

## Distressed Behaviour in Autistic Children

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### ABSTRACT

Distressed behaviour is difficult or challenging behaviour which create problem in mind and body of individual who face it. Challenging behaviour are a recurrent concern for individual with ASD. The main objective of the study is to seek the effect of distressed behaviour in autistic children. This study also aimed to seek correlation between three (Psychological, Physiological and Social behaviour) dimensions. The sample consisted of 16(n=12 males, n=4 females) from children in their childhood. Data analysis was executed through SPSS version 29.0 and Karl Pearson correlation coefficient was used on the collected data to test the hypothesis. Significant correlation found between Psychological and Physiological behaviour [Karl Pearson correlation coefficient is found to be .650 significant at 0.01 level]; Psychological behaviour and total sample [Karl Pearson correlation coefficients is found to be .838 significant at 0.01 level]; Physiological behaviour and total sample [Karl Pearson correlation coefficients is found to be .882 significant at 0.01 level]; Social behaviour and total sample [Karl Pearson correlation coefficients is found to be .626 significant 0.01 level] and the hypotheses related to above correlations were rejected. Significant correlation found between Psychological and Social behaviour [Karl Pearson correlation coefficients is found to be .343 is not statistically significant at 0.01 level]; Social and Physiological behaviour [Karl Pearson correlation coefficients is found to be .295 is not statistically significant at 0.01 level] and the hypotheses related to above correlation were accepted.

**Keywords:** *Distressed Behaviour, Autistic Children*

Autism spectrum disorder, often referred to simply as autism or in the context of a professional diagnosis, autism spectrum disorder (ASD) or autism spectrum condition (ASC), is a range of neurodevelopmental conditions characterized by difficulties in social interaction, verbal and non-verbal communication, and the presence of repetitive behaviors and restricted interests. Other common symptoms include struggling to make friends and unusual responses to sensory stimuli.

Autism spectrum disorder (ASD) is a neurological and developmental disorder that affects how people interact with others, communicate, learn and behave. Although autism can be diagnosed at any age, it is described as a "developmental disorder" because symptoms usually appear in the first two years of life.

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According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), a manual created by the American Psychiatric Association that health care providers use to diagnose mental disorders, people with ASD often have:

- Difficulty communicating and interacting with other people
- Restricted interests and repetitive behaviors
- Symptoms that affect their ability to function at school, work and other areas of life

Autism is known as a "spectrum" disorder because there is great variation in the type and severity of symptoms that people experience.

People of all genders, races, ethnicities, and economic backgrounds can be diagnosed with ASD. Although ASD can be a lifelong disorder, treatment and services can improve a person's symptoms and daily functioning. The American Academy of Pediatrics recommends that all children be screened for autism. Caregivers should talk to their child's health care provider about screening or evaluating for ASD.

Autism is defined as a spectrum disorder, which means that it can manifest differently for each person: any given autistic individual is likely to exhibit some, but not all, of the characteristics associated with it, and a person may exhibit these to varying degrees. Some autistic people do not speak during their lifetime, while others have relatively intact spoken language. The level of support that people require is great and the same person can show up differently at different times. Historically, autism has been divided into subcategories, but there have been persistent questions about the validity of these divisions and the most recent editions of diagnostic manuals, the Diagnostic and Statistical Manual of Mental Disorders and the International Classification of Diseases lists ASD as a single disorder.

While psychiatry has traditionally classified autism as a neurodevelopmental disorder, many autistic people, most autism advocates, and a rapidly growing number of researchers see autism as part of neurodiversity, the natural diversity of human thought and experience, with strengths, differences, and weaknesses. In this view, supported by the movement for autism rights, autism is not pathological, but this does not prevent autistic individuals from being disabled and potentially having high support needs due to co-occurring conditions and lack of appropriate human environments. This relatively positive and holistic view of autism has led to a degree of friction between autistic individuals, advocates, charities, researchers and practitioners.

Scientists are still trying to figure out what causes autism; it is highly heritable and believed to be mainly genetic, but there are many genes involved and environmental factors may also be important. Although there is no cure for autism, early behavioral interventions can help them gain self-care, social and language skills. However, independent living is unlikely for severe autism, better known as autistics with a high need for support, so interventions for these individuals focus on, for example, finding and learning other ways to communicate. It is not clear why autism often co-occurs with attention deficit hyperactivity disorder, epilepsy, intellectual disability and other conditions. Disagreement remains about what should be part of a diagnosis of autism, whether there are meaningful subtypes of autism, and the significance of traits associated with autism in the wider population. A combination of broader criteria and increased awareness has led to a trend of ever-increasing autism prevalence estimates, creating a general misconception that there is an autism epidemic and perpetuating the controversial myth that it is caused by vaccines.

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Autistic people's abilities and needs vary and may evolve over time. While some people with autism can live independently, others are severely disabled and require lifelong care and support. Autism often has an impact on education and employment opportunities. Additionally, the demands on families providing care and support can be significant. Society's attitudes and the level of support provided by local and national authorities are important factors in determining the quality of life for people with autism.

Characteristics of autism can be detected in early childhood, but autism is often not diagnosed until much later. People with autism often have co-occurring conditions, including epilepsy, depression, anxiety and attention deficit hyperactivity disorder, as well as challenging behaviors such as difficulty sleeping and self-harm. The level of intellectual functioning among autistics varies widely, from profoundly impaired to advanced levels.

Autism or autism spectrum disorder (ASD) refers to a wide range of conditions characterized by problems with social skills, repetitive behaviors, speech and non-verbal communication. According to the Centers for Disease Control, autism affects an estimated 1 in 59 children in the United States today. We know that there is not one autism, but many subtypes, most influenced by a combination of genetic and environmental factors. Because autism is a spectrum disorder, each person with autism has a different set of strengths and challenges. The ways in which people with autism learn, think and solve problems can range from highly skilled to severely impaired. Some people with ASD may require significant support in their daily lives, while others may need less support and in some cases live completely independently. Several factors can influence the development of autism and it is often accompanied by sensory sensitivity and health problems such as gastrointestinal (GI) disorders, seizures or sleep disorders, as well as mental health problems such as anxiety, depression and attention problems.

The increasing number of children diagnosed with autism spectrum disorder (ASD) in the school system requires consistent information about the characteristics of their reading abilities and the results of various intervention alternatives. Many studies based on several different perspectives have focused on ASD. These can vary from genetic and neurological correlates to social and emotional impacts or educational issues, family perspectives and various suggestions intervention.

Definitions and diagnostic criteria for ASD vary significantly across studies, making it difficult to compare or pool conclusions and provide consistent data. Changes in the definition of what should be included in the autism spectrum are just one of many variations that need to be considered.

The changes made to the DSM-5 classification criteria are likely to result in the diagnosis of ASD in different groups of individuals. Therefore, comparing the results of studies conducted before and after these changes may become more complicated. It can be assumed that the vast majority of subjects in studies published up to 2015 were diagnosed according to DSM-IV criteria. However, it is virtually impossible to determine the time frame from which all papers refer to subjects diagnosed according to DSM-5 criteria.

On the other hand, the broad diagnosis of ASD used in the last three decades and the resulting changes in the prevalence of these disorders have led to a relevant increase in the number of children diagnosed with ASD in the school system. Regarding reading abilities, studies should describe whether they relate to decoding, such as performance in word

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recognition tasks, or more broadly to word reading comprehension. Children with ASD are often characterized as showing precocious word reading abilities, but although these children may have good decoding skills, comprehension is impaired in most cases.

Autism is a neurological disorder (disease of the "brain") characterized by the presence of severe communication, language and social deficits in affected individuals. It is the most well-known of several diagnoses of Pervasive Developmental Disorders (PDD), which begin in early childhood and continue throughout life, affecting most every aspect of life. While autistic people's cognitive (thinking and language) and social skills are usually developmentally delayed compared to their peers, their motor (movement) skills develop in a more normal way. Specific deficits in social interaction, communication and behavior must be present before a diagnosis of autism can be made. Although all people with autism show the same specific pattern of impairments, the severity of these impairments varies from case to case, with some people showing relatively mild impairments and others severe impairments.

From an early age, children with autism show fundamental difficulties with proper orientation to other people and with processing social and non-verbal forms of communication, such as eye contact and facial expressions. For example, a typical child generally responds to and will imitate the facial expressions of an adult caregiver. If a parent smiles at a child, chances are they will smile back. This is not the case with children with autism, who often lack the ability to appreciate faces or socially transmitted feelings. Children with autism are also typically delayed (sometimes severely) in the development of spoken language and conversational skills.

Individuals with autism also tend to exhibit odd and socially inappropriate behaviors. They often act indifferent to others and remain isolated from their surroundings. Many are obsessed or fixated on certain subjects or specific topics that they personally find interesting. They may insist on talking about a topic that is fascinating, even if others around them are not interested. They may show strange stereotyped movements and gestures. They may exhibit an intense need for order and sameness with respect to their environment and react with fits of rage when their valued order is disturbed. In general, autistic people's lack of social awareness makes it difficult or impossible for them to successfully navigate everyday situations.

Autism symptoms are not present from birth. Most children with autism seem to develop typically within the first year of life. Autism symptoms appear between eighteen and thirty-six months of age. Forty percent of cases are diagnosed by age three. Autism is an equal opportunity disease; No particular race or social class tends to get it more often than others. However, it is much more likely (four to five times more likely) in men than in women.

Once manifested, autistic symptoms continue into adulthood. Symptoms range in severity (in individuals) from relatively mild to severe and debilitating. In all but mild cases, autism disrupts typical development and makes it difficult or impossible for affected adults to live and work independently. Although intervention cannot reverse the course of autism, it can lead to improvement in symptoms and greater independence. However, to be maximally successful, intervention must be implemented early in the developmental process, shortly after the first diagnosis of autism.

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Autism appears to be occurring more frequently than in the past. The prevalence (incidence rate) of autism rose from five in every ten thousand in the mid-1990s to one in every hundred and sixty-six in 2005. The numbers are leveling off and appear to be on the decline, but the increase in the number of autism cases is staggering. There is no known reason for the dramatic increase, but awareness may play a significant role. Many more children with mild forms of autism may be diagnosed simply because parents and pediatricians have become more familiar with the symptoms of autism.

Autism spectrum disorder now affects 1 in 68 children in the United States.<sup>1</sup> Families are on the front lines trying to find services and therapies for their children, while school districts, health care systems, and public policy makers struggle to respond. Meanwhile, adults with autism seek residential and other support in the often overburdened disability services system.

Autism as a diagnosis is at a crossroads. In 2013, US psychiatrists revised their diagnostic manual, replacing the previous four conditions under the umbrella of autism with one name, "autism spectrum disorder". The word "spectrum" conveys the variability across the problem areas affected by autism; there are many levels of ability and disability in people on the spectrum.

For example, a person with autism spectrum disorder (ASD) may not have any functional speech or have an advanced vocabulary. He may have an intellectual disability or an above-average intelligence quotient (IQ) with a higher level of education. He can be socially withdrawn or socially active but in an indifferent, eccentric way. He may be fixated on fans or have an encyclopedic knowledge of music.

Until 2013, doctors attempted to distinguish between different types of autism using one of four different diagnoses on the spectrum:

- Autism - a defining spectrum disorder
- Asperger's syndrome (a milder form of autism)
- Pervasive Developmental Disorder - Not Otherwise Specified (PDD-NOS or Atypical Autism)
- Childhood disintegrative disorder

Here is an example that illustrates some of the problems with this system:

Take the case of Jennifer. She had a major speech delay, but has overcome it and speaks with only the slightest impediment. She is socially reserved, preferring to be left alone to put her My Little Ponies in order, and gets angry when someone disturbs her solitude. Jennifer was diagnosed with autism.

Kyle spoke on time but has difficulty interpreting turns of phrase. He is very clumsy, unable to successfully socialize with his classmates at all, and obsessing over the Angry Birds video game for no reason. Kyle was diagnosed with Asperger's syndrome.

Despite their different labels, are Jennifer and Kyle really that different?

Scientists decided not. They reached a consensus that the four disorders that make up the old spectrum are actually a single condition with varying levels of symptom severity in two major domains. These domains are

- 1) Deficits in social communication and social interaction, and

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2) restricted repetitive behavior, interests and activities (RRB).

RRBs are perhaps the most well-known and mysterious features of autism, such as hand waving, rocking, folding toys, flicking fingers, or staring at spinning fan blades.

Autism can be so different in different people that it is a "heterogeneous" disorder. "This heterogeneity raises the possibility that there are several types of autism with different causes," reports U.C. Davis M.I.N.D. Institute that deals with this issue. Since ASD is a complex spectrum, researchers are trying to identify meaningful subtypes of autism based on observable and measurable genetic, biomedical, and behavioral features. If they can identify specific forms of autism, with specific causes, they will be in a much better position to discover more effective treatments.

The large Autism Phenome Project at U.C. Davis M.I.N.D. The institute is trying to find subgroups of autism, looking at behavioral and biological differences. "We have come to believe that autism is not a single disorder, but rather a group of disorders - Autism versus Autism. Each of these autisms can have a different we also think that each type of autism will benefit most from different types of treatment. The Autism Phenome Project (phenomena just means type) is designed to collect enough biomedical and behavioral information to more clearly define the different types of autism,

Individuals with autism may experience significant problems in areas other than social communication and repetitive behaviors. They may include:

- Unusual sensory experiences and sensitivity to noise
- Intellectual disability
- Seizures
- Regression

Medical and genetic conditions can also occur along with autism. It is important to learn about them in case they may also play a role. In addition, it is hoped that such conditions will provide pieces of the scientific puzzle. Such conditions include fragile X syndrome, tuberous sclerosis, and mitochondrial disease.

Labels like mild, moderate, or severe ASD don't always tell us that much about any one person's functioning. It's not as simple as deciding where someone falls on the "spectrum" because each individual is gifted differently in different areas. For example, one person may have a lower IQ but fewer sensory problems and less obsession, while another may have a higher IQ but severe sensory problems and a large fixation on rituals or special subjects. So, which one works "higher"? Which is "lower"?

Above all, it is important to see each person with autism spectrum disorder first as an individual. Each person has their own specific set of strengths and weaknesses, and beyond that a mere record abilities of their own personality, spirit and will. An honor that must always come first.

Autism spectrum disorder (ASD) is a group of brain developmental disorders characterized by stereotyped behavior and deficits in communication and social interaction. Initially, it was believed that ASD had an environmental origin. However, at the moment it is accepted that ASD development is the result of multiple factors, including environmental, genetics,

and neurodevelopmental. The prevalence of ASD in the development of children and on society constitutes an economic burden for families, where the main costs are associated to special education and the loss of productivity of the parents (Buescher et al., 2014; Christensen et al., 2018). Additionally, it has been reported that over the last decades, there is an increasing prevalence of ASD, reaching 1 in 132 globally (Matson and Kozlowski, 2011; Baxter et al., 2015; Hansen et al., 2015). Therefore, there is a need to develop and implement effective interventions. However, there is no defined etiology and pathology for ASD, and this limits the development of specific therapies (Rossignol and Frye, 2012). Previous studies have shown that there are several factors that might have an influence on development and prognosis of ASD, such as genetics, immunological, inflammatory, environmental, and more recently, the gut microbiota (Fakhoury, 2015). Genetic factors thought to be involved in processes such as synapse formation, transcriptional regulation or pathways for chromatin-remodeling are listed in Figure 1 (Rylaarsdam and Guemez-Gamboa, 2019). However, genetic factors in ASD development are not the focus of this review and this subject is reviewed elsewhere.

The gut harbors millions of microorganisms linked by complex ecological relationships between them and the host, often mediated by the production of metabolites. The gut microbiota has been proposed as a key element involved in many conditions such as obesity, colorectal cancer, irritable bowel syndrome (IBS), type 2 diabetes, rheumatoid arthritis, Parkinson's disease and Alzheimer's disease, as well as cognitive conditions such as anxiety, depression and autism (Ceppa et al., 2019). The gut-brain axis theory, now well established and accepted, states that the gut and brain communicate and influence each other (Bienenstock et al., 2015; Mayer et al., 2015; Cryan et al., 2019). The gut-brain axis theory has its origins in the observation of improvement in patients diagnosed with hepatic encephalopathy after antibiotic treatment (Carabotti et al., 2015). Additionally, IBS and its gut microbiota changes have been linked to anxiety and depression (Simpson et al., 2020). There is even recent evidence suggesting that human personality traits may be linked to the gut microbiome (Johnson, 2020).

Increasing evidence shows that gastrointestinal (GI) symptoms such as gastrointestinal disturbances, abdominal pain, diarrhea, constipation, and flatulence have been characterized as a common comorbidity in patients with ASD, ranging between 9 and 84% depending on the studies that were retrospective or prospective (Wasilewska and Klukowski, 2015), and are associated with the severity of ASD symptoms (Adams et al., 2011; Gorrindo et al., 2012; Chaidez et al., 2014). However, a cause-and-effect relationship between GI symptoms and ASD has not yet been established. In fact, it has been suggested that GI symptoms should be considered part of the ASD phenotype, like behavioral symptoms (Niesler and Rappold, 2020). On the other hand, there are studies that have shown that administration of a single strain, such as the human commensal *Bacteroides fragilis*, is able to improve social deficits in a mouse model (Hsiao et al., 2013). In addition, *B. fragilis* modified gut permeability and changed the microbial composition. In addition, treatments such as Microbiota Transfer Therapy (MTT), aimed at regulating the gut microbiota, have shown promise by improving ASD-related symptoms in patients that persisted after treatment was discontinued (Kang et al., 2019). These improvements were reported to go hand in hand with an increase in bacterial diversity and relative abundance of *Bifidobacterium* and *Prevotella*. Overall, this evidence suggests a potential correlation between these factors and communication defects and stereotypic behaviors associated with ASD that warrants further investigation. Validation of biomarkers related to the gut-brain axis would be of great value in the diagnosis, development and monitoring of potential therapies for patients with ASD.

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This review will focus on the role of gut microbiota in ASD pathology through the gut-brain axis and related biomarkers that have been reported in the literature.

### *What is neurological and developmental disorder?*

Developmental disorders are better called neurodevelopmental disorders. Neurodevelopmental disorders are neurological conditions that can impair the acquisition, retention, or application of specific skills or sets of information. They may include dysfunction in attention, memory, perception, language, problem solving, or social interaction. These disorders may be mild and easily managed with behavioural and educational interventions, or they may be more severe and affected children may require more support.

Neurodevelopmental disorders are a group of conditions where the growth and development of the brain is affected. This can affect an individual's language, emotions, behaviour, self-control, learning and memory. Delays or deficits usually become apparent early in a child's development, many times before a child enters elementary school, and can continue throughout an individual's life. They may be limited in nature, for example affecting only speech or learning, or deficits may be global and affect intelligence, learning, communication, social skills, behaviour and general daily functioning. Examples of neurodevelopmental disorders include attention deficit/hyperactivity disorder (ADHD), autism spectrum disorder (ASD), communication disorders, intellectual developmental disorders, motor disorders, and specific learning disabilities. It is not uncommon for these disorders to occur together.

Neurodevelopmental disorders such as intellectual disability, autism spectrum disorder, and schizophrenia lack precise boundaries in their clinical definitions, epidemiology, genetics, and protein-protein interactome. This calls into question the appropriateness of current categorical disease concepts. Recently, there has been a growing tide to reformulate neurodevelopmental nosological entities from biology upwards. To facilitate this development trend, we propose that the identification of unique proteomic signatures that may be strongly associated with patient risk alleles and proteome-interactome-guided exploration of patient genomes may define the biological mechanisms necessary to reformulate disorder definitions.

Neurodevelopmental disorders (NDDs) are multifaceted conditions characterized by impairments in cognition, communication, behavior, and or motor skills that result from abnormal brain development. Intellectual disability, communication disorders, autism spectrum disorder (ASD), attention deficit/hyperactivity disorder (ADHD), and schizophrenia fall under NDD. There are currently no biomarkers to diagnose or differentiate NDD. Rather, these disorders are categorized into individual disease entities based on clinical presentation. This is problematic because many symptoms are not unique to a single NDD, and several NDDs share clusters of common symptoms. For example, impaired social cognition is common to ASD and schizophrenia and psychosis is observed not only in schizophrenia but also in individuals with bipolar disorder or major depressive disorder. Thus, such an overlap of clinical symptoms presents a challenge for nosology and course treatment. This is in stark contrast to other disorders, such as cardiovascular disease, where diagnosis is rooted in biological manifestations, biomarkers, and pathophysiology. The diffuse clinical boundaries between NDDs challenge the appropriateness of current disease definitions. Here, we advocate reformulating current nosological categories with new disorder definitions rooted in the biology of processes that are incorrect in NDDs. We



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predict that the definition of biological disorders will change the way we use symptomology for diagnosis

### *What is distressed behaviour?*

Distressed Behaviour has a function and can have a number of reasons. These may include difficulty processing information, unstructured time, sensory differences, change in routine, transition between activities, or physical reasons such as feeling sick, tired, or hungry. Failure to communicate these difficulties can lead to anxiety, anger and frustration, and subsequently outbursts of anxious behaviour.

Anxious behaviour is different from the normal everyday behaviour of children, which will become a challenge for their parents at any given moment.

It's not a one-off. Depressive behaviour is a serious ongoing problem for parents and children. A child who is behaving in distress manifests his distress through actions that are risky or harmful to himself or others.

*Depressive behaviours can take many forms, including:*

- Aggression
- Anger
- Physical and verbal abuse
- Refusal to adhere to boundaries or rules
- Self-harm and/or injury.

*Narrow behaviour can have serious consequences for you and your child, including:*

- Risk to self or others
- Relationship breakdown
- Emotional and physical effects
- Effects on enjoyment of life – school, friends, experiences.

Stressful behaviours include what would normally be considered physically aggressive behaviours such as slapping, biting, and spitting or hair pulling, but can also include other behaviours if they have a negative impact on the person or their family.

These may include difficulty processing information, unstructured time, sensory differences, change in routine, transition between activities, or physical reasons such as feeling sick, tired, or hungry. Failure to communicate these difficulties can lead to anxiety, anger and frustration, and subsequently outbursts of anxious behaviour.

## **REVIEW OF THE LITERATURE**

**Alyson L. Bacon et al. (1998)**, the response of autistic children to the distress of others. Journal of autism and development disorder. The aim to present this study is to investigate the spontaneous and elicited responses of high and low- functioning autistic children to the naturalistic distress of an unfamiliar adult. The behaviour of preschool children from five group were coded in three situations: presentation of a non-social orienting stimulus and two social situations involving simulated distress on the part of an adult with whom they are playing. ANOVAs were run on mean responses for each experimental variable, with diagnosis and sex as the independent variable. Result shows that girls showed more prosocial behaviour than boys in both social situations, Independent of diagnosis. The

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language disordered children showed only mild and subtle social deficits. The low functioning autistic children showed pronounced deficits in responding in all situations. The mentally retarded and high – functioning autistic children showed good awareness of all situations, but they were moderately impaired in their ability to respond prosocially; they rarely initiated prosocial behaviour but responded to specific challenges. A behavioural feature that distinguished both autistic groups, in contrast to all other groups, was a lack of social referencing; they did not tend to look at adults in the presence of ambiguous and unfamiliar stimulus responses, which may have reflected their language impairment and socially anxious or immature style. Prosocial responses, whether verbal or nonverbal, were low-frequency behaviours.

**Dawson, Geraldine et al. (2004)**, early social attention impairments in autism; social orienting, joint attention, and attention to distress. *Journal of Developmental psychology*. The aim of the study is to investigate social attention impairments in autism and their relations to language ability. 3 to 4 year old children with ASD (n=72), developmental delayed children (n=34) and 12 to 46 month old typically developing children (n=39) were participants in this study. Matched on mental age were compared on measures to another distress. Results shows that children with autism performed significantly worse than the comparison group in all these domains. Impairments in joint attention and social orientation were found to best distinguish young children with ASD from children without ASD. Structural equation modelling showed that joint attention was the best predictor of concurrent language ability. Social orientation and attention to distress were indirectly linked to language through their relations with joint attention. These results help clarify the nature of social attention deficits in autism, offer clues to developmental mechanisms, and suggest targets for early intervention

**Atsurou Yamada et al. (2007)**, Emotional distress and its correlates among parents of children with pervasive developmental disorders. *Journal of psychiatry and clinical neurosciences*. The aim to present this study is to evaluate the emotional stress level of parents caring for children with autistic disorder or other PDD and explore the correlates of their emotional stress. Participants were 147 families (147 mothers, 122 fathers) of 158 children with PDD. K6 was used to measure the stress level of the parents. Result shows that higher emotional stress levels are seen among mothers taking care of children with all kinds of PDD. Stress levels of mothers is higher than the father of autistic children. Emotional stress levels were higher than the fathers. Emotional stress levels were higher among the mothers than the fathers of children with pervasive developmental disorders.

**Rosalie Corona et al. (2008)**, is affect aversive to young children with autism? Behavioural and cardiac responses to experimenter distress. *Journal of child development*. The aim of this study was to determine whether expressions of negative emotions are more aversive towards young children with autism than expressions of neutral emotions. The attention, behavioural responses, facial affect, and cardiac responses of 22 autistic and 22 mentally retarded 3–5-year-old children were compared when an experimenter pretended to self-harm and showed high anxiety in contrast to when the experimenter pretended to self-harm. But showed only a neutral effect. Children in both diagnostic groups looked more at the experimenter and appeared more preoccupied and anxious when she displayed strong fear than when she displayed neutral affect. The heart rate of the mentally retarded children decreased during the distress condition compared to baseline, but the heart rate of the children with autism did not change across conditions. The children with autism did not show hyper arousal or avoidance of the distressed experimenter.

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**Parl R. Benson (2010)**, Coping, distress, and well-being in mothers of children with ASD. *Journal of research in autism spectrum disorder*. The aim of the study was to investigate the structure of coping strategies used by mothers of children with autism and to assess the relationship of those empirically derived coping maternal mental health. Participants includes 142 children's, aged 6-9 and 136 parents was recruited into the study from a variety of public and private school, multi-system special needs program, and autism service organisation located in eastern and central Massachusetts. They examined the relationship of coping strategies to neg. and pos. maternal outcomes. Result shows that maternal use of avoidant coping was found to be associated with increased levels of maternal depression and anger, while use of cognitive reframing was associated with higher levels of maternal wellbeing. Child characteristics, particularly severity of child maladaptive behaviour, moderate the effect of coping on maternal outcomes.

**Firth, Ian et al. (2013)**, the predictors of distress in parents with autism spectrum disorder. *Journal of intellectual and developmental disability*. The aim to present this study is to examine which ASD characteristics or behaviour best predicted parental distress. A study was conducted where parents of 109 children's aged between 4 to 12 (M age = 7.89, SD=2.43) completed self-report measurement anxiety, depression, stress and parenting specific stress. They also completed rating scale regarding their child's ASD characteristics. Result shows that the child's behavioural and emotional impairments predicted the parents overall levels of distress, but not the stress associated with parenting. Instead the child's social impairment severity was found to predict parenting specific stress and the pervasive influence of ASD symptoms on the mental wellbeing of the parents and the importance of assisting parents to cope with the behavioural and social impairments of their child.

**Annette Estes et al. (2013)**, Parenting related stress and psychological distress in mothers of toddlers with ASD. *Journal of Brain and development*. The aim of the study is to examine parenting related stress and psychological distress in mothers of toddlers with ASD, developmental delay and typical development. The impact of child problem behaviour and daily living skills on parenting. Stress and psychological distress were measured. Result shows that parents of toddlers with ASD demonstrated increased parenting related stress compared to other development. Psychological distress did not differ significantly between the groups. Child behaviour problems, but not daily living skills emerged as a significant predictor of parenting related stress and psychological distress.

**Jonathan A. Weiss et al. (2014)**, Empowerment and parents gain as mediators and moderators of distress in mothers of children with ASD. *Journal of child and family studies*. The aim to present this study is to investigate the experience of distress in mothers of individuals with ASD. They specifically investigated how parents empowerment and positive gain were related to their experience of distress, whether as mediators or as moderators of child aggressions. Participants includes 156 mothers of children with ASD ranging in age from 4 to 21 yrs. Mothers completed an online survey of demographics problem behaviour, family empowerment, positive gain and distress. Results shows that greater child problems behaviour was related to less parents empowerment, which was related to mediator. At the same time; greater child aggression was not related to maternal distress in mothers who report high rates of positive gain, suggesting that parents gain function as a moderator.

**Leah I. Stein (2014)**, Physiological and behavioural stress and anxiety in children with ASD during routine oral care. *Journal of Bio-med research international*. The aim of the study was

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to know about children with ASD exhibit more dental behaviour management problems compared to typically developing children, with research indicating that approx. 50-72% of children with ASD exhibit uncooperative behaviour during dental treatment. Participants were 44 children (n= 22 typical, n=22 ASD) aged 6-12 receiving routine dental cleanings, behavioural and physiological measure of stress and anxiety were collected during dental cleanings. Result shows that children with ASD exhibited greater distress, Compared to the typical group, on dentist- report and researcher coded measures of overt distress behaviour and on physiological measure of distress were found in the ASD but not in the typical group. Behavioural distress was co-related with age in the typical group and with expressive communication ability and sensory processing difficulties in the ASD group; Physiological distress was correlated with parent's report of anxiety in the typical group and sensory processing difficulties in the ASD group. Novel strategies may be required to decrease behavioural and physiological distress in children with ASD in the dental clinic.

**Isabel Yorker et al. (2018)**, the association between emotional and behavioural problem in children with ASD and psychological distress in their parents. *Journal of autism and developmental disorders*. The aim to present this study is to investigate the relationship between additional emotional and behavioural problems in children with autism, and parenting stress and mental health problems in their parents. A study was conducted where 20 individuals with a reported clinical diagnosis of ASD, and their parents or main unpaid caregivers. The minimum mean age of the children was 3years and the maximum mean age was 21years. Pooled correlation coefficients were in the low to moderate range, some evidence for moderation by measurement characteristics was found. Narratives review of concurrent adjusted associations showed some evidence for shared relationships with other factors, most notably ASD severity and parents perceptions of own parenting. Longitudinal studies showed mixed Evidence for bidirectional predictive relationships between child EBP and parent's psychological distress variables.

**Bella Siu Man Chan et al. (2020)**, the role of self- compassion in the relationship between post-traumatic growth and psychological distress in caregivers of children with autism. *Journal of child and family studies*. The aim of the study was to explore relationships between post-traumatic growth (PTG) and psychological distress, namely depression, anxiety and stress among caregivers of autistic children in china, with self-compassion as a potential relating factor. One hundred and twenty one caregivers of children with ASD, ranged in age from 26 to 53, completed the questionnaires. The instruments utilized include a socio-demographics questionnaire, posttraumatic growth inventory (PTGI), Depression anxiety stress scale (DASS-21) and the self-compassion scale (SCS-SF). The results showed that there was no significant linear or curvilinear relationship between PTG and psychological distress. PTG indirectly correlated with psychological distress through self-compassion. The positive and negative components of self-compassion uniquely correlated with PTG and psychological distress respectively.

**L. Dijkstra-de Neij's et al. (2020)**, Biological Consequences of Psychological distress in Caregivers of children with ASD and its potential relevance to others chronic diseases including cancer. *Journal of Current epidemiology*. The aim of the study is to review the effect of stress/distress on the brain-body of the caregivers of children with ASD. Participants are asked to fill the self-report questionnaire. Result shows that Epidemiological evidence suggests that those caring for children with mental illness have a higher risk of death, although some advocate reducing these risks. Biological studies have shown that a person's stress causes hypothalamic-pituitary-adrenal axis disorder and gastrointestinal

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microbial deficiency, which affects the immune system and central nervous system. Care givers of children with an ASD deserve more health-related attention with respect to their psychological and physical well-being.

**Alexandra T. Leedham et al. (2020)**, a thematic synthesis of siblings lived experience of autism: Distress, responsibilities, compassion and connection. *Journal of research in developmental disabilities*. The aim of the study was to review lived experience of siblings of autistic people. 6 studies were searched for Neurotypical siblings of people with ASD. 18 studies met the given criteria and were analysed by use of Thematic synthesis. Result shows that Roles and Responsibilities', different to what may be expected generally; Impact of behaviours, particularly aggressive behaviour; Process of adjustment, including learning and developing empathy and acceptance; Interpersonal experience with other and between siblings.

**Daniel Shepherd et al. (2021)**, Stress and distress in New Zealand parents caring for a child with autism spectrum disorder. *Journal of research in developmental disabilities*. The aim of this cross-sectional study was to determine the predictors of psychological distress in parents of children with autism spectrum disorder. A suitable sample of 658 parents in New Zealand completed an online survey. Participants answered questions examining parental and child characteristics, the child's ASD severity (Autism Impact Measure: AIM), parenting stress index (Autism Parenting Stress Index: APSI), and parental health (General Health Questionnaire: GHQ-28). The results showed that most of the parents in the sample had reached the level of mental health treatment, especially for anxiety. Parent and child characteristics are poor predictors of parental mental health. However, parental stress has been shown to be an important predictor and mediator of children's ASD symptom severity and parental health problems.

**Marina Romero et al. (2021)**, Relationship between parental stress and psychological distress and emotional and behavioural problems in pre-school children with ASD. *Journal of Anales de Pediatria*. The aim of the study is to give the association between anxiety and psychological distress in parents may be associated even from early childhood (2-6yr.) with emotional and behavioural problems in children with autism, and its relationship with co-existing psychological condition in children with ASD. Participants were 70 families completed all the assessments and were included in the analysis. Result shows that high levels of stress and psychological unease in the parents are already since early childhood, with a co-existing psychological condition in that population, specifically with emotional and behavioural problems.

**Leonardo Zoccante et al. (2021)**, The aim of this study was threefold: (i) to evaluate the effects of EAAT on the mental, neurocognitive and neuromotor abilities of children with autism, (ii) to evaluate the effect of EAAT on stress. An analysis assessing change. Interactions of children through animal interactions with trained therapists and therapy animals. Participants were recruited based on their willingness to participate, at the Veneto ASD regional centre of the integrated university hospital of Verona, Italy. 15 children with ASD (13 males) aged 7-15 yr. and the effect of EAAT on stress levels in the parent-child system and changes in children's interactions with therapists and therapy animals during the 20-week EAAT. Result shows that EAAT is about positive behaviour and coordination and the development of children's ability to respond to complex responses in addition to this form of positive behaviour support. Interestingly, EAAT did not reduce parental depression

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and was inversely correlated with parent-reported anxiety, aggression, disobedience, and aggression towards children.

**Shatha Jamil Khusaifan et al. (2022)**, Emotional and behavioural problems in children with ASD and psychological distress in their parents in Saudi Arabia: The moderating effect of marital relationship satisfaction. *Journal of Pediatric Nursing*. The aim of the study was to investigate the moderating effect of moderating relation satisfaction among emotional and behavioural problem in children with ASD, unsatisfied family needs and anxiety and depression of their parents in Saudi Arabia. Participants were from 5 rehabilitation centre for children with ASD in Saudi. Data were collected online through survey. A sample of 93 parents of children with ASD was obtained. To determine the relationship two models of multiple regression was performed. Result shows that about 56% of the parents had anxiety and 60% had depressive symptoms. Emotional and Behavioural problems of children and unsatisfied family support needs were associated with higher levels of anxiety in parents, and Adaptive behaviour of children was associated with reduced levels of depression in parents.

**Fēi Li et al. (2022)**, Psychological distress in parents of children with ASD: A cross sectional study based on 683 mother-father dyads. *Journal of Pediatric Nursing*. The aim of the study is to assess Psychological distress and its gender differences in parents of children with ASD. Predictive factor for parental psychological distress and interaction effects between parents were also studied. Participants are 683 mother-father dyads of children with ASD were included in the cross-sectional study and analyses. Result shows that 9% and 8.0%, respectively. Having a college degree or higher can protect against parental stress, and being an only child can predict parental stress. Child mental health predicts mental health in mothers, but not in fathers. Stress is an important predictor of anxiety and depression in couples. Parents of children with severe autism symptoms reported more stress, anxiety, and depression than fathers. Stress and stress percentage of parents are 13.8% and 13.1%, respectively. 9 is closest to dad. Parental stress and anxiety mediated the relationship between child's psychological well-being and parental stress, and parental stress mediated the relationship between child well-being disability and parental stress.

**Mojgan Masoudi et al. (2022)**, exploring experience pf psychological distress among Iranian parents in dealing with the sexual behaviour of their children with ASD. *Journal of medicine and life*. The aim of the study was to explore Iranian parent's experience of psychological distress in dealing with the sexual behaviour of their children with ASD. Participants were 27parents of children with ASD aged 8-34 years and semi structured and in-depth interviews were conducted and all interviews were audio recorded and transcribed verbatim. Collected through purposeful sampling and continued until data saturation. Result shows that there were 4 data interpretation is extracted through analysis. Parent's psychological distress is a major obstacle to proper coping with sexual behaviour and using coping strategies may help reduce psychological distress in parents with ASD.

## STUDY DESIGN

### *Rationale of the Study*

This topic of this study was taken by the researcher/author because the researcher used to work in a Rehabilitation centre of Autistic Children's and was always curious to know about their behaviour and the way they behave in certain manner and wonder about their distressed behaviour and the way they used to react to certain stimuli and behave in certain manner.

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The children with Autism generally behave differently in social situations, or think differently and have different physical reaction to different situations. And to know the relationship between their Psychological, Physiological and Social behaviour. This study was conducted by the author.

According to the Researcher this study was important to be conducted to know is there any significance correlation between their three aspect of behaviour or this study may help in developing therapies or activities in accordance to the data and finding of this study.

### **METHODOLOGY**

Methodology in a research refers to the methods utilized by the researchers in order to gather, analyse and interpret data and to reach their goal. Methodology is a procedure that is pre-planned and structure to help solve a problem, whether it is practical or theoretical. It also includes collecting data and thereafter using statistics or analysis methods to interpret that data according to the researchers preconceived hypothesis.

#### *Objectives*

- **Objective 1:** To study correlation between Psychological and physiological behaviour.
- **Objective 2:** To study correlation between Psychological and social behaviour.
- **Objective 3:** To study correlation between Social and Physiological behaviour.
- **Objective 4:** To study correlations between Physiological behaviour and total sample.
- **Objective 5:** To study correlations between Social behaviour and total sample
- **Objective 6:** To study correlations between Psychological behaviour and total sample

#### *Hypotheses*

- **Hypothesis 1:** There is no significant correlation between Psychological and Physiological behaviour.
- **Hypothesis 2:** There is no significant correlation between Psychological and Social behaviour.
- **Hypothesis 3:** There is no significant correlation between Social and Physiological behaviour.
- **Hypothesis 4:** There is no significant correlation between Physiological behaviour and total sample.
- **Hypothesis 5:** There is no significant correlation between Social behaviour and total sample.
- **Hypothesis 6:** There is no significant correlation between Social behaviour and total sample.

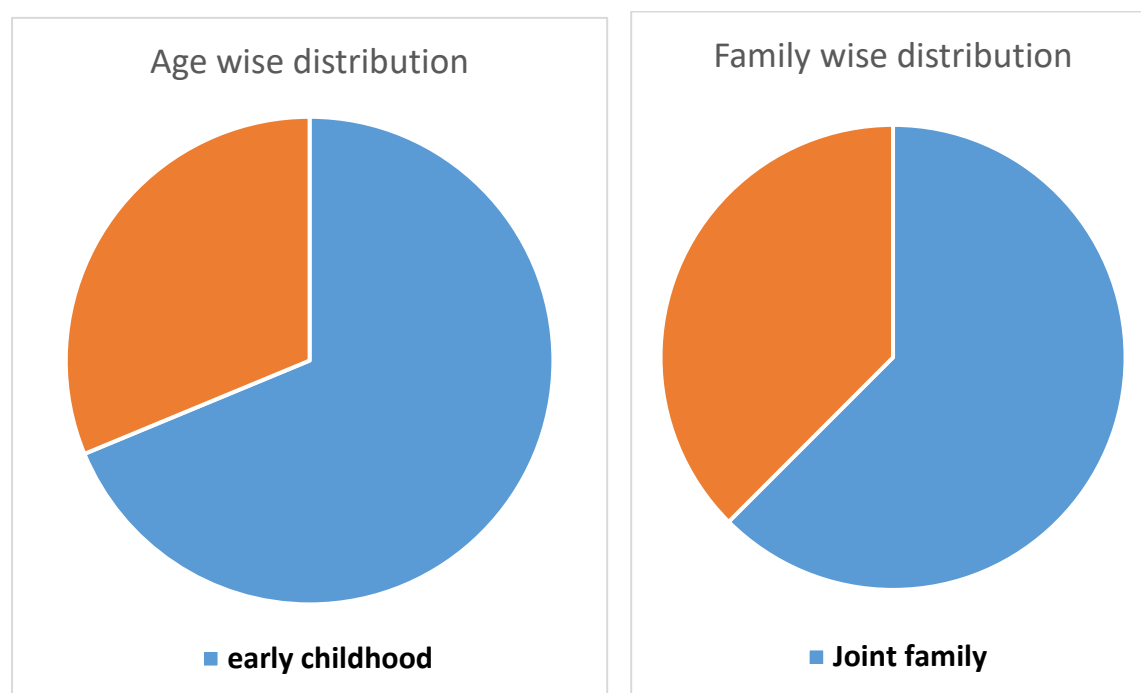
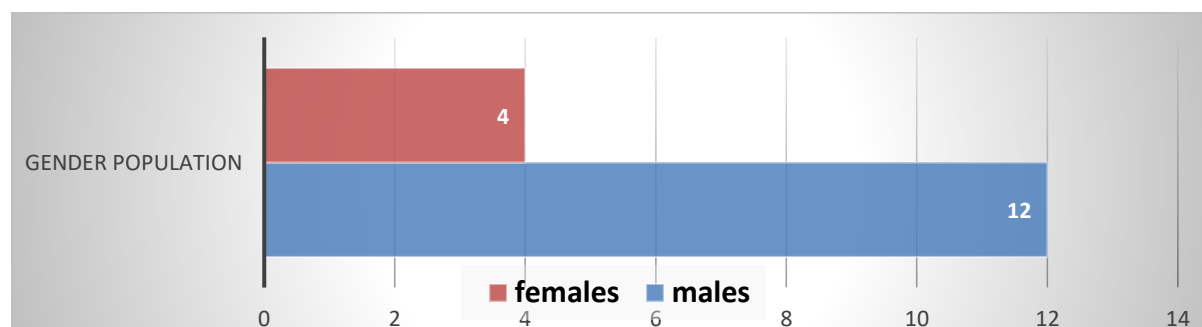
#### *Sample*

The sample for this study consisted of 16 children's, they were from Bal Krishna Centre for Autism and Rehabilitation located at pagnispage, Indore (Madhya Pradesh) India. All the children in the (n=16) were presently residing in Indore district of M.P. India.

All the children were currently in their childhood stage. Some are in their Early and some are in their later childhood. All of them, were between the ages of 2-11. From the total sample, 12 children's are Males and 4 were females. Looking

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At their family type, 10 children's are from joint family and 6 are from single or nuclear family.



### *Description of Questionnaires*

Autism distressed Behaviour scale by Dr. Nidhi Sharma and Dr. Neelam K. Sharma (ADBS-SNSN). Autism is a developmental disorder of Biological origin which appears during the First three years and caused by brain dysfunction. Distressed behaviour is difficult or challenging behaviour which create problem in mind and body of individual who face it. In distressed behaviour person suffer from extreme anxiety, emotional imbalance, sorrow or pain.

This test contains three dimensions along with 39 items (27 negative items) and (12 positive items). This tool measure distressed behaviour in three dimensions- Psychological behaviour (14 items), Physiological behaviour (13 items), and Social behaviour (12 items).

The reliability of the test was measured through Cronbach's Alpha Method and was found to be .98 (significant at .01 level). The validity of this test was measured through Content validity based on the opinion of more than 100 experts at National and International level. The validity of the scale was also established by item analysis of this items in which all the 39 items was found to be valid.



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The scoring key and norms for all the dimensions are given for the test in the following table:

Type of items	Not at all true for child	Somewhat true for child	Undecided	Very true of child	Completely true of child
Positive	5	4	3	2	1
Negative	1	2	3	4	5

**SCORING KEY**

INTERPRETATION OF ALL LEVEL OF AUTISTIC BEHAVIOUR			
LEVEL OF AUTISTIC BEHAVIOUR	DIMENSIONS		
	PSYCHO	PHYSIO	SOCIAL
<b>EXTREMELY SEVERAL</b>	<b>67 &amp; ABOVE</b>	<b>62 &amp; ABOVE</b>	<b>56 &amp; ABOVE</b>
<b>SEVERE</b>	<b>62-66</b>	<b>57-61</b>	<b>51-55</b>
<b>ABOVE AVERAGE</b>	<b>57-61</b>	<b>52-56</b>	<b>47-50</b>
<b>MODERATE/MILD</b>	<b>49-56</b>	<b>45-51</b>	<b>40-46</b>
<b>BELOW AVERAGE</b>	<b>44-48</b>	<b>40-44</b>	<b>35-39</b>
<b>LOW</b>	<b>38-43</b>	<b>34-39</b>	<b>30-34</b>
<b>EXTREMELY LOW</b>	<b>37 &amp; BELOW</b>	<b>33 &amp; BELOW</b>	<b>29 &amp; BELOW</b>

### *Data Analysis*

The Karl Pearson correlation coefficient was used to test the hypotheses and was applied using SPSS version 29.0.

## RESULTS AND INTERPRETATION

This part of the study contains the final item of information pertaining to the Objectives and hypotheses that were mentioned in methodology. It includes a Description of the outcomes of various processes applied to the collected data in Data analysis and its relation with the created hypotheses and objectives.

After conducting data analysis the following results were found. Results for each hypothesis are given separately.

For the First hypothesis, Karl Pearson correlation was performed and the following table was obtained.

***Objective 1: To study correlation between Psychological and Physiological behaviour.***

***Hypothesis 1: There is no significant correlation between Psychological and Physiological behaviour.***

Correlations			
		Psychological Raw score	Physiological Raw score
Psychological Raw score	Pearson Correlation	1	.650**
	Sig. (2-tailed)		0.006
	N	16	16
Physiological Raw score	Pearson Correlation	.650**	1
	Sig. (2-tailed)	0.006	
	N	16	16

Using Karl Pearson Correlations, the correlation coefficient between Psychological and Physiological behaviour was found to be .650 and it is significant at 0.01 level.

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For the second hypothesis, Karl Pearson correlation was performed and the following table was obtained.

**Objective 2: To study correlation between Psychological and Social behaviour.**

**Hypothesis 2: There is no significant correlation between Psychological and Social behaviour**

Correlations			
		Psychological Raw score	Social Raw score
Psychological Raw score	Pearson Correlation	1	0.343
	Sig. (2-tailed)		0.193
	N	16	16
Social Raw score	Pearson Correlation	0.343	1
	Sig. (2-tailed)	0.193	
	N	16	16

Using Karl Pearson Correlations, the correlation coefficient between Psychological and Social behaviour was found to be .343 which is not statistically significant.

For the third hypothesis, Karl Pearson correlation was performed and the following table was obtained.

**Objective 3: To study correlation between Social and Physiological behaviour.**

**Hypothesis 3: There is no significant correlation between Social and Physiological behaviour.**

Correlations			
		Social Raw score	Physiological Raw score
Social Raw score	Pearson Correlation	1	0.295
	Sig. (2-tailed)		0.268
	N	16	16
Physiological Raw score	Pearson Correlation	0.295	1
	Sig. (2-tailed)	0.268	
	N	16	16

Using Karl Pearson Correlations, the correlation coefficient between Social behaviour and Physiological behaviour was found to be .295 which is not statistically significant.

For the fourth hypothesis, Karl Pearson correlation was performed and the following table was obtained.

**Objective 4: To study correlation between Psychological behaviour and total sample.**

**Hypothesis 4: There is no significant correlation between Psychological behaviour and total sample.**

Correlations			
		Total Raw score	Psychological Raw score
Total Raw score	Pearson Correlation	1	.838**
	Sig. (2-tailed)		0.000
	N	16	16
Psychological Raw score	Pearson Correlation	.838**	1
	Sig. (2-tailed)	0.000	
	N	16	16

Using Karl Pearson Correlations, the correlation coefficient between Psychological behaviour and total sample was found to be .838 and it is significant at 0.01 level.

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For the fifth hypothesis, Karl Pearson correlation was performed and the following table was obtained.

**Objective 5: To study correlation between Physiological behaviour and total sample.**

**Hypothesis 5: There is no significant correlation between Physiological behaviour and total sample.**

Correlations			
		Total Raw score	Physiological Raw score
Total Raw score	Pearson Correlation	1	.882**
	Sig. (2-tailed)		0.000
	N	16	16
Physiological Raw score	Pearson Correlation	.882**	1
	Sig. (2-tailed)	0.000	
	N	16	16

Using Karl Pearson Correlations, the correlation coefficient between Physiological behaviour and total sample was found to be .882 and it is significant at 0.01 level.

For the sixth hypothesis, Karl Pearson correlation was performed and the following table was obtained.

**Objective 6: To study correlation Social behaviour and total sample.**

**Hypothesis 6: There is no significant correlation between Social behaviour and total sample.**

Correlations			
		Total Raw score	Physiological Raw score
Total Raw score	Pearson Correlation	1	.626**
	Sig. (2-tailed)		0.009
	N	16	16
Social Raw score	Pearson Correlation	.626**	1
	Sig. (2-tailed)	0.009	
	N	16	16

Using Karl Pearson Correlations, the correlation coefficient between Social behaviour and total sample was found to be .626 and it is significant at 0.01 level

## DISCUSSION

**Objective 1: To study correlation between Psychological and Physiological Behaviour.**

**Hypothesis 1: There is no significant correlation between Psychological and Physiological behaviour.**

The first hypothesis tries to understand the relation between Psychological and Physiological behaviour of Autistic children. After conducting the Karl Pearson correlation coefficient, the first hypothesis was rejected as Psychological behaviour had a significant effect on Physiological with its coefficient value being .650 with the effect being positive. The value was also significant at 0.01 level.

**Objective 2: To study correlation between Psychological and Social behaviour.**

**Hypothesis 2: There is no significant correlation between Psychological and Social behaviour**

The second hypothesis tries to understand the relation between Psychological and Social behaviour of Autistic children. After conducting the Karl Pearson correlation coefficient, the

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second hypothesis was confirmed as the correlation coefficient came out to be .343 and was not statistically significant at any level.

**Objective 3: To study correlation between Social and Physiological behaviour.**

**Hypothesis 3: There is no significant correlation between Social and Physiological behaviour.**

The Third hypothesis tries to understand the relation between Physiological and Social behaviour of Autistic children. After conducting the Karl Pearson correlation coefficient, the third hypothesis was confirmed as the correlation coefficient came out to be .295 and was not statistically significant at any level.

**Objective 4: To study correlation between Psychological behaviour and total sample.**

**Hypothesis 4: There is no significant correlation between Psychological behaviour and total sample.**

The fourth hypothesis tries to understand the relation between Psychological behaviour of Autistic children and total sample. After conducting the Karl Pearson correlation coefficient, the fourth hypothesis was rejected as Psychological behaviour had a significant effect on total sample with its coefficient value being .838 with the effect being positive. The value was also significant at 0.01 level.

**Objective 5: To study correlation between Physiological behaviour and total sample.**

**Hypothesis 5: There is no significant correlation between Physiological behaviour and total sample.**

The fifth hypothesis tries to understand the relation between Physiological behaviour of Autistic children and total sample. After conducting the Karl Pearson correlation coefficient, the fifth hypothesis was rejected as Psychological behaviour had a significant effect on total sample with its coefficient value being .882 with the effect being positive. The value was also significant at 0.01 level.

**Objective 6: To study correlation Social behaviour and total sample.**

**Hypothesis 6: There is no significant correlation between Social behaviour and total sample.**

The sixth hypothesis tries to understand the relation between Social behaviour of Autistic children and total sample. After conducting the Karl Pearson correlation coefficient, the sixth hypothesis was rejected as Psychological behaviour had a significant effect on total sample with its coefficient value being .626 with the effect being positive. The value was also significant at 0.01 level.

## CONCLUSION AND SUGGESTIONS

### *Conclusion*

It was found in this study, contrary to the hypothesis, that Social behaviour does not have any significant correlation with psychological behaviour whether they are male or female of any age group. There is no connection between the social psychological distressed behaviour of autistic children.

It was also found that Social behaviour also does not have any connection or significant correlation with Physiological behaviour despite of their age, gender and family type.

As for the children's included in the sample, Children's with Low, High and Moderate level of autistic behaviour shows connection between their psychological and physiological

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distressed behaviour. Every aspect of distressed behaviour have impact on autistic children individually but there is no connection of their social behaviour with psychological and physiological behaviour.

### *Suggestion*

Since in this study Social behaviour of children doesn't have any connection to their psychological and physiological behaviour. It would be beneficial to study how physiological behaviour have connection with psychological behaviour, or how their social, psychological, physiological behaviour impact or create distressed behaviour in autistic children.

Result of this study will help you to know that their connection and by finding of this study you can find ways to decrease the cause of distressed behaviour and impact that it cause to an individual. How these behaviour get worst if you don't pay much attention and doesn't get diagnosed and treated in early age. By help of this you can get to know if their behaviour shows signs of distressed ness and diagnosed them at right time.

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The author(s) declared no conflict of interest.

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