



Desire for social interaction in children with autism spectrum disorders



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ABSTRACT

In this experimental clinical study, a first attempt was made to examine the desire for social interaction in children with autism spectrum disorders (ASD). Children with ASD and typically developing (TD) children completed both an explicit measure (self-report) and an implicit measure (Face Turn Approach–Avoidance Task) of the desire for social interaction. On the explicit assessment, children with ASD clearly displayed lower scores reflecting less desire for social interaction than TD children. On the implicit assessment, children with ASD showed a stronger tendency to pull both social and non-social stimuli towards them, which indicates a general automatic tendency towards approach, as compared to the TD children. Possible reasons for this dissociation between the explicit and implicit desire for social interaction are discussed and directions for future research are provided.

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1. Introduction

An extensive line of research indicates that positive interpersonal relationships are important for both physical and emotional well-being of individuals (Baumeister & Leary, 1995). Children with autism spectrum disorders (ASD) spend less time participating in social interactions (McConnell, 2002), and are less inclined to initiate social contact with peers (Bauminger, Shulman, & Agam, 2003) than children without ASD. As a result, many interventions aim at stimulating children with ASD to engage in social interactions (e.g., Rogers, 2000).

The precise reason for the diminished social contact of children with ASD is unclear. On the one hand, it is possible that qualitative social impairments, such as limited social cognition and lack of social skills, may hinder these children in initiating and maintaining social interactions (e.g., Bauminger, 2002). On the other hand, it has been proposed that children with ASD lack the intrinsic desire to interact with others (Chevallier, Kohls, Troiani, Brodtkin, & Schultz, 2012; social motivation theory). So far, it is largely unknown to what extent children with ASD have a desire for social interaction. Children with ASD constitute a heterogeneous group and the current literature indicates that their social behaviour is rather diverse. In general, children with ASD have fewer friends, display lower friendship quality, and take a less central role within social networks. A significant fraction, however, manages to form reciprocal friendships and is involved in social networks in regular schools (e.g., Kasari, Locke, Gulsrud, & Rotheram-Fuller, 2011).

Several studies have found that children with ASD report elevated levels of loneliness (e.g., Bauminger et al., 2003), which indicates that they experience a discrepancy between the desired and perceived social functioning. The presence of loneliness implicates that these children want to be involved in interaction with other people, which seems to be in contrast

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to the argument that they are not motivated to engage in social contact. However, several studies have demonstrated that the understanding of friendship and loneliness is fundamentally different in children with ASD and that the relationship between loneliness and friendships is less coherent (Chamberlain, Kasari, & Rotheram-Fuller, 2007). The existing research does not differentiate between the two lines of reasoning just described. More insight into the desire for social interaction in ASD is needed as variations in social motivation might explain variations in social behaviour (Calder, Hill, & Pellicano, 2012). It is also of clinical importance as it may have implications for treatment.

The desire for social interaction can be assessed by means of explicit and implicit measures. Explicit or direct measures consist of questionnaires, interviews, and behavioural observations, and have a long and fruitful history in psychopathology research. At the same time, they also have clear limitations as they rely on the introspective abilities of individuals (Nisbett & Wilson, 1977). Implicit or indirect measures intend to capture more automatic processes, and they produce knowledge about psychopathology beyond conscious introspection or behavioural observations (Wiers, Teachman, & de Houwer, 2007), and as such are complementary to explicit measures (Roefs et al., 2011).

In the present study, the explicit assessment method was covered by the Wish for Social Interaction Scale (WSIS), a self-report questionnaire to measure children's desire for social interactions. To assess the desire for social interaction at an implicit level, a modified version of the Approach–Avoidance Task (AAT) was employed. The basic idea behind an AAT is that positively valenced stimuli will elicit an automatic approach tendency, while negatively valenced stimuli will evoke an automatic avoidance tendency. To measure these tendencies, an experimental paradigm has been developed by Rinck and Becker (2007) during which a series of stimuli are presented one-by-one on a computer screen. Participants are given a joystick and instructed to respond to a certain (irrelevant) feature of each stimulus by either pulling (approach) or pushing (avoid) the joystick. The assumption is that if a participant's attitude towards the stimulus matches the direction of the required response, the reaction will be faster. However, when the attitude does not match the required arm movement direction, the reaction will be slower. In the current study, we used a similar task, the Face Turn AAT (Voncken, Rinck, Deckers, & Lange, 2011), during which pictures of side-view faces were presented on a computer screen. By moving the joystick, participants were instructed to either turn the faces towards them (pull-approach) or turn the faces away (push-avoid), depending on an irrelevant feature of the stimulus (i.e., whether the target face looked to the left or to the right). The original Face Turn AAT (Voncken et al., 2011) was modified and adjusted to our child population by adding child faces and reducing the duration of the task. Our goal with this modified AAT was to test whether children with a stronger desire for social interaction will display shorter reaction times when they are prompted to turn the faces towards them (approach) and will exhibit longer reaction times when they are prompted to turn the faces away (avoidance).

To summarize, this study investigated the desire for social interaction in children with ASD in more detail. For this purpose, we asked clinically referred children with ASD and typically developing (TD) children to complete a self-report instrument (the WSIS) to measure their desire for social interaction at an explicit level. We used the Face Turn AAT as an implicit measure of the desire to engage in social contact. Our expectations regarding the results of this study were ambivalent. Based on social motivation theory (Chevallier et al., 2012), children with ASD can be hypothesized to display lower levels of desire for social interaction than TD children. However, considering the 'increased loneliness' findings, children with ASD may display a similar or even stronger wish for social contacts than TD children. As children with ASD are also more prone to develop social phobia (e.g., Muris, Steerneman, Merckelbach, Holdrinet, & Meesters, 1998) and this type of anxiety problem is likely to guide children's desire for social interaction (e.g., Voncken et al., 2011), we also included a measure of social anxiety as a control variable.

2. Methods

2.1. Participants

The sample consisted of 63 children with ASD (autistic disorder: $n=5$, Asperger's disorder: $n=17$, and pervasive developmental disorder-not otherwise specified: $n=41$) and 69 TD children. The children participated after obtaining informed consent. The gender distribution differed between the two groups: there were more boys among the children with ASD (56 boys and 7 girls) than among the TD children (37 boys and 32 girls) [$\chi^2(1,132) = 19.68, p < .01$]. The children with ASD (mean age = 9.9 years, $SD = 1.26$; range 8–12 years) were also significantly older than the TD children (mean age = 9.1 years, $SD = 1.35$; range 7–12 years) [$t(130) = 3.19, p < .01$]. Therefore, gender and age were included as covariates in all analyses. Children with ASD were recruited at a community mental health care centre (RIAGG Maastricht). A specialized, multidisciplinary team including licensed child psychologists and psychiatrists, with at least 5 years of experience with this type of psychopathology, determined the DSM-IV-TR diagnoses (American Psychiatric Association, 2000). For each child, the diagnosis was based on extensive assessments using multiple informants: a diagnostic interview carried out with parents (emphasizing the developmental history of the child), a teacher interview regarding the child and his/her interactions with peers, and behavioural observations of the child as documented by a psychologist or psychiatrist. In case of learning problems and/or concerns regarding the cognitive abilities of the child, an IQ test was administered.

TD children were recruited via several primary schools. Although these children were not psychologically or psychiatrically examined, parents reported that they did not suffer from significant developmental problems or psychopathology. Results from a parental questionnaire measuring autistic behaviours (i.e., the Children's Social Behaviour

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