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Asperger's Syndrome

History

Asperger's syndrome (also known as Asperger's Disorder) was first described in the 1940s by Viennese pediatrician Hans Asperger, who observed autism-like behaviors and difficulties with social and communication skills in boys who had normal intelligence and language development. Many professionals felt Asperger's syndrome was simply a milder form of autism and used the term "high-functioning autism" to describe these individuals. Uta Frith, a professor at the Institute of Cognitive Neuroscience of University College London and editor of *Autism and Asperger Syndrome*, describes individuals with Asperger's as "having a dash of autism."

Asperger's Disorder was added to the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)* in 1994 as a separate disorder from autism. However, there are still many professionals who consider Asperger's Disorder a less severe form of autism. In 2013, the *DSM-5* replaced Autistic Disorder, Asperger's Disorder and other pervasive developmental disorders with the umbrella diagnosis of [autism spectrum disorder](#).

Characteristics

What distinguishes Asperger's Disorder from classic autism are its less severe symptoms and the absence of language delays. Children with Asperger's Disorder may be only mildly affected, and they frequently have good language and cognitive skills. To the untrained observer, a child with Asperger's Disorder may just seem like a neurotypical child behaving differently.

Children with autism are frequently viewed as aloof and uninterested in others. This is not the case with Asperger's Disorder. Individuals with Asperger's Disorder usually want to fit in and have interaction with others, but often they don't know how to do it. They may be socially awkward, not understand conventional social rules or show

a lack of empathy. They may have limited eye contact, seem unengaged in a conversation and not understand the use of gestures or sarcasm.

Their interests in a particular subject may border on the obsessive. Children with Asperger's Disorder often like to collect categories of things, such as rocks or bottle caps. They may be proficient in knowledge categories of information, such as baseball statistics or Latin names of flowers. They may have good rote memory skills but struggle with abstract concepts.

One of the major differences between Asperger's Disorder and autism is that, by definition, there is no speech delay in Asperger's. In fact, children with Asperger's Disorder frequently have good language skills; they simply use language in different ways. Speech patterns may be unusual, lack inflection or have a rhythmic nature, or may be formal, but too loud or high-pitched. Children with Asperger's Disorder may not understand the subtleties of language, such as irony and humor, or they may not understand the give-and-take nature of a conversation.

Another distinction between Asperger's Disorder and autism concerns cognitive ability. While some individuals with autism have intellectual disabilities, by definition, a person with Asperger's Disorder cannot have a "clinically significant" cognitive delay, and most possess average to above-average intelligence.

While motor difficulties are not a specific criterion for Asperger's, children with Asperger's Disorder frequently have motor skill delays and may appear clumsy or awkward.

Diagnosis

Diagnosis of Asperger's Disorder has increased in recent years, although it is unclear whether it is more prevalent or more professionals are detecting it. When Asperger's and autism were considered separate disorders under the *DSM-IV*, the symptoms for Asperger's Disorder were the same as those listed for autism; however, children with Asperger's do not have delays in the area of communication and language. In fact, to be diagnosed with Asperger's, a child must have normal language development as well as normal intelligence. The *DSM-IV* criteria for Asperger's specified that the individual must have "severe and sustained impairment in social interaction, and the development of restricted, repetitive patterns of behavior, interests and activities that must cause clinically significant impairment in social, occupational or other

important areas of functioning.”

The first step to diagnosis is an assessment, including a developmental history and observation. This should be done by medical professionals experienced with autism and other PDDs. Early diagnosis is also important as children with Asperger’s Disorder who are diagnosed and treated early in life have an increased chance of being successful in school and eventually living independently.

[Contact us](#) for information on Asperger’s resources, including support groups and websites.

Asperger's Resources

Asperger’s Association of New England

Website: <https://www.aane.org>

E-Mail address: info@aane.org

Phone: (617) 393-3824

Autism Women’s Network, Inc

Website: <https://autismwomensnetwork.org>

E-Mail address: info@autismwomensnetwork.org

Phone: (402) 512-3610

Autistic Self Advocacy Network

Website: <https://www.autisticadvocacy.org>

E-Mail address: info@autisticadvocacy.org

Phone: (202) 596-1056

GRASP - The Global and Regional Asperger Syndrome Partnership

Website: <https://www.grasp.org>

Phone: (888) 474-7277

US Autism & Asperger Association

Website: <https://www.usautism.org>

E-Mail address: information@usautism.org

Phone: (888) 928-8476

The **Autism Society of America** has been improving the lives of all affected by autism for over 50 years and envisions a world where individuals and families living with autism are able to maximize their quality of life, are treated with the highest level of dignity, and live in a society in which their talents and skills are appreciated and valued. We provide advocacy, education, information and referral, support, and community at national, state and local levels through our strong nationwide network of Affiliates.

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Autism Society

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