bathing, taking medication. Put times for each activity on your list and set an alarm on your phone or computer for each vital activity. If you find it difficult to think about drinking, mark lines on a bottle and keep it nearby. Keep track of your drinking every hour. There are also free routine applications or task planners for Android on Google Play that can help you get organized.

°If you find it difficult to spontaneously prioritize the steps of a task, create a list that you can tape or display in strategic places. Rather than writing down the steps to be followed, use [pictograms](#) of the steps to be completed that will be recognizable very quickly. Writing instructions that are too descriptive can lead to the loss of information.

Example :

Sometimes I forget to fully dress. I put on my underwear, my T-shirt, my sweater and my tights. Since I dress all in black, I feel like I'm fully dressed. I almost went out shopping like this several times this year...

The ideal list could therefore be posted in the wardrobe or on the bedroom door, with corresponding pictograms for panties, t-shirt, sweater, tights, and overalls (or shorts) that were missing during the dressing procedure.

°Using erasable markers, you can also draw or write short instructions on mirrors (hygiene protocol), windows, and all washable surfaces.

- Ask for help :

°In the case of solitary confinement: it is not intuitive for some PAS/I/MD to request assistance. In this crisis situation, choose one or two people you trust with whom you will share your possible needs, specifying your difficulties in assessing them sometimes, and whom you can turn to in case

of emergency or difficulties. Also leave these people with vital instructions (your building code, the telephone number of a family member, your drug allergies, who to entrust your cat to in case of hospitalization, etc.).

°In case of group confinement :

It is not intuitive for neurotypicals to understand the difficulties encountered by PAS/I/MD. The difference between their cognitive abilities to handle complex tasks (sometimes exceeding the norm) and the complicated management of seemingly mundane daily life can be confusing. It is therefore advisable to explain to those around you what can hinder a good understanding of your environment and to communicate your needs to them when you can identify them. Don't be ashamed to ask for help with things that may seem easy for others to do.

- If your routines are essential to your well-being, stick to them. If your alarm clock was previously set to 6:30 a.m. for work reasons and the prospect of waking up later causes you anxiety, keep that pace. Inform those around you that it is necessary to maintain these routines.

The listing system can also be a good support for PMDs, especially for people with depression, bipolar disorder or borderline low phase people whose cognitive functions may be impaired by exhaustion and confusion.

- Do not hesitate to arrange and classify the daily elements by family to have a better visibility on the weeks of confinement to come: Pasta on one shelf, canned vegetables on another, etc. Be vigilant about expiry dates, and favour perishable foods to avoid forgetfulness and waste. You can use a sticker system to identify expiry dates without having to systematically check them and transfer them to an excel file or a list posted in your cupboard.

COMMUNICATION

- If you feel like withdrawing from social networks to get away from sources of anxiety, tell your trusted person(s), and give them news by text message at least once a day (establish a frequency protocol together, including a time limit). Agree that the person should contact the emergency services in the event of failure to do so more than x hours after this deadline).

- If you are one of the talkative PAS/I/MDs, remain vigilant about your ability to hold long or successive conversations and about the possible fatigue that social exchanges generate in you (including writing on social networks!). Allow yourself frequent moments of isolation during which you can indulge in a familiar activity or sensory exploration.

INFORMATION HANDLING

- If you are one of the PASs who have information processing disorders, learn to recognize the signs of overload. Confusion, forgetting despite repeated instructions, stuttering, feeling like you have to concentrate on your own words, impaired language and/or syntax are all signs that can alert you to overload.

Take regular breaks in a room with fewer sensory stimuli, or adjust your environment if possible. Don't hesitate to tell the person you are talking to that your tolerance threshold has been reached and that it is essential for you to isolate yourself, even if it means explaining later what this over-adaptation generates in you.

- If the issue of autism has not been raised and you do not wish to address it, talking about your tiredness and explaining the need to take regular breaks may be more than enough.

PRAXIS

- In case of difficulty, ask for help!

SHUTDOWNS & MELTDOWNS

- In the event of an autistic collapse, take time to seek refuge in a safe place with less sensory stimuli: since the crisis is there, it is important to accompany it and not to restrain it. Your collapse is essential to the "discharge" and can occur as a result of sensory overload, an accumulation of stress or a sudden change. It can also be impressive for those around you. Autistic collapse can exhaust and monopolize your resources for several days. You can accompany it with visualization exercises (the safe place), [meditation](#), or soothing videos on youtube (beware of sectarian aberration and charlatans).

- In advance, do not hesitate to communicate to a chosen person the behaviour to adopt in the event of a meltdown. You can also create a list that will serve as a support during a meltdown and prevent the crisis from worsening, or labels indicating your needs ("I want to be alone", "I need to isolate myself", "I need something to drink", "I prefer that we talk later", etc.). If, during a crisis, you are unable to communicate verbally, you can use these labels. The list can also indicate which vital needs you may forget (many PASs may not drink for days at a time) and whether you allow the person to remind you. This clever protocol is also recommended for PMDs whose difficulty in communicating may be reinforced during seizures.

DISSOCIATION

- Same instructions as for an autistic meltdown: create a list of familiar and reassuring objects and/or stimuli and a list of tips. They will be a great asset for those around you.

Example :

"During a strong dissociative crisis, I am frozen in place and have difficulty expressing myself.

Do not :

- Ask me to explain
- Speak loudly

- Turn on the television or play music.
- Insist that I come to the dinner table

Do :

- Offer to accompany me to my safe place.
- Wait a few minutes so I can settle down and enjoy the silence.
- Touching textured surfaces reassures me, offer me some grammed paper to touch.
- I really like fluffy and soft surfaces, suggest that I stroke this plush toy that I often have on me.
- Tell me gently about the environment around me and the smells I like."

SAFE PLACE

- *See the paragraph for friends and family.* Adapt the imposed space to your needs, making sure you can create a fallback area. You can also practice the Safe Place Exercise by breathing in **quietly** through your nose. Not making noise will simply prevent high, short and tense breathing. Not making noise through the nose will promote fuller, softer breathing.

SOLITUDE

- The myth of the solitary PASs who do not communicate with the world still persists, to the point of conveying clichés such as the famous "You don't look autistic.". If loneliness weighs on you and you need to share with someone: say so. It is not easy for others to guess your needs, and I am sure that some people will be delighted with your presence or intervention.

Physical loneliness can also be a strange feeling: communicating with others only by technological means is an insufficient compromise, but it is the only one we have during this crisis.

- If you prefer to be alone and communication with others takes up a lot of energy, report this as well. Although it is not common in current social codes to leave a discussion in progress, perhaps it would be interesting to try the experience of saying so, starting with the fact that it is difficult for you to continue because of your tiredness and that you would like to isolate yourself.

PREMENSTRUEL SYNDROME (PMS)

- If you are a PAS/I/MD in a community, please consult the paragraph for the entourage beforehand. Be careful with your drinking: some PAS/I/MD have attacks of acute diarrhoea (sometimes even digestive endometriosis) and dehydrate quickly. If you are unable to eat, drinking small amounts of water at short intervals throughout the day can counteract the effects of digestive problems. Foods rich in [FODMAP](#) can aggravate the attack and [affect sensitivity](#). Do not hesitate to explain to those around you the effects of your PMS and the help you need to facilitate this period.

- If you are alone and PMS is having a destructive effect on your mental health, don't hesitate to contact a chosen person. If you feel that your thoughts or condition is a danger to yourself, don't hesitate to contact your local psychiatric emergency department.
- If the hot water bottle is not enough, orgasm has effective analgesic effects. Masturbation can therefore be a tool to accompany the pain (no, really). Meditation can also help you hold on to the effects of pain. Under the present circumstances, it is not recommended that you use anti-inflammatory drugs.

B) PANIC ATTACKS

- As a PAS/I/MD, you are not unfamiliar with anxiety attacks. Multifactorial, they can occur at any time and are distinct from [anxiety](#), which is more like a diffuse disorder that can become sickly. Anxiety attacks can manifest themselves in different ways: feeling of suffocation, dizziness, loss of control, nausea, a feeling that the body is slipping away from itself, a feeling of mental frenzy, sweating, hot flashes, and the desire to run away. The brain identifies an event, a person, an object or other as a potential danger: the anxiety attack is therefore the result of anticipation. I would like to emphasize this point. The brain fears something "to (possibly) come", which means that this thing... does not exist at the moment, and the chances of it existing are relatively low.
- The anxiety attack in PAS/I/MD can occur during emotional as well as sensory overload. Too many simultaneous stimuli cause the PSA to feel crushed, to feel like they are being held hostage, and to be cognitively confused; if they are already showing signs of fatigue, the anxiety attack or meltdown may be intense.
- Whatever the object of your anxiety attack, don't try to dissect it indefinitely. You may increase the anxiety. However, accept that you are going through something unpleasant and remember that it is temporary.
- Drink cold water, walk around your apartment. If you are surrounded, assess your need for assistance and the possibilities of being accompanied as suggested in the paragraph for the entourage and/or go to your safe place. You will gradually reconnect to more real sensations. Lying down during an anxiety attack can sometimes make you feel dizzy. If this is not the case, you can take the opportunity to raise your legs against a wall and start deep breathing exercises.
- If you can sit upright, put your hands on your thighs and inhale deeply, through your nose and quietly, for 4 to 5 seconds, concentrating only on the air passing through your nose. Breathe out for 4 to 5 seconds, repeat this cycle until the peak of the anxiety attack comes down. You can lengthen the time (6 seconds, 7 seconds, etc.) of inhalation. As you breathe in, your thoughts are likely to be confused. Images may come over you, so ignore them. When your anxiety seems lower, don't hesitate to summon your sensory sensitivity and to touch reassuring textures, to smell smells that soothe you. When you feel more connected to your environment, try to focus on a specific interest or activity that you enjoy.
- Sometimes a PAS/I/MD, despite the attempt to soothe, must soothe the anxiety attack with tears. If this happens to you, don't try to stop yourself from crying; on the other hand, when the meltdown seems less invasive, try to reconnect to the sensations by following the breathing exercise suggested.
- Understanding [how the brain works during these seizures](#) can be a good tool for distancing oneself. Anxiety attacks will be more present during periods of intense stress (unexpected, increased social immersion or cohabitation, uncertainty, disturbed sleep, etc.). Avoiding situations out of fear of an anxiety attack will encourage the onset of an anxiety attack. The issue is more complex in

PAS/MD than in PMD: environmental planning will have to be seen as a factor to be taken into account in preventing anxiety attacks and accompanying them.

C) TRANSFORMING TOGETHER

We have seen that the current health crisis condemns us to isolation and uncertainty. Despite all the data and knowledge we have of the autism spectrum and the constants we have been able to identify so far, it seems to me cavalier to commit to a rigid prognosis on how PAS/I/MD will experience the period of confinement. Social science studies are currently investigating this issue. Some PAS/I/MD currently report no real differences from their lives prior to state-imposed measures, while others experience increased anxiety and more significant hypervigilance behaviours. Some PAS/I/MD do not observe major changes in their feelings about anxiety, but do report a marked worsening of their EDs. Most raise the sensation of living "out of reality", while confessing to enjoying empty streets and constant silence.

To avoid overloads, favour reliable sources that you can consult daily. The more informed you are, the less anxiety there will be. On the other hand, choose sources that are solid, or at least as realistic as possible (links to reliable information on the situation are available in Resources).

Although human adaptive capacities are great, the frenetic nature of the situation does not allow for a measured experience. Therefore, an attitude of social cohesion and mutual aid is strongly called for, both in the material approach (exchange of knowledge and services) and in the sensitive approach (listening, support, implementation of common strategies). Monopolise your most successful or useful achievements, and choose a method of sharing with which you are particularly comfortable.

Are you a PAS at ease with statistics? Your synthesis skills are rather good, and you are used to making videos? You can help people better understand the numbers that are going around. You have good planning skills, you know how to develop mobile applications? Combine your wealth with someone else's! I would like to draw the attention of PAS/I/MD to the need to set up "virtuous circles" to help everyone's daily life, including yours. Don't you feel that you have academic knowledge that is useful enough to share? Perhaps it is your methodology for gathering information that would be a great link in the social chain, or your sense of detail.

D) TAKING CARE OF YOURSELF

The beginning of confinement marks a clear social emulation: while this may initially reassure at first on the ability to share information quickly and to trigger solidarity impulses, it also indicates an impulsive need to respond to the vivacity of emotions.

After the stunned reception of the hecatomb, everyone goes ahead with their theory, their accusations, their means of defence, which is not without consequences. PAS/I/MD are advised to adopt a strategic posture to preserve themselves:

- Consider that the social game you are witnessing (and perhaps taking part in) is the need to resolve an internal tension. Here it is the values of each individual that are exposed, and the general fear that speaks. This does not mean that all speeches are equal and that a relativistic point of view must be defended. On the other hand, taking a step back from the way people express themselves, believe, convey information, keeping in mind that the emotional clearly takes precedence over the rational (although this is not desired, this is how the brain works) can help you to preserve yourself.
- If conspiratorial discourse is flowing in your news feed and you want reliable scientific data to counterbalance it, create a status and point to those same sources. Be succinct in your presentation. Don't exhaust yourself by answering under every comment you see on the profile of contacts making speeches that bother you: no one likes to be criticized under their own roof. Don't try to get into a debate unless you know the person you are talking to very well and they are able to talk to you out of curiosity: keep in mind that people want to be right, no matter what they say.
- The physical distancing that confinement, the exceptional situation and social emulation will encourage written exchanges, the sharing of voice messages and personalized videos. If it is comforting for you to exchange with your peers, avoid overloading yourself here too: it comes very quickly! You have the right not to systematically reply to received messages.
- As much as possible, allow yourself moments of silence and comfort, even if they are short. If your specific interest of the moment brings you respite, don't feel guilty about spending hours without communicating. However, be careful not to get so absorbed that you forget your vital needs.
- Arrange your space to create a safe place that stands out from the rest of your apartment, if the surface area allows it, of course. Create a relaxing atmosphere before you go to sleep. If soothing rituals such as stretching, listening to ambient sounds, etc. have been proven effective for you, it is not advisable to change these habits.
- As far as possible, make sure you maintain a dietary and sanitary hygiene adapted to your needs in order to avoid gastrointestinal disturbances. It has been observed that [PASs suffer more from digestive disorders.](#)

III. ACTIVITIES

A) PHOTOGRAPHY

B) SINGING

C) WRITING

D) FILMING

A) PHOTOGRAPHY

Photography is an excellent way to ease the passing of time, by observing everything around you and creating a particular bond with your environment. Focusing on objects, on their volume, on light and its incidence on these same objects can lead to a learning process ranging from the observation of the subject to the desire to process and/or retouch your images..

Concerning the exercises and given propositions, you don't have to own professional material. You can work with a simple phone, just as you can continue to work on film.

LIFE PHOTOGRAPHY

Life photography is experiencing the unmastered.

EXERCISE 1

- In some cotton, put some lentils, linseed, or other seeds that are easy to grow.
- Observe and photograph the growth evolution each day.
- You can even keep the same angle each day to make this exercise trickier.
- When do you decide the exercise is over and why? Could you even make a stop motion slideshow?

EXERCISE 2

- Grow [vegetable scraps](#) in pots of water. As in Exercise 1, observe and photograph the evolution of the plants.

EXERCISE 3

- Keep a food jar that you will not wash after use. Keep it closed. Over time, a layer of mold will form. Watch it. Photograph it. What do you see? Put it next to a window. Observe the light on the mold. How do you photograph what appears to be of no artistic interest?

DOCUMENT YOURSELF AND DOCUMENT THE CONFINEMENT

The person I think I am is neither the person I see nor the person who will appear in the images. And yet, I can engage in a kind of completely subjective observation of what I present to other people.

Who am I in my confinement? Who am I when I wake up? At bedtime? At times when I'm not usually here? What place do I give to my daily life through photography?

- On several days, photograph yourself, in the same place, at the same time, in the same outfit, with a different outfit, at a different time, in a different place. Choose the repetitive or the unique. What would you like to share about your confinement? The paradox of its banality in its exception, because it is shared by millions of other people? Is it your loneliness that you would like to document? What would you like to retain from this strange experience that imposed isolation can generate?

- Photograph your face, your hand, your body. Your body in the mirror, in the glass, in the water. Inspect your fingers, your eyes. Your belly. Without judgment.

- The strange conformity that yet sets you apart from everyone else. Photograph your fear. What is it? Where is it? Are you afraid of loneliness? Of not being enough? Of being too much?

- After several days, take a look at your pictures: what are the points that come up most often? What do you think you see in your images? How could you turn it into an experience of sharing, of re-appropriating your image? Can you strive for universality by being your own subject of observation?

PHOTOGRAPHING WITHOUT SEEING

Here is an exercise that I set up a few years ago at the "Ecole de Condé" where I intervene and which consists in photographing blindfolded.

I recommend this experience to beginners as well as to experienced photographers. The fear of doing it wrong, or the habit of "recognizing THEIR good image" locks the photographer into risk-free patterns.

-Photographing blindfolded will encourage surprises (good ones), studying sometimes surprising framing afterwards, and can help to promote the way of communicating with the other. Your model (if you're not alone) can actually guide you to make your shooting easier. Don't hesitate to exchange roles, to be a photographer and then become a model.

-If you are PAS/I/MD and live alone, secure your shooting by photographing sitting and/or lying down. What do you think of the environment or an object when this is out of sight and out of intention? How can this intention, through coercion and adaptation, exist and be carried out?

-Photographing without seeing also raises the question of what photography is, in essence. Is it an image on a medium? Or does it reside in the mental image that precedes the release?

PHOTOGRAPHING THE SENSORIALITY

How do you photograph what is out of sight? Is it possible to translate into images what can only be understood by those who experience it?

- Photographing hypo or hypersensoriality is experiencing the inexpressible. So, what can your approach be to this very personal apprehension of stimuli?

- Would you like to list, classify, designate what generates intense reactions in you, or, on the contrary, does not provoke any? Would you stay with the explicit, the factual, or would you opt for the symbolic?

- Can your approach be part of photographing scenes of everyday life that are apparently banal, but in which it is difficult for you to evolve? Or do you think it would be wise to photograph your reactions in response to overload?

This fascinating work can take days...

B) SINGING

When I worked in day care for people with multiple disabilities and in a psychiatric hospital at PMD, I observed one constant: the difficulty of being "in" one's own body. If this fact is visible in a global way, it is all the more visible among vulnerable people. The body is put to the test, sensations are altered, the neurological disposition can also induce a different processing of information. The feeling of confinement can certainly reassure, but it can also lead to aggravate the feeling of being "outside".

During seizures or decompensation, sensory processing is altered to the point of sometimes leading to insensitivity to even extreme pain. In some PASs, this insensitivity is constant.

Singing is an aesthetic experience. To say otherwise would be hypocritical. However, singing is first and foremost a sensory experience. It can be soothing, curious, and open up a rich field of artistic experimentation.

The following exercises have been designed for PASs but can be suitable for any audience.

VIBRATION : FEELING IT, EXPERIENCING IT, SHAPING IT

You can "observe" the sound vibrations. On yourself, on others. The idea is to detach from the aesthetic aspect and focus only on the physical feeling of the sound.

EXERCISE 1

- Lie on your stomach, on the floor. Place your head on the surface itself, with one cheek in contact with it. Position your body so that you feel comfortable.
- With your mouth closed, breathe in quietly through your nose, and make a deep sound, as if you were enjoying something very pleasant. Repeat this sound several times, and observe how the sounds "vibrate" on the surface. Does the floor vibrate? Where does it vibrate? Do you also feel the low notes vibrating in the back of your neck? In the top of the head?
- Put your hand on your skull. Feel the sound you are going to stretch, lengthen, modulate louder and louder, less and less loud. If you put your hand next to your head, on the ground, do you feel the vibrations spreading out over the surface?
- What about your own body? When do the vibrations get the strongest?

EXERCISE 2

- Same instructions as Exercise 1, but standing with forehead, cheek and back against a wall. Focus on how your body becomes a conductor of vibrations in the surfaces in contact.

- Change the sound by opening and closing your mouth, try with an excerpt from a favourite song.

EXERCISE 3

- If your sensory abilities allow, sit back to back with a family member or companion. Breathe in, always without making noise, and focus on the sensation of ribs opening like an upside-down tulip, or beetle elytra.
- Create low pitched sounds that the person you are leaning against will follow. Feel the vibrations that your chest cages in contact with each other will allow you to experience.
- Gradually move up to the high frequencies. What's happening? At what point do the vibrations become more imperceptible? Try to bring the vibrations lower into your body.

SINGING WHATEVER, WHENEVER

Singing has a social function: before being a performance conveying aesthetic codes and fashions, singing promotes social bonding and accompaniment. The brain reacts more attentively to the human voice than to other sound stimuli. Singing also allows the release of endorphins and oxytocin, leading to a feeling of calmness.

- If you are alone, sing anyway! If an emotion is going through you and you find it difficult to identify it, sing. Sadness? Sing! A compulsive need? Just sing. To laugh, for real, with care, without consonants, in an unknown language, a loved, adored, unbearable, funny, repetitive piece.

EXERCISE 1

- If you are obsessed with a song or you like it, imagine several ways to sing it. What if you were Elvis Presley? Mickey? Amy Winehouse? Who do you like to imitate in an exaggerated way?

EXERCISE 2

- Singing... in containers. In pots, in boxes. Sing in a shoe, between two pillows. Sing in your hands. Feel and listen to how the voice changes according to surfaces, spaces, materials.

RECORDING YOURSELF

Your phone has a voice recorder (a dictaphone function).

- Record everyday sounds: the washing machine, the toilet flush, an alarm clock, a conversation.
- Sing over it. Reproduce the notes you perceive, invent harmonies, text.
- Put your phone on your chest and create sounds, record them. What do you hear? What did you physically feel when the sound was emitted?

EXERCISE 1

- Sing your daily routine. Record the song that best represents that day for you, or improvise without judgment a melody on which you will set your mood for the day.

EXERCISE 2

- Record your voice without stakes, in improvisation. Without trying to create beauty, make open or closed sounds, let them pass through you physically, observe the way you open your mouth or orient your lips to make it come out.

- Smile, sing, then stop smiling, smile excessively, pull a face, let your cheeks drop, and observe how the sound of your voice evolves.

SINGING TOGETHER

Experience space with others.

EXERCISE 1

- Isolate yourself in one room, and ask another person to stand in the adjacent room.

- Place your face against the wall, and start singing a song together. What do you hear? What do you perceive in the wall's surface?

- What happens if you sing louder and move away from the wall? What if you find yourself as the song goes by?

EXERCISE 2

- If many of you are singing, sing with your ears plugged. Then, plug and unplug, while continuing to sing. Change your position in the room. What do you hear? What do you feel?

CHILDREN'S SECTION

*Vibration: feeling it, experiencing it, shaping it

- Feel free to share the exercises cited by showing, without necessarily explaining. You can, if and only if the link with the child and his relationship to the sensory system allows it, take the child in your arms (chest against chest, or in "egg", chest against back) and make your chest vibrate thanks to low, long, and repeated sounds.

- If the child shows the need to create sounds, see if you can follow their example and make the same sounds, adapting as you go along, without any verbal intervention, without trying to make eye contact.

EXERCISE 1

- Make deep, low-pitched sounds that resonate in different areas of your body (ribcage, chest, skull, jaw, pronounce "m's", "n's", "d's", "real", etc.). Have the child touch with the palm of the hand, fingertips, back of the hand, and invite the child to do the same with their own sounds and resonances.

EXERCISE 2

- If the child has a very compelling special interest that they are taking refuge in, invite the child to create a song on the theme. Does the child have an interest in subway lines? Ponies? Black holes or the smell of flowers? Suggest a well-known song whose lyrics could be changed using the specific interest as a starting point.

***Recording yourself**

- This exercise can also be a rich breeding ground for children for PAS/MD in the family. You can record one sound with a phone, another sound with another phone, then, have a third one, record your vocal improvisations or compositions! Given the possibility of auditory overload of these exercises and depending on the child's tiredness, it is strongly advised to adapt this exercise according to the environment, the activities performed by the child during the day and their mood.

C) WRITING

For some PASs, language is a source of complications, especially in a social setting: a word used imprecisely or out of context, a ready-made or overly graphic expression can generate confusion and internal tension ("Is this person speaking literally or figuratively?"). It is not uncommon for PASs to be accused of "rigidity" or preciousness in the way they speak or treat words.

The ability to verbalize or hold a conversation that is not of specific interest is not always easy for PASs, especially during periods of intense fatigue. If some PASs take refuge in a more or less long silence, others have difficulty in countering what they say, forget familiar words, invert them, easily stumble over syllables, quickly lose the thread of their speech.

Crossing the confines of confinement and trying to write can lead PAS to explore their literacy skills, their imagination and keep their attention on a challenging task while taking advantage of sensory specificities.

The proposed exercises have been designed for PAS/I/MD, but may also be suitable for PI/MD, or for children.

THIS COLOUR IS SOMEONE

- Because some PASs had/have difficulties with abstraction and imagination, it has long been decreed that they were not creative. The number of authors on the spectrum proves that this is not the case.

This colour is someone is a fascinating exercise in many ways.

- Choose a colour from your immediate surroundings (the turquoise blue of this chair, the golden brown of a frame etc.) and observe it.

- What does this colour evoke for you? Who does it remind you of? Can you reconnect this colour to someone, to their clothes? Can you name this colour? Does this colour make you think of someone real or imaginary?

- Imagine this colour lighter, or darker. Write down the words that come to mind when this colour changes. Maybe this colour has a character, maybe it has a voice, maybe it fits into a space.

Add a colour to that same colour. How do you make them evolve together? Do they know each other?

- If the exercise stimulates you, imagine a collection of colours that you can assemble and bring to life side by side.

WRITING SMELLS

- Grab a spice, a cloth, a box, a food, or anything else.
- Determine its smell. What does it smell like? What images does that smell trigger? Do you find it colourful? Does it have the colour of the object from which it emanates? Can you determine other notes in the same smell?
- If this smell is familiar, tell a memory about it, and assess the comfort level of this smell.
- If the smell brings a feeling of quick relief, consider using it if you feel anxious, especially if you live alone.

Create memory cards for specific smells. Observe whether certain smells and/or memories are echoed. Have you used similar words to describe them?

THOSE ALREADY EXISTING

Biography is by definition accurate and seen as such regarding people. The exercise describes who is or has built history in one way or another. In this settled structure a story can become incredible if is added to this feat: everything has to be created from scratch.

- What if we discovered that it isn't Brad Roberts singing but his small intestine? What would the career of Danny de Vito's look-alike have been if the actor had continued to style hair on corpses ?

Regardless of the tone or genre chosen, the exercise can be taken seriously.

CONFINEMENT DIARY

Talking about oneself, telling the story of daily life in confinement is an exercise that can complement the photographic documentary proposed earlier. The diary exercise is a genre that is less represented in the literary landscape, although many of its confidential diarists use it.

- During exceptional events such as imposed confinement, describing the everyday is a valuable tool for distancing sometimes confused or burdensome feelings or creating connections to better identify them.
- Don't hesitate to embellish your diary with unwritten elements (fabric, paper, pressed flowers, cut-out image, post-it notes, etc.) that will allow you to resituate your memories in the more or less near future.
- Keeping a diary can also allow you to keep track of your crises. For example, during a rumination, you can write down your thoughts, and... try to find the definitive answer to your obsessive thought. When you find that, despite all your resources, the answer is impossible to define, it is advisable to close your journal and engage in an activity where your attention is largely solicited.

REWRITING FAIRY TALES

EXERCISE 1

- What would have become of the wolf if Little Red Riding Hood had been bedridden and her grandmother had had to visit her?
- If Aladdin's magic carpet had never been able to fly? What if Rapunzel hadn't been locked up in a tower, but sent to the centre of the Earth?

EXERCISE 2

- Choose a famous tale and rewrite it by transposing it to current situations.

EXERCISE 3

- Write a story in which you will involve characters or situations from other stories.

THE SHORT FORM

EXERCISE 1

- According to chosen constraints, write a short literary form of no more than half a page.
- You can, for example, write a short story of 10 lines, a dialogue with four lines, etc.

EXERCISE 2

- Same instructions as Exercise 1, but with an imposed theme.

CORRESPONDANCE

- Choose a person with whom you would like to exchange more elaborate writings than quick conversations.
- Via virtual correspondence by e-mail (one per day, in turn), establish a link and archive these e-mails, or print them out.

MY SPECIAL INTEREST

PASs have a strong need to devote time to their specific interests. This "obsession" with a subject, an art, a language, etc., while often isolating them from temporality and their primary needs, also allows them to recharge after tiring social contacts, a disruption in their routine or other. Specific interest plays both an intellectual/physical stimulating role and also a role in calming or recuperating.

- Writing about one's special interest can be a good exercise in classifying, sorting, organizing and prioritizing information.

- Your specific interest can inspire other PAS/I/MDs. Why not share, in writing, techniques and tips to facilitate access to your learning?

D) FILMING

With a phone, a more or less sophisticated camera, it is possible to make its confinement a creative and documentary support. If social networks allow quick sharing of filmed moments, thus promoting cohesion and mutual aid, it is advisable to make a personal experience of daily life and to question one's own link to what is being observed. Where do you stand in what you see?

I WANT TO REMEMBER THIS DAY

- Every morning and every evening, film your feelings and expectations, then archive these videos. These will form a video diary of your confinement.

FILMING SILENT MOMENTS

- Filming the light through the windows, a plant, a pencil forgotten on the table.
- Film sleeping people, doors closed, doors open.
- Film at nightfall, when it is dark.
- Film a motionless foot, the clothes on the floor, what remains of breakfast.
- Film the walls.
- Film what is not moving or proclaiming itself, to apprehend temporality in a more attentive way.

INTERVIEWS

Some PAS/I/MD have a very bad experience of what is known "small talk", that is, "talking about rain and sunshine". They may feel anxious, taken hostage during banal discussions.

- Take advantage of the confinement to question your entourage on specific points that fascinate you.
- In your own time, ask a question, then, when you think you have arrived at the end of your process, make a compilation of your interviews. What do you remember?

IV. RESSOURCES

AUTISM

[ASPIE APPS](#)

[HOMESCHOOLING A CHILD WITH AUTISM](#)

One of the great things about homeschooling a child with autism is you will know they are getting what they need when they need it.

USA

[IACC](#)

Interagency Autism Coordinating Committee. You'll find a resources page that leads to private organizations and persons's websites.

[PARENTING ASPERGERS COMMUNITY](#)

Help for adults with Aspergers

CANADA

[AUTISM CANADA](#)

See the spectrum differently

[AUTISM ASPERGER QUEBEC](#)

Pour une meilleure connaissance et reconnaissance de l'autisme et de la neurodiversité

ITALIA

[FIA](#)

[ASPERGER.IT](#)

Il Gruppo Asperger collabora con altre organizzazioni a tutela delle Persone con Autismo e con Disabilità, apportando il proprio specifico contributo.

[SPAZIO ASPERGER](#)

Spazio Asperger ONLUS è un'associazione per le persone nello spettro autistico ad alto funzionamento, neurodiverse, le loro famiglie e i professionisti

UK

[NATIONAL AUTISTIC SOCIETY](#)

[CHILD AUTISM UK](#)

[AMBITIOUS ABOUT AUTISM](#)

ÍSLAND

[AUTISM-EINHVERFUSAMTÖKIN](#)

The Icelandic Autistic Society was founded in 1977 by parents and professionals. The organisation is the joint interest group of people with autism, relatives, professionals and those that are interested in the interests of people on the autism spectrum.

INFORMATION COVID-19

[THE PSYCHOLOGICAL IMPACT OF QUARANTINE AND HOW TO REDUCE IT: RAPID REVIEW OF THE EVIDENCE](#)

[MAP](#)

Coronavirus COVID-19 Global Cases by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University (JHU)

USA

[THE BEDFORD CITIZEN](#)

Community supported news dor Bedford, Massachussets: Coronavirus and COVID-19 ~ Information and Reliable Sources

[CDC](#)

Centers for disease control and prevention

[CONSUMER REPORTS](#)

How to Protect Yourself From Coronavirus When Grocery Shopping

[CORONAVIRUS.GOV](#)

[EASYREAD](#)

[FORBES](#)

Why Everything Is Closing For Coronavirus: It's Called 'Flattening The Curve'.

[INDYPL](#)

Book Suggestions & Tips for Talking to Kids about the Coronavirus

[PUBMED](#)

US National Library of Medicine | National Institutes of Health

[NIH](#)

National institutes of Health

[NEW YORK STATE DEPARTMENT OF HEALTH](#)

[SUFFOLK DEPARTMENT OF HEALTH](#)

[WHO](#)

World Health Organisation

CANADA

[CANADA.CA](#)

UK

[GOV.UK](#)

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[COVID.IS](#)

[EMBAETTI LANDLAEKNIS](#)

Directorate of Health

ITALIA

[ISTITUTO SUPERIORE DI SANITA](#)

L'epidemiologia per la sanità pubblica. Informazioni affidabili.

[MINISTERO DELLA SALUTE](#)

FAQ - Covid-19, domande e risposte

[WIRED](#)

Tutte le bufale in circolazione sul coronavirus

[STATISTICHE CORONAVIRUS](#)

LEARNING

[HOW TO HOME SCHOOL DURING CORONAVIRUS](#)

[HOMESCHOOLING SPECIAL NEEDS CHILDREN](#)

[HOW TO HOMESCHOOL DURING THE CORONAVIRUS WITH FREE RESOURCES](#)

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MENTAL HEALTH

[THE BEST EATING DISORDER RECOVERY APP](#)

[NOCD](#)

NOCD Therapy includes video-based OCD therapy and in-between session support, right in the NOCD platform. It offers exposure and response prevention, or ERP, the most effective OCD treatment.

USA

[NAMI](#)

National Alliance on mental illness

[COGNITIVE BEHAVIORAL THERAPY LOS ANGELES](#)

CBT exercises

[INTERNATIONAL OCD FOUNDATION](#)

Online and Phone OCD support group

[AMERICAN BRAIN SOCIETY](#)

[NATIONAL EATING DISORDERS](#)

Helpline available

[MADE OF MILLIONS](#)

Get help online and on phone (USA and outside)

UK

[HARLEY THERAPY](#)

[MENTAL HEALTH HELPINES](#)

Whether you're concerned about yourself or a loved one, these helplines and support groups can offer expert advice.

ITALIA

[EPICENTRO](#)

Il portale dell'epidemiologia per la sanità pubblica

[PSICOLOGI ITALIA](#)

ÍSLAND

[GEDHJALP](#)

The Icelandic Mental Health Alliance (Geðhjálp) is a well rooted non-profit NGO in Iceland, supporting and promoting positive mental health.

VIDEO MEDIA

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