

12-2016

Effects of the Asperger Label

Cierra Henderson
Western Oregon University

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Effects of the Asperger Label

By
Cierra Henderson

An Honors Thesis Submitted in Partial Fulfillment of the
Requirements for Graduation from the
Western Oregon University Honors Program

Dr. Ethan McMahan
Thesis Advisor

Dr. Gavin Keulks,
Honor Program Director

December, 2016

Acknowledgements

To my thesis advisor, Dr. Ethan McMahan, thank you for the continuous suggestions, critiques, and time you have dedicated to helping me finish this project.

To Dr. Gavin Keulks, thank you for your support, guidance, and advice throughout the last three years.

To my parent, thank you for always having high expectations for me to which I will always strive for and never settle for less.

Lastly, thank you to Dr. Chehalis Strapp. You saw something in me early on and invited me to be a part of a research team. Not only has that given me amazing experience and background for this thesis, but I am so grateful for the opportunities and friendships that have come from it.

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Abstract

The current study examined the Asperger label and compared differences in affect, cognition, and behavior towards an individual with Asperger's when a person knows the individual has Asperger's and when they are unaware. It was predicted that when the diagnosis is known there will be more negative attitudes towards the individual with Asperger's. It is also predicted participants will have more positive attitudes if they have experience or knowledge with Asperger's or autism. There were 39 participants from Western Oregon University. Twenty-six were female and 13 were male ($M_{age}=22.4, SD=6.56$). Participants read a short profile that described an individual with Asperger-like behaviors and social encounters. The Multidimensional Attitudes Scale of Attitudes Towards Persons with Disabilities (Findler, Vilchinsky, & Werner, 2007) was used to measure negative affect, cognition, and behavior. Results concluded that when the Asperger label is unknown, there are significantly higher negative effects and significantly more negative behaviors. Negative cognition was higher for those who did not know the label, but the statistic did not reach significance. Regression analyses were ran to examine if experience had an association with affect, cognition, and behavior, but did not reach significance. These results show that knowing a person's disability may create a better understanding of behaviors and, therefore, less negative attitudes towards the individual. Having experience with Asperger's or autism does not associate with higher attitudes.

Effects of the Asperger Label

Individuals with developmental disabilities endure more hardships than people without disabilities. Past research has examined the internal perceptions of individuals with autism regarding the social inclusion and stigmatization they feel from their peers (Morgensen & Mason, 2015), but not a lot of research has examined the perceptions of others on these individuals. Autism Spectrum Disorder (ASD) is an umbrella term that includes a range of developmental disorders that are diagnosed with the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). Within the spectrum are many different levels of functioning. The levels range from someone who needs a high level of support and assistance to someone who is completely independent and lives a relatively typical life. Individuals with ASD have difficulties of various levels with communication, reading nonverbal cues, and engaging in appropriate conversation topics (Diagnostic Criteria, 2015). This makes it increasingly difficult to form healthy relationships and to experience inclusion within their community. Along with their communicative trouble, individuals with ASD tend to follow strict routines, are very sensitive to their environment, resistant to change, and occasionally engaging in repetitive behavior or topics of conversation (Diagnostic Criteria, 2015). Their behavior may be considered unusual compared to the general public and cause separation between them and their community.

Individuals with autism are more likely to feel some degree of social exclusion. This could be due to their behaviors or their lack of social skills that are related to their disorder (Butler, 2011). Higher social skills in children positively correlate with having more friends and a higher sense of belonging (Viecili, Weiss, Lunsky, & Shupak, 2010).

For individuals with ASD who lack social skills, it can be difficult to make friends to meet that social need. Having a limited amount of social interaction makes it difficult to improve their social skills and create relationships. A large part of the exclusion students with ASD encounter is due to the lack of knowledge that people have of ASD. Campbell, Morton, Roulston, and Barger (2011) asked middle school students to define autism. Only 8% of students recognized difficulties with social interaction as a common symptom of ASD. Only 2.5% of students in the study named two of the three core symptoms of ASD, being social issues, communicative issues, and repetitive behavior. Students are not educated enough on ASD to have an understanding of the disorder, related behaviors, or characteristics.

Lasgaard, Nielson, Eriksen, and Goossens (2009) measured how often a group of boys with and without ASD experience loneliness. The boys with ASD experienced loneliness more frequently than the boys who did not have ASD. Participants who reported having classmates, parents, or a best friend as a social support had less feelings of loneliness. Unfortunately, kids with ASD report having less social supports, less acceptance by peers, and higher levels of bullying than children without ASD (Symes & Humphrey, 2010). These results show the importance of healthy relationships for individuals with ASD to prevent loneliness and encourage acceptance from peers.

A study conducted by Swaim and Morgan (2011) compared children's perceptions of an individual with autism-like behaviors to an individual with no such behaviors. They found that elementary school children rated the child without autism more favorably than they did the child with autism, even when they were aware the

child had a disability and were given information about the disorder. In this study, the behavior of the child had a higher effect on their perceptions of the individual than the autism label that was given to them. In contrast, Mathews, Ly, and Goldberg (2015) found that with college students, knowing a student had ASD resulted in more positive affect, behavior, and cognitive attitudes toward that student. When the college students were given the same information but were not told the diagnosis, students exhibited more negative attitudes and were less favorable towards having the individual in their classes. In this case, the ASD label created a better understanding of the student's behavior and, therefore, had a more positive effect on the attitudes towards the individual. The differences in the results of these two studies could mean that age of the participants has an effect on the formed perceptions. A more mature understanding of disability may create more positive attitudes and a higher level of acceptance. In a similar study, Scior, Connelly, and Williams (2013) found that when people are aware that an individual has a disability, they show higher levels of compassion, lower levels of fear, slightly lowered stigmas, and decreased desire for social distance. The study suggests that when the disability is unknown, people may attribute the individual's behaviors to stigmatizing causes and lay blame on the individual or the parents. Knowing a person's diagnosis creates a better understanding of the behavior and may create more acceptance.

Individuals with high functioning autism have reported having struggles with relationships because of society's stereotypical ideas of autism. These ideas create disabling attitudes towards individuals with disabilities (Mogensen & Mason, 2015). This makes it very difficult for individuals with ASD to form relationships and feel

involved within their community. Research that focuses on the effect of having knowledge or experience with a disability is mixed. Some studies find that previous knowledge and experience with ASD has no effect on the individual's attitudes towards those with autism (Swaim & Morgan, 2001; Mathews, et al., 2015). There is other research that disputes this. Ohan, Ellerfson, and Carrigan (2015) found that participants who rated having higher confidence in their knowledge of ASD, scored lower in stereotypes and prejudice towards individuals with ASD. Griffin, Summer, McMillan, Day, & Hodapp (2012) conducted a study of college kids and their attitudes towards the inclusion of students with intellectual disabilities in classes. Participants who reported having a close relationship with at least one person with intellectual disabilities rated having more positive effects. These same participants were more willing to interact with individuals with intellectual disabilities than the participants who reported they did not have frequent interactions. The increased interaction with and knowledge of individuals with ASD could create more positive perceptions and more social acceptance.

Asperger's is a disorder that recently was removed in the DSM-5 and is now considered under the Autism Spectrum. Those previously known as having Asperger's are now referred to as having high functioning autism. Due to this being a recent change and Asperger's being a commonly heard term, this study will use the word Asperger's for the purpose of this study. Individuals with Asperger's tend to have lower social skills and show resistance to change (Asperger/Autism network, 2012). Many individuals with Asperger's live very successful lives with families and a career. Butler (2011) examined whether the stigmatization of Asperger's was due to the behaviors of

the individual or the label of the diagnosis. He found that the label did not create any stigmatization, but that the Asperger-like behavior did. A limitation with this study was that majority of participants reported they knew very little about Asperger's, so the label wouldn't have as much of an effect.

With so many conflicting results in the research, it is important to continue studying the stigmatization of individuals with autism and targeting what increases and decreases the affects and attitudes towards those individuals. More research will help schools and communities get one step closer to eliminating stigmatization and social exclusion of individuals with ASD. The current study examined if having the label of Asperger's has an effect on how people perceive an individual with Asperger-like characteristics. It is predicted that knowing a person has Asperger's will create more negative affect, cognition, and behaviors towards an individual with Asperger's compared to when the diagnosis is unknown. It is also predicted that those with more experience will have more positive scores.

Method

Participants

Participants of this study were volunteer undergraduates of Western Oregon University. Students of psychology classes who participated in the study were given extra credit slips for compensation. Participants included 39 students. There were 26 females and 13 males ($M_{age} = 22.4, SD = 6.56$). Of the participants, 30 identified as white, five Hispanic/Latino, one African American, one Asian/ Pacific Islander, and two identified as other.

Materials

Two profiles that were nearly identical were created for this study. The profiles included characteristics and an example of a social interaction for an individual with Asperger's. One profile disclosed the individual has Asperger's, whereas the other profile did not. To assess perceptions and hypothetical opinions of these individuals, the Multidimensional Attitudes Scale Towards Persons with Disabilities (MAS) was used (Findler, Vilchinsky, & Werner, 2007). This scale includes 36 questions that relate to the person's affect, cognition, and behavior towards the individual described in the profiles. The affect measures how the participant feels before, after, or during reading about the individual in the profile. For example, *what is the likelihood of you feeling stressed?* The cognition section measures negative thoughts the participant may have about the person such as *what is the likelihood of wanting to get to know them better?* The behavior section measures how they might act around the individual with Asperger's with questions such as *what is the likelihood of you initiating a conversation with the individual described in the profile?* All questions are answered on a scale of one (not at all) to five (very much). Next, the participants filled out a demographic form that included their basic information of age, college year, major, ethnicity, and race. To conclude this section, there were two questions asking their knowledge and experience with individuals with autism. These two questions were answered on a scale of one (none) to five (very much).

Procedures

After the IRB approved the study, participants were recruited by word of mouth and by information fliers posted on campus. Fliers briefly described the study, the need for participants, and that extra credit would be given in compensation if they were enrolled in a psychology course. None of the participant's knew the details of the study except that the researcher was interested in the formation of first impressions. Participants stopped by during selected hours when the study was being administered. All participants completed the study independently with the researcher in the room. They were given consent forms to sign that told them their rights as participants, their answers would be confidential, and they could leave the study at any time. The consent form explained to the participants that the study was measuring the forming of first impressions on individuals with different characteristics. Asperger's or any type of disability was omitted from the consent form because one group was measured without knowing the individual in the profile had Asperger's. Putting the word Asperger's in the consent form would skew the data. After the consent forms were signed, they were placed in a large envelope in no particular order to ensure confidentiality. Once they were put away, there was a short script used in the beginning of the study that instructed the participants to read the profiles and answer the survey when they were done. The participants were handed the profile that was created for their group. Once they were done reading the profiles, they let the researcher know and then were given the MAS. (Findler, Vilchinsky, & Werner, 2007). When the survey was completed, they answered a few demographic questions and questions of their past experience with or knowledge of individuals with ASD and Asperger's. Afterwards, the survey and

questions were collected and put into a separate envelope. Participants were given a debriefing form and an extra credit slip if they were in a psychology course. The debriefing form disclosed that the study was about their formed opinions on an individual that displayed symptoms of Asperger's. They were told the study focused on differences in responses for when the Asperger's diagnosis was known and when it was unknown. Participants were then asked to not discuss the study with anybody until after the study was completed to not bias future participants. At the end of the debriefing form was an email address that they could send any of their thoughts to if they later had any questions or concerns. The consent forms and surveys were kept in a locked drawer that only the researcher and advisor had access to.

Results

To compare the two groups, three t-tests were used to analyze negative affect, cognition, and behavior scores. Participants who did not know the Asperger diagnosis scored higher in negative affect ($M=2.64, SD=.54$) than those who knew the individual in the profile had Asperger's ($M=2.22, SD=.57$). The mean difference was significant, $t(37) = -2.318, p < .05, r^2 = 0.13$ (see Figure 1). Participants who did not know the Asperger label scored higher in negative behaviors ($M=2.95, SD= 1.08$) than those who knew of the Asperger label ($M= 2.38, SD= 0.51$). The mean difference was significant, $t(37)= -2.188, p < .05, r^2 = 0.11$ (see Figure 2). Participants who did not know of the Asperger's label group scored higher in negative cognition ($M=3.46, SD= .72$) than those who knew the individual had Asperger's ($M=3.07, SD=.88$). The mean difference did not reach significance, $t(37) = -1.44, p > .05$ (see Figure 3). These results indicate that

participants show more positive affect and behavior toward an individual with Asperger's when they know of the person's diagnosis.

Three separate regression analyses were done to examine associations between profile type and the variable, mean experience and the variable, and an interaction between profile type and mean experience for each variable. This was done for affect, cognition, and behavior. There was no association for mean affect and profile type ($\beta = .89, p = .05$). There was no association with mean affect and mean experience ($\beta = .38, p = .42$). There was no interaction between profile type, mean experience, and mean affect ($\beta = -.79, p = .18$) (See Figure 4). When looking at mean cognition scores, there was no association with profile type ($\beta = .42, p = .37$). There was no association with mean cognition and mean experience ($\beta = .01, p = .98$). There was no significant interaction between profile type and mean experience in regards to mean cognition ($\beta = -.31, p = .61$) (See Figure 5). There was no association mean behavior and profile type ($\beta = .21, p = .64$). There was no association with mean behavior and mean experience ($\beta = -.11, p = .82$). There was no interaction between profile type and mean experience in regards to mean behavior ($\beta = .17, p = .78$). (See Figure 6). The results suggest that having knowledge or experience of Asperger's did not interact in influencing participant's scores for affect, cognition, or behavior.

Discussion

The results of the current study did not support either hypothesis. It was predicted that participants would have more negative affect, cognition, and behavior scores when they knew the person in the profile had Asperger's. In contrast, there

were more positive attitudes towards the individual when participants were aware the individual had Asperger's. This means that allowing others to know of a person's disability could help others be more aware and less judgmental towards the individual. It was also predicted that having experience or knowledge of Asperger's would increase positive attitudes. Experience or knowledge of Asperger's did not show any significant impact on scores.

Although the hypothesis was rejected, the results in this study are very similar to Mathews, Ly, and Goldberg (2015) and Scior, Connelly, and Williams (2013). These studies, as well as the results from this study, have shown that knowing a person's diagnosis creates more positive attitudes and more acceptance of the individuals. The results suggest that knowing a person's diagnosis creates a better understanding of the characteristics and behaviors the person may show. Scior, Connelly, and Williams (2013) found that knowing the label created more compassion, less fear, and less stigmatization towards the individuals. Knowing a person's disability can increase acceptance, has an impact on how others treat those with disabilities, and improves how the individuals with ASD feel about themselves (Viecili, Weiss, Lunskey & Shupak, 2010). This study's results also are similar to Butler and Gillis (2011) who found that stigmatizations of autism are from the autism-like behaviors and not from the label. In both studies the Asperger label did not create any negative attitudes, but Butler and Gillis did not look at the positive attributes from the label of autism as the current study did. The results of this study contrast with Swaim and Morgan (2001) who found that knowing the label didn't change the attitudes towards individuals with disabilities. Swaim and

Morgan's study examined elementary kids while the current study examined college students. The difference in maturity and understanding of disabilities between elementary kids and college students could be a factor in the difference in results. This is very important to know when addressing disability acceptance within different age groups.

This research also contrasts with Mogensen and Mason's (2015) study of teenagers with ASD and how they feel perceived by others. Some participants of their study found the ASD label to be oppressive and were hesitant to tell others, but the current study found the label created more positive attitudes when the diagnosis was known. There may be a discrepancy between how people with ASD believe others feel about them versus how others actually feel toward them. This is a difficult topic because of the different disorders, levels of functioning, and different experiences that contribute to both sides.

When analyzing the effects of experience on participants, there was no significant association between affect, cognitive, or behavior for either profile. Although these results are also supported by Swaim and Morgan (2001), and Mathews et al. (2015), there are other studies that have found different results. Ohan, Ellerfson, and Carrigon (2015) found that participants who have a higher confidence in their knowledge of ASD had lower stereotypes and prejudice of those individuals. This study did not look specifically at stereotypes or prejudice which may mean that experience could have an association with different elements that were not measured in this study. Another study that found different conclusions were Griffin, Summer, McMillon, Day, and Hodapp (2012). Their study found that

participants who had at least one close relationship with someone with ASD had more positive attitudes and were more willing to interact with them. This study did not look at the effects of relationships. Some participants may have a relationship and transferred that into their answers for experience. More research needs to be done with more in depth answers for experience and types of experience. When looking at the graphs for experience (Figure 4, 5, and 6) the direction the graphs are going leads to a possible association with more data. The lower numbers of participants could run the risk of having a type 2 error. More research is needed to examine the effects of experience on affect, cognition, and behaviors towards individuals with Asperger's.

There are numerous resources for individuals with disabilities around Western Oregon University, and many students have jobs caring for these individuals. Participants having more experience with individuals with disabilities could prevent the sample from representing the population. Whether they had jobs that involved people with disabilities was not looked at in this study. Another limitation is that the scale involved questions of what the participants thought they would do and feel if around the individual described in the profile. Participants have the risk of answering the questions as they think is more socially accepted or more positive than they might actually act or think if in that situation. Specifically, those who knew the individual had Asperger's could have felt more positive answers were more appropriate to disclose. When asking participants about their experience with ASD, the questions were answered on a 1-5 scale. Participants' perception of the extent of their experience may be different from one another which could skew the

measure of experience for the study. It is also suggested that future research look at other disorders on the autism spectrum to examine the effects of those disabilities and characteristics of other disorders.

Although the label of Asperger's created positive effects in this study, it is important to understand that Asperger's is a high functioning disorder. The level of functioning is a variable that should be examined in the future to examine if level of function influences other's perceptions of those with ASD. Knowledge and experience of Asperger's did not have a significant effect on participant's attitudes in this study, but past research has found many different results for the impact of experience and should be investigated further.

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Figures

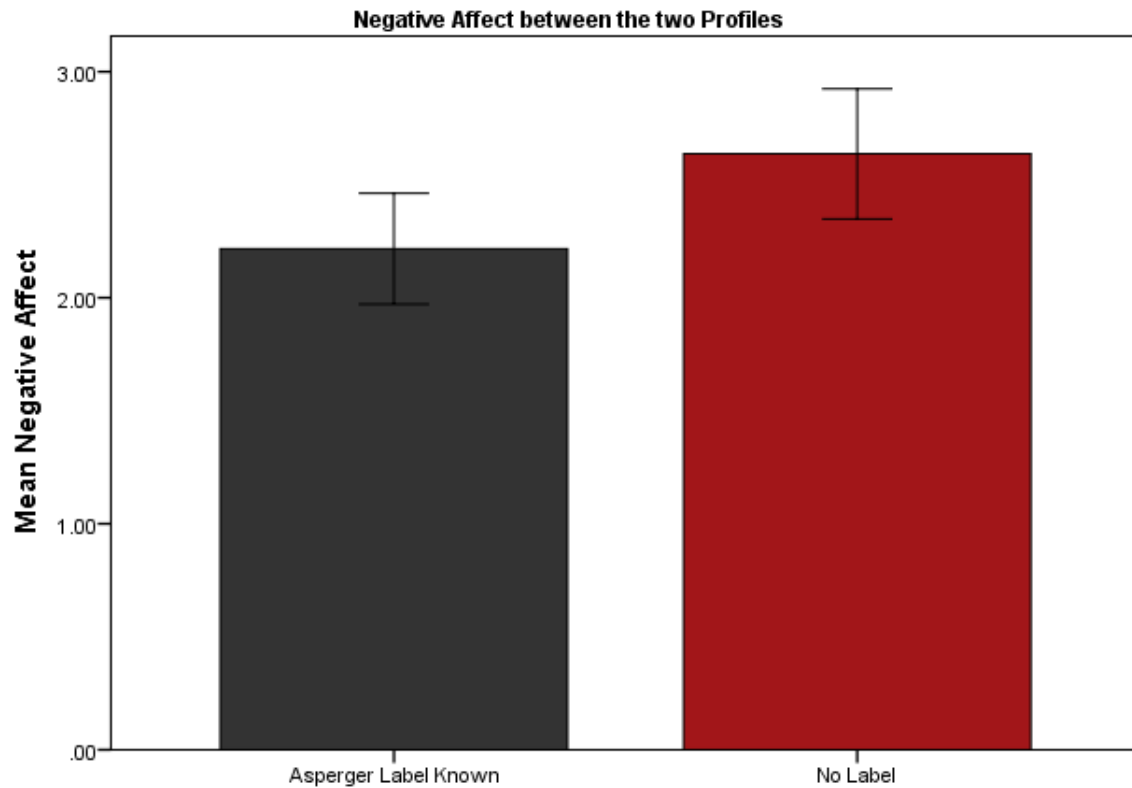


Figure 1: Mean group differences in negative affect between participants that knew the Asperger diagnosis and those who did not know of the Asperger diagnosis.

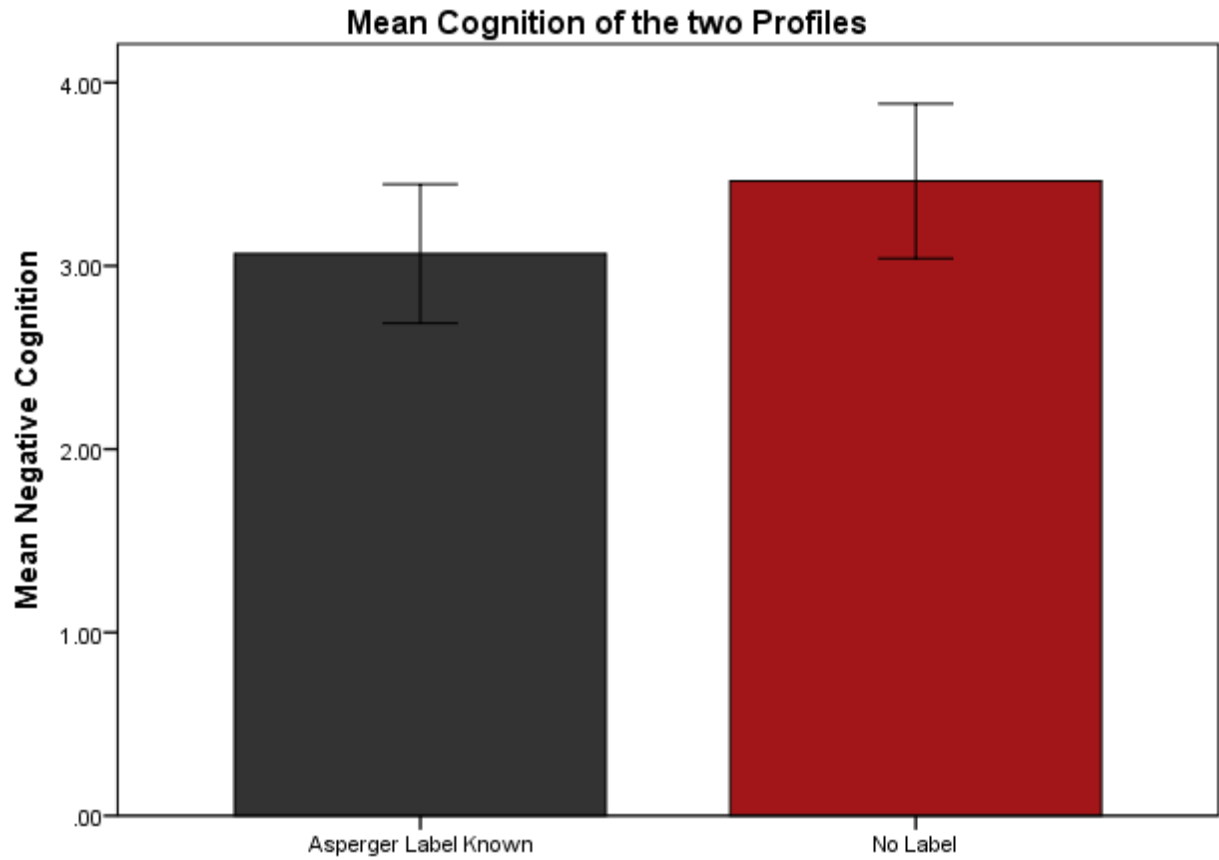


Figure 2: Mean group differences in negative cognition between participants that knew the Asperger diagnosis and those who did not know of the Asperger diagnosis.

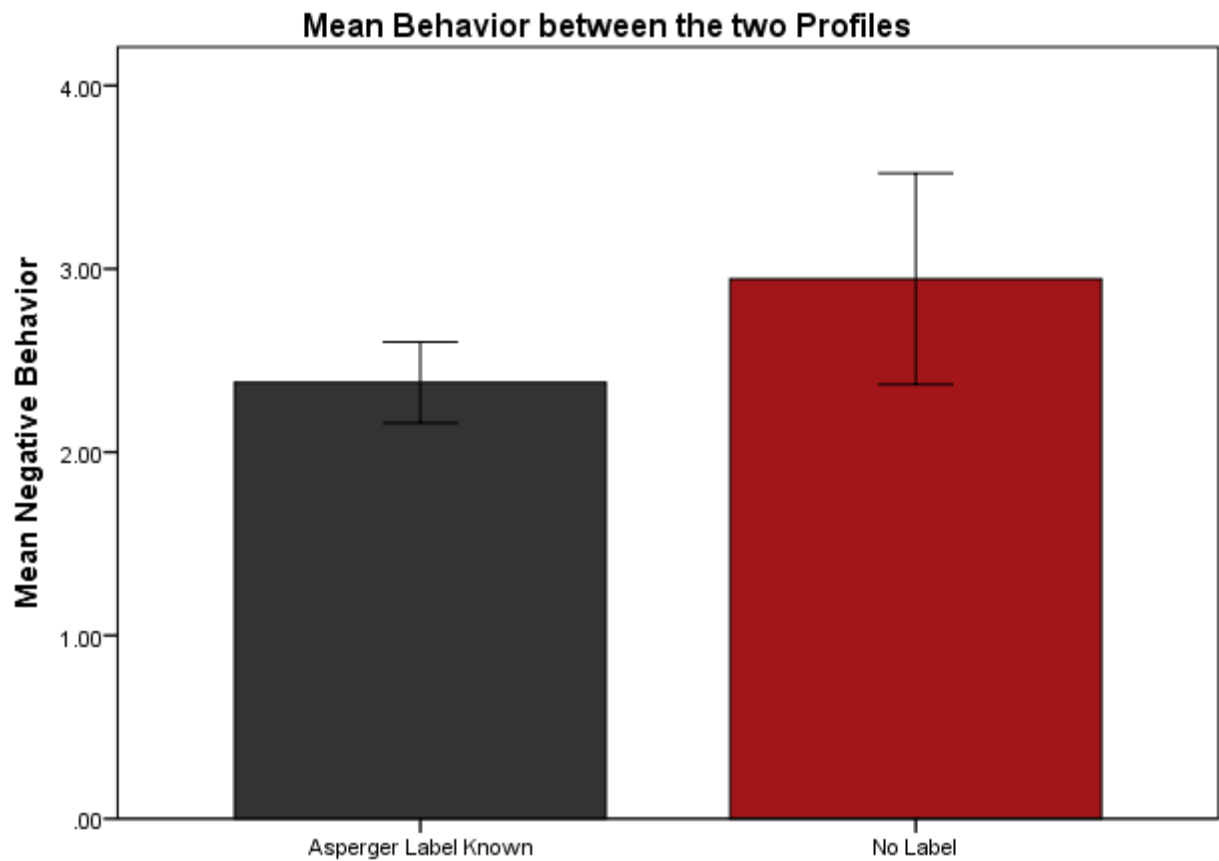


Figure 3: Mean differences in negative behaviors between participants that knew the Asperger diagnosis and those who did not know of the Asperger diagnosis.

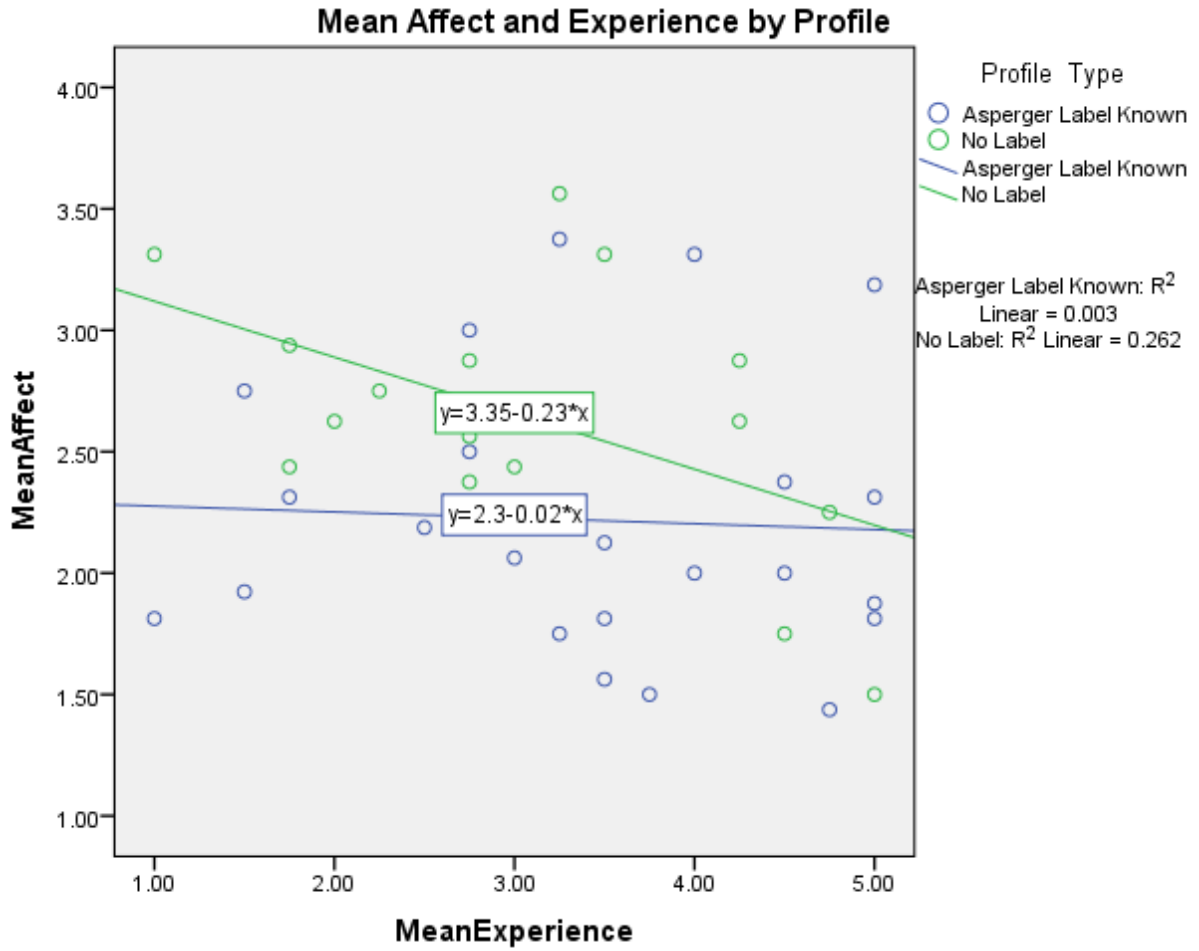


Figure 4: Mean affect scores in association to mean experience scores for when the Asperger label is known and when it is unknown.

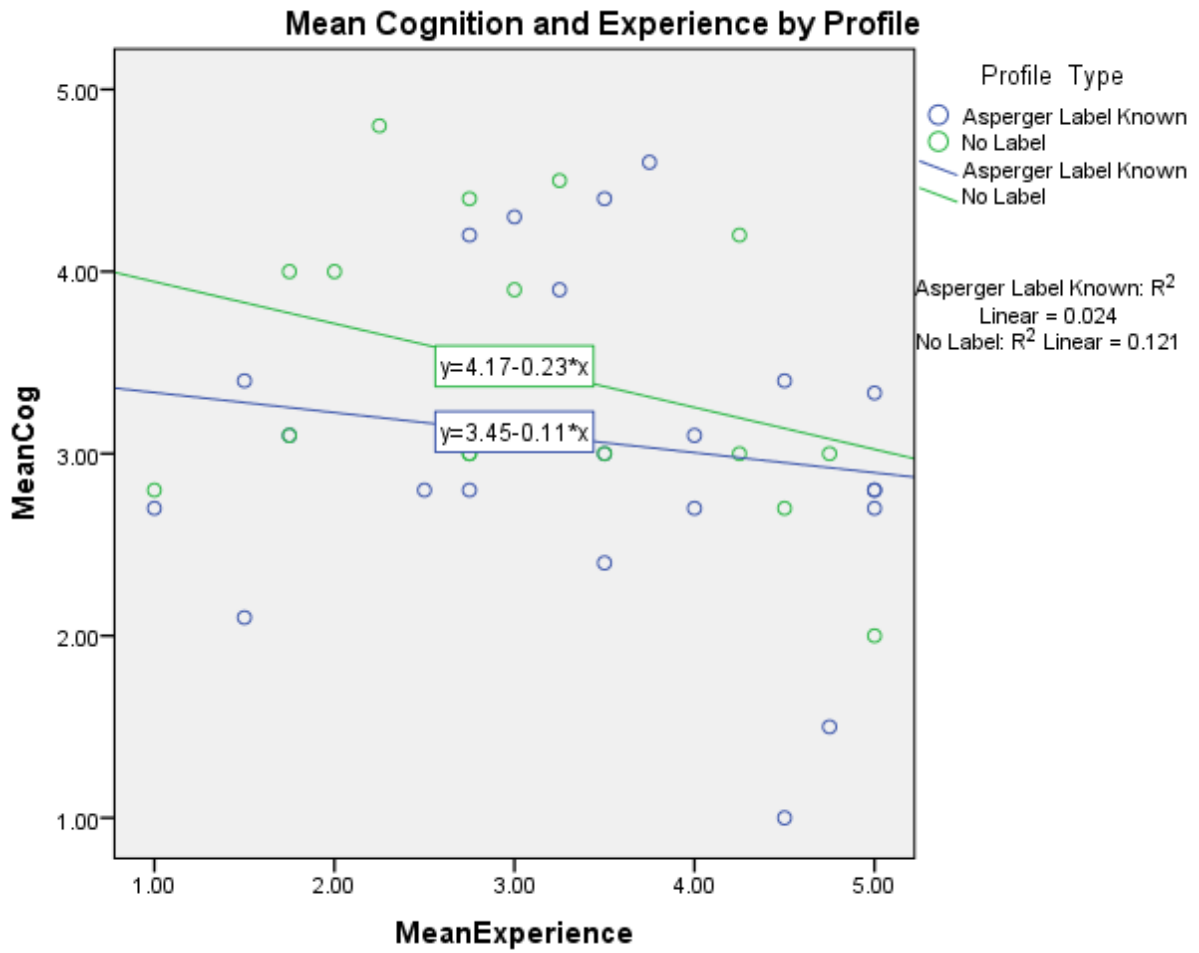


Figure 5: Mean cognition scores in association to mean experience scores for when the Asperger label is known and when it is unknown.

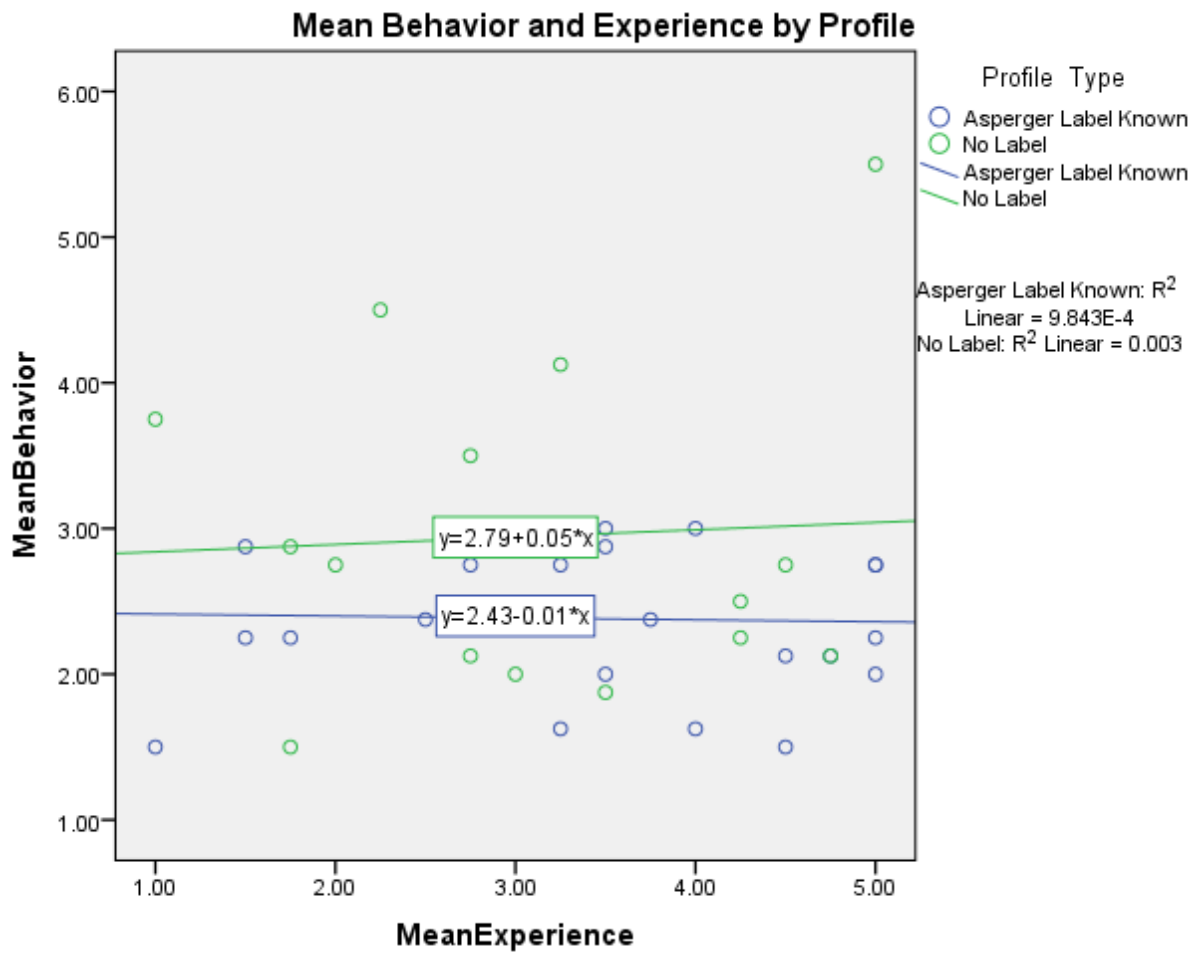


Figure 6: Mean behavior scores in association to mean experience scores for when the Asperger label is known and when it is unknown.