

DECONSTRUCTING ASPERGER SYNDROME

Deconstructing Asperger Syndrome:

A Meta-Synthesis

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### Abstract

This meta-analysis of the literature examines the unique attributes of Asperger's syndrome (AS), the uncertainty that has been created with the newly revised Diagnostic Statistical Manual (DSM-5), and what these changes mean. The purpose of this meta-analysis is to use the analysis as a platform to question and "deconstruct" the pre-conceived notions and beliefs about the disorder. Asperger's syndrome is conceptualized as a disability. This way of thinking can cause one to miss the hidden strengths or abilities that those with Asperger's syndrome possess. What is often considered a disability may in fact be viewed as ability.

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### **Introduction**

#### *1.1 Background*

Asperger's syndrome is a relatively new diagnosis in the field of autism. The research on the subject over the past two decades has had a significant impact on how we diagnose, view and accept the disorder. To many, Asperger syndrome is considered to be a form of "high functioning" autism. The syndrome was named after the Austrian pediatrician Hans Asperger, who in 1944, studied and described children in his practice who lacked nonverbal communication skills, demonstrated limited empathy with their peers and were physically clumsy (Asperger H; tr. and annot. Frith U, 1991). Asperger called the condition "autistic psychopathy" and described it as primarily marked by social isolation (National Institute of Neurological Disorders and Stroke, 2007). Since then several standardizations of Asperger's syndrome as a diagnosis have been proposed.

In 1981 Lorna Wing made the words Asperger syndrome to the forefront when she published a paper on a series of case studies about children with similar characteristics. In 1991, Uta Frith translated Asperger's study in

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to English. In 1992, Asperger syndrome was recognized as a standard diagnosis and was included in the 10<sup>th</sup> edition of the World Health Organization's diagnostic manual (ICD-10). It wasn't until 1994 that the diagnosis was added to the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). Numerous studies have been conducted on the topic. Most if not all, have not been successful in differentiating Asperger's syndrome from high functioning Autism. In 2013, the diagnosis of Asperger's syndrome was eliminated in the fifth edition (DSM-V) and replaced by a diagnosis of autism spectrum disorder.

The labels themselves are confusing and not very useful. Some studies have hinted that Asperger's syndrome could be viewed as a different cognitive style and not necessarily as a disorder. There are two emerging perspectives. On one side there are those who are at peace with the diagnosis, whether self-identified or not and there are parents of children with Asperger's syndrome who want help and a cure (Clarke, J. & van Amerom G., 2008). The idea that Asperger's syndrome may be a style rather than a disorder has conflicted with the idea that others have where they want it recognized and treated as a disability. The two views are inherently different, especially in how the term Asperger syndrome is conceptualized. However the term is

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viewed, there is some common ground and that is the continued need for support.

The research in this area has been popularized over the last two decades due to the prevalence of individuals being diagnosed with autism spectrum disorders. Research suggests that ASD has become the fastest growing disability in the United States, with current prevalence rates estimated as 1 in 88 (CDC, 2012) children with three to four times as many males are affected than females.

Individuals who are diagnosed with Asperger Syndrome experience difficulty in their ability to understand nonverbal communication or the pragmatics of language. A result of these difficulties is that these individuals may function at a high level cognitively, but it is not uncommon for them to experience significant delays in social skill development.

It is common for children diagnosed with Asperger Syndrome (AS) to be viewed as peculiar and even eccentric. Individuals with Asperger syndrome (AS) often experience difficulties in understanding human relationships and the rules of social conventions. They are often naïve in their interpretations and lack what we consider to be common sense. Another difficulty is their inability to cope with change and as a result, experience anxiety and often

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become targets of people who exploit these differences. At the same time, children with AS are often of average to above-average intelligence and have superior rote memories or memorization based on repetition (Williams, 2001). Their single-minded pursuit of their interests can lead to great achievements later in life. In fact, some researchers and people with Asperger's have advocated for a shift in attitudes toward the view that it is a difference, rather than a disease that must be treated and cured (Clarke J, van Amerom G, 2007).

How we conceptualize Asperger's syndrome is a key component in the debate over disability versus ability. There are numerous examples of people who have had Asperger's syndrome, Asperger himself, who went on to accomplish great things. Vernon L. Smith went on to win the Nobel Prize in Economic Sciences, world renowned author, Temple Grandin who herself suggested that Steve Jobs, the man behind Apple, Inc. had Asperger's syndrome and if Einstein himself were alive today, he would have been diagnosed. The point of all of this is that just because it is a label and viewed as a disability, it does not imply that it is necessarily a handicap, but quite conceivably, a gift.

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Asperger Syndrome (AS) is considered a form of high functioning autism or a degree of function much greater than that of true autism. Not all children with AS are alike. Each child has his or her own personality and the challenges are just as varied.

The research suggests that there are specific characteristics of Asperger Syndrome (AS), which may include but not limited to; resistance to change, social awkwardness, specific and very defined range of interests (SIA's), poor fine-motor coordination, and difficulties with academic areas. These are common threads that help to shed light on the difficulties that these individuals may face on a daily basis. Although they may appear to be disadvantaged, individuals with AS can often experience great success given the appropriate interventions. Understanding these challenges and making accommodations within the traditional framework allow for maximal performance. The bottom line is that although Asperger's syndrome is a disability, we shouldn't focus on what they cannot do, but rather, focus on their strengths and what they CAN do.

### *1.2. Author's beliefs and experiences*

Perceptions, preconceived notions, and beliefs about individuals with disabilities truly limit what these individuals can and will accomplish. Temple

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Grandin, who has been recognized as the most highly functioning person with autism today, wrote in her an article about labels that many kids today are becoming their label. The label in itself limits what these individuals should and could be focusing on and how these individuals are perceived. It is the basis for which the preamble to the The Americans with Disabilities Act of 1990 (ADA) was created. Its purpose is “to provide a clear and comprehensive mandate for the elimination of discrimination against individuals with disabilities.” ADA states that “...individuals with disabilities are a discrete and insular minority who have been faced with restrictions and limitations, subjected to a history of purposeful unequal treatment, and relegated to a position of powerlessness in our society, based on characteristics that are beyond the control of such individuals and resulting in stereotypic assumptions not truly indicative of the individual ability of such individuals to participate in, and contribute to, society.”

Much of the literature focuses on the disabilities and very little on the capabilities. There is little doubt that perceptions and bias against individuals with disabilities has profound impacts on how these individuals are treated, but more importantly, how these individuals may be expected to under-perform, especially when compared to those who do not have a

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disability. Expectations and performance are interrelated. As the author of this meta-analysis I couldn't agree more. I will attempt to share my experiences as an educator and as a coach as they pertain to this topic.

Like many educators and coaches, my journey has been interesting and full of many experiences along the way. I learned early on that I wanted to coach and that led to my pursuit of a teaching career. I was a track and field coach. I coached a sport, which is often considered to be a team sport, but in fact, it is a sport in which we coach individuals.

Early in my career I realized that each individual was unique and not all methods worked the same for each individual involved. In a sense, I discovered that each required an individualized approach much like an individual education plan used in schools today. I experienced great success in that methodology. From there I was convinced that I could take that same approach to the classroom. That proved to be true, despite the generalized curriculum that I faced. Each individual has a unique set of attributes, both strengths and weaknesses that require an appropriate, individualized approach to teaching. During my years of coaching and teaching I have experienced much success with this ideology.

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What has stood out most of all in my journey has been related to my coaching experiences, because it has been there, where due to the parameters of the sport, I have truly experienced the freedom to address the individual attributes of my athletes and thus realizing their inherent strengths and addressing their weaknesses in an attempt to foster their growth and success. Throughout my twenty-five year career in coaching I can recall numerous successful athletic achievements. With many of those accomplishments, common denominators or themes have exposed themselves.

Many of my past athletes had inherent attributes that made them very unique and exceptional. I'm not going to go as far as to suggest that they all had pervasive developmental disorders or that they probably could have found a home somewhere on the "high functioning" end of the autism spectrum, but they truly were exceptional. It would not surprise me if some did in fact have some sort of exceptional attribute similar to those who are on the spectrum. Perhaps because of this ability, they were able to take their strengths like being able to hyper-focus or finding comfort in a clearly defined system and combine this with their unique athletic attributes that ultimately led to huge successes, and in many cases, successes far beyond expectations.

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My journey to where I am at today has been a long one. I began my career as an educator in Fairbanks, Alaska in the fall of 1997. I was offered a job teaching for the North Star Borough School District as a sixth grade general education classroom teacher. I taught for 11 years there, before moving back to Anchorage to pursue other ventures. In 2008, I began working for Cook Inlet Tribal Council where I taught Alaska Native children Physical Education in a high school setting. Again, I worked with students who many thought were limited or in many cases, deemed incapable. This was not due to a disability per se, but more related to a cultural bias. Nevertheless, what I discovered was that these students who had been failing PE in the past, were now excelling because I focused on their “gifts” and strengths. I essentially threw the labels to the side and in doing so, I was able to focus their inherent strengths. It ultimately led to my students sharing their abilities with the general student population. Our lunch periods became demonstrations and celebrations of the students strengths. The focus was not on what they could not do, but rather on what they could. Many were skilled at Native games and shared their cultural pride and skills and brought this to the demonstrations and began teaching others how to do it as well.

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After two years, I was offered a special education position for the Anchorage School District, where I would be teaching in the Life Skills program at Bartlett High School. My position was contingent on the premise that I would enroll in the Gen Ed to Sped graduate certification program. I completed that program and now I am pursuing a Master's degree in the field of Special Education.

My journey took me to an entirely new area of focus. Four years ago, I reluctantly accepted a position teaching Cognitively Impaired individuals at the high school level. Honestly, I was scared that I wouldn't have the expertise or the ability to teach such a unique student population even though I have been working with diverse populations throughout my career. More so however, was my fear and the uncertainty of what would lie ahead. My administration somehow knew that I would enjoy the change in direction and thankfully, they were correct. I have thoroughly enjoyed it and it has taken me down a path I never thought I would ever explore.

My education didn't just take place in the classroom. I grew up in the outdoors. I followed my father in his construction business. He taught me how to hunt and fish. We lived in several small communities when I was

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young that allowed me to experience different cultures and various ways of life.

In 2003, I started a king salmon charter in the Copper River Valley and most recently in 2010, I started a training academy called the Alaska Running Academy with a client base of fifty local athletes and runners. There are several parallels between all that I do. The common ground is that I am teaching about the things I am passionate about, and I am teaching diverse populations.

I have always wanted to work with athletes who were driven, but more importantly, those who possessed the unique attributes that I call the “It”, that I have discovered in my athletes throughout my years of coaching. The factor I am referring to can be conceptualized as an inherent gift. It is an inherent attribute that cannot be coached. Internal drive for example or the desire to win is part of what I consider to be the “It” factor. When reviewing the literature many of these things that I view as the “It” factor are outlined in the positive attributes of people with Asperger syndrome (AS) or autism spectrum disorders (ASD).

Just as the individuals I teach now, they all possess these attributes that separate them from most. They are all exceptional learners, in a sense. I have

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suspected all along that there was something truly special about these individuals that allowed them to excel far beyond expectations. My own son, who has struggled throughout his school years with academics, social dynamics, fine motor control, anxiety and life in general has been a huge inspiration to me to find the hidden message in my journey. He has been fairly successful in high school, despite these challenges and his ability to adapt and because of this, we have been to a certain extent, negligent in how we have dealt with his challenges. Only now are we taking it seriously and the more that I read, the more I realize that he is another in a long list of exceptional learners that I have had the honor to know and work with.

He loves sports, but struggled in the team aspect. When we introduced him to running, he excelled and it was in large part, due to the way that he processed information or in how he accessed his executive functions. He is very linear in his thinking. Team dynamics are very variable and very dynamic by nature. Not only are you responsible for your own actions, but it is assumed that you know your role relative to the others on the team. I truly believe that his ability to process information in his way has attributed to his success in an individual sport. It is truly an ability, not a disability. Whether or not we find a clinical diagnosis, is not as important as how we address his

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challenges. He truly is unique and now that we recognize that he does things in his own way, we have a better chance of helping him become successful. Most significant of all, is how we focus on his abilities and not his inabilities.

I had an athlete in my academy I had been working with over the past three years who was making progress, but due to his unique “attributes”, he was struggling to make the progress that I thought he should. He had been working with other coaches in my academy, based on his area of interest and their expertise in the events. His lack of progress wasn’t because these coaches weren’t experienced, it was more about what I felt that these coaches didn’t recognize. He had some abilities athletically and he obviously stood out socially. He was awkward in his social interactions and was very committed to our routines. What became obvious to me was that he had some strengths that I felt weren’t being nurtured. What I noticed was that he was missing some of the concepts that were being introduced and primarily because these skills were being taught in a generalized format. This approach like the ones used in many classrooms, is effective to the general population, but not so much when working with students or athletes with disabilities.

I recognized that he was struggling to grasp the concepts in the format that was being provided. It was a generalized format that works very well for

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most, but he wasn't developing the skills at the same rate. He exhibited several attributes that separated him from his peers, especially socially. He assimilated fairly well, but many of the other athletes would ridicule him on occasion, not maliciously, but they recognized that he was "different" in the way he communicated, in the way that he interacted and in the way that he resisted changes in our routine.

My plan was very deliberate. I began a very specific training plan that involved very specific instructions, far beyond what the majority of my group would encounter. Basically what I did was address the assumption that everyone knew the outcome and how to apply the concepts that were being taught and apply those concepts to an actual race situation. This particular athlete clearly didn't make those connections. What I did was isolate and individualize his warm up routine and breakdown his primary event into its components. We essentially did "race simulation" exercises daily. That was the essence of our training. He knew what he had to do at every stage of the race. I also began correcting technical anomalies that needed addressing by introducing very short and direct cues to correct. What I began to see was astonishing. I wasn't surprised, but I was very impressed in his ability to adapt and to execute.

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After six weeks of the same routine, we had our first race. We rehearsed the race simulation exercises and discussed how that was all he needed to focus on. We reviewed the cue sequencing. When the gun went off, I along with many others in attendance witnessed something incredible. The athlete who was taken off of his 4X400m relay team the year before due to his lack of performance, not only executed the plan to perfection, he beat every athlete in the competition and looked strong in doing so. It was one of those moments in a career that becomes etched in memory forever. After that experience and due in large part to what I suspected all along, I carefully and respectfully drafted an email to the parents, being very careful not to elicit a negative response and to assure them that I would only share what they would allow and in confidentiality. I went on to share my experiences with the parents who I knew well and informed them that I was working on my master's degree in special education and that I was focusing on the topic of Asperger's syndrome. I also told them that I have enjoyed working with their son very much and that I have noticed some interesting things about the way that he communicated and interacted with the others and how he was very resistant to changes in our routine, etc. That led to the part of the discussion where I wondered if their son might have an IEP. They responded very positively and

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could tell based on my methods that I recognized his unique attributes. They went on to share that he was very adamant about appearing “normal” and they hadn’t shared this information, because they didn’t feel it was necessary. He in fact, was diagnosed with Asperger Syndrome (AS). I wanted to know for two reasons. One was purely for my own benefit to reinforce my methodology. More importantly, I wanted to find some truth in what I thought all along and that was that there is something truly unique about individuals who do things in atypical or different ways and can excel in the parameters of an individualized environment, such as track and field. His disability or difference was truly an advantage.

This experience and many others that I have had throughout my career have guided me to formulate the following questions:

1. What is Asperger’s?
2. Does a diagnosed label have a positive or negative effect on the person?
3. What is the purpose of having a diagnostic label?

Accepting and understanding along with patience and a passion are essential components of an effective plan for improved performance. Tapping true potential is realized when we fully understand the unique attributes of

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the individuals we work with. Not only is it important to understand and recognize these attributes, but a high level of trust must be developed. That trust can only exist when the person feels that their best interests are at the core of the process. Confidence will follow. Results are a culmination of all of these components put together in a systematic and deliberate fashion. When it all comes together the “gift” can truly be realized in its fullest potential.

### 1.3 *Purpose of this meta-synthesis*

This meta-synthesis with a focus on Asperger Syndrome (AS) had several purposes. One was to locate articles that outlined the unique attributes of Asperger Syndrome. Secondly, was to identify articles that shed light on the importance of the label and what that means. Third, was to identify articles and research about the abilities (rather than the disabilities) of individuals with Asperger syndrome. A fourth purpose of this study was to classify each article by publication type, research design, data sources, participants and eventually, to summarize the findings. My overall purpose of this meta-synthesis was to identify the common denominators of the studies and connect these components and ultimately connect these research findings to my own experiences as an educator and teacher who has worked with numerous exceptional learners.

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### 2. Methods

#### 2.1. Selection criteria

The 36 journal articles included in this meta-analysis met the following selection criteria:

1. The articles focused on the attributes associated with Asperger's syndrome.
2. The articles explored the diagnostic evaluation process.
3. The articles explored issues related to effective teaching strategies for those diagnosed with Autism Spectrum Disorders (ASD).
4. The journal articles were published in peer-reviewed journals.
5. The articles were published between 2001 and 2015.

#### 2.2. Search Procedures

I conducted systematic searches of four databases that categorize articles related to defining and interpretations of Asperger Syndrome and Autism Spectrum Disorders. The four databases included: (a) Education Resources Information Center (ERIC, EBSCOhost); (b) Health Source: Nurse/Academic Edition (EBSCOhost); (c) General Science Full Text (EBSCOhost); (d) Education Full Text (EBSCOhost); (e) Educational Journals (ProQuest). I used the

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following search term combinations to conduct specific searches of each database:

1. (“Asperger Syndrome” AND “definition”).
2. (“Asperger Syndrome” AND “perceptions”).
3. (“Asperger Syndrome”)
4. (“Asperger Syndrome” AND “abilities”).
5. (“perceptions of students with Autism Spectrum Disorders”).
6. (“Asperger Syndrome” AND “labels”).
7. (“expectations of a disabled population”).
8. (“Disability labels”).

The various database searches captured a total of 36 articles that met my selection criteria (Amend, Schuler, Beaver-Gavin & Beights, 2009; Angermeyer & Matschinger, 2003 ; Baron-Cohen, 2002; Bennett & Heaton, 2012; Broomhead, K., 2013; Butler & Gillis, 2010; Carpenter, Soorya & Halpern, 2009; Cashin, 2006; Corrigan, 2003; Freeman, Cronin & Candela, 2002; Frith, 2004; Ghaziuddin, 2010; Grandin, 2014; Hart & Whalon, 2012; Holms-Denoma, 2008; Kaweski, 2011; Kite, Gullifer & Tyson, 2012; Kulage, Smaldone & Cohn, 2014; Laursen & Yazdgerdi, 2012; Little, 2003; MacLeod,

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Lewis & Robertson, 2013; Mayton, 2005; Moore, 2008; Myles, Lee, Smtih, Tien, Chou, Swanson & Hudson, 2007; Remy & Seaman, 2014; Robison, 2012; Ryan, Hughes, Katsiyannis, McDaniel & Sprinkle, 2011; Sanders, 2009; Tsai, 2013; Tsai & Ghaziuddin, 2014; Watson, 2008; Whelan, 2009; Wing, 2005; Woodcock & Vialle, 2011; Young & Rodi, 2014).

### 2.3. *Coding Procedures*

I developed a coding procedure that categorized the information in the 36 articles. The coding procedure was based on: (a) publication type; (b) research design; (c) participants; (d) data sources; and (e) findings of the articles.

#### 2.3.1 *Publication Type*

I classified each article based on publication type (e.g., research based studies, descriptive articles, opinion pieces, and reviews of the literature). *Research based studies* are derived from systematic methods that gather and analyze qualitative and quantitative data. *Descriptive articles* are descriptions, summaries or observations that lack the systematic approach of research based studies. *Opinion pieces* are articles that primarily reflect the

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author's point of view or opinion about a topic. *Reviews of the literature* are critical and in-depth evaluations of prior research. A review of the literature is a summary and synopsis of a particular area of research.

### 2.3.2. *Research Design*

I categorized or classified each article by research design (e.g., qualitative, quantitative or a combination of the two, often referred to as mixed methods). *Qualitative research* is designed to reveal a target audience's range of behavior and the perceptions that drive it. The results of qualitative research are descriptive rather than predictive. *Quantitative research* is a systematic investigation of observable phenomena through statistical, mathematical or computational techniques. *Mixed methods* is a specific type of research that includes the mixing of qualitative and quantitative data in a research study.

### 2.3.4. *Participants, data sources and findings*

I identified the participants in each of the articles (e.g., K-12 students with Asperger Syndrome, adults with Asperger Syndrome and young children with Asperger Syndrome, para-professionals who worked with Asperger children, pre-service providers, etc). I also identified the data sources that

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were included with each research article (e.g., observations, interviews, opinion pieces, and standardized tests). I then compiled the research and summarized the findings of each study (Table 2).

I employed a modified version of the Stevick-Colaizzi-Keen method previously used by Duke and Ward (2009) to analyze and categorize the 37 articles obtained in this meta-synthesis. First, I identified significant statements within the framework of each article. For the purpose of this meta-analysis, I identified significant statements that addressed issues related to: (a) defining high- functioning Autism or Asperger Syndrome; (b) information processing related to Asperger Syndrome; (c) Perceptions and expectations related to Asperger Syndrome; (d) patterns of behavior as they relate to Asperger Syndrome; (e) Asperger Syndrome as an ability. Once significant statements were identified, I began to systematically list the non-repetitive statements with carefully formulated meanings. The meanings represented my interpretations of each significant statement. Lastly, I grouped the formulated meanings of the articles into associated clusters or emergent themes. These themes represented the crux of the entire compilation of literature (Table 3).

### **3. Results**

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### 3.1. *Publication type*

I identified 36 articles that met my selection criteria. The publication type of each piece is identified in Table 1. Sixteen of the 36 articles (44%) included in this meta-synthesis were research studies (Angermeyer, & Matschinger, 2003; Bennett & Heaton, 2012; Broomhead, 2013; Butler & Gillis, 2010; Calzada, Pistrang & Mandy, 2012; Holms-Denoma, 2008; Kite, Gullifer & Tyson, 2012; Kulage, Smaldone & Cohn, 2014; Little, 2003; Mayton, 2005; Myles, Lee, Smtih, Tien, Chou, Swanson & Hudson, 2007; Tsai, 2013; Tsai & Ghaziuddin, 2004; Watson, 2008; Woodcock & Vialle, 2011; Young & Rodi, 2011.) Five of the pieces (14%) were classified as guides (Hart & Whalon, 2012; Kaweski, 2011; Laursen & Yazdgerdi, 2012; Remy & Seaman, 2014; Ryan, Hughes, Katsiyannis, McDaniel & Sprinkle, 2011). Ten articles (28%) were opinion pieces (Baron-Cohen, 2002; Cashin, 2006; Corrigan, 2003; Frith, 2004; Ghaziuddin, 2010; Grandin, 2014; Little, 2003; Moore, 2008; Robison, 2012; Whelan, 2009; Wing, 2005.) Five of the articles (14%) were descriptive articles ( Amend, Schuler, Beaver-Gavin & Beights, 2009; Carpenter, Soorya & Halpern, 2009; Freeman, Cronin & Candela, 2002; Sanders, 2009; MacLeod, Lewis & Robertson, 2013).

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**Table 1**

<b>Author(s) &amp; Year of Publication</b>	<b>Publication Type</b>
Amend, Schuler, Beaver-Gavin & Beights, 2009	Descriptive
Angermeyer & Matschinger, 2003	Study
Baron-Cohen, 2002	Opinion
Bennett & Heaton, 2012	Study
Broomhead, 2013	Study
Butler & Gillis, 2010	Study
Calzada, Pistrang & Mandy, 2012	Study
Carpenter, Soorya & Halpern, 2009	Descriptive
Cashin, 2006	Opinion
Corrigan, 2003	Opinion
Freeman, Cronin & Candela, 2002	Descriptive
Frith, 2004	Opinion
Ghaziuddin, 2010	Opinion
Grandin, 2014	Opinion
Hart & Whalon, 2012	Guide
Holms-Denoma, 2008	Study

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Kaweski, 2011	Guide
Kite, Gullifer & Tyson, 2012	Study
Kulage, Smaldone & Cohn, 2014	Study
Laursen & Yazdgerdi, 2012	Guide
Little, 2003	Study
MacLeod, Lewis & Robertson, 2013	Descriptive
Mayton, 2005	Study
Moore, 2008	Opinion
Myles, Lee, Smtih, Tien, Chou, Swanson & Hudson, 2007	Study
Remy & Seaman, 2014	Guide
Robison, 2012	Opinion
Ryan, Hughes, Kastsiyannis, McDaniel & Sprinkle, 2011	Guide
Sanders, 2009	Descriptive
Tsai, 2013	Study
Tsai & Ghaziuddin, 2014	Study
Watson, 2008	Study
Whelan, 2009	Opinion
Wing, 2005	Opinion

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Woodcock & Vialle, 2011	Study
Young & Rodi, 2014	Guide

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### *3.2. Research design, participants, data sources, and findings*

I identified 16 research studies that met my selection criteria (Angermeyer & Matschinger, 2003; Bennett & Heaton, 2012; Broomhead, 2013; Butler & Gillis, 2010, Calzada, Pistrang & Mandy, 2012; Holms-Denoma, 2008; Kite, Gullifer & Tyson, 2012; Kulage, Smaldone & Cohn, 2014; Little, 2003; Mayton, 2005; Myles, Lee, Smtih, Tien, Chou, Swanson & Hudson, 2007; Tsai, 2013; Tsai & Ghaziuddin, 2014; Watson, 2008; Woodcock & Vialle, 2011; Young & Rodi, 2014). The research design, participants, data sources and findings of the studies are located in Table 2.

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Table 2

Author	Research Design	Participants	Data Sources	Findings
Angmeyer & Matschinger, 2003	Qualitative	5025 German Nationals who were at least 18 yrs old and living in private households	Interviews consisting of vignettes containing a diagnostically unlabeled psychiatric case history.	Labeling as mental illness has an impact on public attitudes towards people with schizophrenia, with negative effects clearly outweighing positive effects. Buying in to the stereotype of dangerousness has a strong negative correlation and an increased preference for social distance.
Bennett & Heaton, 2012	Qualitative	125 caregivers of individuals with Asperger Syndrome in the UK	Screening questionnaire designed to identify cognitive and behavioral characteristics associated with savant-like skills in children with autism spectrum disorders.	The findings of the study revealed that special skills do exist in some individuals with ASD and these skills are linked to superior working memory and highly focused attention qualifying this further by stating as long as these attributes are not associated with increased obsessionality. Obsessionality is differentiated from being absorbed in areas of interest.

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Broomhead, 2013	Qualitative	15 educational professionals and 22 parents of children with various special educational needs	Semi-structured interviews of the 15 educational practitioners and 22 parents of school-aged children with special needs. Parents were grouped based on children's disabilities. With BESD such as ADHD, ODD and Asperger Syndrome, and non-BESD, and classic ASD.	The findings showed that the experiences of blame and guilt in the parents were influenced by the nature of the children's special education needs and that the parental focus on obtaining labels of special education needs for their children were ultimately influenced by this need.
Butler & Gillis, 2010	Mixed	195 undergraduate students participated in this study.	Demographic Questionnaire	The label of "Asperger's Disorder" did not significantly impact stigmatization. However, the behaviors commonly associated with autistic disorder were found to have a statistically significant impact on stigmatization scores. Therefore, under the new diagnostic label of autism spectrum disorder with autism being in the label, stigmatization is possible to anyone under this new label.

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Calzada, Pistrang & Mandy, 2012	Mixed	10 families	Semi-Structured Interviews	Overall, majority of the parents feel that it is essential to the effectiveness of any label in communicating their child's difficulties and needs, and their sense that a label containing the term "autism" was clearer to others and it may be that parents will welcome the proposed change to a label of autism spectrum disorders in DSM-V. Many of the parents were concerned that under the new label their children who expressed mild difficulties were not being distinguished from those who experienced more severe disorders.
Holms-Denoma, 2008	Quantitative	53 out-patients at a community-based clinic	Within-subjects design study where client's mood and attitudes towards therapy were evaluated during the interview and diagnostic feedback process.	Results of the study revealed that patients reported no change in negative emotions such as shame and fear but an increased level of positive emotions such as hope and validation when diagnostic feedback was provided.

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Kite, Gullifer & Tyson, 2012	Quantitative	547 health and education professionals	Questionnaire	Analysis of responses confirmed an increase stigma is associated with the label of autism, with autism considered to be more severe than the condition of Asperger's disorder. Approximately 50% of the participants reported being opposed to proposed diagnostic changes and approximately 22% supported the proposed changes and 28% expressed uncertainty.
Kulage, Smaldone & Cohn, 2014	Mixed	418 studies identified and eventually 14 met the selected criteria	Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA)	More than half of the studies included in this systematic review and meta-analysis demonstrated ASD reduction rates between 25-68% when applying DSM-5 criteria. This is significant because it could ultimately effect those who qualified under DSM-IV previously and preclude them from any future access to public health support services.

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Little, 2003	Mixed	404 mothers	Anonymous survey on availability and the importance of various resources for their children with Asperger syndrome	Results revealed that nearly 30% of the mothers indicated that pragmatics training, social skills training, smaller class sizes and/or a trained aide in the classroom were not made available to their child. Mothers who utilized the resources perceived them to be very useful. Many were not using any of the resources made available. Overall, the majority of the mothers perceived the education of the teachers and their own education as central priorities to the success of their children.
Mayton, 2005	Qualitative	1 subject-a 10 yr old Caucasian female with Asperger Syndrome	Case Method with interviews, observations, data collection that included IEP and work samples	Direct and indirect data was collected and examined regarding themes that centered around quality of life. Positive results included participant satisfaction with physical safety, overall teacher acceptance and access to necessary materials. Additional findings of the study indicated that there was a need for a

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				more comprehensive IEP and a more rigorous implementation of the plan.
Myles, Lee, Smith, Tien, Chou, Swanson & Hudson, 2007	Quantitative	156 individuals with Asperger Syndrome ages 12-18	A series of Profile assessments and questionnaires aiming to describe further the characteristics of Asperger Syndrome in the participants	The results of the study revealed that although many subjects had average to above average IQ scores, they exhibited marked adaptive behavioral challenges. Essentially this gap reveals the challenges in differentiating on the spectrum and the concerns associated with a diagnosis of ASD. This is inline with much of the research on the topic.
Tsai, 2013	Quantitative	128 publications and 7,086 individuals included in the publications	A systematic review of the literature	The results of this study revealed that there are distinct differences between Asperger Disorder and Autism Disorder. The primary differences lie within the high functioning end of the spectrum. The interesting aspect of the study and the implications of the study eluded to the fact that a new and improved diagnostic system would include subtypes within Autism Spectrum Disorders in order to secure health related

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				services for those who might otherwise be excluded under the DSM-V model.
Tsai & Ghaziuddin, 2014	Mixed	125 studies	Literature search and comprehensive review of the literature to illustrate why Asperger Disorder (AsD) should not be merged into a single diagnostic category of autism spectrum disorders (ASD).	Of the 125 studies, 95 found quantitative and qualitative differences between AsD and AD. 37 studies compared pervasive developmental disorders (PDD/NOS) to AD. 28 or (76%) reported quantitative and qualitative differences. These findings do not support the idea of combining AD, AsD and PDD/NOS as a single category of ASD.
Watson, 2008	Qualitative	6 parents of children diagnosed with identified genetic conditions, 3 parents of children diagnosed with autism spectrum disorders and 5 parents of children with unidentified developmental disorders	Interpretive study addressing the reasons why parents may seek a differential diagnosis for their child who has a developmental disability.	The results of the study revealed that parents seek a differential diagnosis for several reasons. One was the need to “know” so that they could reduce the amount of guilt. Another was to understand the appropriate intervention strategies and finally, in order to access funding and/or services.

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Woodcock & Vialle, 2011	Quantitative	444 pre-service elementary school teachers	Surveys using vignettes and Likert-scale questions to gather information about pre-service teachers' responses to students with and without learning disorders (LD)	In summary, the data indicated that the attributional message to students with LD is that they have less ability than their peers without LD and should have lower expectations.
Young & Rodi, 2014	Quantitative	233 participants who had been referred to a practice in Australia that provides diagnostic services by highly trained professionals with specialized training in PDD assessments	Pervasive Developmental Disorder assessments	The results revealed that of the 210 participants who met DSM-IV TR criteria for a PDD, only 57.1% met the newly revised DSM-V criteria for autism spectrum disorder (ASD). Individuals who exhibited "high-functioning" such as Aspergers and PDD/NOS were less likely to meet DSM-V criteria. The implications of the study could indicate a need to scrutinize the newly adopted revisions due to the exclusion of previously identified individuals under DSM-IV and the need for

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				continued support and access to services.
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### *3.2.1. Research design*

Five of the 16 studies (31%) included in the meta-synthesis employed a qualitative research design (Angmeyer & Matschinger, 2003; Bennett & Heaton, 2012; Broomhead, 2013; Mayton, 2005; Watson, 2008). Six of the studies (38%) used a quantitative research design (Holms-Denoma, 2008; Kite, Gullifer & Tyson, 2012; Myles, Lee, Smith, Tien, Chou, Swanson & Hudson, 2007; Tsai, 2013; Woodcock & Vialle, 2011; Young & Rodi, 2014). Five of the studies (31%) used a mixed-method research design collecting and analyzing a combination of both quantitative (ie., Statistical) and qualitative (ie., non-numerical) data (Butler & Gillis, 2010; Calzada, Pistrang & Mandy, 2012; Kulage, Smaldone & Cohn, 2014; Little, 2003; Tsai & Ghaziuddin, 2014).

### *3.2.2. Participants and data sources*

The 16 studies included in this meta-synthesis analyzed data collected from caregivers/families of children with Asperger Syndrome, K-12 pre-service teachers, K-12 children with Asperger's Syndrome, health and education professionals and publications on Asperger Syndrome and High Functioning Autism. Five of the studies (31%) analyzed data collected from caregivers and families (Angmeyer & Matschinger, 2003; Bennett & Heaton, 2012; Calzada, Pistrang & Mandy; Little, 2003; Watson, 2008). Two of the

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studies (13%) analyzed data collected from K-12 pre-service teachers (Butler & Gillis, 2010, Woodcock & Vialle, 2011). Two studies (13%) analyzed data collected from K-12 children with Asperger's Syndrome (Mayton, 2005; Myles, Lee, Smtih, Tien, Chou, Swanson & Hudson, 2007). Three of the studies (19%) analyzed data collected from health and education professionals (Broomhead, 2013; Holms-Denoma, 2008; Kite, Gullifer & Tyson, 2012; Young & Rodi, 2014). Three of the studies (19%) analyzed data collected from publications on the topic of AS (Kulage, Smaldone & Cohn, 2014, Tsai, 2013, Tsai & Ghaziuddin, 2014).

Most of the studies reviewed for this meta-synthesis utilized questionnaires or interviews to collect data from participants. Five of the 16 studies (31%) used questionnaires to collect data (Bennett & Heaton, 2012, Butler & Gillis, 2010; Kite, Gullifer & Tyson, 2012; Myles, Lee, Smtih, Tien, Chou, Swanson & Hudson, 2007; Watson, 2008). Five of the studies (31%) analyzed data collected through interviews (Angmeyer & Matschinger, 2003; Broomhead, 2013; Calzada, Pistrang & Mandy, 2012; Holms-Denoma, 2008; Mayton, 2005). In addition to questionnaires and interviews, other sources of data were used in the other studies. These additional studies used surveys, standardized diagnostic instruments, neuropsychological, communication,

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and adaptive functioning assessments, Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA), a checklist for Autism in Young Children, and reviews of literature.

### *3.2.3. Findings of the studies*

The findings of the 16 studies included in this meta-synthesis can be summarized as follows:

1. The label of “autism” can have stigmatizing effects.
2. The newly revised DSM-V diagnostic assessment of ASD does not differentiate for level of function on the spectrum.
3. A label is important to secure funding and support.
4. The research on the topic does very little to reveal the abilities of those who are diagnosed with Autism Spectrum Abilities.

### *3.3. Emergent Themes*

Four themes emerged from my analysis of the 36 articles included in this meta-synthesis. They are: (a) qualities and characteristics of individuals with Asperger Syndrome; (b) diagnostic challenges (c) Asperger’s syndrome as an ability or a difference; (d) suggestions for teachers and professionals working with children with Asperger syndrome. These four theme clusters and their associated formulated meanings are described in Table 3.

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**Table 3**

<b>Theme Clusters</b>	<b>Formulated Meanings</b>
<b>Qualities and Characteristics of Individuals with Asperger Syndrome</b>	<ul style="list-style-type: none"> <li>● A person with Asperger's syndrome (AS), which is an autism spectrum disorder (ASD), can expect to experience significant difficulties in social interaction and nonverbal communication, along with restricted and repetitive patterns of behavior and interests.</li> <li>● AS is considered to be a pervasive developmental disorder (PDD).</li> <li>● A child with Asperger's syndrome may develop rituals that he or she refuses to alter; such as getting dressed in a specific order.</li> <li>● People with Asperger's syndrome may not make eye contact when speaking with someone. They may have trouble using facial expressions and gestures, and understanding body language.</li> <li>● A child with Asperger's syndrome may develop intense, almost obsessive interest in a few areas (SIA's), such as sports schedules, weather and maps.</li> <li>● The movements of children with AS may seem clumsy or awkward.</li> <li>● Many children with AS are exceptionally talented or skilled in a particular area, such as music or math.</li> <li>● Children with AS often exhibit excellent auditory and visual perception.</li> <li>● Children with AS generally have normal intelligence and near normal language development.</li> <li>● AS is no longer a separate diagnosis, it is incorporated into the general diagnostic category of autism spectrum disability (ASD) under the DSM-V.</li> </ul>

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<p><b>Diagnostic Challenges</b></p>	<ul style="list-style-type: none"> <li>● There is considerable dialogue on the impact of the Diagnostic and Statistical Manual of mental disorders (DSM-5) labeling, more specifically, the elimination of the diagnosis of Asperger's syndrome and its replacement of a diagnosis of autism spectrum disorder (ASD) and its potential impact on access to financial and health related services.</li> <li>● The diagnostic criteria for the differentiation between Asperger's syndrome and other "high functioning" forms of autism is very unclear.</li> <li>● The former version (DSM-IV) included three key areas; social skills, communication and restricted and repetitive behaviors (RRB's). The newly revised edition reduced the three key areas to two; social skills and communication as one and RRB's in another.</li> <li>● Appears that Asperger's syndrome and autism are different quantitative manifestations of the same disorder.</li> <li>● The new diagnosis does not reflect level of functioning.</li> <li>● The diagnosis of autism spectrum disorder (ASD) is a double-edged sword. On one hand, the term "autism" is necessary in order to access health related services and on the other, it is a potentially stigmatizing label.</li> <li>● Some who are high functioning may no longer meet the more strict diagnostic criteria of DSM-V.</li> <li>● Many clinicians welcome the changes from DSM-IV to DSM-V due to the latter's criteria being too broad would sometimes include those who did not truly have autism.</li> </ul>
<p><b>Asperger's Syndrome as an Ability or a Difference</b></p>	<ul style="list-style-type: none"> <li>● Asperger's syndrome (AS) is considered by some to be a difference and in doing so it is more neutral, judgement-free, and a fair description and that the term disability better applies to the lower functioning cases of autism.</li> </ul>

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	<ul style="list-style-type: none"> <li>● Those with Asperger's syndrome have the ability to hyper focus, which allows them to see many details that may often be overlooked by others.</li> <li>● Many with AS are considered to be gifted in math, reading or art, for example.</li> <li>● Those with Asperger's are high functioning in the sense that they are better able to maintain social relationships than those with autism.</li> <li>● People with Asperger's are excited about the world around them with a compelling drive to learn.</li> <li>● Those with AS tend to have extraordinary memory.</li> <li>● Many with AS have knowledge of routines and a focused desire to maintain order and accuracy.</li> <li>● Many have strength in individual sports and games, particularly those involving endurance or visual accuracy.</li> <li>● Many possess intrinsic motivation and do not need extrinsic motivators to complete tasks.</li> <li>● People with AS are generally conscientious, reliable and honest.</li> <li>● Many great contributions have been made by people diagnosed with AS, such as renowned author, Temple Grandin, Bill Gates, a key player in the personal computer revolution, and singer songwriter James Taylor to name a few.</li> <li>● These individuals possess the potential to become highly productive, contributing members of society.</li> </ul>
<p><b>Suggestions for Teachers</b></p>	<ul style="list-style-type: none"> <li>● Focus on strengths, rather than labels.</li> <li>● Include the AS student with neurotypical peers or with peers with similar superior abilities.</li> <li>● Find opportunities that focus on the child's way of thinking. Temple Grandin mentions that word-fact thinkers may do well with writing assignments. The picture thinker may do well in art and the pattern thinker who is good in math may be a tutor or the pattern thinker who is gifted in music may be well served in band or choir.</li> <li>● Promote the perception of the whole person.</li> </ul>

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	<ul style="list-style-type: none"><li>● Recognize student learning traits (SLT's) to better understand the student and to help guide instruction.</li><li>● Provide structure.</li><li>● Tell students exactly what you want, and say exactly what you mean.</li><li>● Be consistent and predictable.</li><li>● Be flexible in conversational responses.</li><li>● Expect good manners.</li><li>● Pay attention to sensory issues.</li><li>● Be sensitive to the child's state of mind, even if he or she seems oblivious to ours.</li><li>● Use specific interest areas to guide instruction across the curriculum.</li><li>● Use social stories in real-life scenarios to model social skill development.</li><li>● Employ evidence-based interventions.</li><li>● Design support strategies that promote independence.</li></ul>
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### 4. Discussion

In this section, I summarized the primary themes that emerged from the analysis of the 36 articles in this meta-synthesis. I will be including these themes in my discussion of my own teaching practices.

#### *4.1. Qualities and characteristics of individuals with Asperger Syndrome*

As the research suggests, individuals diagnosed with Asperger syndrome face many challenges in the classroom and in life in general. Diagnostically, they are not much different from their neurotypical peers. Many of the differences lie in the social domain. The difficulties here come from the challenges of making friends, interacting with others socially and reading the accompanying social cues that they are confronted with on a daily basis. The nuances of the social game we play everyday is a huge challenge for the AS individual.

Although there are challenges, the many attributes and strengths that individuals with Asperger syndrome possess can have very positive and profound impacts. The research reveals that many of these individuals possess exceptional talents and skills in specific areas, especially areas of interest. Most individuals with AS have excellent auditory and visual perception. As mentioned previously, many have normal to high intelligence

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and near normal language development. It is the differences, but more importantly, the strengths that makes a person diagnosed with Asperger syndrome truly exceptional.

There is a significant amount of research on autism spectrum disabilities. Most of which focuses on the deficit model, essentially, the disconnect between the label and what is most important, their inherent abilities. What we do know is that there are imbedded social challenges. There are methodologies for addressing these issues, which I will discuss in the next paragraph. Aside from these challenges, it is far more effective to focus on the strengths, which could ultimately lead to great success later in life.

The research suggests teaching social skills to help those with AS to become more adept socially. One method is that of teaching with social stories. It is not the social stories themselves, but the context in which they are taught. Researchers on the subject suggest teaching social skills as they pertain to real-life situations and in the context of their daily lives. I recently started a new curriculum that was adopted by our district for my students is called, "Skill Streaming". It is not a new curriculum per se, but new to us. It is essentially a program that teaches social skills through modeling. We know

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now through extensive research that one of the effective social skill intervention practices involves the inclusion of social stories into a program.

Although there is a significant amount of dialogue and research on the social domain as it pertains to AS, there are far more positives associated with focusing on the strengths. That is, the social challenges could be construed as differences rather than disabilities. Therefore, by focusing on the strengths, such as the ability for those with AS to hyperfocus on an area of interest there is a far better chance that the individual will develop a skill set that will be valued and sought after. Take for example, the many who are employed in Silicon Valley. For many, they are great at what they do and contribute daily to our world of technology. They may be socially “awkward”, but they are happy and are successful. For many, they would much rather be known for what they can do, then for their differences.

### *4.2. Diagnostic challenges*

Throughout the review of the literature one common thread kept popping up. Is there a need to differentiate on the autism spectrum? If so, why is this important? The review clearly outlines the diagnostic (or un-diagnostic) history of when Asperger syndrome became recognized on the continuum. Clearly Wing (1981) was the first to take what Hans Asperger said all along

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and that was essentially, that Asperger syndrome was a true disorder and belonged on the autism continuum. The DSM-III-R adopted Wing's view but failed to provide any definition and diagnostic criteria for it. Due to its subjective nature, it was a qualitative measure. The DSM-IV-TR is just as troubling when it comes to a diagnosis of Asperger syndrome. There was a study and its findings suggested that the DSM-IV-TR criteria are not applied by clinicians to diagnose Asperger's disorder, because most children with the diagnoses of Asperger syndrome actually met DSM-IV-TR criteria for autism, which precludes a diagnosis of Asperger's disorder (Tryon, Mayes, Rhodes, Waldo, 2006).

With the interest about spectrum disorders and the sensitive issues surrounding labels on the rise over the past ten years and with the newly adopted DSM-V, it is no surprise that we are in a quandary. On one hand, we need to secure a diagnostic label to qualify for and receive services. On the other, some don't want the label as it may invoke prejudicial views. As of 2013, DSM-V combined or absorbed Asperger syndrome and high functioning autism and now reads, "Autism Spectrum Disorders). This in itself reveals the challenges that clinicians are faced with today. This is important to note, because those who may have been identified in the DSM-IV may not be so on

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the newly revised DSM-V. This has potentially far reaching implications. The research indicates that there are two clearly defined views on the subject. One has to do with the label of “autism” and its potentially harmful stigma and many more who are far more concerned with a label that ensures insurance companies will recognize it and all support services will remain in tact.

There is no doubt that there is a spectrum and the spectrum is diverse, and because of this there is a significant amount of ambiguity on the spectrum. When discussing the labels of “high functioning” and “low functioning” there is very little that this clarifies for clinicians, educators and parents. A generalized category or label provides the assumption that everyone is the same and that you are the label. Temple Grandin mentioned in one of her articles that we should, “bust out of the label silos”. She goes on to say, “One of the big problems with an autism (ASD) diagnosis is that it has now been changed to a broad spectrum with a wide-ranging degree of abilities. An autism diagnosis is not precise like a diagnosis for tuberculosis, which can be revealed through a lab test”. The challenge is always going to be to find a tool to differentiate.

### *4.3. Asperger syndrome as ability.*

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Clearly Asperger's syndrome by definition is characterized by significant difficulties in social interaction and nonverbal communication, along with restricted and repetitive behaviors. While this is true and essential in identifying a need it is far more important to focus on what these individuals can do rather than what they cannot. It is also important to note that every person with Asperger's syndrome is not like the other. Just like anyone else, we all bring different strengths to the table.

By focusing on the strengths of people with Asperger's syndrome we are essentially setting them up to succeed. Temple Grandin in her book, *The Autistic Brain*, talks about moving beyond the labels. More importantly, she discusses the analogy of talent or gifts and focusing on these attributes to ensure success. She discusses how through her life experiences she has discovered that if you combine your talent with lots of time working on it that you will be successful. Her model is contrary to conventional thinking where if you just put in the time, you will master a skill. Her model looks like this: "Talent+10,000 hours of work=success" or to put it another way, "Nature+nurture=success". In regards to the model that implies if you just put in the time you will become a master, Grandin says, "this interpretation does an injustice to the naturally gifted. But it also does a tremendous disservice to

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the naturally *ungifted*. It raises hopes to an unrealistic level. All the hard work in the world won't overcome a brain-based deficit (like a cerebellum that's 20 percent smaller than normal)."Pg174

A handful of my students and my athletes over the years have exhibited unique traits, which I considered to be ability or a true gift. I have many examples of why I think this is true. One particular student that comes to mind was also one of my athletes who I mentioned early on in this paper. There was some something truly unique about the way that he approached practices, interacted with training partners and in the way he would execute. After two years and several observations it became clear to me that he may need a plan for success. Soon after, I began changing the way that I was coaching him. I began to really focus on established warm-up routine that regardless of what was happening would remain the same. The research suggests that structure and consistency in routine is a model for success when working with people who are diagnosed with AS. I then began breaking down his main event into its essential components, which we did on a daily basis. Forget what the books tell us about progression theory and periodization in training where there is continual change and modification on a progression, which is the basis of physiological training. I was going to focus on keeping it

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simple and concrete with the same goal in mind. I also began to employ a simple cue response system to correct or remind the student about a technical correction or a race-specific response I was looking for. What I discovered was that what I was doing was becoming a huge success. Routine, specific skill rehearsal and simple cue analysis was the key to success. I focused on a strength. The research suggested this methodology and it works. What I have done all along with my “exceptional” athletes was supported by the research.

When I reflect on what I have learned through all of this, I realize that it is just best practice. Meaning that we need to continue to strive to find the unique attributes or strengths of our children and do what’s best for each and every one of them. Keeping in mind that what works for one may not work for another. By exploiting these “gifts” we will be increasing the probability that they will be successful. We as educators, regardless of a diagnosis, need to truly know our students and dare I say, use common sense in our teaching practice. We don’t need to get fancy. We don’t need the latest and greatest. We just need to do what’s best for our kids. By getting to know our students, by learning what their strengths are, by gaining their trust, we are essentially getting ready to prepare the best lesson plan of all.

*4.4. Suggestions for teachers of students with Asperger syndrome.*

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There is a plethora of research dedicated to the topic of working with and teaching students with Asperger's syndrome (AS) or autism spectrum disorder (ASD). Unlike much of the research on ASD, much of the research and discussions on the topic of teaching focuses on what the students can do rather than on what they cannot. One of the interesting topics of discussion on educating children with ASD has been the topic surrounding the types of classrooms they are being taught in. The research suggests that many AS children possess the intellectual potential similar to that of their neurotypical peers and that it may be problematic to place students with AS in classrooms that intensify autistic symptoms. Some of what I read also suggests that it is just as important that the teachers and typical peers who are in classes with students with AS are being encouraged to see the students as individuals rather than the label itself. Along with research-based warnings about the potential for stigmatization and the effects of labeling is the importance of assuming competence. The students must be viewed with potential.

One of the prevalent themes throughout the literature on the topic of best-practice for students with Asperger's syndrome is the importance of seeing the student as a whole person and understanding the negative implications of labeling. The underlying message in all of the research is that

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the student may have Asperger's syndrome or an autism spectrum disorder (ASD), but he or she is NOT autism itself.

The research suggests that by placing students with AS or ASD together in classrooms only intensifies behavioral challenges and autistic symptoms. According to the literature, the result of combining AS students with neurotypical peers is that the challenging behaviors may be reduced. This is interesting to me. It's essentially the inclusion model. It causes me to question the effectiveness of self-contained classrooms like the typical Life Skills classrooms.

Another important component that has come out of the research is the use of heterogeneous classrooms. Research-based interventions only work if they are applied with an understanding that all students can learn if they receive the appropriate support and instruction. The individual learning styles will be effectively addressed with differential instruction and collaboration. The sense of belonging is an essential component of the model.

Another interesting strategy that has come from the literature suggests implementing strategies designed to promote independence. It is not safe to assume that professional educators who work with students with AS all teach with this in mind. It is suggested that these students will be best served by

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teachers who are engaged in the learning, and the students are being taught with natural peer supports. Essentially, we are doing the students a disservice if we unintentionally create barriers.

### **5. Conclusion**

This meta-synthesis has identified the current research as it relates to the history of Asperger's syndrome, its unique attributes, the diagnostic challenges in clearly identifying those in need and what we can do to effectively work with these exceptional learners in order to promote a healthy, and successful life. Clearly and based on the research, differentiating on the autism spectrum is very challenging. This is evident in the revisions of the Diagnostic Statistical Manual (DSM) over the past several years. The current DSM-V is the latest version to attempt to address the issue. It is not overwhelmingly supported, mainly because it doesn't differentiate on the spectrum. Conceivably it is going to eliminate some who were previously diagnosed under the DSM-IV. This is very problematic as it could ultimately determine who receives and who does not receive support and services. Another point of contention lies in the words of the new label, autism spectrum disorder (ASD). For some, the term "autism" implies a negative connotation as it is typically associated with people who are very

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“low-functioning” on the spectrum. Lumping everyone into one category despite the varying degrees of functionality is problematic.

All said, this meta-synthesis leaves a lot of room for discussion and a lot of room for further research on the topic. In line with what Temple Grandin has suggested many times, we need to focus on the unique positive attributes and help the different kinds of minds succeed.

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