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Asperger syndrome and Sexuality: Intervention issues in a case of an Adolescent with Asperger syndrome in a context of a Special Educational Setting

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Abstract:

Up to today the main orientation in the intervention approach of issues of sexuality in the cases of children and adolescents with Asperger syndrome was mainly behavioral. Under that view sexuality issues remained unexplored from a psychodynamic perspective (Jacobs, 1996) We attempted to study a case of an adolescent with diagnosis of Asperger syndrome, who attended a special educational unit, so as to handle his sexuality issues (physical changes, self-image,) but also to deal with his emotional difficulties (fear of growing up, self-esteem, withdrawal, isolation). Our research emphasizes the role of the structured and supportive relationship framework (Clarkson, 1995) but also the emotions and feelings and their work.

Keywords: Asperger syndrome, Sexuality issues, psychodynamic approach

1. Introduction

Despite the growing interest and research attention that Asperger Syndrome has received, vital aspects of their lives like interpersonal relationships and sexuality has remained neglected. Their lack of social skills is a major obstacle to their struggle for integration into family and society. Syndrome was first described in details by Hans Asperger, an Austrian psychiatrist. Despite the sexual profile great interest shown by several researchers few studies have explored and analyzed the sexual profile and skills of individuals living with the syndrome. The fact that sexuality with Asperger syndrome has been defined as “different” has acted as resistance of significant others (parents, siblings, peers professionals) and an obstacle to the provision and the creation of therapy interventions. That also deprive Aspies from significant information about important aspects of their lives. Under that view sexuality issues remained unexplored from a psychodynamic perspective. The fact that till that moment it has not been given the essential attention to the issues of sexuality of these individuals caused negative effects on their mental health. Creating therapeutic intervention for Aspies in adolescence is it for great importance because in that age urges and sexual drives cannot be repressed they must be directed towards appropriate expression. In puberty communication difficulties and lack of social skills have a major consequence on their ability to engage in sexual interactions and relationships. Puberty as period takes place between 8 and 16 years old it is associated with changes regarding physiological level and reproductive capacity. Major changes in emotional, hormonal, social in temper oral and physiological levels make that period a milestone for the sexual development of the young Aspie. Important issues which need to be discussed to young Aspies are:

- Sexual organs of both sexes: names, functions and concrete descriptions
- Bodily changes that accompany puberty
We tried to use scientific terms as well as informal so as to make young Aspies familiar with terminology and associate with them. (Henault and Attwood, 2005)

2. Method

We attempted to study a case of an adolescent with diagnosis of Asperger syndrome, who attended a special educational unit, so as to handle his sexuality issues (physical changes, self-image,) but also to deal with his emotional difficulties (fear of growing up, self-esteem, withdrawal, isolation). Our intervention lasted nine months. Sessions included teenager but also family and the teachers. The intervention was based mainly on psychodynamic approach. Coping strategies with emotions, social emotional skills programs expressive therapies, painting music and other activities were used, together with individual psychodynamic counselling sessions.

3. Case study

Thought generalization and reliability of the conclusions is considered limited, the case study research method allows getting a better insight by exploring and describing in depth various parameters, aspects, mechanisms and procedures of the phenomenon under consideration (Sabornie, 2004).

John is 15 years old, he is at second class of high school, and he has diagnosed with Asperger syndrome (John fulfilled the criteria for the diagnosis of Asperger Syndrome such as: severe impairments in social interactions, unusual, stereotyped and restricted interests, impairment in social, occupational, and other important functioning, social isolation), learning difficulties, as well as ADHS. According to his father he is struggling to become a sociable person, he likes football, basket ball also games in P.C. He is willing to do things at home. John is the only child of the family. His father concerns about his social isolation and his professional settlement. He feels that his positive characteristic is his willingness to help people. Other personality characteristics were:

- Immature for his age
- Lack of social skills regarding sexual education
- Lack of concentratation on a specific work
- Attached to older people
- Feelings of Confusion
- Embarrassment
- Daydreaming
- Bad relationships with peers at school
- Teasing and victimization from peers at school
- Feelings of loneliness
- Nervousness
- Isolation and lack of relationships with other children
- He is secretive and doesn’t disclose his secrets to his parents
- He is not open to everything that concerns his sexuality.
The above information was collected from father and the teenager himself with Achenbach (1991, a, b) questionnaires. Anxiety and shyness hindered his social contacts, his experience in social situation was limited and consequently his self-esteem was low. Withdrawal and isolation made him having feelings of depression and the more he was experiencing relationships failures at school or friends, the more was avoiding interpersonal relationships as a defense mechanism. The fear of behaving wrongly led him to social phobia.

In the following case study, name of child has been changed to protect his identity (B.A.C. P. 1992).

We are trying to create a collaborating relationship (Clarkson, 1995) with all participating parties (child, parents, school teachers) with main characteristic the acceptance and trust (Rogers, 1961)
The nature of the relationship has been described and analyzed by Petruska Clarkson (1995) in five different levels.
1. The working alliance
2. The transference/counter-transference relationship
3. The reparative/developmentally needed relationship
4. The person-to-person relationship is the dialogic relationship or core relationship
5. The transpersonal relationship as timeless facet of the psychotherapeutic relationship

Coping with emotions through social narratives was beneficial for John to express his emotions. In order to do that we used the comic strip conversations as it was introduced by Carol Gray (1994). Disappointment, fear sadness and aggression were expressed so as to avoid being transformed into inappropriate behavior. Through our work I realized that John had no form of sociosexual knowledge because of his lack of interaction with other adolescents or brothers or sisters as he was the only child. In that sense we tried to encourage him to increase his social activities and contacts. Our primary goal was to develop intimate relationships with others. (Attwood, 1998).

At the beginning of therapy John could only express feelings limited to basic emotions such as joy, anger or sadness. Using the ‘wheel of emotions’ we explored the complete continuum of emotions in order to learn to express how he was feeling in a specific situation, since sexuality is associated with emotions. Understanding the subtlety of these emotions enriched his relations with others. Also his ability to express emotions and to interpret those of others reduced his frustration and impulsive reactions.

One way to learn how to expand his emotions was to explore different levels of communication related to interpersonal relationships. While his sense of competency increased his level of withdrawal lessened. Social stories and scenarios helped John to think about himself in a real situation, so as to prepare himself emotionally (Gray, 1994). Past rejections and failures as well as bullying prohibited him from ‘breaking the ice’ so as to meet new people establishing social contacts and increase his self-esteem. Positive social experiences strengthened his self-confidence through the practice of his inactive social skills. Also we tried to increase his communication skills based on his language skills. Emotional intelligence exercises strengthened Johns’ capacity to recognize other’s people emotions. That seemed to improve his social competency as it was evaluated by teachers, parents and the child itself.

Programme (see also Durocher & Fortier 1999) was based on the following issues and structure:

1. Assessment
2. Introduction to sexuality and communication exercises
3. Friendship
4. Physiological aspects of sexuality
5. Sexual relations and other sexual behaviors
6. Inappropriate sexual behaviors
7. Fears
8. Managing emotions
9. Intimacy

Implementation of the above programme was combined with strategies for empowerment of his social skills and behaviour (Atwood, 1991) and art therapy interventions (Rubin, 1978). Some of the strategies were:

• Developing collaborating group games
• Role playing
• Learning to be flexible and to share common interests
• Learning how to ask for help
• Learning new communication skills
• Expressing humour
• Encouragement of possible friendships
• Use of social stories to understand social situations
• Learning social skills (anger management)
• Promoting expression of feelings through writing (poems-essays)
• Facilitating feelings and thoughts through films and discussions

4. Results

After the intervention program, which lasted 36 sessions we reassessed John’s difficulties using Achenbach questionnaires. Reduction of difficulties of sexuality issues was observed. Also collaboration among school and family (on issues related to autonomy, social integration) was recorded. Developing a greater understanding of his own sexuality benefited John to manage to establish successful relationships. Our conclusion, based on clinical observation is that coping with emotions together with CBT may be proved useful interventions and young people with Asperger syndrome should be encouraged to express their emotions. Disappointment, fear, sadness and aggression were expressed so it was avoided of being transformed into inappropriate behaviors or critical tantrums. Our study emphasizes the role of a stable and trustful relationship which may facilitate the use of various techniques and the expression of emotions and feelings related to issues that young people can handle with difficulty. Creating a welcoming and respectful atmosphere as well as a structured environment can provide a beneficial therapeutic outcome for the expression and treatment of sexuality issues.

John managed to identify emotions such as anxiety, aggression and withdrawal and was able to see relationships between social situations, their thoughts, feelings and behaviors. Developing his social skills improved his capacity to establish and maintain social relationships something which boosted his self-esteem. Sexual education program provided information for intimacy, desire, communication, love satisfaction and sexual development in general.

After the intervention programme John managed to:
• Increase his maturity
• Develop an autonomy for decision making
• Reduce his feelings of confusion
• Eliminate feelings of embarrassment
• Reduce time of daydreaming
• Reduce his anxiety
• Reduce his feelings of isolation and withdrawal
• Improve his relationships with peers
• Reduce victimization of himself
• Reduce feelings of loneliness
• Reduce feelings of anger
• Break his isolation and manage to develop relationships with other children
• Develop his relationship with his family
• Reduce his secretiveness towards his parents
• Be more open to everything that concerns his sexuality.

Through the intervention process it has been realized that John had also a deficient and distorted body image, which in combination with restricted social-interpersonal skills prevented him from establishing intimate relationships. Taking into account the limitations of the qualitative nature of our study we could mention that such realization contradicted the hypothesis that individuals with AS or high functioning Autism have little interest in their image and that they project few aesthetic concerns. Negative body image, lack of sexual experiences, symptoms of
depression and anxiety, restrictive family dynamics, contributed to John’s sexual dysfunctions. Important change in John’s family situation was the beginning of mother’s involvement in his daily life while his participation till that moment was poor. Also school by its commitment to the intervention project has provided John a structured environment by ‘containing’ his anxieties (Casement, 1985) and helping him to function better at a social level.

Developing a greater understanding of their own sexuality will benefit children and youths with Asperger syndrome to relate with their body and the anxieties related to it. Combined with the appropriate social skills it can help them to manage to establish successful relationships. An approach based on how to cope with their emotions together with CBT seems useful interventions to handle better with this issues. Young people with Asperger syndrome should also be encouraged to express their thoughts and feelings in order to allow professionals understand their limits and embarrassment and thus support them in meaningful ways by the use of various techniques to cope with difficult for them situations. Many young people with Asperger syndrome are not able to discern and articulate in words their inner states and thus communicate them to other people. This kind of difficulties are inherent to Asperger syndrome. Disappointment, fear, sadness and aggression need to be expressed to avoid being transformed into inappropriate and dysfunctional behaviors. Our case study research emphasizes the role of the supportive relationship but also the emotions and feelings and their therapeutic confrontation. Creating a welcoming and respectful atmosphere can facilitate a beneficial therapeutic outcome for the expression and treatment of sexuality issues.

Major factor which contributed to the successful adjustment of the child in school was the establishment of a collaborating and supportive relationship (Clarcson, 2003) to all participant parties (parents, teachers) which was based on acceptance (Rogers, 1961) and trust and that became the ‘vehicle’ of empowerment of child, teachers but also for the family Ego. That supportive relationship operated as the ‘internal space’ (Winnicott, 1967) where a process of transformation took place. Parents are now able to express their feelings which were difficult for them to handle in the past, about their child and themselves (guilt, sadness, anger) and that can help them to achieve a new insight and to have a more fully acceptance of their child difficulties. Teachers are also capable of handling child emotional difficulties and facilitate his social adjustment in school.

After the implementation of the intervention programme, John’s friendships and intimacy skills had significantly increased while his feelings of withdrawal and loneliness decreased. I don’t feel like a ‘black sheep’ any more he stated. Development of friendships with his classmates was proof of his growing closeness and openness to others and his improvement of his sexual and social behaviour in general.

References


