

Asperger's Disorder
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Asperger's Disorder (AD) is a Pervasive Developmental Disorder (PDD) that is defined by two significant impairments: impairments in social interactions and also having very restricted and repetitive patterns of behavior and interests.

Probably the most noticeable thing about children with Asperger's Disorder is the social difficulties they have and likely have had throughout much of their life.

These children are often socially awkward, often are loners, and are often teased because of what other children believe are odd and eccentric behaviors. Because of these difficulties in social situations, developing friendships can be very difficult, if they even want them.

Some young people with AD really do seem to want friends, but aren't able to cope with all the things necessary to make them. Either that, or if somebody does show an interest in being friendly, they may overreact and come across in an overbearing way, perhaps by calling the other person frequently or having one sided conversations about a topic only they are interested in. It doesn't take long for the other person to find these AD behaviors very odd and then pull away from these one-sided initial contacts. Often times the desire for friendship can become numb through a history of failed social encounters.

People with AD tend to be very literal, often inflexible, and are very rule-oriented. They see things in a very black or white way. There is a right way of doing things and they don't recognize exceptions to that way of doing. If that way isn't followed they can become easily upset. Often they would rather be right than conciliatory in dealing with others. They often have a strong sense of justice in their social circles and become angry when they perceive injustice.

Children with AD can learn and memorize basic social rules, but, as is their personality style in many things, they often implement the rules in very rigid and inflexible ways. For instance, they may memorize the social rule that you have eye contact in a conversation and not stand closer than three feet to someone, but they may stare at another too intensely or stand at three feet when the furniture arrangement suggests five feet away would be more appropriate.

One of the reasons for these social difficulties is that these children have an extremely difficult time in picking up on the communication cues that go beyond the words. For all people, the ability to communicate and to understand communication is much more than just hearing the words. The ability to properly give meaning to the words is by integrating the words with eye to eye contact and being able to read facial expressions, body postures, and other non-verbal gestures. AD children have extreme difficulty in interpreting these non-verbal aspects of communication and since they don't understand

how such context can impact the meaning of things, they often misunderstand and don't do well in social situations.

Another characteristic of children with AD is having restricted, repetitive, and stereotypical behavior that is sometimes abnormally intense or focused. Examples of this may be simple movements such as body rocking or hand flapping, or more complex movements such as self-caressing, crossing and uncrossing of legs, and marching in place.

Often times they are preoccupied with a rather narrow interest in a particular topic or topics. These topics often include rote memorization of facts and learning about the topic through books, tv, or computers, rather than from interpersonal communication. Also, the topic often lends itself to list-making or some other classification exercise. The urge to go on talking about the subject is often very strong, with the speaker not picking up on the subtle or not-so-subtle clues that the listener has lost interest some time ago.

It is important to know that these disorders are both a syndrome-which means that affected individuals might not have *all* the associated symptoms and signs- and is also on a spectrum, which means that there are degrees of severity, and not just that the symptom is either there or it isn't. As a spectrum disorder, the symptoms are on a continuum with a severe autism on one end and a "personality style" on the other, in which it is not a disorder at all, but rather a style in which the person is socially immature and a loner, but not having the eccentricities that characterize an Asperger's Disorder child.

An excellent source of teaching strategies can be found following this link: Leslie E. Packer, PhD.