



Asperger Syndrome: Social Dyslexia

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### ***Introduction***

Like many developmental disorders, the understanding and treatment of Asperger Syndrome (AS) remains a work in progress. AS is a relatively new diagnosis in the field of developmental psychology and many children who were previously referred to as “autistic like” or having diffuse social processing problems are now recognized within this syndrome’s criteria. This recognition has already provided significant progress in the understanding of this population of intelligent children who appear lost in the world of social communication and interaction. The sheer volume of new research and articles on the subject of AS can also present a confusing quandary for parents who are questioning a diagnosis of AS in their child. The following comments are designed to assist parents and professionals in identifying key characteristics and issues when considering the diagnosis of Asperger Syndrome.

### ***The Primary Difficulties found in Children with Asperger Syndrome***

In describing the typical symptoms and profile of Asperger Syndrome, it must be stressed that children will vary in their own unique expression of any processing disorder, be it AS or dyslexia. Aspergers could be conceived as a “social dyslexia”

As the dyslexic child struggles with the with alien world of print, so to the Aspergers child finds himself lost in reading social interactions and intent. In both stories, an naturally unfolding developmental process is stunted, leaving the child helpless, if left without the support and understanding of the adult world .

A challenge throughout our discussion of “the Asperger child” is this variability in symptom presentation. It should be noted that symptom variability (for example extroverted vs. introverted expression) may reflect clinically discrete subgroups of AS that have yet to be adequately defined. For example, it became apparent to the present author in reading the original German transcripts, that Asperger was describing the extroverted and verbal variant of the syndrome based on our current understanding. Regardless of the presenting social behavioral pattern, it appears that the following three

primary processing issues are fundamental to these various outward expressions of Asperger Syndrome and other related forms of high functioning autism.

1. **Social Processing Difficulties:** Pervasive failures in or direct avoidance of social situations, especially those involving age level peers is a hallmark of this syndrome. Processing difficulties involved in the perception, understanding and appreciation of the perspective of others appear to underlie the social impairments of all children diagnosed with Asperger Syndrome. The children can display a predominantly aloof or outgoing social style. (See “Variations in Social Expression” below). However, all children with AS share a pervasive difficulty in “seeing” and regarding the feelings and perspectives of others. Most children with AS demonstrate actual difficulties in “reading” facial and bodily expression and responding appropriately in social situations. In interactions with adults, they may show empathy and affection. Yet this capability appears to dissolve in the classroom and playground setting. These children display an apparent vulnerability in adapting to open and complex social and relational contexts.
2. **Language and Communication Deficits:** Children with Asperger Syndrome show significant difficulties in communication. This typically impacts the social use of language. Children with AS may be extremely verbal and have vast vocabularies. However, their language does not fare well in social communication. They typically exhibit a monotone or pedantic style of speech, lacking melody or intonation. Others may be verbally delayed and display more typical language problems consistent with the language disorders seen in some high functioning autistic children.
3. **Restricted Interests-Special Interests:** One characteristic common to children with AS is a narrow interest span. They frequently develop an affinity for one special hobby or theme and this often dominates their socially sparse world. The involvement with these “special interests” is usually intense and at times compulsive. Hobbies such as baseball cards, Star Trek, or dinosaurs can dominate the daily lives of AS children. If AS children show social interest, it is usually within the context of their vast special knowledge. Often the AS child or adolescent will “corner” their audience in a one-sided conversation or, more accurately, lecture. If the listener tries to intervene or change the subject, this is frequently met with rejection or a sense of “derailment” on behalf of the AS child. Suddenly their train of communication and sole mode of engagement has been interrupted. The idea of an informational exchange, prompted by awareness and value of another’s perspective, appears beyond their comprehension.

### ***Age of Onset of Asperger Syndrome***

There is a general consensus regarding the early onset of Asperger Syndrome. It is considered a developmental disorder and symptoms are usually observed during early childhood before the age of 5. Current surveys place the average age of clinical diagnosis around age 10. However, most parents observe unusual behaviors much earlier in the child’s development. Rarely do AS symptoms go unnoticed. Unfortunately, parents and professionals may be unaware of the syndrome and engage in a long and often frustrating search for answers. It should be noted that the author has observed several cases in which adolescence appears to have played a dramatic role in increasing the symptoms of AS with negligible prior symptomatology or pre-adolescent history. Several authors note the

possibility of increased adjustment difficulties during the adolescence.

### ***Cognitive Functioning and Asperger Syndrome***

Children diagnosed with AS have varied intellectual abilities. The initial population that was so articulately described by Asperger comprised of boys with average to superior skills in measured intelligence. This strength (in comparison to many autistic children) plays an important factor in their school adjustment and ultimate prognosis. Many individuals with AS move into successful careers, although social adjustment may remain an obstacle in their lives.

### ***Variations in Social Expression among Children with Asperger Syndrome***

One of the most challenging realities in diagnosing Asperger syndrome is the varied social presentation of many of the children. To comprehend this diversity, one has to appreciate that similar primary deficits can be filtered in various ways through the unique configuration of each child. We are beginning to document more typical manifestations AS and thus hopefully assisting the diagnostic process. The work of Lorna Wing in London is particularly helpful in this regard. She describes four typical patterns or presentations of autistic spectrum disorders. My personal clinical experience attests to the validity of these four subgroups. In the case of Asperger children, two of these expressions are of particular interest: In Asperger syndrome, the primary difficulties in social perception and expression may present within an avoidant/passive or engaging pattern. Frustration and rejection by peers is frequent in both variants. In the engaging AS pattern, the child's symptoms are seen in excessive bossiness, rigidity and an inability to sense the social context in play situations. They demand too much of their playmates and are apparently oblivious or indifferent to their perceptions or feelings. In the avoidant/passive AS variation, the child may reject or show no desire to engage with others, preferring to play in an isolated corner of the room. There is evidence to suggest that the latter, avoidant pattern is more easily recognized as autistic-like and therefore brought to the attention of professionals earlier than the active, engaging but socially "odd" group.

### ***The Causes of Asperger Syndrome?***

The exact cause of AS remains unclear. The most convincing evidence has been provided through numerous family case studies and points to the strong likelihood of genetic transmission as a factor in the genesis of AS. There is no evidence that social or other environmental factors can cause Asperger Syndrome.

### ***Asperger Syndrome and Individuality***

Every child displays social processing impairments in a unique way. Our efforts as developmental psychologists are directed towards an improved understanding of the particular nature of their social challenge and supporting the specific weak trait. An expression of a particular Aspergian trait or social struggle may cloud the appreciation of a child's vast array of positive and wholly unique characteristics. Although children diagnosed with AS share similar social processing issues, it is easy to lose sight of this

individuality, especially in difficult developmental periods.

## ***Asperger Syndrome and Adolescent Development***

Personally I have found the most useful approach towards viewing AS is from the perspective of development and change. The child's achievements and struggles will vary each year with new problems, challenges and growth. Adolescence may surface as a particularly difficult time for the child with AS and his family. The particular challenges of the adolescent period are well documented. Psychologists have long stressed the developmental struggle posed by adolescence in our culture. It is, however, very likely that the child with AS will face particularly critical challenges during the early and late teen years. Adolescence is a time of psychological exploration, finding a "self" amongst the myriad of influences both prior and ongoing. For most teens it is the web of peer relationships, the ups and downs of friendships that form the platform for this awkward journey. The AS child, perplexed by social interaction, is often left to explore selfhood in peer isolation and in the company of computers and factual knowledge. This may result in confusion and intense frustration as the teen struggles with the confrontation of social maturity. Parents often experience the full brunt of this developmental impasse. Anger intensifies and can be accompanied by harsh, cold and hurtful statements from the child. The AS adolescent can feel trapped in a social world that is incomprehensible and yet unavoidable.

Gradual improvements can be made as the teen slowly develops insights and improved reflective ability in social areas. The AS teen is often socially concrete and has immense struggles with maintaining a larger perspective of his issues. As mentioned, social isolation and limited insight can render parents as the bonafide source of and platform for all frustration. A helpful and often necessary approach is to establish clear guidelines for anger control and allow the teen ample time alone before processing conflicts. Professional support during this phase should be directed at providing psychological and developmental perspective to the family and through processing the ongoing resistance and struggle for insight faced by the teen. Adolescence may be one of the most important and yet neglected areas in the developmental path of Asperger Syndrome.



This article brought to you by the Aspergers Society of Michigan.

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