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TESTING THE SENSE OF IDENTITY IN PEOPLE WITH HIGHLY FUNCTIONING AUTISM AS THEORY-METHODOLOGICAL PROBLEM

Abstract

This article refers to the paradigm of cognitive and developmental psychology and triadic concept of identity of L. Witkowski. It presents basic problems referring to, among other things, the psychological characterizing of sense of identity in people with highly functioning autism.

Referring to contemporary, existing in literature theoretic solutions and empiric analysis of operating of people with highly functioning autism, in this article there will be discussed briefly three suggested by Witkowski scopes of identity – that is competence, concept and condition. The last part of the article will be dedicated to the example case of adolescent with highly functioning autism and pointing at diagnostic and interpretation difficulties which appeared while using commonly used psychological tools in psychological guidance.

Key words: high-functioning autism, sense of identity

Introduction

The end of the 20th century has brought remarkable advances in the research and theory concerning the issues of autism. Researchers representing various theoretical frameworks contributed to a more comprehensive approach to the disorder, which allowed to adequately describe the autism spectrum disorders, as well as to pick up the complex issue of identity research in people with high-functioning autism.

The descriptions of the autism spectrum disorders contained in two international classifications – ICD-10 and DSM-IV-TR – are currently convergent. However, the diagnostic criteria of the Asperger syndrome in the aforementioned classifications differ markedly in some respects from criteria put forward by individual researchers, particularly with respect to the development of speech and language. C. Gillberg (2005) and P. Szatmari (2000) point to non-typical characteristics of speech and language in children with the Asperger syndrome, or features of the so-called eccentric speech, while the ICD-10 and DSM-IV-TR criteria include no such characteristics.

In the category of autistic disorders, the DSM-IV distinguishes five of them: Autistic Disorder, Rett's Disorder, Childhood Disintegrative Disorder, Asperger's Disorder and Pervasive Developmental Disorder Not Otherwise Specified.

In the work in progress, scheduled for publication in May 2013, the latest version of the Diagnostic-Statistic Handbook of Psychological Disorders (DSM-V), important changes are proposed with respect to the classification of autism and the Asperger syndrome. It is intended to include autistic disorders, defined as Autism Spectrum Disorders (ASDs), in the group of neurodevelopmental disorders already present in the classification. The category will contain disorders formerly referred to as the autistic disorder, Asperger's disorder, childhood disintegrative disorder, and the pervasive developmental disorder not otherwise specified. Considering the above propositions, the APA suggests the removal of Asperger disorder from the DSM-V classification, justifying the suggestion, among others, with empirical analyses that indicate that the application of the diagnostic criteria of the Asperger disorder in clinical practice often was not reliable. The APA recommends the changes referring to conclusions reached by renowned researchers of the problem, such as Mayes et al., 2001; Miller, Ozonoff, 2000; Leekam, Libby, Wing, Gould, Gillberg, 2000 (after: Attwood, 2006).

It seems that the removal of Asperger syndrome from the classification and the inclusion of the Autism Spectrum Disorders category may have positive as well as negative implications. The absence of a separate diagnostic unit will perhaps contribute to the social reception of the Asperger syndrome as a distinctness caused by slightly higher intensity of certain autistic features than in the general population. On the other hand, the inclusion of people with the Asperger syndrome in the broad category of autistic people may cause additional stigmatization and auto-stigmatization, as the social image of this group will become more ambiguous, and its social reception will be influenced by the stereotype of a person with the Kanner variety of autism, characterized by a lowered intelligence quotient and significant problems with verbal communication.

As noted by J. Crocker and D.M. Quinn, "to be 'stigmatized' is to have social identity (or to belong to a particular social category) that questions the completeness of humanity: the stigmatized has a lesser value in the eyes of other people, is somebody crippled, imperfect" (Crocker, Quinn, 2008, p. 149).

The research of the problems of identity in people with the Asperger syndrome and high-functioning autism, performed based on the concept of *resilience* (Lathar, 2006; Lathar, Zelazzo, 2003; Craig et al., 2003; Sameroff, Rosenblum, 2006; Kumpfer, Summerhays, 2006), has one more essential aspect.

Some studies show the problem of anguish, intensified in people included in this group in the adolescence, manifesting itself as an increase in the number of co-existing depressive disorders, anxiety disorders, and suicidal tendencies. Researchers usually connect them to the experience of peer violence and social rejection (Shtayermman, 2007), but there also appear ideas related to the influence of the stigma (handicap) on the functioning of adolescents with the Asperger syndrome and high-functioning autism (Shtayermman, 2009).

In this approach, resilience (Yates et al., 2003) is interpreted as a dynamic development process by which people acquire the ability to use effectively the internal and external resources to good adaptation, despite the previous experience or the present specific difficulties (e.g. barriers stemming from disability). Therefore, the resilience is understood as a positive or protective process that can reduce the maladjustment of the individual who experience the adversities in life (Greenberg, 2006).

Cognitive theories of autism and the issues of identity

In the paper “Does the autistic child have a ‘theory of mind’?” S. Baron-Cohen, U. Frith, and A.M. Leslie presented an outline of the theory of mind (ToM), as well as concepts of its deficits in autism. They adopted the assumptions of a metapresentational theory of pretense by A.M. Leslie that relates the idea of the development of II level representation to the mechanism of the “theory of mind” proposed by D. Premack and G. Woodruff in 1978. In the majority of people there develops a representation of reality which influences all activities of the individual, as well as an awareness that interpretation of certain facts and events is different in different people. According to D. Premack and G. Woodruff, the appearance of this awareness constitute an important step in the social development, and indirectly in the forming of identity (Baron-Cohen et al., 1985). I level representations, characterized by a direct semantic relation to the outside world, concern the physical properties of individual objects and events, while II level representations (metarepresentations), allowing one to create abstract associations, relate, among others, to cognitive and emotional processes in oneself and others (Leslie, 1987; Talarowska et al., 2010). D. Premack and G. Woodruff in turn introduced the notion of the “theory of mind” as a definition of a cognitive mechanism that allows one to infer about mental states in other people (Pisula, 2000).

A.M. Leslie refers to a logical analysis of the properties of assertions introduced with mental state verbs, such as “believe,” “expect,” or “want,” conducted by W.V. Quine. Assertions introduced with these verbs show the following characteristics:

- (1) referential opacity – two terms are referentially opaque to each other if they cannot be applied interchangeably without changing the truth-value of the assertion;
- (2) nonentailment of truth or falsehood;
- (3) nonentailment of existence (or nonexistence).

According to A.M. Leslie’s pretense theory, the metarepresentational context separates a copy of a I level representation from its typical transformations of the type input data-output data. An object/situation therefore functions at two levels: a literal level I of representation, where it retains its direct reference to reality, as well as implied judgments about truth and existence, and on level II of representations, deprived of these features (Leslie, 1987; 1992).

Interpreted along these lines, an ability to create meta-representations during childhood is a basis for the cognitive and social development which is a condition of identity forming. Deficits shown in these areas by people with autism have inspired S. Baron-Cohen, U. Frith, and A.M. Leslie to use A.M. Leslie’s theory of metarepresentational theory of pretense to explain the axial symptoms of autism. S. Baron-Cohen, U. Frith and A.M. Leslie showed in the research that most probably at the source of problems with cognitive and social situational functioning of people with autism lie deficits in one of basic metarepresentational capability referred to as the “theory of mind” (Baron-Cohen, Frith and Leslie, 1987; Leslie, 1992).

S. Baron-Cohen expanded this concept into a theory based on the assumption that a mind-reading system (MRS) has developed to enable the attribution of mental states to subjects of interaction. It is therefore a “social brain,” or “naive psychology,” allowing one to formulate explanations of people’s behavior as well as predictions of their actions, and as such indispensable for an involvement in social situations. This system in its most advanced form comprises four modular components: ID, EDD, SAM and TOMM; Baron-Cohen acknowledges that ID and TOMM had been described before by, respectively, D. Premack and A.M. Leslie, while he considers the EDD and SAM components as an original part of his theory (Baron-Cohen, *ibid.*; Baron-Cohen, Hadwin, Howlin, 2010; Pisula, 2000). Table 1 shows a general characteristics of individual components of the mind-reading system.

Table 1. Mind Reading System

MRS component	Characteristics
ID (Intentionality Detector)	A primitive perceptual mechanism, interpreting stimuli in terms of target (object of an action) or wish (movement to or from the stimulus) connected with it.
EDD (Eye Direction Detector)	This component has two functions: – detection of eyes or stimuli similar to them; – (in higher primates) representation of eye behavior (e.g. maintaining eye contact).
SAM (Shared Attention Mechanism)	Its role is to determine whether the attention of the subject and another organism in its proximity is focused on the same object, event, etc. This question, an adaptively significant one, cannot be solved by using the ID or EDD components, since they only create binary (dyadic) representations. SAM is therefore necessary for behavior that requires sharing attention. It also performs two other functions: it links the ID and EDD components, and activates the TOMM.
TOMM (Theory of Mind Mechanism)	A system that constitutes the basis of attributing meanings to actions by applying terms denoting mental states, as well as for predicting them. Its two main functions are: (1) representing an array of mental states, including epistemic attitudes, and (2) integrating the knowledge about mental states into a consistent, useful and applicable „theory.”

Source: own work, after Baron-Cohen, 1985; Pisula, 2000.

An important issue within the Mind-Reading System theory are the relations among the four components of the system. According to S. Baron-Cohen, a significant difference between the first three mechanisms and the TOMM lies in the fact that the ID, EDD and SAM represent a small group of mental states that only possess two characteristics of Intentionality: *aboutness* (the mental states refer to matters other than themselves) and *aspectuality* (the states refer to specific aspects of their objects). TOMM in turn represents concepts of attitudes, expressed, among others, by such mental state verbs as *pretend*, *know*, or *believe*. Mental states represented by the TOMM therefore feature a third property of Intentionality – *a possibility of misrepresentation* – that is, a phenomenon earlier referred to by Leslie as the *referential opacity*. S. Baron-Cohen also claims that the TOMM is activated by data (in a tertiary representation) received by means of the SAM component.

S. Baron-Cohen assumed that from among people with autism there can be distinguished two subgroups, characterized by a difference in deficits in the SAM and TOMM areas, which might explain the difference in the time of appearance of early autism signs (before or after the 18th month of life):

Subgroup A: both the SAM and the TOMM are significantly restricted, what is explained by the author in terms of a “domino effect,” consisting of the necessity of the development of the SAM component for the TOMM component

to function. People in this group show autistic features before the 18th month of life.

Subgroup B: the SAM component is present, while the TOMM is significantly restricted. People in this group develop normally until the 18th month of life, and then start to show autistic features (Baron-Cohen, 1985, 2010; Pisula, 2000).

To sum up, the concept of a mind theory deficit in the autistic spectrum disorders assumes that an underdeveloped mind theory is responsible for the axial symptoms of autism. To test the validity of the idea, multiple studies have been conducted, ones that show a deficit of mind theory in people with autism (referred to as *mind-blindness*), and ones that attempted to prove that this deficit is independent from mental disability and specific to autism.

Even though mind theory deficits appear – according to studies conducted within this paradigm – in a majority of people with autism, in people with the Asperger syndrome significantly higher occurrence of these results is often observed. According to U. Frith, this phenomenon can be explained in two ways. The first hypothesis assumes that the same basic cognitive deficit is responsible for all autistic spectrum disorders, causing, by appearing in various intensity, both the weaker (the Asperger syndrome) and the stronger consequences (typical, Kanner-type autism). The second hypothesis, one that U. Frith herself leans towards, assumes that the basic cognitive deficit appears with the same level of intensity, but that at one end of the spectrum (including Kanner-style autism) amplifying factors are active, while at the other end (that includes among others the Asperger syndrome) there appear mitigating factors. Among the hypothetical factors that mitigate the primary cognitive deficit in the Asperger syndrome, the author mentions, among others, a sociable temper, a desire to communicate with and belong to the social world, making one undertake often great efforts in order to learn the social code and imitate the behavior of other people (Frith, 2005).

Beside the studies in which authors attempt to determine the ways in which the mind theory deficit manifests itself in people with autism spectrum disorders, and to connect them to the triad of the axial autistic disorders, a number of research projects with a different profile have been undertaken. The second significant type of research within the area of mind theory deficit in autism consists of studies that aim to prove the independence of the mind theory deficit from the occurrence of mental disability, as well as the specificity of mind theory deficit to autism.

The conviction that a single primary cognitive disorder is responsible for the deficits and for the strong extremity of autistic spectrum disorders prompted U. Frith in 1989 to propose a hypothesis that autism is characterized by a specific absence of balance in the integrating of information at different levels. According to the author, the mind theory, although initially promising, cannot explain numerous aspects of autism that do not belong to the triad of axial disorders. Among these aspects are mentioned, among others, a restricted repertoire of

interests, obsessive craving of stability (e.g. in the social and physical environment), isolated special skills and savant skills, as well as an interest in parts of objects. Also the results mentioned in the above sub-chapter, which indicated lack of mind theory deficit in some people with autism, suggested further research in quest of cognitive deficits underlying autism.

The theory of central coherence can explain, according to U. Frith and F. Happé, the presence of non-triadic aspects of autism. Central coherence refers to the generally appearing tendency towards a synthesis of various information, so as to enable the creation of new complex interpretations and meanings in a specific context, and to leave out less significant details. For example, most people can quite easily summarize a story pointing to its key events and the leading thought, while the recollection of for example the details of an extended description requires more effort (Frith, Happé, 1994; Pisula, 2000)

U. Frith claims that this generally appearing property of information processing is disturbed in autism. In her opinion, weak central coherence (or even lack of it) can be responsible for various aspects of autism, in the form of both strong and weak points of cognitive functioning of people with autism. Amidst the strong points in people with autism the author counts, among others, the memory of unrelated word strings and objects, shape-based puzzle solving, recognition of vertically flipped face images. The weak points include, among others, the memory of sentences and related objects, image-based puzzle solving, recognition of faces (in their typical orientation). U. Frith and F. Happé also recall studies that show how people with autism perform faster and mostly better than control groups in hidden figure test [e.g. CEFT, Children Embedded Figures Test; the Blocks test that belongs to the Wechsler Intelligence Scale (Frith, Happé, 1994)].

It is also significant that U. Frith and F. Happé do not necessarily treat weak central coherence as a deficit, but, taking into account the strong points of people with autism, as a variety of cognitive style, characterized by analytical approach and a focus on details (Frith, Happé, *ibid.*), which signals serious implications for the process of identity research in people with high-functioning autism.

Similar conclusions are presented currently by T. Armstrong, who thinks that in people with autism (in particular with high-functioning autism or the Asperger syndrome) there appears a strong local analysis cognitive style, which favors the exploration of technical and strict fields of study.

F. Levy, while describing a possible reason for the occurrence of weak central coherence, recalls the article “Interacting minds: a biological basis” by C. Frith and U. Frith, in which a hypothesis is put forward that the deficit of central coherence appears at an early stage of development of the mind theory, and presents U. Frith’s position according to which that deficit is related to a lack of the integration of information from different levels and different perceptual modules.

Cognitive theories of autism enabled a different view on people with autistic spectrum disorders. Among the benefits of the cognitive approach U. Frith mentions:

- the creation of a framework that allows to search for factors and mechanisms linking neurological bases with behavioral manifestations;
- differentiation of autism symptoms from additional factors or secondary problems;
- presentation of the huge variety in people with autism, their needs, deficits and skills;
- the start of research on adolescents and adults with autism, and an understanding of the fact that autism is a condition that accompanies an individual throughout their life (Frith, 1994).

Issues of cognitive functioning and the question of identity research in people with the Asperger syndrome or high-functioning autism

One of the premises in approaching the Asperger syndrome (AS) and high-functioning autism (HFA) as two distinct units by the researchers of autism are differences in the areas of verbal communication and cognitive functioning. Studies of the issue do not however produce coherent results that would warrant unequivocal acceptance or rejection of the above thesis. For example, in research conducted by Szatmari et al. a comparison was performed of intelligence profiles, measured with the use of Wechsler Intelligence Scale, between 26 people with AS (average age 14.3 years, average IQ = 86.6) and 17 people with HFA (average age 22.8 years, average IQ = 82.2). Although better results were recorded in the Similarity test in people with AS, in whole test a similar level of performance and similar deficits were found in verbal and non-verbal tests (Koyama et al., 2007). Other results were developed for example in the study by Ozonoff et al., where, analogically, the researchers performed an intelligence profiling using Wechsler Intelligence Scale, in 12 people with AS (average age 13.9 years, average IQ = 115.6) and 23 people with HFA (average age 13.3 years, average IQ = 108.9). People with AS achieved significantly higher results in the Comprehension test, while both groups had substantial problems with the Encoding test (Koyama et al., 2007). Koyama et al. tested 36 people with AS (average age 12.8 years, average IQ = 98.3) and 37 people with HFA (average age 12.6 years, average IQ = 94.6) using Wechsler Intelligence Scale as well as the Tokyo version of CARS (Childhood Autism Rating Scale). People with AS achieved significantly higher verbal IQ and higher results in the Dictionary and Comprehension tests, while people with HFA scored better in the Encoding test. The testing for the symptoms of autism using CARS did not show significant differences between the groups, however, people with AS achieved lower results in the areas of deficits in verbal and non-verbal communication.

A separate issue concerns people with AS or HFA who show intellectual talents and/or isolated special skills of various kinds. They belong to a larger group of talented adolescents with disabilities.

In this context it is worthwhile to recall the concept of identity, proposed by L. Witkowski (1988) and described in the book *Identity and change. An introduction to an epistemological analysis of educational contexts*. It is located in a broad context of reflections on identity, taken up by E. Erikson, J. Habermas and L. Kolberg, and appears very useful for the description of people with high-functioning autism.

As A. Brzezińska writes, giving M. Jarymowicz's idea of identity as an example, the identity of an individual in a psychological approach is formed in two basic dimensions: the personal identity, and the social identity. The personal identity, connected to the formation of the structural "I", "contains individual convictions, interests, needs, motivations, values, way of thinking and valuation criteria" (Brzezińska, 2007, p. 239). In turn, the social identity is connected to the formation of the structural "We", and manifests itself "in the process of the subject's identification with other members of a given social structure, in the experience of ties with them, and in the realization of the community created with other people" (Brzezińska, 2007, p. 239). L. Witkowski decidedly rejects this distinction, claiming that one's own sense of identity (an analogue of personal identity) is to a significant degree constructed socially and built in the process of an individual's exploration of the surrounding socio-cultural reality.

In place of the dual notion of identity, L. Witkowski proposes a triband, horizontal profile of identity, containing the following triad: competence, conception and condition. According to L. Witkowski, "a sense of identity defines an element of human condition (specific-I-in-me), where a sense is for him a state of consciousness prior to knowledge" (Witkowski, 1988, p. 112, author's own translation). A second element of identity is related to the "location" in the world mentioned already above, that is "self-knowledge (specific I-in-world) or a »conception« of one's self" (Witkowski, 1988, p. 112). The process of identity creation has a specific character, because it happens through constant interaction of a human being with their socio-cultural environment, described by L. Witkowski as "contact in action. According to the author of the notion, contact in action is a key issue for the understanding of human identity, because:"

(...) it opens for action a previously indiscernible dimension of competence and creates a new analytical situation. Because, even though a sense of identity is a genetically important part of "I", and from the level of human condition it influences the creation of their conception of self, and affects their mode of presence in the world (contact with it in action), still functional direction of the relation, essential for its understanding, seems to be the opposite. Namely, it can be defined in the form of a "epistemological vector" that expresses the dominant direction of the influence: competence = > conception = > condition (Witkowski, 1988, p. 113, author's own translation).

In Witkowski’s opinion, the development of human identity follows from the acquisition (or lack of it) of competence in interactions with other people and elements of the socio-cultural reality, through the formation, on the basis of that competence, of the conception of one’s self, to the most narrow level of a sense of one’s identity (condition).

Beside the process of identity development described above, according to L. Witkowski, its creation is also influenced by social mechanisms of identity reinforcement. There are three basic types of identification processes that take part in the formation of identity: (1) identification as “recognition” of the environment; (2) identification as “mirroring” of expectations present in the environment, and (3) identification as the process of the development of an ideal “I”. The author of the concept notes that the manifestation of a developmental crisis remains dependent on which of the identification processes encounters possible obstacles (Witkowski, 1988, p. 118).

The three bands of identity (competence, conception, condition) overlap the processes of identification. Therefore, identity depends not on the process of identification alone, but rather on the mutual interaction of identification processes.

We propose using Witkowski’s triadic concept of identity for descriptions of identity in people with high-functioning autism, assuming that his notion of competence corresponds to their valuation of own social competence, conception – to the subject’s self-assessment, and the seeming core of identity, the “condition” – to the concepts of self manifesting itself in auto-narrations of people with autism. This proposition finds an excellent presentation in the theoretical model of a study put forward by P. Pająk (2012) in her unpublished MA thesis, which constitutes an introductory (casuistic) exploration of the analyzed problem, shown in Figure 1.

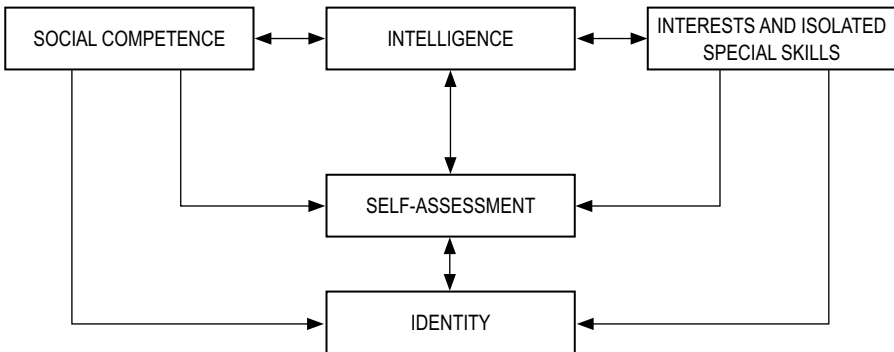


Figure 1. Mutual interactions of the key areas of identity research in people with AS or HFA

Source: own work, after Pająk, 2012

Figure 1 illustrates a hypothetical model of mutual interactions between social competence, intelligence, interests and isolated social skills, and self-assessment, as well as their connection to the process of identity formation.

Social competence and the identity in people with high-functioning autism

As noted by S. Kowalik (2007), the inclusion of the notion of social competence to the discussion of the socialization process allowed one to discern complex relations between an individual in the process of socialization and their social environment. According to A. Matczak, despite the differences between authors in the definition of social competence, one can assume that its is “a disposition that conditions the effectiveness of functioning in social situations” (Matczak, 2001, p. 5). M. Argyle in turn, by social competence understands the “acquisition of skills necessary for achieving desired effects in other people in social situations” (Argyle, 1991, p. 98).

A. Matczak assumes that

social competence develops as a result of social training, whose intensity depends on personality-temper variables (...), and effectiveness on intelligence, in particular on social intelligence, and emotional intelligence as its constituent (Matczak, 2001, p. 8). Accordingly, she assumes the following definition of social competence, which is the basis of reflections in the current work: social competence (...) is understood as a set of complex skills that condition the effectiveness of performing in specific social situations, and are acquired by an individual in the course of social training (Matczak, 2001, p. 7).

A. Matczak uses the term “competence” in a way that makes it a part of a wider trend in the research on socialization, where authors define it as a set of various skills, not a general capability.

In M. Argyle’s opinion, competence as a general capability is not proven, because “a person can perform some tasks better, and other tasks worse” (Argyle, 1991, p. 98). Accordingly, the author assumes that social competence is comprised of various skills, which manifest itself (or not) particularly clearly in the so-called difficult situations. M. Argyle mentions four kinds of such situations:

- (1) intimate situations;
- (2) situation requiring assertiveness or being the object of attention;
- (3) formal (ceremonial) social occasions;
- (4) meeting strangers (Argyle, Furnham, Graham, 1982 after: Argyle, 1991).

A. Matczak modified M. Argyle’s proposition, putting forward the following classification of diagnostic situations for social competence, together with their descriptions:

- (1) intimate situations – close interpersonal contacts, characterized, among others, by significant release of personal information by the partners in the interaction;
- (2) situations of social exposition – in which an individual finds themselves in the center of attention of other people, and potentially is subject to an assessment on their part;
- (3) formal situations – ones that are governed by strict rules defined within a culture;
- (4) situations that require assertiveness – an individual achieves in them their needs or goals by exerting social influence on others, or resisting social influence exerted by them (Matczak, 2001).

From such an approach to social competence, significant implications follow for therapeutic practice carried out for people with AS or HFA. An individual's profile of their social competence can be highly diversified, e.g. problems in situations of social exposition can co-exist with high competence in intimate situations, therefore social skills training should begin with a detailed diagnosis of an individual competence profile.

Despite the fact that the sphere of deficits in social functioning in children with SA/HFA is the object of numerous studies, the area is still poorly understood in the case of adolescents and adults. S.E. Gutstein and T. Whitney (2002) in the paper "Asperger Syndrome and the Development of Social Competence" indicate that they had been able to acquire results from three current studies on this subject. The first of them, conducted by M. Sigman and E. Ruskin (1999) is a longitudinal study of adolescents with HFA, began at pre-school age, which documented lack of improvement in the area of social competence. The second study, conducted by N. Bauminger and C. Kasari in 2000, showed that adolescents with HFA did not understand emotional aspects related to loneliness and friendship, which was not a result of intellectual or linguistic deficits. The researchers decided that it may follow from the specific character of "autistic" friendship, with scant sense of security or companionship, and therefore not reducing the sense of loneliness. In the third study, J. Green, A. Gilchrist, D. Burton and A. Cox (2000) compared adolescents with AS and with severe conduct disorder. The study showed much deeper social deficits in the adolescents with AS, as well as similarly high levels of, among others, anxiety, compulsive-obsessive disorder, depression, and suicidal tendencies in both groups (Gutstein, Whitney, 2002).

An amount of data on the social functioning of adolescents with AS/HFA is provided by research testing the effectiveness of various forms of social training addressed to these groups. Although the initial assessment of social competence before the training is convergent with the results of previously mentioned research, the studies generally report a level of effectiveness of the interventions – it is evidently possible to acquire some social competence in an appropriately structured context (Stitcher et al., 2010; Tse et al., 2007).

In research conducted by Whitehouse et al. on friendship and loneliness in adolescents with AS it was determined that in comparison with the control group, adolescents with AS signaled inferior quality of their closest friendships and less motivation to develop them. Individuals with AS also reported higher indications of loneliness and depression symptoms. The authors indicate that the higher indexes of negative affect can be connected with low quality of social relations, which is often observed in this population.

Self-assessment and identity in people with high-functioning autism

Self-assessment, as noted by B. Ziółkowska (2005), is a property of personality, formed by social interactions, in which an individual builds an image of self.

D. Fecenec mentions two basic sources of self-assessment: observation of own behavior, and feedback from the environment. After E.J. O'Brien and S. Epstein he assumes in turn that the function of self-assessment is to maintain the coherence of the image of Self, which favors the acquisition and integration of new information into this structure, as well as the ordering of experience, hence the coherence of self-assessment is correlated to the coherence of one's identity (Fecenec, 2008).

S. Epstein thinks that the main driver in the creation of the system of self-knowledge is the motivation to avoid aversive stimuli and the search for stimuli recognized as pleasurable. Self-assessment develops in the system of Self as a mechanism that regulates the proportions between aversive and pleasurable experiences. According to E.J. O'Brien and S. Epstein, self-assessment has a hierarchical construction, which comprises of:

- (1) detailed evaluative judgments about self, referring to particular events;
- (2) components of self-assessment related to the main areas of human functions: competence, being loved, popularity, self-acceptation, attractiveness, leadership skills, self-control, moral self-acceptance, physical attractiveness, and vitality;
- (3) general self-assessment, a most generalized sense of one's value (Fecenec, 2008, pp. 17–19).

Figure 2 shows the hierarchical construction of self-assessment according to E.J. O'Brien and S. Epstein, where GS = General Self-assessment. Accepting the assumption of the hierarchical and complex structure of self-knowledge makes it possible to acquire in research a profile of self-assessment, of diagnostic utility for the sources of low, high, or incoherent self-esteem in adolescents.

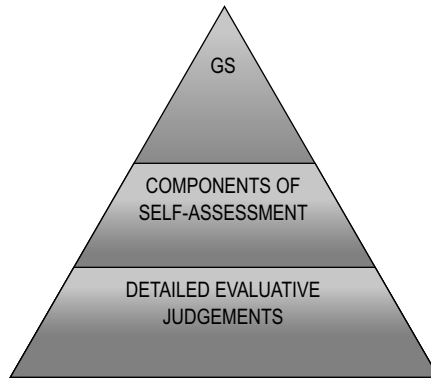


Figure 2. The hierarchical construction of self-assessment

Source: own work, after Fecenec, 2008

Studies of self-assessment in people with the Asperger syndrome are sparse. Therefore, Williamson et al. described their research related to the connection between the level of self-assessment and adjustment in adolescents with AS as an *exploratory study*. It compared a group of 19 adolescents with AS against a group of 19 adolescents from the control group. Four tests were used to determine their attitude towards own competence, social approval, level of anxiety, depression and self-esteem. It turned out that adolescents with AS show a lowered self-esteem, consider themselves as persons less complete in such areas as social skills and sports, and also receive less social approval from their peers (Williamson et al., 2008).

The subject literature also signals divergences between the self-assessment in adolescents with AS/HFA in the area of autistic symptoms and their assessment performed by their parents (Cederlund et al., 2010; Johnson et al., 2009).

Concepts of self and the identity in people with high-functioning autism

For the purposes of identity diagnostics in people with AS or HFA it is postulated to assume that concepts of self constitute a particular element of auto-narration, which is the object of interest for the psychology of narration – one of the currents in the qualitative psychology, connected with hermeneutics. J. Trzebiński notes that narration as understood in this branch of psychology is a particular form of the cognitive representation of reality: “Narrations, that is mental forms of the understanding of the world, assign structure to our experiences in terms of human intentions and problems which result from complications formed during the realization of these intentions” (Trzebiński, 2002, p. 22). A similar function

is performed by auto-narrations, but since they refer to one's self, they constitute an important premise for all activities of the subject: "Because an individual takes actions on the basis of what they know about the reality in which they act. The knowledge about self as an active subject of a developing story must be a particularly important premise of that action" (Trzebiński, 2002, p. 38).

A narrative approach seems therefore especially helpful in the examining of people in whom auto-reflection and self-knowledge appear to be for various reasons limited – because of cognitive deficits, or a small amount of social contacts. According to the postulates of L. Wygotski, the application of the narrative approach in the study of the people's concepts of self – including adolescents with the Asperger syndrome and high-functioning autism – could probably help in the uncovering of their sphere of nearest development within this area.

Ending

The progress of the research on the neurobiological conditions of autistic spectrum disorders favors the formulation of numerous questions and points to new perspectives on the describing of autism, unquestioned by most of its renowned theorists. It should be noted, however, that although it remains one of the best investigatively documented issue that confirms the affiliation of autistic spectrum disorders within the category of neurodevelopmental disorders (Penn, 2006), still implications of observed disorders remain ambiguous. It seems therefore that while engaging in various scientific inspirations, carried out within verified theoretical frameworks, and describing the positive aspects of the autistic spectrum, one should nonetheless contribute to the change of the current social image of autism, and most importantly to minimizing prejudices towards people whose neurological system in certain important areas works differently (cf. Broderick, Ne'eman, 2008).

In order to verify the initial and general diagnostic propositions contained in this article it should be appropriate to apply specific action research. It would cover an initial diagnosis of social competence, self-assessment and resources in adolescents by using self-descriptive techniques (e.g. *The Multidimensional Self-Esteem Inventory* by E.J. O'Brien and S. Epstein as well as two Polish methods, namely: *The Social Competences Questionnaire (Kwestionariusz Kompetencji Społecznych)* by A. Matczak and the *Multidimensional Questionnaire of Preferences (Wielowymiarowy Kwestionariusz Preferencji)* by A. Matczak, A. Jaworowska, A. Ciechanowicz, E. Zalewska and J. Stańczak. Furthermore, two qualitative methods were applied: *Test 'I am'* by P.G. Zimbardo used the in-depth diagnostic interview with the adolescent and their significant others as a narrative technique, and an unstructured interview with a standardized list of questions with reference to interests and self-concepts, as well as a narrative

interview (pre-test), the psychological intervention in the form of social training combined with relaxation training, and then a renewed diagnosis performed in order to assess the effectiveness of the intervention (post-test).

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