

Understanding Asperger's Disorder

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In 1944, Hans Asperger wrote an article about 200 boys from his clinic, all of whom presented with deficits in social and communication skills, unusual behavioral characteristics, unique intellectual abilities and, often, specialized areas of knowledge. He called this condition "Autistic Psychopathy." Dr. Asperger wrote about this disorder around the same time as Leo Kanner was first describing what is now known as autism. While the diagnosis of "Kanner's" autism has been clearly defined for many years, Asperger's Disorder was virtually ignored until the 1970s. Even today, with the advances made in early diagnosis and understanding of autism spectrum disorders, the actual definition of Asperger's Disorder, that is the specific characteristics which must be present to give the diagnosis, remain unclear.

Some diagnosticians use the term Asperger's Disorder to describe all high-functioning individuals with autism, thus making the two terms synonymous. Others use the term Asperger's Disorder only to define children who have similar social and behavioral deficits as autistic children, but have no delay in their language acquisition. The latter belief is what is currently put forward in the *Diagnostic and Statistical Manual* (DSM), which outlines the necessary characteristics for all mental health disorders. Researchers and clinicians are still trying to work out whether Asperger's Disorder is a form of high-functioning autism or a separate disorder with different etiology and potentially different treatment courses and outcomes. The current question is whether these subtypes of autism are truly unique syndromes or variations of one disorder.

While it is beyond the scope of this article to attempt to settle this dispute, there does seem to be a distinct clinical picture that best defines Asperger's Disorder. The most typical clinical picture is of a child who acquires language relatively early and who may actually be very advanced in language skills, with exceptional vocabulary and a tendency to talk at length about favored topics (fixations or preoccupations), but usually in a lecturing style. They may have either little interest in same aged peers or tend to try and boss others in efforts to play together. They rarely show interest in typical play activities. Motor skills are often less well developed and the children are often seen as clumsy. A need for order and routine is accompanied by other rigid qualities that can often lead to emotional dysregulation in situations in which expectations are not met or the child feels uncomfortable with unexpected changes. They often have sensory dysfunctions, including limited food repertoire, increased sensitivity to sounds, lights and touch and a decreased sensitivity to pain and temperature.

Communication may also be affected by marked pragmatic (social/interactive) speech problems due to their tendency to pay limited attention to the expectations and needs of the listener. Other common characteristics are poor insight into their disabilities (which can affect efforts to treat and assist the child); a tendency toward egocentricity and grandiosity; sensitivity to personal slights, but some lack of empathy for other's feelings; and emergence of emotional problems that include anxiety and mood disorders such as depression. Most individuals with Asperger's Disorder lack what is

called "theory of mind" or the ability to think about thinking. In other words, they are unable to "mind-read" or understand that others have different thoughts, feelings and experiences than their own. These children often have difficulty with higher-level thinking and executive functioning (organization, problem solving and hypothesis testing skills). A common feature of Asperger's Disorder is that the children can present as relatively normal, being seen as "little professors" or simply "marching to the beat of a different drummer." This presentation style of normal, but quirky is more likely seen in adult-to-child interactions than in peer-to-peer interactions. Here, children with Asperger's Disorder display more significant and obvious characteristics.

Intervention requires a multidisciplinary approach to address the broad range of social, communicative, cognitive, academic, and emotional difficulties. Those people working with the child need to have a complete understanding of the underlying characteristics of the disorder that lead to the functional and behavioral problems that are observed. Such insights can often lead to some very practical interventions easily implemented in schools and homes. The degree to which core problems of the disorder can be remediated is a direct consequence of this complete understanding of the individual child.

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