PSYCHOSOCIAL FACTORS INFLUENCING ASPERGER DISORDER

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Abstract:
Asperger Disorder is influenced in its evolution by social factors such as: Anxiety, Self-esteem and Aggression. Anxiety can manifest itself in different ways based on the life experience of the individual. Recent studies have shown that cognitive behavioral therapy based on social skills represents an efficient treatment in persons with Asperger Disorder. Strong Self-esteem in childhood is a protective factor against family demands, social pressure and some defiant behaviors in the next stages of life. Children with high Self-esteem present safety and confidence in overcoming some existential obstacles and broader personal skills in school; and the ones with low Self-esteem have an inferiority complex in relation with other children and are distrustful in their academic possibilities. Aggression is a form of behavior oriented in a destructive way, being able to cause materia, moral or psychological damage. In subjects with Asperger Disorder, provocative behaviors including physical aggression, appear as a necessity to communicate the needs in the absence of expressive language.

Keywords: aggression, anxiety, self-esteem, Asperger Disorder

ANXIETY

It is a natural reaction of the body to danger, manifested by being afraid, fear, neurodegenerative disorders (palpitations, polipnee, sweating). Anxiety can manifest in different ways based on the life experience of the individual:
- phobic anxiety disorders: - agoraphobia
- social phobias
- panic attacks;
- obsessive compulsive disorders;
- adjustment disorders;
- conversion disorders;
- somatization disorders;
Among adolescents with autism spectrum disorder, there is an increased frequency of anxiety and depression compared to the general population, the prevalence rate of anxiety ranging from 13.6% (1) to 84% (2). It is difficult to distinguish between anxiety as comorbidity and anxiety as a base symptom in Autism Spectrum Disorder. For children with Autism Spectrum Disorder, although there is an increased risk of developing a form of anxiety, not all children with autism show also anxiety, and the ones who show it exhibit various forms along the way.

There is a real dispute around this controversy.

Although anxiety is seen in a very high percentage in the symptoms of children with Asperger Disorder, anxiety disorders are less diagnosed (3). Sometimes aggressiveness arising from an anxious behavior may be perceived as a behavior associated with Asperger Disorder (4), differentiation being very difficult, especially when the anxiety symptoms are long lasting. Cognitive deficits may prevent anxiety Disorder with substantial cognitive components like social phobia (2). Children with Asperger Disorder who attend normal schools can be more exposed to stress factors versus others, contributing to the development and maintenance of anxiety.

Ashburner, J., Ziviani, J., and Rodger, S. (2010) (5) suggested the following stress factors related to school:
- the complexity of the schedule and of the curriculum area;
- frequent changes in their limited interests;
- lack of order and regularity in school activities;
- lack of relational flexibility;
- relational vulnerability (possibility of aggression or social exclusion).

There are more causes that can develop anxiety to the children with Asperger Disorder:
- parents with autistic children are prone to anxiety, possibly symptoms can be transferred to the children under various forms;
- hard to develop social relationships;
- marginalization of children with autism in social relations;
- possibility of difficult communication.

The prevalence of anxiety disorder in children and adolescents with Asperger Disorder was attributed to neurobiological predispositions. The prefrontal cortex, limbic system and serotonin are responsible both for:

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Received January 29, 2017, Revised February 29, 2017, Accepted March 17, 2017

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- fear (6)
- anxiety (7)
- aggressivity (8)
- violence (9)
as well as for the etiology of autism spectrum (10)

Neuropsychology studies of Autism have developed several theories that try to make cognitive connections between brain abnormalities and behavioral symptoms in autism (11). The mind theory refers to the difficulties people with autism have in planning and organizing activities, in understanding other people's intentions and desires (12). These theories have been applied to understand autistic thinking in therapeutic intervention. Discussions are at the possibility of applying the cognitive behavioral therapy as treatment option for anxiety in Asperger Disorder, having difficulties associated with the emotions of identification and cognitive inflexibility (13) or behavioral cognitive therapy lends itself well to the intervention in Asperger Disorder due to the structured systematic approach specific to the autistic thinking style.

Recent studies have shown that cognitive behavioral therapy based on the social abilities represents an efficient treatment for anxiety in people with Asperger Disorder (14).

SELF-ESTEEM

Developing a strong self-esteem in childhood represents a protective factor against the family demands, social pressure and a few deviant behaviors in future stages of life. Children with high self-esteem have safety, confidence in overcoming existential obstacles and broader personal skills in school. Conversely, those with low self-esteem have an inferiority complex in relationships with other children and are distrustful of their academic possibilities.

Lack of social skills in children with Asperger Disorder makes it hard for them to develop social relationships and live the feeling of relational rejection. Although social awareness is low in children with Asperger Disorder, yet they realize they are different. Social failures can lead to anxiety, frustration, anger crisis which affect self-esteem. Strategies can though be developed to increase self-esteem with these children.

1. Tell the child that he is very precious, that he is capable and endowed with special qualities.
2. Maintain constancy and safety in daily relations with the children, creating an existential comfort zone.
3. Maintain the child's living space as a safety and friendly zone.
4. Show a positive self-esteem and confidence in your child's achievements.
5. Help him learn to use words and expressions through which he can express his ideas and pleasant or unpleasant feelings.
6. Inform people who come into close contact with your child (family members, teachers, and friends) about the techniques you are using to increase the self-esteem.
7. Seek to connect with other families who have children with Asperger Disorder.
8. Encourage and congratulate each achievement of the child with Asperger Disorder.
9. Teach the child with Asperger Disorder to build positive strategies, to maintain his emotional balance by taking deep breathes, thinking of pleasant things, avoiding uncomfortable situations.
10. Constant correction of the behavior of the child with Asperger Disorder may be perceived by him as a criticism; therefore it must be agreed from the beginning that this is only an attempt to change the negative behavior with a positive one.

AGGRESSION

Aggression is a form of behavior that is oriented in a destructive way, being able to cause material, moral or psychological damage. Aggression should not be confused with antisocial behavior, delinquency or crime.

There is an aggression: physical, relational, outer (hetero aggression), inner (auto aggression), active or reactive (15).

In subjects with Asperger Disorder, due to deficiencies in communication, provocative behaviors including physical aggression, appear as a necessary to communicate the needs in the absence of expressive language.

Aggression in school is a maladaptive behavior, leading to social exclusion and disciplinary actions.

Anger is a primordial emotion that can be expressed through behaviors with aggression or violence.

McKinnie Burney, D., & Kromrey, J. (2001) proposed two forms of anger:
- instrumental anger – a negative emotion that takes place to obtain certain desired purposes
- reactive anger – immediate response to challenging events.

Both can lead to aggression in the absence of control. (16).

There are more strategies to reduce aggression in subjects with Asperger Disorder:
1. Aggression manifested by the destruction of objects can be transformed into a creative destruction (crushing carton or aluminum cans for recycling, or transforming old clothes into rags).
2. Building a menu of activities to reduce the stress level (relaxation by listening to music, massage or soothing bath).
3. Setting up a list of signs that can increase the stress level the child should know to avoid (offensive words, challenging gestures).
4. Trying to burn tension and anxiety with an uncontrolled physical activity (sport, dance).
5. Discuss the consequences of aggressive acts.

REFERENCES:


Conflict of interest: none declared
Financial support: none declared