The Emotional Lives of Young People with Autism

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Parents' Voices from the UK and Taiwan

By

Hui-Fen Wu, Prithvi Perepa
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I dedicate this work to my family and many friends. In particular Ray & Rita Wu (my brother and sister-in-law), who have supported my decision to study in the UK and provided me with peace of mind knowing that my family has been well looked after during my long absence from Taiwan.

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Hui-Fen Wu

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Hui-Fen Wu

CHAPTER 1

INTRODUCTION

This research was conducted in 2012 by the first author in dual locations, Taiwan and the UK and in different languages, Mandarin and English (Wu, 2015). At its centre are the emotional lives of young people with autism and without language as accounted for by their parents. Analyses and interpretations of their accounts were produced by the first author, herself having been diagnosed as being autistic and with a learning disability when younger.

This research thus focuses on the emotional lives of children with autism and without language, but specifically as seen through their parents' narratives. The existing literature shows that there are different views on this subject. Some researchers focus on 'deficits' in areas such as social communication, social interaction, and emotionality (Baron-Cohen, 1993). On the other hand, there are more recent arguments which challenge the deficit model of autism (Timimi et al., 2011) and emphasise different ways of conceptualising autism which would suggest that children with autism do possess emotions, but expressed differently from other children. For instance, Kahneman (2011) states that emotion is present in all human actions, a view further supported by Davidson and Begley (2012) who argue that all children, even before they can speak, have an emotional life.

This book is based on a research study, conducted by the first author, which investigated the ways in which parents consider the issue of the emotionality of their children. Before moving into more detail, it is important to clarify the way some concepts are employed in this book as this may differ from other studies.

Autism seems to have been 'created' according to medicalised discourse. There has been little positive discourse on emotional life of young children with autism. The position taken in this research is to challenge the prevailing medical discourse/deficit model (such as the one used on

DSM-V) for it is our contention that the diagnosis criteria for ‘autism’ are actually vague yet impose a stigma of ‘mental illness’ on the individual. Ideally, the label or distinction would be removed. However, this will create a dilemma, as parents currently need the label to gain access to support. In order to reduce the stigma it would be necessary to find an alternative approach to satisfying their need for support as unfortunately our systems are frequently organized according to a ‘no diagnosis, no service’ approach.

We are using the phrase ‘people with autism’ as opposed to ‘autistic people’ in this book as we believe that autism does not describe all that there is to know about a person. Although many professionals use the term “Autism Spectrum Disorder” (ASD), we will attempt to avoid implying that autism is a disorder, some kind of deficit, or mental illness although we accept that clearly, some people with autism do encounter great difficulties in their lives.

It is our cherished hope that the outcome of this study will ultimately aid the development of more effective teaching methods for children who are experiencing these difficulties.

1.1 Background and Context of Study

The term autism was first used by Eugen Bleuler around 1911 to refer to one group of symptoms of schizophrenia. Later, it was used by Leo Kanner in the early 1940s to describe certain children who apparently had social and emotional problems. Around the same time, Hans Asperger also identified similar difficulties in a group of children he worked with. In the 1970s it was observed that autistic characteristics might occur in a continuum (Timimi et al., 2011).

Between the 1930s and the 1970s, research into the treatment of autism focused on therapies and medication such as electric shock and lysergic acid diethylamide (LSD-25) (Waltz, 2013). These methods were criticised as being inhumane and, hence, the search for alternative treatment methods continued. Since the 1960s, professionals have mostly utilised behavioural therapy and highly controlled and organised learning environments to manage autism (Waltz, 2013). Research into the treatment of autism continued and more theories were generated as scientists attempted to identify its cause. Researchers also became interested as to whether autism was hereditary related to specific genes or changes in the brain structure.

The Diagnostic and Statistical Manual of mental disorders (DSM), published by the American Psychiatric Association (APA), is used to classify mental disorders. Autism was added to the third edition of the manual (DSM – III) in 1980 and its description was further developed in DSM-IV (1994). In the DSM-V (APA, 2013), Asperger's disorder and pervasive developmental disorder were combined within the autism spectrum disorder group. Since the DSM classifies mental disorders it follows that the inclusion of autism in the DSM, labels those who are diagnosed with autism as having a neurodevelopmental disorder and/or as being mentally ill.

According to medical accounts in the DSM, children with autism have deficits in social-communication and social interaction. In order to qualify for the diagnosis, individuals with autism should have exhibited their symptoms by age 3. Some research shows that children with autism have one or more of the following: language delay (Bennett et al., 2008; Loveland; Landry, 1986); repetitive behaviour (Bodfish et al., 2000; Thakkar et al., 2008; Turner, 1999); hypersensitivity (Baron-Cohen et al., 2009; Gomot et al., 2002); and some may have strong interests in certain objects or topics (Baron-Cohen and Wheelwright, 1999; Russell et al., 2005).

The reviewed literature thus indicates that the general research focus has been on establishing the difficulties associated with autism, such as a lack of eye contact, difficulties with relationships, lacking Theory of Mind (ToM) [ToM refers to 'the ability to understand that other people have their own plans, thoughts, beliefs, attitudes and emotions' (Timimi et al., 2011, p.67)] and possessing uneven motor skills. Only a few voices speak out about the strengths of people with autism. For example, some have strong rote memory, good detailed memory, excellent spatial concept, and gifted artistic capabilities. The emotions of those with autism can clearly be seen in their narratives (such as Donna Williams' *Nobody Nowhere,* Temple Grandin's *Emergence: Labelled Autistic*, and Naoki Higashida's *The Reason I Jump: One Boy's Voice from the Silence of Autism,* and these videos: Arman Khodaei's *Insights from an Autistic: Emotions,* and *Autism, Asperger's, Emotions and Anger* on the website adultswithautism.org.uk). All of these indicate that far from not possessing an emotional life, people with autism can feel happy, sad, depressed, frustrated, angry and afraid. They can also be eager to be loved as well as to be independent.

Clinical and educational professionals have different specialised backgrounds, and they view and deal with children who have autism differently. For the benefit of these children, teachers, carers and medical professionals need to work more closely to support these children in the best possible way. Whilst the clinical system gives diagnoses - and possibly some medical treatment - usually the time available to the clinician is limited. The real hope for children with autism is that they experience humane understanding from the education system and from their families. Happé (1999) points out that individuals working with children and young people with autism should put emphasis on the 'assets' of individuals with autism rather than the 'deficits', This view is supported later by Billington (2006). Similarly, it has been argued that '[people with autism] have characteristically autistic styles of relating to others, which should be respected and appreciated rather than modified to make them "fit in"' (Autistic Network International, 2010).

Children with autism may display their emotions in a subtle manner, or not at all. However, this does not mean that they have no emotional life. Children with autism constantly challenge the way we think about what it is to be human. With care and understanding these children may change their behaviour and this indicates acknowledgement of their emotionality.

1.2 Brief Autobiographic Details of Wu

(This section is written in first person by Wu to keep the authenticity of the experience.)

As a child growing up in Taiwan, I was thought to have a learning difficulty and considered to be mentally retarded, or autistic, by my kindergarten teachers. This was due to my behaviour and learning progress. I can look back to those times and recall that nobody seemed to care about me and that the only thing they did was to blame me for my behaviour. At the age of nine, I had very low self-esteem and I stammered quite badly. This added to my already poor communication ability. My peers had a great deal of difficulty understanding what I had to say, which led to me having almost no friends. I felt helpless and useless. Around that time, my class teacher discovered my interest and ability in writing and composition. She helped me and encouraged me to enter some interscholastic competitions. My teacher always made a point of praising my strengths in public, and always overlooked my rude manners or words. Whenever my odd behaviour or communication caused embarrassment, she would say ‘never mind’ and made little of it. In class, she would teach proper behaviour without drawing attention to me. During the time she was my teacher, I built my confidence gradually and eventually began to win interscholastic competitions. My teacher was the first person to make me feel as if I was worthwhile. From that time onwards, my academic performance improved. I was accepted at university where I read for a bachelor degree in early childhood, and special needs education. Later I worked for 13 years as a special educational needs (SEN) teacher during which time I studied for my masters degree. My work and my thesis have been inspired by my primary school teacher’s encouragement and my childhood experience. This highlights the importance and value for all children of a good teacher. I do believe that my experience is an example of how important having an empathic teacher with the correct approach can be to children with autism. My teacher treated me with respect as a human being and, as such, had assumed that I possessed an emotional life however different I was to other students.

Finding the potential in individuals with autism, and motivating them to achieve more and do better, is critical to their education. This is a fundamental hypothesis to be considered.

During my time teaching, children would often come to me with a diagnosis of autism (being non-verbal and with a tested Intelligence Quotient in the order of 70 or less). In most cases, the doctors, child psychologists or speech therapists considered these children to be ‘low functioning’.

However, as argued by Gardner (1999), Intelligence Quotient (IQ) is not the only way to measure an individual’s capability. It cannot be used to fully predict an individual’s potential. Various other factors also affect achievement (Gardner, 1999), for example, zeal, hard-work, education, environment and social ability.

From my experience of IQ tests as a child, and later as an SEN teacher having to test many children, I have found that many variables affect test results, such as a new environment, an unfamiliar examiner, an examinee’s physical and mental condition, antecedent events, sounds and lights in the assessing environment and so on. Therefore, IQ scores cannot be reliably used as an indicator of a child’s ability. Strikingly, when teaching preschool children with special needs in Taiwan, I often found that once they became comfortable with their surroundings and settled into my classroom routine, they might often prove capable of tasks that would be expected of children with average or above average IQ. For example, a child might completely dismantle a toy and then reassemble it without difficulty, or operate a computer and surf the internet without assistance. Some of these children could also perform arithmetical calculations or produce detailed drawings of complex objects. These accomplishments clearly demonstrated hidden abilities that had escaped the attention of the professionals.

My approach with the children in my class was to develop trusting relationships with strong and consistent rules. Through intensive observation and direct participation in their activities, I would attempt to discover their strengths, desires and the things which inspired them. I would use this information to encourage them to grow. Using the things that they most enjoyed doing, I was able to get them to participate. I maintained a consistent routine so that they always knew what to expect. When they continued on to primary school, a significant proportion of the children I worked with went on to study in mainstream classes and performed well. Others, although moving into resource classes were able to form fundamental relationships (attachments). Of course, like anybody, they all have their most favourite and least favourite teachers and subjects. After graduating from my class, they would always say "hello" or wave their hands to me whenever they would see me.

As a result of my childhood difficulties and later my experiences as a teacher, it became my intention to understand the emotions of individuals with autism rather than to moderate their behaviour. I do believe that understanding and addressing an individual’s desires and needs will inspire them to step into the social world, however in this book, rather than pursue the children, I intend to listen to the voices of their parents. There are ethical issues in scrutinising young lives and a decision was made early in the development of my research that I should focus on their emotional lives-as perceived by their parents. Indeed, most ‘adults routinely set themselves up as the understanders, interpreters and translators of [their] children’s behaviour’ (Waksler, 1991, p.62). However, I am aware that children have their own voice, and their parents’ understanding might not be the objective truth. Mayall (1994) argues that the knowledge that parents gain from their experiences with their children is not in line with ‘theoretical psychological understandings’, and ‘the differential power relationship between children and adults in the research process lies at the level of interpretation of data, rather than at the point of data collection’ (ibid., p.125). Interpretation of the parent’s testimony is therefore a critical part in achieving my purpose. I choose to use their accounts, because parents are a valuable source of information and knowledge as they spend the most amount of time with their children (Boucher, 2009; Jupp, 1993). In this research it is non-verbal young children with autism who are being discussed, which adds further problems to the already unequal power relations at work when adults claim to speak on behalf of children.

For me, conducting this research was a reflective process and at times it has seemed like I have been rebuilding myself. Burman (2006, p.324) cautions that ‘reflexivity is vulnerable to the charge of offering a new technology of subjectivity that educates the emotions, and normalises some subjective accounts while pathologising or silencing others’. While always aware of this, I have found engaging reflexively throughout my work and research has enabled me to revisit my own experiences as a child with autism, and this has brought to the surface many old memories, causing me to thank those who took the time to work with me and who did their best to help others like me. These individuals have inspired me to work with and study children with autism. In many cases, the turning point in an intervention or individual’s development has been through motivation (Nutbrown, 1999). Smith (1995) wrote that professionals who intend to reach out to the ‘hard to reach’ must seek reliable sources and be careful that the participant’s story is truly representative of their identity and psychological world. Who could be better placed to find that motivation and passion inside a child with autism than those who surround the child?

1.3 Organisation of the book

This book is divided into 6 chapters starting with the introduction, in which we postulate professional opinion regarding the emotional lives of individuals with autism, and then explain our position, the intent of this research and the source of data. A brief discussion of the history of research into autism is also included.

In Chapter 2, we give an overview of autism in the UK and in Taiwan and how it is treated. We present material that supports the existence of emotions in individuals with autism and offer some accounts written by individuals with autism. An argument for using parental narratives for this research is also provided.

Chapter 3 contains a brief description of the methodology and justification for the chosen approach.

In chapter 4, we discuss the theoretical and analytical approaches used to examine parents' accounts. We also explain the use of an interpreter and translation issues that were encountered in this study.

Chapter 5 describes the research data and analysis. Interviews from the UK and Taiwan were analysed and categorised into six themes: individual, family, educational system, medical system, policy, and society.

In Chapter 6, we discuss the parental narratives in this study and compare with existing literature and look for the answer to the research. Finally, we provide conclusions about the influence of the educational and medical systems on the family of an individual with autism, as well as the impact of society and its policies. This is followed by recommendations drawn from the study, and how they might inform different stakeholders, including practitioners, researchers, and policy-makers.

1.4 Research questions

The aim of the research is to explore the evidence that non-verbal children with autism do have emotions. We intend to do this by collecting and examining narrative from their parents. This data will be utilised in an attempt to answer the question:

What factors affect the emotional lives of children with autism and their families?

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

There were over 695,000 cases of autism in the UK in 2011, representing around 1.1% of the population (2011 UK census figures). A survey conducted in 2009 in England indicates that the ratio of males to females with autism is 9:1 (Brugha et al., 2009). The cause of autism is unknown, although genetics and the environment are each considered to play a major part in its origin (Boucher, 2009; Li et al., 1993; Lord and Risi, 2005).

When examining relevant material (such as books, journal articles, on-line blogs, videos), that relate particularly to medical accounts of autism and the way it is traditionally viewed, it becomes clear that the emotional life and awareness of the person with autism has been overlooked.

There is a great deal of information concerning the cause, diagnosis and treatment of autism, often referred to as Autism Spectrum Disorder (ASD), collected through research and clinical observations by an increasing number of specialist professionals, including, psychiatrists, paediatricians, and psychologists. For example, Baron-Cohen (1993), Happé (1995), Hobson (2002), Billington (2006), and Boucher (2009).

An often overlooked potential source of information is from the young individuals with autism themselves. In particular, there is a dearth of information purely regarding their emotions and feelings. It is only as we move into the 21st century, that professional services have begun to take seriously the potential of these young individuals to contribute their own knowledge, although this is often not straightforward, given the non-typical manner of presentation by children with autism.

Encouragingly, the BBC (2010, 2011) made a documentary series about some teenagers with high-functioning autism who were all talking about their lives. The audience may have been given a rough picture of these ‘intelligent’ individuals with autism, however the question that remains is who speaks for the children with autism who are non-verbal and who do not possess language to express their emotional worlds?

2.2 Autism in the UK and in Taiwan

In the UK, professionals, such as governors of schools and teachers are concerned about the increasing rates of incidence of autism. All of them attempt to address the difficulties encountered by these children.

In Taiwan, there is a growing population of children diagnosed with autism, which rose from 6,185 in 2006 to 13,366 in 2013, and in 2014 approximately 0.6% of the population of Taiwan were diagnosed with autism (Department of Statistics, 2014).

2.2.1 Policy

In the UK, 'The Autism Act 2009' provides guidance for diagnosing, assessing, identifying, staff training, and relevant services for adults with autism (The National Autistic Society, 2013; Waltz, 2013).

Other well-known regulations related to autism are 'The Equality Act 2010' and 'The Children and Families Act' (2014). This new act replaced the existing 'Statement of Special Educational Needs' as well as Section 139a Learning Difficulty Assessment' with the 'Education, Health and Care Plan (EHCP)' which applies to children with SEN from when they are born up until they are 25 years old.

The Department for Education is the main administration in the UK relating to autism and education. As for the policies in Taiwan, there are three administrations responsible for special education. These are the Executive Yuan, the Ministry of Education, and the Ministry of the Interior. Among these departments, the Executive Yuan is the 'House of Administration' and it has higher status than other departments. In theory, they all cooperate with each other. However in practice, they work independently. This situation leads to a waste of resources, funds, time and energy (Jiang et al., 2016).

Government acts and regulations dominate the work of the education, social welfare and medical systems in both the UK and Taiwan. Therefore, it is important to have an understanding of the regulations in order to utilise the autism-related resources and protect the rights of individuals with autism.

Both the UK and Taiwanese education experts, scholars and governors have advocated inclusive education in recent years, so more and more students with autism can now study in regular classes.

2.2.2 'Treatment'- Education

Barnard, Prior, and Potter (2000) conducted research with the parents of children with autism under 20 years old who are studying in inclusive educational settings in the UK. They found that almost half of parents think their children get better service at mainstream schools despite having to fight hard for their children's rights. 76% of parents of children with autism consider their children to be happy. Around 60% of parents agree that their children are making good progress in their academic and social skills and 68% of parents think Learning Support Assistants are doing a very good job. On the other hand, 31% of parents of children with autism are not satisfied with the resources and staff provided for their children in inclusive primary schools, and comment that teachers need more professional training for their children. Sadly, parents of secondary school aged children with autism have a higher rate of dissatisfaction.

Chen (2007) conducted research in Taiwan and found that most "typical" children show a high acceptance towards their peers with autism by helping and reminding them that they are sensitive humans. It is, however, observed that some characteristics of autism cause difficulties in building these relationships. In addition, the teacher's strategies and thoughts also have an effect on the way other children react to the children with autism.

The Taiwanese Government support is insufficient to meet the goal of total inclusive education. Therefore, strictly speaking, it should not be defined as an implementation of full inclusion. For example, Wu was employed by the Taipei Government to visit schools with special needs children throughout Taipei, to work with difficult cases and give advice to teachers and parents. These schools would not necessarily have special education trained teachers, and extra support workers (such as therapists, teaching assistants, and so on) among their staff. Two teachers are needed to educate around 30 children (including several children with special needs) which makes focusing on the needs of children with autism difficult.

In Taiwan, there are many children with medium to severe autism, having poor self-care ability and difficulty with communication and social interaction. Teachers are under huge amounts of pressure to manage children with serious emotional and behavioural issues.

However, this limited infrastructure does not seem to impact on parental ambitions for inclusion. Although doubtful and anxious, the majority of parents are in agreement with full inclusion and parents of children with special needs consistently believe that inclusive education should be implemented to give learning opportunities for their children (Lai, 2007).

2.2.3 Current Diagnosis/Assessment Practices

In terms of diagnoses and assessments, psychiatrists, paediatricians, psychologists, and qualified teachers in both countries adopt various tools to judge whether a child has autism or not and then decide where the child shall be placed, and what fundamental abilities the children with autism possess. They utilise diverse intervention approaches to improve the abilities of preschool children with autism, such as Physical Therapy (PT) (Bhat et al., 2011; Lobo et al., 2013), Picture Exchange Communication System (PECS) (Cihak et al., 2012; Ganz et al., 2012), and Pivotal Response Training (PRT) (Coolican et al., 2010; Minjarez et al., 2011).

Boucher (2009), a UK scholar, emphasises that diagnosis and assessments in the field of autism are carried out for a variety of different purposes. The use of diagnosis and assessments is helping individuals with autism and their families to facilitate communication with practitioners by providing information required for the provision and financing of services.

Boucher (2009) also believes that some doctors regularly misdiagnose children with autism, thus leading to distress in families as a result of prejudice or shame. Parents are usually the first to observe differences in their children’s behaviour. Therefore, when child psychiatrists assess young children’s difficulties, they tend to make a judgement using statements from the child’s carer(s) (Yapko, 2003).

There are a number of standardised tests and questionnaires used by professionals to assist in the diagnosis of autism in Taiwan, especially in the medical system. The Social Welfare System supports the diagnosis from the Medical System or the Educational System, and then provides welfare to the affected families. Trained teachers use a Behavioural Rating Scale for Children with autism, Weschler Preschool and Primary Scale of Intelligence-Revised (WPPSI-R), Vineland Adaptive Behaviour Scales to assess preschool children, and a Developmental Scale for Children with Autism.

Every test has its limitations and diagnoses are only able to provide clinical data. It should be considered that clinicians from diverse cultures and communities interpret the criteria accordingly and patients explain the symptoms and describe syndromes in various ways (American Psychiatric Association, 2013). Besides, ‘cultural variables’, family relative data, ‘pathogenic and pathoplastic factors’, ‘explanatory models’, and a ‘patient’s strengths and weakness’ all affect the result of a diagnosis (Alarcon, 2009). Professional staff should not overuse these tools and rely on them to draw fixed conclusions. The diagnoses should be used only as an aid in deciding how to best help individuals with special needs. Molloy and Vasil (2002) argue that considering that during formative years there is a great deal of change in the individuals with Asperger syndrome, a true diagnosis would have to be dynamic to be meaningful.

In DSM-V, Asperger’s syndrome is eliminated from the diagnostic criteria. However, it is suggested that, ‘individuals with a well-established DSM-IV diagnosis of Asperger’s disorder should be given the diagnosis of autism spectrum disorder’ (American Psychiatric Association, 2013, p.51).

2.2.4 Treatment, Intervention Programmes and Approaches

Treatment (meaning the approach used to manage certain behaviour), intervention programmes and approaches in the UK and Taiwan are similar. Teachers and parents have many options to choose from for an individual with autism.

There is no clear boundary between conventional and radical forms of intervention for autism. Many ‘alternative’ remedies in the treatment of autism are developed and advocated by doctors, therapists, parents and parent groups (Boucher, 2009). Alternative forms of intervention, such as play therapies, art therapy, acupuncture, diet and nutritional supplements, medication, and animal assisted therapies, do not always yield significant evidence of effectiveness (Research Autism, 2013).

Diverse treatments are applied in different sites, such as schools, hospitals, and homes. Structured teaching, Picture Exchange Communication System (PECS), and pivotal response training are adopted in schools. In terms of hospitals, clinical staff utilise occupational therapy, play therapies, art therapy, music therapy, acupuncture, speech-language therapy, physio therapy, and medication.

As for home-based intervention, carers espouse diet and nutritional supplements, animal assisted therapies, PECS, and pivotal response training (see appendix 3). Among all treatments, Applied Behavioural Analysis (ABA) (or Behavioural Therapy) is widely used and recognized as a safe and effective treatment for autism so far. For example, Lovaas (1987) explored Behavioural Therapy with a view to improving the intellectual functioning of young children with autism, unfortunately the study failed to consider the emotional life of these children.

While there are different approaches, parents in particular tend to treat their children as other children and try to give them the same opportunities as their peers and siblings (Goodley and Lawthom, 2006).

According to Hsieh (2007), parents will take into consideration their child’s fundamental abilities when selecting resources for intervention. Other factors will be the parent’s active and positive attitude, professional knowledge and the exchange of information relating to the outcome.

Tsai et al. (2008) found that there is not much evidence to support that the mothers of children with intellectual difficulties treat their children in the context of a specific diagnosis. To explore this phenomenon specifically with respect to the mothers of children with autism, the study used a grounded theory approach to develop a hypothesis to explain the parenting and behaviour management processes used by twelve mothers of children with autism aged between three to seven years in Taiwan. Tsai et al. (2008) found that these parents managed the complex needs of their children by ‘integrating nurturer–trainer roles’. There were four components to the process: effective treatment, developing training and nurturing competencies, negotiating roles, and adjusting expectations. The ‘integrating nurturer–trainer’ processes fell into four categories: trying it all, going along, insisting on training, and facilitating the child's strengths. The mothers who facilitated the child’s strengths were better at integrating the nurturer–trainer roles, experienced better role preparedness, less strain, and positive emotional reactions. These data can be used to help health care providers understand the demands on these mothers and thus help them to develop appropriate interventions that facilitate the process of integration of the nurturer–trainer roles.

2.3 Exploring emotional life

Emotions are a crucial part of the human experience and are also our most reliable indicator of how things are going in our lives. Feelings can be a conscious experience, while emotions originate on an unconscious level (Damasio, 1994). These feelings stimulate and organise the meaning of our experiences, and then lead our perceptions, thoughts, and actions (Greenspan et al., 1998; Izard, 1991). Emotions, both positive and negative, guide and motivate an individual's learning and behaviour from the time that they are born. Since 2010, most autism research focuses on utilising technology to conceive emotion recognition ability (see Harms et al., 2010; Jones et al., 2011; Mazefsky et al., 2013; Samson, et al., 2012; Sucksmith et al., 2013; Tracy et al., 2011) and teaching emotions to individuals with autism (see Golan et al., 2010; Tanaka et al., 2012; Williams et al., 2012). It is a fundamental scientific and/or clinical error to conclude that the inability to express or respond to emotion appropriately indicates that no emotions exist. Technology at this stage cannot comprehend the complexity of emotion. In addition, teaching emotions should be based on the understanding of the fundamental emotionality of individuals with autism.

An individual's emotional life is affected by various factors – natural (body, temperament) and nurtural (culture, relationships with adults and peers, family environment) (Hyson, 2004). Emotional competence encompasses an individual's ability to recognise the emotions of others and to act on it, display or show the capacity for empathy with another person, or to understand their emotional state and how they express and control their emotions.

Dowling (2000, p.57) believes that 'young children's understandings and use of their feelings will be heavily influenced by the significant people around them, initially their parents'. Additionally, 'young children need to have experienced a range of emotions before they begin to understand them' (Dowling, 2000, p.60). Young children find it hard to comprehend and predict mixed emotions (Dowling, 2000). Further, Grusec (2011) believes that, in all cultures, parenting affects the development of a child's moral values and social usages by providing guidance and interaction in parent-child and group relationships. Dowling (2000, p.63) argues that emotional life is critical to success and 'young children's emotional development is rapid and closely tied to other areas of development'.

Although a young child initially expresses their emotions and feelings by showing rather than verbalising them (e.g. via a smile, laughter), oral language is still important for them to learn to cope with their emotions, and a child's working memory is affected by their negative emotions (Dowling, 2000, p.55).

In early development studies, Kubicek (1980) had the opportunity to study twins who were videotaped from the age of 4 months, one of whom was diagnosed with autism. Whilst the twin without autism exhibited "normal" emotions, the twin with autism showed no facial expression, lacked eye contact and showed rigid posturing.

In the same vein, Osterling and Dawson (1994) studied children at 12 months old and found that autism was evident through an absence of gestures and lack of response. These studies, amongst others, establish the idea that children with autism lack emotions. On the other hand, Dale (1992, p208) indicates that babies with autism often communicate by evoking intensely felt emotional states in individuals 'which cannot be processed or understood at an intellectual level', leaving the recipient with an unexplained feeling of emotion.

2.3.1 Hypersensitivity

Accounts of autism are beginning to emerge in which the individual with autism is hypersensitive to their surroundings, resulting in a neurological or psychological shut down due to the ambient level of sensory stimuli (sound, light, touch, odour) (American Psychiatric Association, 2000; Billington, 2000, 2006; Kern, 2002). As the noise level alters so does the perceived sensitivity of the individual. Rather like not being able to hear a pin drop in a crowded room or being able to see a star in the sky at night, but not during the day. This transmigrates to all areas of communication.

Billington (2000, 2006) suggests that by controlling the environment and reducing the noise level, an elevated sense of security might be induced in the child. Then, working with an especially sensitive and considerate adult, the child may be prepared to open the door to communication. This theory is supported by Kaufman (2010) who indicates that children with autism are susceptible to over-stimulation often from sound, light and smell.

Carlisle (2007, p.225) asserts that '[individuals with autism] may present [a different] reaction or response to sensations, which is described as a sensorial defence to the tactile, oral, visual and sound modalities'. Similarly, Kern (2002) observed that individuals with autism presented different reactions to sensorial stimuli resulting in their difficulty in processing information correctly. In the same vein, Gadia and Tuchman (2003) argue that children with autism are particularly sensitive to sensory input, such as sound light and touch further noting that their participants were fascinated by specific visual stimulus and exhibited different stereotyped movements.

Later, a prospective study was carried out by Gomes et al. (2004) aiming to verify if the clinical behaviour of hearing hypersensitivity in individuals with autism corresponded to their audiological consequences. Results showed that behavioural reactions to sounds were not associated to the hypersensitivity of auditory pathways; they were associated with difficulties in higher processing, involving systems, such as the limbic system, that are usually compromised in individuals with autism. The same seems to happen with the other changes in sensitivity and behaviour associated with them, such as fear and distortion of reality. The latter are complex interactions derived from higher level processing and not from specific hypersensitive pathways (Gomes et al., 2004).

Recent studies have examined the basis of sensorial issues and neurophysiologic mechanisms in an individual with autism, presupposing that sensorial functioning is essential in their development and considering that many of the sensorial issues may contribute to these individuals' poor social interaction. There are, however claims that for these studies, the research is methodologically flawed and uses retrospective evaluative data as well as videos and autobiographical questionnaires (Harrison and Hare, 2004; Iarocci and McDonald, 2006). Whether these studies were flawed or not, it is important to have an attitude of non-judgmental optimism on the part of the person working with individuals with autism to reduce the likelihood of withdrawal and promote interaction. If you want to create a connection or a bridge between their world and yours it will be necessary to show that you respect them and their sensitivity.

2.3.2 Theories of Emotions

The following theories are important when considering emotions: Psychoanalysis (Freud, 1991; Erikson, 1950, 1958, 1963, 1964, 1968); Piaget's cognitive development theory (Piaget, 1958); neo-Piagetian theories; Vygotsky’s social constructivist theory (1978); Albert Bandura’s social learning theory (1977); and social information processing theory (see Crick and Dodge, 1994; Dodge, 1986).

From the sociological view, theories of emotionality involve individual–environmental mutual transmission (Cross and Huang, 2012; Lazarus, 1991; Lazarus and Folkman, 1984; Seyfert, 2012), and external milieus affect an individual’s psychic experiences (Seyfert, 2012). Human interactions may create common and shared gathered feelings which result in emotions being felt by and interpreted by the interacting individuals (Ahmed, 2004; Collins, 2004; Hochschild, 1979; Kemper, 1978; Seyfert, 2012; Thoits, 1989). An emotional experience is an interactional process which is determined by society (social norms and value) and an individual (belief, motivation and personality) (Denzin, 1984; Lazarus, 1991, 2001; Winograd, 2003). The depth of emotion will be determined by the individual’s view of the result, which in turn is dependent on the individual’s personality and beliefs (Cross and Hong, 2012).

As opposed to the prevailing medical deficit model, Bronfenbrenner (1979, p.291) cautions that it is important ‘to recognize the deficit model [of human development] often underlying the choice of problems, variables, methods, and research design’ because professionals, researchers, and practitioners tend to explore the fault of an individual or extending to his/her family rather than admit that something is wrong with the existing systems. Similar to the sociological view, Bronfenbrenner's ecological system (hypothesis) also illustrates how the surrounding environments influence a person's emotional development. An individual’s emotional development is the emergence of their experience, expression, understanding, and regulation of their emotions from birth all the way through adolescence. Their emotional lives do not occur in isolation; emotional development is impacted by neural, cognitive and behavioural development as well as by sociological, cultural and contextual influences (Moissinac, 2003). According to Moissinac, as children enter school, they gain a sense of self and a deeper understanding of their emotional self, and it is important to interact with them as they grow in themselves, so they can gain a better understanding of their emotions and how to handle them. In a microsystem the family plays critical key roles in a child's emotional development (Howe, et al., 1999). A family must be purposeful in guiding a child’s emotional life and must focus on their emotional needs. Stronger familial bonds will result in higher acknowledgement of emotional needs,