

Socialization Profile of Adolescents with Autistic Spectrum Disorder

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Abstract

Currently, we are able to ensure that autism is a neurodevelopmental disorder caused by a prenatal dysfunction of the Central Nervous System that is characterized by a triad of symptoms observable in the first three years of life: qualitative alterations of reciprocal social interaction qualitative alterations in communication, and restrictive, repetitive and stereotyped forms of behavior, interests and activity in general.

At the behavioral level, the symptoms of autism show great variability, especially depending on the level of cognitive functioning (presence or absence of mental retardation). The most affected people (who have associated mental retardation) lack social and communicative initiative, behave in a very rigid and stereotyped way, lack symbolic play and show great inflexibility to changes in the environment.

People with higher levels of cognitive functioning (without associated mental retardation) initiate and are interested in relationships with other people, they can develop special skills (for example, for music, drawing, computing, history, etc.), but their social interaction difficulties persist (for example, they present difficulties with non-verbal communication, show little reciprocity in the relationship, tend to talk only about the topics of their interest, are rigid and inflexible in their behavior and also in their opinions).

Keywords: *Autism; Neurodevelopmental Disorder; Central Nervous System*

Introduction

Currently, we are able to ensure that autism is a neurodevelopmental disorder caused by a prenatal dysfunction of the Central Nervous System that is characterized by a triad of symptoms observable in the first three years of life: qualitative alterations of reciprocal social interaction qualitative alterations in communication, and restrictive, repetitive and stereotyped forms of behavior, interests and activity in general. At the behavioral level, the symptoms of autism show great variability, especially depending on the level of cognitive functioning (presence or absence of mental retardation). The most affected people (who have associated mental retardation) lack social and communicative initiative, behave in a very rigid and stereotyped way, lack symbolic play and show great inflexibility to changes in the environment. People with higher levels of cognitive functioning (without associated mental retardation) initiate and are interested in relationships with other people, they can develop special skills (for example, for music, drawing, computing, history, etc.), but their social interaction difficulties persist (for example, they present difficulties with non-verbal communication, show little reciprocity in the relationship, tend to talk only about the topics of their interest, are rigid and inflexible in their behavior and also in their opinions).

In the DSM-5 [1], the epigraph Generalized Developmental Disorder (PDD) was eliminated, and it is included in the category of Autism Spectrum Disorder (ASD) to people with Autistic Disorder, Asperger's Disorder, Disintegrative Disorder of Childhood and Generalized Developmental Disorder unspecified. In this version, three domains were reduced to two: 1) deficits in social communication, and 2) fixed interests and repetitive behaviors. The former is inseparable and can be considered more precisely as a single set of symptoms with environmental and contextual specificities. Regarding the second, requiring two manifestations of symptoms for repetitive behaviors and fixed interests improves the specificity of the criterion without significant decreases in sensitivity.

Although the category of Asperger's Disorder is not considered, it is still used and applied to those people with the characteristics described by Rivière in 1996 [2] or those pointed out by Gillberg and Gillberg [3]. These authors establish six criteria for the diagnosis of Asperger's Syndrome: 1) deficit in social interaction, restricted and absorbing interests; 3) imposition of routines and interests; 4) speech and language problems; 5) difficulty in non-verbal communication; and 6) motor clumsiness. If we focus on alterations in social interaction, we find that they have great and serious difficulties interacting with their peers; sometimes, a lack of desire and interest to interact with equals, but they always make mistakes in the appreciation of social keys; behavior socially and emotionally inappropriate to the situation; sometimes anxious reactions if forced to participate; poor eye contact and lack of empathy.

Materials and Methods

For the evaluation of cognitive development, the instrument used has been the Wechsler Intelligence Scale for Children and Adolescents [4]. For the personality assessment, we have used the BFQ-NA [5], which assesses the five major personality factors: emotional instability, extraversion, openness, kindness and conscience. For the evaluation of sociability, the Socialization Battery BAS-1 (for teachers), BAS-2 (for parents) and BAS-3 (for self-evaluation) by Silva and Martorell [6,7] was used. The first two are scales in four dimensions that facilitate socialization (leadership: Li; cheerfulness: Jv; social sensitivity: Ss, and respect-self-control: Ra), three of which are disturbing (aggressiveness-stubbornness: At; apathy- withdrawal: Ar, and anxiety-shyness: An), and a global scale of social adaptation. The BAS-3 assesses the following dimensions of social behavior: consideration with others (Co), self-control in social relationships (Ac) (with a pole of antisocial behavior, especially aggressive), social withdrawal (Re), anxiety social/shyness (At) and leadership (Li). It also contains a scale of sincerity.

Participants

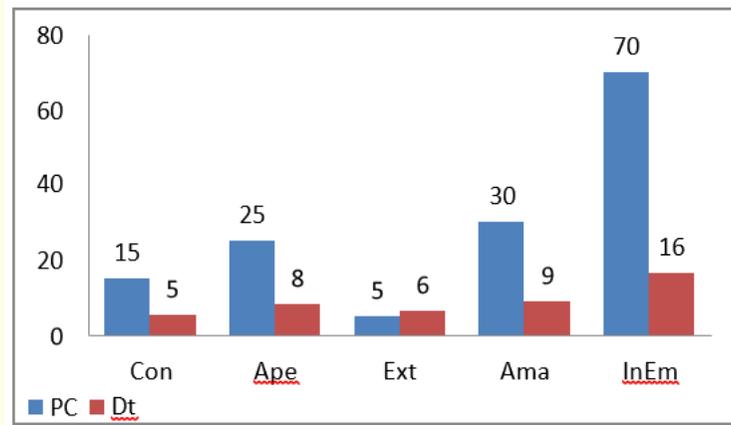
Thirteen male adolescents with a diagnosis of Asperger's Disorder (according to the criteria of Gillberg and Gillberg [3]), aged between 9 years and 6 months and 16 years and 5 months. Their intelligence coefficients (IQ) are between 70 and 109, the average being 90. The diagnosis was made following the evaluation protocol that includes direct observation tests, standardized tests and interviews with families, by experts in ASD.

Design

For data treatment, a descriptive analysis of the items was carried out, calculating the mean as a measure of central tendency and the standard deviation as a measure of dispersion. The data have been analyzed using the statistical program SPSS Statistics 19 and Excel graphs.

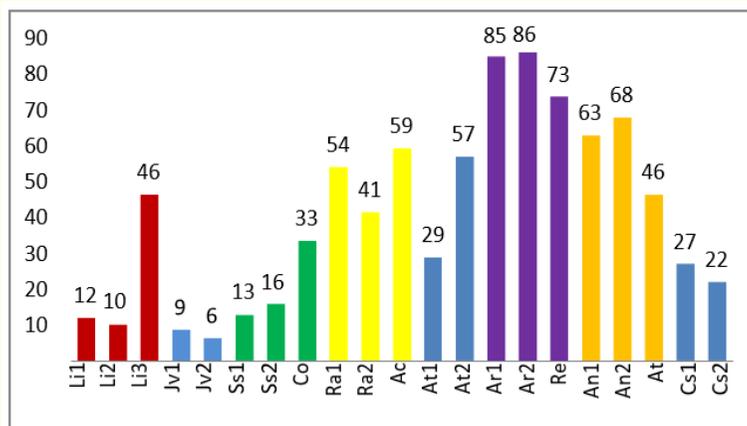
Results

In the two tests administered, centile scores (PC) are obtained that place you in a specific place with respect to your age group. The results obtained in the BFQ-NA report very low scores in the personality traits conscience (PC = 15), openness (PC = 25), extraversion (PC = 5) and agreeableness (PC = 30), and average scores in the emotional instability factor (PC = 70).



Graph 1: Results of the personality test (BFQ-NA).

The BAS reports a socialization profile with behaviors that do not facilitate socialization (Li = 12 - 10; Jv = 9 - 6; Ss = 13 - 16) and disturbing it (Ar = 85-86, and At = 63 - 68) both in family and school contexts. The global socialization criterion is very low on both scales (Cs = 27 - 22).



Graph 2: Results of the socialization battery (BAS 1-2-3).c

In BAS 3, completed by the subject, higher scores are obtained in leadership (PC = 46) and consideration for others (PC = 33), and lower in social withdrawal (PC = 73) and social anxiety/shyness (PC = 46).

Discussion and Conclusion

The personality of the boys in the sample is characterized by a very low degree of self-regulation, their behavior is not directed at specific goals, a consequence of failure in executive functions (planning, conflict resolution) and with low levels of demand (awareness

factor). These are boys not very open to novelty, little imaginative, little interest in school subjects and mentally slow (openness factor). They are inhibited, withdrawn, prefer individual activities, not very sociable and inactive, distant, not very affectionate, withdrawn, not very praiseworthy (extraversion factor). They are not very sensitive to the needs of the other, selfish, hostile, not very assertive, brusque and unkind (kindness factor). There is no tendency to discomfort or sadness or losing calm easily (emotional instability factor). There is no difference in their socialization depending on the context, both at home and at school they are boys without leadership skills (Li), not very jovial (Jv), not socially sensitive (Ss), obedient and self-controlled (Ra), very apathetic and withdrawn (Ar), and with a slight tendency to anxiety, manifested as fear and nervousness (An). There are differences between the opinion they have of themselves and what their parents and teachers think. For example, on the leadership scale, even though they are boys without leadership skills, they are considered to be in an average rank. The same happens with the scale of social sensitivity, in which they do consider themselves sensitive and concerned about others. On the contrary, on the apathy-withdrawal and anxiety-shyness scales, they do not score as high as their parents and teachers do. We can also verify that in the extraversion factor of the BFQ-NA, they score low, coinciding with the results obtained in the apathy-withdrawal scales of the BAS, which confirms that we are dealing with very introverted, apathetic and socially withdrawn boys. The same occurs with the kindness factor and the BAS social sensitivity scale, where boys are described who show little or no concern for others, for their needs, are not very empathetic and have difficulties to put themselves in the place of the other as befits the mental deficit that characterizes boys with Asperger's. We can conclude that adolescent boys with Asperger's Disorder have a very low global socialization profile and an introverted personality.

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