



The National  
Autistic Society

# What is Asperger syndrome?

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Your autism charity

# Ann



*“I have had five jobs but can’t keep one. I just get called in to the office and that’s it – I am told that that I can’t do the job - they say that I talk too much and disrupt the others. I am just being friendly but they say I am rude and abrupt with people and always complaining – I only complain about the noise and the lights in the office ,which distracts me and makes me tense and very tired.*

*I saw a doctor and he says I may have Asperger’s because I am obsessed with time – I am- but it is because I have to be home before the street lights come on - as they hurt my eyes and make me feel ill”.*

*Having a diagnosis has helped me to understand that I am not alone and I hope someone can help me”*



# Context ; the use of terminology

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*“Nothing exists until it has a name”*

**Lorna Wing**



## Context; the use of terminology

# SYNDROMES SUGGESTED IN THE FIRST PART OF THE 20TH CENTURY

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- **De Sanctis** (1906;1908) Dementia precosissima catatonica
- **Ssucherawa** (1926) Schizoid personality disorder of childhood
- **Earl** (1934) Primitive catatonic psychosis of idiocy
- **Kanner (1943) Early infantile autism**
- **Asperger (1944) Autistic psychopathy**
- **Bender** (1947) Pseudo-defective schizophrenia
- **Mahler** (1952) Symbiotic psychosis
- **Weygandt; Hulse** (1954) Dementia infantilis



# Context : The use of the term autism

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## Kanner and Asperger

- Both used the term autism after the Greek; autos = self
- Both were Austrian but Kanner based in USA: Asperger in Vienna
- Kanners work more widely known but Asperger's not known in UK until 1980's



## Context: KANNER

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### Leo Kanner

Trained in Vienna but emigrated to the USA in 1924

Best known for descriptions and naming of **early infantile autism** as a distinct disorder



*Leo Kanner*

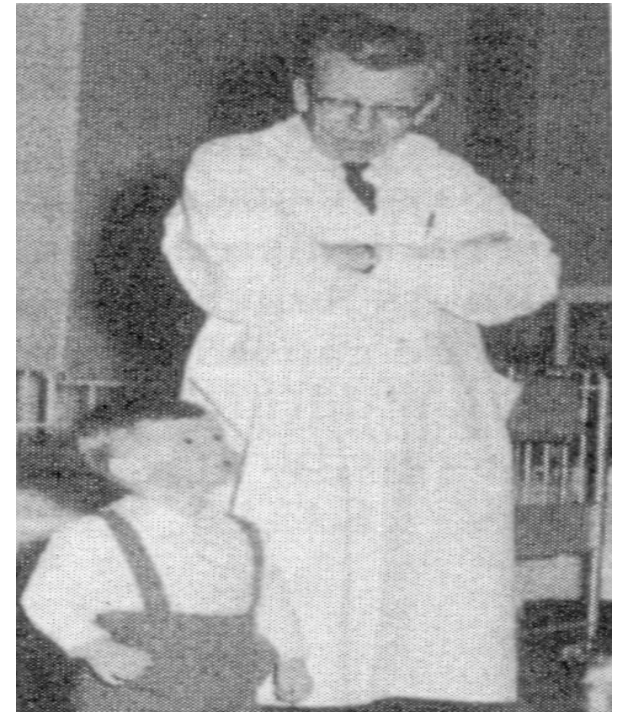


# Context :Asperger

Hans **Asperger** wrote his first paper in 1944. Not widely known in English speaking countries until the 1980s when papers in English began to appear

First clinical account in the UK was in 1981 by Lorna Wing

Translation of Asperger's paper into English by Uta Frith



## FEATURES DESCRIBED BY ASPERGER

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- Socially odd, naive, inappropriate, detached, egocentric
- Speech long-winded, precocious, repetitive, literal, not conversational, poor/odd intonation
- Poor non-verbal communication
- Circumscribed interests, repetitive routines
- Special skills at a high level
- Specific learning disorders
- Poor motor co-ordination and odd gait and posture
- Marked lack of common sense



## FEATURES DESCRIBED BY ASPERGER

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- Similarities to schizophrenia but absence of deterioration
- ‘Abnormal gaze, poverty of expression’
- ‘Restricted social / emotional relationships’
- ‘Extreme personal sensitivity - egocentricity’
- ‘Callousness & sadistic communication’
- ‘Lack of humour apart from puns’
- ‘Idiosyncratic tastes and attachment to objects’



# ASPERGER'S THEORIES

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- Untypical pattern of brain development due to genetic causes
- Extreme end of normal male personality (At first believed syndrome occurred only in males – until he went to America and saw girls with the syndrome)
- Traits of the syndrome needed for success in arts and sciences



# Autism and Asperger syndrome: Some of the differences and similarities in clinical features

## Features



### Kanner

#### Social imagination

Restrictive and repetitive behaviours and routines – May collect or be attached to objects- marked resistance to change.

#### Social communication

Speech may be delayed or absent- poor language may mask strengths

**Social behaviour** Differences noticeable from very early life. May avoid social contact or not be aware of other people. Problems with face processing and recognition

**Neurological and other disorders** Commonly low IQ: Seizures present in about one third by adolescence- appear to have good fine motor control

**Sensory** Differences present in majority- Hyper or hypo



### Asperger

Restrictive and repetitive behaviours: May collect 'facts' -narrow circumscribed interests; uncomfortable with change

Good vocabulary may mask deficits - Language may be technically good but stilted- Concrete- Literal - unable to 'read between lines'

Difficulties may not be apparent until later. Extreme egocentricity – may be aware of social awkwardness but seek contact and approval.

Face blindness; problems reading facial expression and body language, emotional empathy and self regulation

Normal or above IQ: Seizures not common. Problems with anxiety, mood and anger. May appear clumsy

Differences often present- Hyper or hypo



# Other views of Asperger syndrome

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- A different and separate condition. ,

Klin ;Volkmar ;Sparrow ;Cicchetti and Rourke (1995)

- Imbalance of two types of intelligence – systemising (how things work) and empathising (how people work).,

Baron Cohen (2006)

- Not a disorder at all - part of the diverse nature of the human condition-  
Neurodiversity



# Current consensus



- A form of autism: share core features but different expression
- Said to affect more males than females but issues of under diagnosis in females
- Biological - genetic factors important but complex –no ‘autism gene’. Close relatives may show some features; outcome influenced by environmental factors- e.g. education
- fMRI studies suggest differences in the way the brain processes information but these are not yet conclusive; different regions of the brain implicated
- Diagnosis later than other forms of autism – frequently not until late adolescence or even adulthood –behaviours may be seen as wilful
- Features in undiagnosed adults may be mistaken for symptoms of mental disorder
- General population share features of the condition (Asperger 1944- Skuse et al 2009)



# Current consensus

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- Affects between 60 and 85 per 10,000 population

Gillberg 1991, Baird et al 2006

- Primary school years may be ok; vulnerable in secondary education
- May make successful adaptation in adulthood- but this is easily disrupted



# Core cognitive features of Asperger syndrome

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## Differences across a range of mental functions

1. The capacity to see the world as others do; recognising other people have their own thoughts - which are not the same as yours - to 'put yourself in another persons shoes.' Recognising the mental and emotional states of others from how they appear  
-this is sometimes called  
having a **'theory of mind'**
2. Planning ahead and organising oneself. Making sense of diverse sources of information. Knowing where to start – and when to stop. Getting started – forgetting quite ordinary things –sequencing; some overlap with sensory processing problems  
  
-this is sometimes called **'executive function'**
3. Having an eye for detail but not see the big picture.  
  
-this is sometimes called **'central coherence'**



# Asperger syndrome

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May also have;

- Overlapping problems and other disorders e.g.
  - Anxiety
  - ADHD type problems
  - Dyslexia
  - Dyspraxia
  - Sensory processing disorders
  - Psychiatric disorders; inc depression, bipolar disorder
  - Neurological disorders;



# Reports of famous people said to have Asperger syndrome

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Just a few

- Charles Darwin
  - Isaac Newton
  - Mozart
  - Alan Turing
  - Andy Warhol
  - Bill Gates
  - Satoshi Tajeri
- .....and many others



# Mike



*“It was around the age of ten that I knew I was different . Other kids don’t like kids who are different --- and would laugh - and I wouldn't get what they were laughing at. I would ask them to tell me but they laughed more. When I went to the big school it got worse – they would do things like flick me write in my home work book and get girls to get me to do things – I don’t want to talk about that- I never knew when it would happen – I found myself boiling up and shaking – I told my teacher but he told the bullies to stop and that just made it worse. I am coping now but I am not happy around crowds – I’m OK with one person at a time – I have a friend Dave at the BAWA who is also into Dr Who and he looks out for me“*



# David



*'This job is great. I have been here for seven years now. I always work the later shift, which suits me 'cos I have time to get ready and don't have the problem of spare time in the evening.'*

*Everything is in the manual if I get stuck and we get good training. If I am too long on the desk Maurice or Sam will say 'time you had a break Dave' I will then go in the back and make a cuppa. We all get on and have a laugh and I got invited to Sue's wedding. I still travel a lot and have just come back from Hong Kong. No one gets on to me here – the boss is nice to me and even when we are busy I can always get a bit of peace'*



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## Howlin 2000 and 2006



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- Low rates of employment
- Nature of employment does not reflect past academic achievement
- Once in employment become more independent and employers satisfied but no difference to social relationships overall



# Asperger syndrome

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## Up side

- Focus and creativity; drive and persistence in area of special ability or interest
- Logical
- Honest

## Down side

- Socially naïve and vulnerable
- Misunderstood – and often suspicious
- Anxious; prone to mental health problems
- Socially excluded – low rates of employment: relationship difficulties



# Interventions in Asperger syndrome

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General strategies; SPELL

## Structure

Provide structure- e.g. visual prompts-lists-written instructions-break tasks down into chunks. Dedicated workspace

## Positive approaches and expectations

Play to strengths - build on interests. Develop self esteem

## Empathy

See the world from their standpoint - give help and skills in social problem solving - be sensitive to comprehension problems – clarity of language

## Low arousal

Remove clutter - Do not confront – give feedback not criticism - recognise potential sensory differences

## Links

Be consistent and fair- provide opportunities for social engagement – e.g. through interests. Work with families- good interagency collaboration



# Looking forward



- Condition and needs are now better understood
- Primary education now quite good –secondary much work to do:
- More opportunities exist for employment
- Individuals with AS increasingly prominent in self advocacy

But

- Bullying and social isolation remain key factors in outcome and quality of life
- Significant number not independent of their parents as adults
- May be sensitive and opposed to traditional models of support- new initiatives needed- Life coach?
- Higher risk of anxiety and psychiatric disorders in socially isolated individuals



# Discussion

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