Where do they go? Autism and Involuntary Disengagement

When a child with autism shuts down, it is like they are a million miles away. Blank stares, far off gazes, vacant eyes; it is almost like their mind is off in space but they have left their body behind. Shutting down, also known as involuntary disengagement, is considered a common phenomenon among children with autism though it is difficult to ascertain the cause of a child's escape. While the possible explanations for this unnerving behavior are endless, an episode of involuntary disengagement is often the result of overstimulation and exemplifies the maladaptive emotional regulation techniques commonly employed by children with Autism Spectrum Disorder.

Autism Spectrum Disorder (ASD) is a developmental disorder affecting 1 in 68 children that is characterized by communication challenges, repetitive or stereotyped behavior, social deficits, and emotional regulation difficulties (Jahromi & Meek, 2012, p.1250). In examining such behaviors, one will see that Autistic behavior manifests in a variety of ways and individuals with autism may struggle with any combination of these characterizations. Communication challenges may mean that a child is nonverbal or has delayed speech. In these cases, communication aids such as tablets and keyboards, picture exchange systems, and sign language are often used to facilitate communicate without verbalization. For individuals with accessible speech, communication challenges may be more subtle and individuals may have trouble expressing themselves despite their ability to verbalize. Repetitive or stereotyped behaviors also manifest in a variety of ways. Children may flap, rock, line toys up, or run around the table three

times before sitting down for dinner; such behaviors are unique to every child. Social deficits also come in many forms in that some children may be severely affected in their ability to connect with their peers and some children may not be affected at all. In addition to these characterizations of autism, many children with autism also struggle with anxiety, depression, and poor emotional control and regulation (Jahromi & Meek, 2012, p.1250).

The exact causes of autism spectrum disorder remain unknown, though this mystery is the topic of extensive research around the world. However, one mystery of autism spectrum disorder and diagnoses has been explained: why are rates of autism increasing at such a rapid rate. There are several reasons for the high rates in diagnoses, primarily of which is the awareness surrounding the disorder and the medical expertise that has allowed professionals to identify autism at a younger and younger age. However, one incredibly interesting cause for the rapid increase in rates of autism is a typographical error in the fourth edition of the *Diagnostic and Statistical Manual.*

> In the *DSM-IV*, the description of pervasive developmental disorder not otherwise specified [a diagnosis falling on the autism spectrum] that was supposed to appear in print was "a severe and pervasive impairment in social interaction *and* in verbal or nonverbal communication skills" (emphasis added). What actually appeared, however, was "a severe and pervasive impairment of reciprocal social interaction

> *or* verbal and nonverbal communication skills" (emphasis added). Instead of needing to meet *both* criteria to merit the diagnosis of PDD-NOS, a patient needed to meet *either.* (Grandin & Panek, 2014, p. 18)

Because of this error, an entire generation of autism diagnoses were made under the assumption that an individual needed one symptom or the other, not both. This error has since been corrected in the *DSM-V*.

One of the most important facets of autism spectrum disorder is sensory dysfunction. Research indicates that sensory dysfunction originates in the brainstem, and sensory dysfunction can manifest in either sensory over-stimulation or sensory under-stimulation. Manifestations of sensory overload can be very obvious, like a child who is covering their ears because of an over-sensitivity to sound. Sensory manifestations can also be more subtle, such as stimming, also known as self-stimulation. According to Ellen Notbohm (2005) and many other researchers, sensory dysfunction should always be the first suspected culprit in looking to explain an individual with autism's behavior (p. 8).

Emotional regulation is the process by which individuals alter the intensity and duration of an emotion for the purpose of maintaining a comfortable internal state. Borue, Mazefsky, Day, and Minshew (2014) consider this process to be a critical adaptive mechanism that allows individuals to meet personal and social goals (p. 44). Individuals elicit emotions through

evaluations of environmental stimuli; the resulting emotions of these examinations of stimuli are referred to as emotional reactivity or emotionality. Emotional regulation is recognized as the subsequent efforts to modify this initial emotionality (Herrington et al., 2013, p. 680).

Emotional regulation is comprised of two key dimensions, the first of which is voluntary vs. involuntary. This dimension of emotional regulation dictates whether or not an individual is actively reacting to their environment. Voluntary responses to stressors are coping mechanisms that an individual actively pursues, while involuntary responses to stressors are outside of an individual's control. The second dimension of emotional regulation is engagement vs. disengagement. Engaged responses to stressors are responses that an individual aims directly at a stressor or emotional response, while disengaged responses are aimed away from a stressor or emotional response (Borue, 2014, pp. 344-345).

To better illustrate these dimensions of emotional regulation, consider the following examples illustrating the nature of various coping mechanisms commonly utilized by children and adolescents:

Voluntary engagement: problem solving

Involuntary engagement: rumination

Voluntary disengagement: avoidance

Involuntary disengagement: shutting down

An example of voluntary engagement is problem solving, a process by which individuals actively apply logic and reasoning directly to the stressor. The flip side of voluntary engagement is involuntary engagement; instead of actively applying logic and reasoning directly to the stressor, an individual ruminates on the subject, worrying about the stressor but not actively pursuing solutions. Voluntary disengagement can be described as when an individual actively decides to remove themselves from a situation or stressor, such as employing the avoidant coping mechanisms. However, avoidance is very different than involuntary disengagement, also known as shutting down, in that avoidance is an active choice and involuntary disengagement is out of an individual's control (Borue, 2014, pp. 344-345).

In typically developing children, emotional regulation techniques reflect those used by their adult counterparts. The emotional regulation techniques of typically developing children develop and improve as the children mature and learn to tolerate a variety of emotion-eliciting stimuli. When faced with situations creating anger and frustration, typically developing children may employ any of the following coping mechanisms: comfort seeking, distraction, venting, tension release, assistance seeking, and problem solving. The utilization of such emotional regulation techniques lowers the negative impact of the high emotionality evoked by the initial stressor (Jarhomi & Meek, 2012, p. 1251).

Children and adolescents with autism spectrum disorder often display a number of problematic emotional behaviors that are direct results of maladaptive emotional regulation techniques. Behaviors such as temper outbursts, aggression, self-injurious behavior, avoidance, and involuntary disengagement are responses to environmental stressors and overwhelming stimuli that children and adolescents with autism may not be equipped to manage (Samson, Hardan, Podell, Phillips, & Gross, 2015, p. 10). In her book, *Ten Things Every Child With Autism Wishes You Knew,* Ellen Notbohm (2005) says that, "a meltdown is a clear message from a child who is at that moment not able to tell you in any other way: something is happening in his environment that has caused his delicate neurology to go haywire" (p. 77). Individuals with autism often struggle with emotional regulation and tend to employ maladaptive regulation techniques such as avoidance or shutting down in order to attempt to cope with their stress. Individuals with autism employ these maladaptive regulation techniques at a higher rate than their neurotypical peers, who are more likely to employ more adaptive behaviors (Hardan, Samson, Lee, Phillips, & Gross, 2015, p. 3425).

This failure to utilize more appropriately adaptive regulation techniques results in higher levels of anxiety and depression among individuals with autism (Hardan, Samson, Lee, Phillips, & Gross, 2015, p. 3425). Depression in individuals with autism has recently been recognized as an indicator of high prevalence of suicidal thoughts in adults with autism spectrum disorder.

These behaviors are also correlated with higher rates of aggression by individuals applying maladaptive regulation techniques or by individuals who fail to apply regulation techniques altogether, which results in a variety of negative outcomes such as poorer social functioning (Mazefsky, 2015, p. 3405).

The negative outcomes associated with such maladaptive coping behaviors can be avoided by properly equipping autistic children and adolescents with more engaged coping mechanisms. More adaptive coping behaviors such as comfort seeking, distraction, venting, tension release, assistance seeking, and problem solving result in more positive behaviors and healthier outcomes for individuals with autism spectrum disorder. Such emotional regulation techniques can be taught through cognitive and behavioral therapies, though it is also important to address the sensory issues from which the problem behaviors originate. Sensory issues can be addressed through careful sensory integration adapted to an individual's specific needs (Notbohm, E., 2005, p. 9).

Countless people with autism are affected by sensory dysfunction and are either hyper- or hypo-acute to environmental stressors. This sensory dysfunction is difficult enough to manage, however, individuals with autism are often ill-equipped to do so. The poor emotional regulation techniques employed by individuals with autism are considered maladaptive and lead to a variety of negative outcomes such as poorer social functioning, higher levels of depression and anxiety,

and high prevalence of suicidal thoughts in adults with high functioning autism. These negative outcomes are a direct result of maladaptive coping mechanisms being applied to overwhelming environmental stressors. As such, the proper education of children and adolescents with autism is imperative, and the importance of teaching children more adaptive and healthy emotional regulation techniques cannot be overestimated.