A Study on Social Adjustment and Academic Achievement of Individuals Having Autism Spectrum Disorder

Abstract: The present research was conducted to study the social adjustment and academic achievement of individuals having autism spectrum disorder (ASD). The study was conducted to know about the social and academic life of autistic individuals and the adjustments they make or are required to make in these fields. 1% of the population is having ASD is what has been the reported frequency of autism in recent years. Autism is a lifelong developmental impairment that affects the way a person communicates and relates to people around them. The findings suggest that new facilities and techniques for individuals with ASD is required in the area of their social life and academic life, so as to help them become more stable and independent.

Key words: Autism Spectrum Disorder, Social Adjustment and Academic Achievement.

I. INTRODUCTION

Every individual is special in his or her own way. People with autism experience profound difficulties in relating with to other people. They are unable to share experiences or emotions with others. On academic level they again face troubles. Many are able to channelize their power and are able to perform well in this field. Many need care and new strategies to help learn and many are able to use their love for knowledge and have degrees and are employed.

History of Autism

A Hungarian psychotherapist, Bruno Bettelheim, in late 1940s claimed that the source of autism was “refrigerator mother”, i.e., unfeeling and cold parents who pushed their children into mental isolation. Leo Kanner and Hans Asperger, pioneers in the field of autism, in early 1940s, used the term autism in their publications, describing the children with characteristics we recognize today as autistic children, hence, the label autism was born. In 1943, Johns Hopkins University in America, an Austrian psychiatrist Kanner, was first to identify autism as distinct neurological disorder but could not tell its cause. Bernard Rimland, in 1964, wrote Infantile Autism: The Syndrome and Its Implications for a Neural Theory of Behavior, insisting that autism was not an emotional illness but it is a biological disorder. He brought a dramatic change in psychiatry’s perception of autism. (Sicile-kire, 2004)

What is AUTISM?

Autism spectrum disorder are persistent impairment in reciprocal social communication and social interaction and restricted, repetitive patterns of behavior, interests, or activities. These symptoms are present from early childhood and limit or impair everyday functioning. (DSM-V).

It is called “autism spectrum” because individuals with autism spectrum disorder are in big varieties at very different levels. Individuals with any intellectual ability can be affected by ASD. People may have learning difficulties and require high level of support, at one end of spectrum but on the other end of spectrum, some people with “high functioning autism” are very intelligent academically (Sicile-kire, 2004). Other names of autism spectrum disorder are:
1. Asperger syndrome (AS)
2. Pervasive Developmental Disorder (PDD)
3. High Functioning Autism (HFA)
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**DSM - V criteria for ASD**

A. Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following, currently or by history:

1. Deficits in social-emotional reciprocity, ranging, for example, from abnormal social approach and failure of normal back-and-forth conversation; to reduced sharing of interests, emotions, or affect; to failure to initiate or respond to social interactions.

2. Deficits in nonverbal communicative behaviors used for social interaction, ranging, for example, from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body language or deficits in understanding and use of gestures; to a total lack of facial expressions and nonverbal communication.

3. Deficits in developing, maintaining, and understanding relationships, ranging, for example, from difficulties adjusting behavior to suit various social contexts; to difficulties in sharing imaginative play or in making friends; to absence of interest in peers.

B. Restricted, repetitive patterns of behavior, interests, or activities, as manifested by at least two of the following, currently or by history:

1. Stereotyped or repetitive motor movements, use of objects, or speech (e.g., simple motor stereotypies, lining up toys or flipping objects, echolalia, idiosyncratic phrases).

2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take same route or eat same food every day).

3. Highly restricted, fixated interests that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests).

4. Hyper- or hyporeactivity to sensory input or unusual interest in sensory aspects of the environment (e.g., apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movement).

C. Symptoms must be present in the early developmental period (but may not become manifest until social demands exceed limited capacities, or may be masked by learned strategies in later life).

D. Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning.

E. These disturbances are not better explained by intellectual disability (intellectual developmental disorder) or global developmental delay. Intellectual disability and autism spectrum disorder frequently co-occur; to make comorbid diagnoses of autism spectrum disorder and intellectual disability, social communication should be below that expected for general developmental level. (DSM-V)

Prevalence of ASD: In recent years, reported frequencies for autism spectrum disorder across non-U.S. and countries have approached 1% of the population, with similar estimates in child and adult samples. It remains unclear whether higher rates reflect an expansion of the diagnostic criteria of DSM-IV to include sub-threshold cases, increased awareness, differences in study methodology, or a true increase in the frequency of autism spectrum disorder.

Comorbidity of ASD: Many individuals with ASD have psychiatric symptoms that do not form part of the diagnostic criteria for the disorder (about 70% of individuals with ASD may have one comorbid mental disorder, and 40% may have two or more comorbid mental disorders). Now if criteria for both ADHD and ASD are met, both diagnoses should be given. This same principle applies to concurrent diagnoses of ASD and developmental coordination disorder, anxiety disorders, depressive disorders, and other comorbid diagnoses. Medical conditions associated with autism should be noted under the "associated with a known medical/genetic or environmental/acquired condition" specifier, medical conditions include epilepsy, sleep problems, and constipation. Avoidant-restrictive food intake disorder is a fairly frequent presenting feature of ASD. (DSM-V)

Social Adjustment of individuals with ASD

Social adjustment can be defined as a psychological process. Social adjustment means adaptation of the person to the social environment. It is an effort made by an individual to cope with standards, values and needs of a society in order to be accepted. In the technical language of psychology "getting along with the members of society as best one can" is called adjustment. Adjustment may take place by adapting the self to the environment or by changing the environment.
Persistent deficits in social interaction and social communication across multiple contexts is what faced by a person having autism. Social adjustment involves social competence, social communication and social interaction.

Social Competence: The ability to interact successfully with peers and adults; social effectiveness. Social interactions that come naturally to most people can be daunting for people with autism. They are unable to interact effectively, and due to their ASD do not have any friends most of the time.

Social Interaction: Individuals having ASD face significant difficulty in relating to people in a meaningful way. Individuals with ASD are less interested in people and it is hard for them to see things from other people’s point of view. They can’t make sense of people and are often trapped in a world of their own. They may also find other people frighteningly unpredictable. They only tolerate approaches from familiar people and do not like to be comforted when distressed. They are better to relate to objects than people. They seem to be unaware of social rules.

Social Communication: Individuals with ASD face difficulty in verbal and non-verbal communication. Communications that are not literal are hard for them to understand. Expressions like ‘I laughed so much I nearly died,’ or ‘If you eat any more you’ll burst,’ can be very frightening for them. Non-verbal messages include facial expressions and gestures. They develop speech in a way that is disordered, disrupted and slow – or may not develop speech at all. They point at things but only to indicate need. They echo words said by other people and do not use eye contact while communicating. (Sicile-kire, 2004)

Academic Achievement of individuals with ASD
Academic achievement represents performance outcomes that indicate the extent to which a person has accomplished specific goals that were the focus of activities in instructional environments, specifically in school, college, and university. Academic achievement is commonly measured by continuous assessment or examination. There is no agreement on the way of how it is best tested or which of the aspects are most important — declarative knowledge (like facts) or procedural knowledge (like skills).

Many individuals with ASD experience difficulties with academic achievement. Difficulty in teaching children with ASD was reported by educators and also in identifying appropriate educational interventions. (Whitby and Mancil, 2009). But over the years many studies were done on autistic individuals and tests were conducted on proving that even individuals with autism can succeed through their school and college. (Kanner, Rodriguez, and Ashenden, 2001)

The present study was undertaken to know about the social adjustment and academic achievement of individuals with autism spectrum disorder

- Young adults and adolescents with ASD encounter unique social challenges in employment environment, college settings, and community. This, social skill training for the individuals with ASD is important across the developmental lifespan, therefore social skill training for this type of population must adapt according to the needs of the individual. (Dematteo, Arter, Sworen-Parise, Fasciana and Paulhamus, 2012)
- The cognitive behavioral intervention focused on teaching interpersonal problem solving, affective knowledge and social interaction showed improvement. Children (8-17 years) showed behavior to initiate positive social interaction with peers; in particular, they improved eye contact and their ability to share experiences with peers and also showed interest in their peers. (Baumingers, 2002)
- Social adjustment, having made of sufficient level makes them to manage to function as self-independent individual and also mostly well-educated and even gainfully employed. (Kanner, Rodriguez, and Ashenden, 2001)
- A Walker-McConnell Scale (WMS) and MGH Youth Care Social Competence Development Scale used on 18 individuals with ASD demonstrated significant gains of the WMSand significant improvement in the areas of anxiety management, joint attention, and flexibility. Results of this research suggested that this approach can be effective in improving core social deficits in individuals with ASD. (Cotugno, 2009)
- A study on 8-12 year boys using depression inventory and psychoeducational training was done to see social adjustment enhancement intervention. A significant improvement in facial expressions recognition and problem solving was reported (Solomon, Jones, and Anders, 2004)
- A study on visual fixation patterns during viewing of naturalistic social situations as a predictor of social competence in individuals with ASD was done using eye-tracking technology and viewing social scenes. The results suggested that the best predictor of autism was the reduced eye fixation time and increased focus on mouth predicted an improved social adjustment and a less autistic social impairment. On the other
hand more time on objects did predict the opposite relationship. (Klin, Jones, Schutz, Volkmar and Cohen, 2002)

- A study using 4 experiments accessing recognition of emotional and social information primarily from faces was done on 8 subjects with autism. Results were that all 8 subjects having autism made an abnormal social judgements regarding trustworthiness of faces but however all were able give a normal social judgement from lexical stimuli and they had the ability to normally discriminate the stimuli. (Adolphs, Sears and Pium, 2001)

- A study found that the children with frequently failed to orient to social stimuli and those who did oriented to the social stimuli took a long time and they also show impairments in shared attention. Results suggested that the social orientation impairment might contribute to the difficulties in shared attention found in ASD. (Dawson, Meltzoff, Osterling, Rinaldi and Brown, 1998)

- My life in school Questionnaire conducted on autistic individuals reported that these type pupil group experience low level of acceptance and low level of social support from peers and high level of bullying. Thus it was suggested that inclusion movement was required in this field. (Symes and Humphrey, 2010)

- In a research findings suggested that the parents of children with autism are particularly cognizant of the adjustment and functioning of their typical children. Connors' Rating Scales-Reviewed (CRS-R) and Feelings, Attitudes and Behaviors Scale for Children (FAB-C) were used. (Lefkowitz, Crawford and Dewey, )

- A study reported that many students with HFA/AS face difficulties with academic functioning. Educators have reported difficulty in teaching and identifying the appropriate education plan and strategy. (Whitby and Mancil 2009, Grisworld, Barnhill, Myles, Hagiwara and Simpson 2014)

- A phenomenological research design on 5 individuals with bachelor’s degree and ASD was done to study their academic success experience. The study found that their success through college was their love of learning and an ability to access their strengths and weaknesses, such as areas of academic interests and academic challenges. They even learned strategies to use their education and their degree to maintain employment. “Social change can occur by professionals, the result of this study to increase graduation rates through creating and advocating for the support needed by individuals with ASD” (Drake, Sara, M, 2014 and Haven, 2014)

- A study on 54 HFA and 41 normal control subjects was done using Detroit test of Learning Aptitude-2, Woodcock Reading Mastery Test and Kaufman Test of Educational Achievement was done. The study showed that autistic subjects performed significantly less well than control subjects on comprehension tasks, but dot less in mechanical reading, computational task and spelling. (Minshew, Goldstein, Taylor and Siegel)

- A study on the age differences in academic achievement in high-functioning autistic individuals was done using a battery of psychoeducational tests on samples of normal control and high-functioning autistic subjects. Younger autistic subjects performed better than younger control subjects on mechanical or procedural skills and on some complex interpretive task but did more poorly than controls on following complex linguistic instructions. While the older autistic subjects did significantly more poor than older controls on such tasks. The discussion of the findings are in terms of early success but subsequent decline in the course of academic functioning in autism. (Goldsten, Minshew, seigel, 2008)

- One of the studies suggests that children with high functioning ASD show discrepancies between levels predicted by their intellectual ability and the actual achievement levels. In some cases children achieve lower than expected and in some higher than expected. It was also suggested that contribution to academic achievement can be through improved social abilities (Estes, Rivera, Bryan, Cali and Dawson, 2011)

- In 2001, No Child Left Behind Act came to power. This act helped children with autism to come to schools and colleges and study with the normal children and share the same environment. This act gave them feel the equality in the society. (Yell, Drasgow and Lowrey, 2014)

- Youth and children with autism demonstrate significant deficits in areas of functioning such as communication, social interaction, learning and behavior. Thus the research suggested that all these characteristics of autistic individuals contribute to the challenges faced by educators and related service professionals.

**III. CONCLUSION**

This paper is based on the social adjustment and academic achievement of individuals with autism. The study was conducted to know about the social and academic life of autistic individuals and the adjustments they make or are required to make in these fields. Autism is a lifelong developmental impairment that affects the way a person communicates and relates to people around them, but its severity is based on repetitive, restricted

DOI: 10.9790/0837-2303060409  www.iosrjournals.org  7 | Page
patterns of behavior and social communication impairments. 1% of the population is having ASD is what has been the reported frequency of autism in recent years.

Social adjustment is a psychological process and persistent deficits in social interaction and communication across multiple context is what faced by a person having autism. Autistic individuals are unable to interact effectively with their social environment. In researches it was found out that the best predictor of autism is reduced eye fixation time. They relate better to objects than people. They also face difficulty in verbal and non-verbal communication. They encounter unique challenges in employment environment, college settings and community. Abnormal social judgment is given by them regarding trustworthiness of faces. A research finding suggested that the parents of individuals with ASD are particularly cognizant of the adjustment and functioning of their typical children. But with the help of cognitive behavioral intervention focusing on social interaction and problem solving improve their ability to adjust with others. If adjustment is made of sufficient level then they are even capable of functioning as a self-independent individual. Interventions provide significant improvement in facial expression recognition and problem solving.

Academic achievement represents performance outcomes that indicate the extent to which a person has accomplished specific goals that were the focus of activities in instructional environments, specifically in school, college, and university. Many individuals with ASD suffer difficulty in academic life. They do not perform significantly well in comprehension task. Due to age also there is a decline in academic achievement of individuals. Educators report difficulty in teaching and in identifying the proper education plan. But their intellectual ability show differs from person to person. It is also seen that the interest for learning and the ability to access their strengths and weakness help them in academic area. Many autistic individuals have a bachelor’s degree and have even learned strategies to use their education for job employment.

In social life of individuals with ASD many challenges are their but with the help of interventions and training they can be helped adjust more to their social life and can also lead a life as an independent individual. On the other hand No Child Left Behind Act, has given an opportunity to every autistic individuals to get educated in the same environment with normal children. They do face difficulty in their academics but it can be overcome with help and proper education plans. In one of the researches it was said that with the improvement of social adjustment their academic achievement can also be improved. Thus, it is required that new facilities and techniques for individuals with ASD is required in the area of their social life and academic life, so as to help them become more stable and independent.

REFERENCES
