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What is going on with Josh? He is a twelve-year-old boy in your church's youth group. He doesn't seem to fit in with the other kids; he is awkward and uncomfortable in social situations. He often sits by himself and has a hard time entering into conversations. When he does, the conversation quickly becomes a lecture as Josh shares obscure details about *The Lord of the Rings*. Josh is a walking encyclopedia on the subject, but he seems oblivious when people grow bored and want to walk away.

That's not the only thing Josh seems to miss. He can't seem to connect or empathize with the feelings of others—their joys or their sorrows. He can be brutally honest, bluntly stating his opinion (“That hairstyle looks horrible!”) without an ounce of tact. If he thinks it, he says it.

Josh speaks well and has a good vocabulary, yet he has a hard time understanding what others communicate to him, verbally and nonverbally. Subtle humor goes over his head; so do figures of speech. He often takes literally things that are meant figuratively. He gets upset easily and has a tough time shifting gears in the moment. His emotions sometimes seem out of proportion to the situation.

Why does Josh struggle this way? Can we give a name to his difficulty?

A brief description cannot do justice to Josh's experience (or to the other children who struggle like him), but it is possible that if Josh were evaluated medically, he would be given a diagnosis of Asperger Syndrome.

How should we as Christians think about this experience and diagnosis? How can we minister to those who exhibit these behaviors?

This booklet will briefly describe Asperger Syndrome (AS) and suggest some general strategies for ministry to individuals with AS. Though there are many specific questions this booklet cannot answer, I hope it will help parents whose children have been diagnosed by a qualified medical professional, as well as anyone who works with such children. If you have been diagnosed with AS yourself, I hope that you too will find the material useful. Though this is a complex and often poorly understood experience, I offer a basic framework for ministry that reflects the best research from the scientific community as well as the truth of Scripture.

What Is Asperger Syndrome?

Austrian pediatrician Hans Asperger first described these children in 1944, but it was not until 1991, when his work was translated into English, that the constel-

lation of symptoms known as Asperger Syndrome (AS) became more widely known and accepted.¹

In 1994, the American Psychiatric Association included the diagnosis in their Diagnostic and Statistical Manual of Mental Disorders.² Since that time, more and more children (and adults) have been diagnosed with AS. Some authorities estimate that the incidence of those experiencing AS could be as high as one in 250 to one in 500.³

What does this mean for the Christian community? We must thoughtfully and compassionately apply a biblical worldview to serve the substantial numbers of children and adults diagnosed with AS. Our approach must carefully consider the differences between behaviors related to AS and behaviors related to heart issues found in most children.

Key Features of Asperger Syndrome⁴

The medical community places AS in the same family of problems as autism—what the DSM calls “pervasive developmental disorders.” Is AS in a separate category from high-functioning autism? This is debated, but for the purposes of our discussion, AS will be considered an “autistic spectrum disorder.”⁵ What do AS individuals typically experience?

Social Difficulties

There are several ways in which AS makes it difficult for a person to maintain good relationships, particularly with peers.

Nonverbal Communication. Children with AS have trouble expressing and interpreting nonverbal forms of communication, such as eye contact, facial expressions, body postures, and gestures. They may understand someone's words but miss the message because they do not pick up on subtle nonverbal cues that signal anger, irritation, or amusement in others.

Verbal Communication. Unlike autistic children, children with AS have good expressive language ability. However, they struggle to use these abilities appropriately in conversation. AS literature calls this "pragmatic language impairment, or problems in the social uses of language."⁶

Josh uses language to communicate the things he knows, but he doesn't know how to enter into the give and take of normal conversation. His communication is informational, not relational.

When listening to others, AS children often interpret words and phrases literally and miss their intended figurative or metaphorical meaning. For example, "Pull yourself up by your bootstraps" might give rise to the AS response, "But I'm not wearing any boots!" AS individu-

als may not "get" jokes or subtle humor, increasing their social isolation.

Social Awareness. AS children lack the ability to understand and relate to the feelings of others. "Persons with AS also lack 'empathetic response,' the inherent desire to share attention with others, as when a child points out an object of interest to another person, or when he expresses interest in something that interests someone else."⁷ This does not mean that they have no feelings. They have them, but more so in isolation from others. This explains why an AS child might unwittingly hurt others by tactless comments, even as he deeply feels the obvious rejection of his peers.

Preoccupation with Special Interests

This is a second major category in AS. The special interest or interests of an AS child is a "restricted pattern of interest that is abnormal either in intensity or focus."⁸ Josh's all-consuming interest in *The Lord of the Rings* is an example. These special interests seem to provide a place of mastery and control in a hard-to-negotiate world.⁹ Unfortunately, they are also frequent obstacles in relationships with others.

Other Common Features

Other symptoms and behaviors often present in AS include:

- *Sensory integration problems.* AS children may have an unusually intense reaction to certain sights, sounds, smells, tastes, or touches. For example, the feel of chalk dust on the hand might cause nausea.
- *Auditory processing problems.* AS children have difficulty filtering out background noise to listen to a conversation. While most children can tune out the hum of the air conditioner or singing from another classroom, the child with AS cannot. Every sound competes equally for attention.
- *Motor clumsiness.* Clumsiness can increase social isolation, since it keeps AS children from playing well in games or team activities in school.
- *Difficulty following directions.* Children with AS tend to have problems carrying out tasks with multiple steps. To a parent, “Get ready for church” may mean, “Go upstairs, brush your teeth, choose a nice shirt and pants, get dressed, and come back downstairs.” To the child with AS, such a request may be overwhelming. It might even precipitate a tantrum because it is too much information in one dose. This may also be why it is difficult for AS children to “shift gears” from one activity or topic to another.

What Causes AS?

We have described the experience of AS. Do we know what causes it? The short answer is no. Most researchers link AS to faulty neurological (brain) development, but there are no definitive brain-based or genetic markers that uniquely distinguish AS from other autistic spectrum disorders (or from normal, for that matter). Many researchers connect Asperger Syndrome to a primary deficit in what is known as “theory of mind” (ToM). Theory of mind is “the innate capacity to understand that other people can have desires, ideas, and feelings different from our own.”¹⁰ In other words, people with AS have varying degrees of “mind blindness,” varying degrees of understanding the spoken and unspoken thoughts, desires, and feelings of others. What may seem like a simple case of selfish, willful disregard of another person’s feelings or motives may in fact reflect a brain-based weakness that hampers a person’s ability to obey the biblical injunction to “look not only to your own interests, but also to the interests of others” (Phil. 2:4).

Fortunately, we do not need to know the precise cause(s) of AS to effectively minister to those who struggle with it. We can serve wisely and well if we listen to and learn from Scripture, from the person in front of us, and from the concrete and specific strategies that have been found to be effective with AS.