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STATE OF KNOWLEDGE ABOUT AUTISM SPECTRUM DISORDERS AMONG RESIDENTS OF SZCZECIN - PRELIMINARY REPORT

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Abstract

Introduction: Autism spectrum disorders are more often diagnosed. Like any disorder, autism can cause discomfort, even distress to families. Thanks to educational campaigns, more people

know what this disorder is related to. Therefore, it is worth checking what the society's knowledge of autism is.

Research goal: Describing the state of knowledge about autism spectrum disorders among residents of Szczecin.

Conclusion: The subjects showed great knowledge about the autism spectrum. The fact of an earlier contact with a person with an autism spectrum disorder or a member of her family does not in any way relate to the knowledge of the subjects on this disorder. Women received higher results in the questionnaire.

Key words: social knowledge, autism spectrum disorder, psychology

Ever since autism was described in 1943 by Leo Kanner as a disease syndrome, research over the subject still continues, constantly providing educators, psychologists and parents with important information. Over the years, the understanding of this disorder has changed, necessary and sufficient diagnostic criteria for making such a diagnosis were created. The distinction of disorders with autistic features was more and more detailed in various classifications. From time to time, the current way of measuring this disorder is questioned, which allows for a better understanding of its phenomenon and phenomena related to it; for example, the departure from the term "early infantile autism" used by Leo Kanner to characterize the unusual behavior of eleven children aged 2-8, due to the fact that he suggested treating autism as a disease syndrome with specific characteristics. On the other hand, one should note the merit of Leo Kanner, who among the children with schizophrenia, psychosis and intellectual disability also noticed children who did not fit in any of these diagnostic groups. [1, 2, 3, 4,] The

latest diagnostic criteria according to DSM-V are listed below, focused on three axis of symptoms:

A. Permanent deficiency in social communication and social relations in many environments, manifesting:

- Shortage in socio-emotional reciprocity; from failures in normal conversation, reduced need to share interests and emotions to inability of initiating or responding to social interactions.
- Deficits in non-verbal communication behaviors used to regulate social interactions; from non-integrated messages, through inadequate eye contact and body language, deficits in the understanding and use of gestures, to a complete lack of expression of mimic and non-verbal communication.
- Deficits in establishing, maintaining and understanding social relations; from the difficulty in adapting their behavior to different social contexts, through difficulties in playing together to the lack of interest in peer relationships.

B. Restricted, repetitive patterns of behavior, interests or activity, manifesting at least two of the following symptoms:

- Stereotypical or repetitive body movements using objects or speech (eg motion stereotypes, ordering toys, echolalia).
- The need for invariability, repeatability; inflexible attachment to routines; (eg extreme anxiety in situations of small changes in the environment, difficulties in transition from one activity to another, rigid thinking patterns).
- Very limited interests - fixations that are excessive in terms of intensity or level of attention (eg attachment to unusual objects, limited perseveration interests).
- Hyper- or hyporeactivity to sensory stimuli or unusual interest in sensory aspects of the environment (hostile / excessive / inadequate response to specific sensory stimuli).

C. Symptoms must be present in the early stages of development (but they do not have to be fully visible until social demands exceed the limited possibilities or may be masked by strategies previously developed). [5, 8, 9]

Table 1. Level of symptoms disorder.

	Deficits in social communication	Limited behavior patterns
Level 3: "Requiring very significant support"	Significant deficits in verbal and non-verbal social communication cause impairment of functioning, very limited initiation of social interactions and minimal reactions to attempts of social contacts by other people.	Lack of flexibility in behavior, extreme difficulties in coping with change, or other repeated, limited patterns of behavior significantly impede functioning in all areas of life.
Level 2: "Requiring significant support"	Clear deficits in verbal and non-verbal social communication; social difficulties even in the presence of support; limited initiation of social interactions and non-standard or reduced reactions to social contacts from other people.	Lack of flexibility in behavior, difficulties in coping with change, or other repetitive, limited patterns of behavior appear so often that they are noticeable to the observer and make it difficult to function in many environments.
Level 1: "Requiring support"	Deficits in social communication lead - without support - to noticeable difficulties. Difficulties in initiating social interactions, and clear examples of maladjustment of responses to social contacts from other people. It may give the impression that he is not interested in social relations.	Lack of flexibility in behavior significantly interferes with functioning in one or more environments. Difficulty with switching between activities. Problems with planning and organization make it difficult to achieve independence.

Source: own study based on *Diagnostic and statistical manual of mental disorders*

In addition to attempts to define autism, research is also under way to find its specific cause or causes. At the beginning of these searches, theories of psychoanalytic psychologists (proposed among others by Bruno Bettelheim) arose for the causes of autism in inappropriate parental attitudes - especially in mothers, called "cold emotionally" - and in the relationship between parents and the child. This method of explaining the emergence of autism, however, did not find any scientific confirmation. Research conducted from the 1970s until today does not indicate the role of parents; it can be said that broadly understood "bad" parenting is not the cause of autism - moreover, it is considered today that autism itself is not a barrier that makes it impossible to establish a close relationship based on trust and understanding with the child,

although it is a significant obstacle. [6, 7, 10, 11, 18] Meanwhile, Hans Asperger thought it was a genetically conditioned disorder. Currently, autism is a neurodevelopmental multifactorial disorder with complex etiology. However, up to now, literature does not give a definite and definitive answer to the question: What causes autism? Depending on the research, there are many new areas which are considered to be relevant to this issue. Almost all current studies indicate that autism is a congenital disease - it is manifested not only in specific behavior, although it is the easiest to observe, but it progresses in many ways. Pathologies take place not only in the psychological and behavioral areas, but also neurological where the origin is in the damage of specific nerve structures and / or hormonal disorders) and often accompanying, numerous somatic disorders. The inclination to autism is polygenic inheritance (more than one gene is responsible for its appearance - although it is not known exactly how many genes and which of them), but the inheritance of this inclination does not mean unconditional determination of autism. It is a complicated result of both inherited genetic predispositions and specific environmental factors. These factors, combined with genetic predispositions, at key moments in the formation of neurological and mental structures will act as factors triggering the disease, causing its clinical manifestation. It follows from the above that for the manifestation of autism symptoms is the unpredictable and unfavorable configuration of various risk factors. Due to the fact that it is still unclear which factor has a key role - and because research suggests that in every way the etiology of the disease is different and individual - it is difficult to determine the method of therapy effective for all people with autism; everyone has a slightly different form of disorders and other specific needs and difficulties. [13, 14, 15, 16, 17]

Methodology of own research

Research goal: Describing the state of knowledge about autism spectrum disorders among residents of Szczecin.

Test variables:

1. The state of knowledge about autism spectrum disorders - the numerical result obtained in the Autistic-facts-and-myths questionnaire against the background of the studied group.

2. Information whether the person in question has in the last five years come across a person diagnosed with autism spectrum or members of their family.
3. Sociometric data: age, gender and education.

Research tool - "Autism - facts and myths":

- The study used an original questionnaire containing real and false claims based on subject literature.
- The sentences relate to the diagnostic criteria of the autism spectrum, the functioning of people with such a diagnosis and their families, the reasons for the appearance of this disorder, and currently popular methods of therapy and support.
- "Myths" were collected on the basis of short interviews with parents of children from the autism spectrum, based on information about what social reactions they face. Five interviews were conducted.

Test procedure:

- The subjects were randomly selected in Szczecin.
- Each subject received a questionnaire "Autism - facts and myths" along with a sociometric index.
- Participation in the study was anonymous and voluntary of which the respondents were informed before starting the study.

Study group:

The study involved 114 people aged 18-48, including 91% of women and 8% of men. 49% of them has previously had contact with a person with autism spectrum or a close person. The respondents obtained higher education (55%), secondary education (42%), gymnasium (2%) and basic education (1%).

Research questions and hypotheses:

The main research question:

What is the state of knowledge among people in early and middle adulthood about autism spectrum disorders?

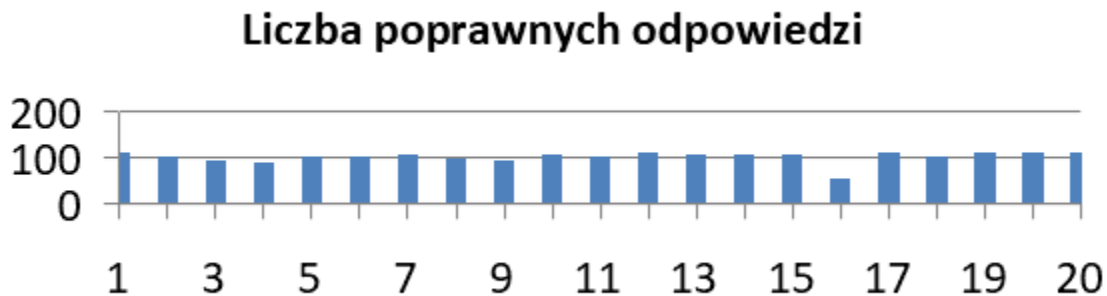
Research hypotheses:

H1: The state of knowledge about autism spectrum disorders depends on whether the subject was in contact with a person with such a diagnosis / member of his family.

H2: The state of knowledge about autism spectrum disorders depends on education.

Results

Chart 1. The number of correct answers to a given question.



Source: own study

Chart 2. percentage of the number of correct answers of the examined person.



Source: own study

Conclusions:

The most difficult questions for the respondents turned out to be further questions:

16. Currently, autism therapies are often supported by diet - gluten-free, sugar-free and lactose-free.

4. Most children with autism do not refer and do not maintain eye contact correctly.

3. Autism can manifest itself in the fact that the child / adult behaves improperly, says unpleasant things, laughs at inappropriate moments.

9. Some people with autism have very strict and narrow interests, which they talk about very much.

The least correct answers were given to these questions.

The most correct answers were obtained by the following questions:

12. People from the autism spectrum never make friends.

17. Children with autism can not attend integration schools.

1. Autism in children is the fault of parents - for example, bad education, emotional coldness, lack of consistency.

19. Popular methods of autism spectrum therapy are: speech therapy, Sensory Integration, animal therapies (dog therapy, hippotherapy).

Hypothesis 1 has been verified negatively. Statistical analysis showed ($p = 0.8$) that the fact of an earlier contact with a person with an autism spectrum disorder or a member of her family does not in any way relate to the knowledge of the subjects on this disorder.

The 2nd hypothesis has been verified positively. Statistical analysis showed ($p = 0.3$) the average power relationship between the gender of the respondents and knowledge about autism. Women received higher results in the questionnaire.

Discussion of results:

Negative verification of the first research hypothesis may be related to the fact that currently the topic of autism spectrum disorders is widely discussed among the society - larger cities celebrate

the World Autism Day, during which they conduct educational campaigns about this disorder. You can explain such high general results precisely because this problem of public awareness is presented.

On the other hand, there is also a growing acceptance of parents of children with autism to go out with them into the world - diagnoses of autism are more and more frequent, this is a disorder that often occurs in conversations of specialists in mass-media and private conversations.

Positive verification of the second hypothesis could be related to roles which are assigned by society to women. The fact that it is them who more often achieved higher results in the questionnaire can be associated with the fact that women are supposed to deal with children, and therefore they display greater knowledge also in the field of psychopathology.

The fact that the demonstrated correlation has average power may show the formation of a new trend in society - probably a dozen / dozens of years ago, men would not show such knowledge in the field of functioning mainly for children.

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