EXPLORING THE EMOTIONAL WELL-BEING OF EDUCATORS TEACHING LEARNERS WITH AUTISM
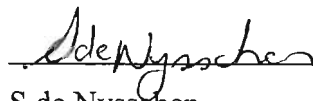
By

Salome de Nysschen

A full dissertation submitted to the

Faculty of Education

of the

University of KwaZulu-Natal

in fulfilment of the requirements

for the degree

Masters of Education

in

Psychology of Education

Supervisor: Prof. N de Lange

January 2008

Declaration

I hereby declare that this full dissertation is my own work and that it has not been submitted for a degree at any other University.

S de Nysschen

Acknowledgements

I would like to thank the following people for their assistance in the creation of this dissertation:

Summary

iii

Exploring the emotional well-being of educators teaching learners with autism

The purpose of this research is to explore the perceptions of educators who teach learners with autism, on their own emotional well-being. The eight educators who participated were from special schools in KwaZulu-Natal. These schools cater for learners with autism and the participants work hands-on with learners with autism.

The research design and methodology employed is qualitative in nature, and adopts the phenomenological approach, which incorporates focus group interviews, individual interviews, and lesson observations of some educators after the interviews. The following questions were asked at the interviews: 'Tell me about teaching learners with autism' and 'How does it influence your well-being?' The research methodology selected elicited rich responses that led to the emergence of three main themes namely: first, these themes are everyday challenges working with learners with autism, second, educators' perceptions of the support of other role players and third, the impact that teaching learners with autism has on the workplace wellness of the educator. Conclusion and recommendations are presented, as well as recommendations for future research. Drawing from the themes, a conclusion is made that teaching learners with autism is stressful, that educators need training and support to cope with the demands of autism, and to help manage workplace wellness.

Key Words

iv

Autism

Emotional well-being

Educator

Learner

CONTENTS

TABLE OF CONTENTS

CHAPTER 2: AUTISM SPECTRUM DISORDER

CHAPTER 3: EMOTIONAL WELL-BEING AND WORKPLACE WELLNESS

CHAPTER 4: RESEARCH DESIGN AND METHODOLOGY

CHAPTER FIVE: RESULTS AND DISCUSSION OF THEMES

CHAPTER ONE

BACKGROUND, AIM, PROBLEM STATEMENT, THEORETICAL FRAMEWORK, CONCEPT CLARIFICATION, RESEARCH METHODOLOGY AND COURSE OF STUDY

1.1 INTRODUCTION

The core purpose of this study is to explore perceptions of the emotional well-being of educators who teach learners with autism. Within the context of South Africa, a much neglected area of research is the study of the strategies through which educators negotiate their emotional well-being along with the stressful demands accompanying the teaching profession in general, and teaching learners with autism in particular. It is this omission in research and scholarship that this study attempts to address. The exploration of the phenomenon of autism, however, would not be complete without a proper delineation and explanation of the concept 'autism'. It will therefore be appropriate to include the theoretical underpinnings central to the conceptualisation of this psychiatric phenomenon.

In 1911, a psychiatrist, Eugen Bleuler, coined the words 'autism' and 'autistic' from the Greek word *autos* which means *self*, that is to be self-absorbed. Bleuler (Sicile-Kira, 2003; Wikipedia, 2006; Grinker, 2007; Who named it, 2007a) used these terms to explain an aspect of schizophrenia, which involves an individual's withdrawal from the world around him and into his own world. In the early 1940's the two pioneers in the field of autism, Leo Kanner and Hans Asperger, independently used these terms to describe children with characteristics we today recognize as autistic. Kanner and Asperger did not discover autism as such, but only described it (Sicile-Kira, 2003; Frith, 2003; Grinker, 2007). In 1943 Leo Kanner, an Austrian psychiatrist based at Johns Hopkins University in America, identified autism as a distinct neurological condition, although he could not specify the cause. In 1944, Hans Asperger, a Viennese paediatrician, published his doctoral thesis on autism. Both Kanner and Asperger used the term 'autistic' to describe children who developed special interests, or an obsession with a specific subject (for example, dinosaurs, numbers) and who

1

had deficits in the areas of communication, social interaction and imagination. While Kanner worked with children with severe autism and believed these children had an unfortunate condition, Asperger concentrated on the more able children, believing that some positive characteristics of autism could lead to achievements in adulthood (Sicile-Kira, 2003; Frith, 2003; Wikipedia, 2006; Who named it, 2007a, 2007b and 2007c).

Research within an international context reveals that the occurrence of autism has increased across the globe. In 2004, for instance, the prevalence of autism was estimated at about 1 in 158 children under the age of 6, and in 2007, for the whole pervasive developmental disorder, it was approximately 1 in 166 (Opleidscentrum Autisme, 2004; Grinker, 2007). With regard to gender, research seems to suggest that there is a higher rate of autism and its spectrum disorders in males than in females (Grinker, 2007), as much as 4 to 5 times as many boys as girls are affected (Sicile-Kira, 2003; Opleidscentrum Autisme, 2004; Cure Research, 2005) According to the American Psychiatric Association (APA) (2000), this number is 6 times as many boys as girls. These findings suggest that autism is the most frequently occurring of all childhood neurological disorders (APA, 2000; Sicile-Kira, 2003; Opleidscentrum Autisme, 2004; Cure Research, 2005). This has serious implications for schooling, for it is younger members of our societies who populate our schools.

Most research has been confined to establishing what autism is, an explanation of autism, and the causes of autism (APA, 2000; Peeters, 2001; Peeters and De Clercq, 2003; Sicile-Kira, 2003; Edelson, 2004a, 2004b, 2004c). However, a number of other issues have also been investigated. These include: autism's possible link to the MMR injection (Nash, 2002; Mental Health Project - Autism, 2004); conditions related to autism such as sensory disturbances, food allergies, depression, obsessive compulsiveness, sub-clinical epilepsy, ADHD and gastrointestinal problems (Edelson, 1998; Nash, 2002; Edelson, 2004a); treatments (Manikam, Perman, and Horvath, 2000; Horvath, Medeiros, Sewell, Manikam, and Perman, 2004; Edelson, 2004b); the neurology of an autistic brain (Nash, 2002; Edelson, 2004a, 2004b, 2004c); intervention strategies (Neysmith-Roy, 2001; Peeters, 2001; Edelson, 2004b); and classroom interventions (Ellis, 1990; Peeters, 2001; Edelson, 2004b; Marshall, 2004). Some researchers, furthermore, have explored the psychological well-being and stress

levels of parents of children with autism. The general conclusion of such scholarship is that parents of children with autism experience severe stress (Bih-Ching Shu School of Nursing, 2002), more than parents of children with other disabilities (Dunn, Burbine, Bowers and Tantleff-Dunn, 2001). This makes it expedient to explore the emotional well-being of educators working with learners with autism as well. If parents experience such stress, how much more the educators responsible for such learners? Investigating the strategies educators use to cope with the stress of working with learners with autism is a key focus of this study. Research has shown (Jennett, Harris, Mesibov, 2003) that even a committed educator with an efficient teaching ability can suffer the effects of stress and fatigue.

Ellis (1990) reminds us that research has mostly concentrated on the needs of individuals with autism, revealing that often only the people who are willing to work with learners with autism can help meet these needs. Given the nature of autism, families of children with the condition and people in the caring professions are all subject to high levels of stress and possible burnout, owing to the demands and the nature of the work in autistic services (Ellis, 1990). While their high stress-levels can largely be controlled, the uncontrolled stress from continuing intense and negative pressures often leads to burnout. As a general principle, furthermore, any job where high levels of interpersonal contact are demanded can lead to burnout (Ellis, 1990; Olivier, 2005). Ellis (1990) identifies three signs of burnout: low levels of energy, emotional exhaustion, and mental exhaustion. As the caring professions must continually confront and respond to other people's needs and problems, stress can, without a doubt, cause emotional and mental exhaustion (Ellis, 1990; Olivier 2005). It is thus extremely important to explore the emotional well-being of the educators of learners with autism in order to understand whether or not these educators cope, how they cope, and what personal strategies they develop to improve their own emotional well-being. It is critical for educators to have compassion, an understanding of their own emotional well-being, and to develop a positive self-esteem (Ecclestone, 2004). Goleman (1996) too believes that it is essential to know ones' own emotions, and keep them under control.

To raise awareness of one's emotional well-being, one needs to be sensitive to those emotions and be able to manage them as well as the emotions of others. A person's

self-awareness and self-regulation skills constitutes emotional intelligence, which is the core of a successful life (Ecclestone, 2004). This knowledge of one's own emotions and the ability to direct them appropriately facilitates coping and adapting when necessary (Ecclestone, 2004; Olivier, 2005). In this vein, Goleman (1996) emphasises the significance of intrapersonal intelligence: the knowing and understanding of one's own feelings, knowing how to channel emotion and be able to behave appropriately, and interpersonal intelligence: the ability and knowledge to understand others, motivate others, and know how to work with them.

According to LeBlanc and Barling (2004), the emotional and physical well-being of a person is very important because it affects work performance. It is interesting to note that, in this regard, women are at risk as they are traditionally viewed as responsible for the emotional well-being of family members and others (Strazdins and Broom, 2003). Furthermore, they are also more likely to work in service professions where they care and nurture others, increasing the possibility for psychological distress, goal loss, and role overload.

As an educator of learners with special needs, I find working with learners with autism professionally rewarding. However, as autism is such a vast and complicated topic, not all educators of learners with autism are effectively equipped to teach them. As mentioned earlier, a gap in the research exists and there is a need to explore the world of educators, specifically the well-being of special needs educators who are currently teaching learners with autism in special education schools. Given that autism is still a relatively new area of interest in South Africa, and that there are only 7 schools in South Africa that cater for learners with autism (Cunard, 2005), the Department of Education (DoE) is currently liaising with special needs schools about improving and expanding the autistic units at these schools (Cunard, 2005). The Education White Paper 6 (DoE, 2001a) suggests that some learners with autism could be included in a mainstream school. As autism has a physical, biological and organic basis, it is imperative that learners with autism receive education and guidance matched to their particular needs (Peeters and Gillberg, 1999). Knowing from personal experience that teaching learners with autism is complex and demanding, and that such learners are all unique with different autistic traits, teaching learners with autism is exceptionally challenging. These learners in particular experience

various problems that could interfere with their education, for example the inability to express their most basic needs, repetitive, compulsive or unusual behaviour, frustration that can lead to aggressive behaviour, and sleeping or eating disorders. All of the above and many more features of autism contribute to the physical and emotional demands on the educator (Marshall, 2004). It is therefore of vital importance to explore educators' perceptions of their own well-being.

1.2 THEORETICAL LOCATION OF THE STUDY

The framework for the study is provided by the Education White Paper 6, which aims to build an inclusive education system. According to Education White Paper 6 (DoE, 2001a:5), the National Commission on Special Needs in Education and Training and the National Committee on Education Support Services recommends that the education and training system promote "education for all". They also promote the development of inclusive and supportive centres of learning which will allow all learners to participate actively in the education process while developing, extending their potential, and enabling them to participate as equal members of society. This is underpinned by the "principles and values in the Constitution and White Papers on Education and Training; human rights and social justice for all learners; participation and social integration; equal access to a single, inclusive education system; access to the curriculum, equity and redress; community responsiveness; and cost effectiveness" (DoE, 2001a:5).

In an inclusive education and training system, three different types of schools, according to the needs of the learner, are envisioned. This is within the context of a wide range of educational support services in line with what learners with disabilities require. Learners who need low-intense support will receive this in ordinary schools, those who need moderate support will receive this in full-service schools, and learners who need high intensive educational support will receive such support in special schools/resource centres. Learners with autism mainly need high intensive educational support and it is therefore appropriate that these learners be taught in schools with special support, as is the case in the school from which the participating educators are drawn. Parents, however, have the choice of placing their children in

either a mainstream, full-service or special school, and this compounds the complexity of the situation.

Education White Paper 6 (DoE, 2001a:18) further identifies educators as the primary resources for helping to achieve the goal of an inclusive education and training system. This expectation requires that educators develop skills and knowledge to do justice to inclusive education; staff development will therefore be a critical element in facilitating inclusion. The attainment of these goals requires the following to be noted:

- In the mainstream class, priorities will include multi-level classroom instruction, preparing lessons with variations to cater for the individual needs of learners, as well as co-operative learning, curriculum enrichment, and dealing with behavioural problems
- In full-service schools, the priorities will include training educators to assist with multi-level classroom instruction, co-operative learning, problem solving and the development of learners' strengths and competencies instead of focusing on their weaknesses
- In special schools/resource centres, the priorities will include supporting neighbourhood schools as well as focusing on new approaches that will help with problem solving and the development of learners' strengths and competencies, instead of concentrating on their weaknesses

A second body of literature I draw upon deals with emotional well-being and workplace wellness, which provides another framework for understanding the emotional well-being of educators. This highlights the responsibility of staff to be equipped and capable of teaching and supporting learners and, in the context of this research: learners with autism. Learners with autism have difficulties with communication, socialization and imagination, and will benefit from the intensive educational support and therapy available at a special school. The issue of autism will further be expanded in chapter 2.

Although Education White Paper 6 (DoE, 2001a) raises the issue of the rights of the learner and the need for change and transformation that accommodates all learners, it

also clearly identifies the promotion of the rights and responsibilities of the educator. Furthermore, the White Paper 6 also outlines strategies and interventions that will be introduced to assist educators to deal with a diversity of learning and teaching needs (DoE, 2001a: 10). The current developmental appraisal of educators could help with ongoing assessment of educators' needs and the development of structured programmes to meet these needs (DoE, 2001a: 18), specifically the development of effective teaching strategies (DoE, 2001a:19). The district support services would therefore provide effective developmental programmes for educators and support personnel to improve their skills and knowledge (DoE, 2001a:6).

Considering the constant and enormous change Education White Paper 6 (DoE, 2001a) has put into motion, it is quite clear that the educators who are implementing this policy would be under pressure to make it happen. The education department should thus consider the emotional well-being of educators as nobody can completely commit to such an enormously responsible and honourable profession if one is not physically and mentally in first-class shape. This raises important questions: How do the educators perceive their own emotional well-being? How does the teaching in special needs classrooms affect the educators' well-being and what kinds of strategies do educators have in place for the everyday teaching of learners with autism? These are some of the questions my study attempts to explore.

Research by the U.S. Department of Labour (2004:3) claims that "many special education educators are under considerable stress due to heavy workloads and administrative tasks... a substantial amount of paperwork documenting each student's progress, and they work under the threat of litigation by students' parents... The physical and emotional demands of the job cause some special education educators to leave the occupation". This might also hold true for educators in the South African education system. A Verulam educator, for instance, recently committed suicide due to the pressure of teaching (Nair, 2005), called "a cut-throat profession", where "the level of stress at our schools is frightening" (Post Newspaper, 2005:21). This then also raises the issue of workplace wellness, which will be explored in chapter 3.

1.3 STATEMENT OF THE PROBLEM

This study explores a much-neglected area of research in South Africa, namely the emotional well-being of educators of learners with autism and how educators negotiate their emotional well-being within the context of an inclusive education system. Considering the above, I have therefore formulated the following research questions:

1.3.1 Primary research questions

The primary research question is:

What perceptions do educators who teach learners with autism, have of their own emotional well-being?

1.3.2 Secondary research questions

The secondary research questions flowing from the above are:

- What are the everyday classroom practices when learners with autism are being taught?
- How do educators negotiate their everyday classroom practices when working with learners with autism?
- What is the impact of this negotiation on the educators' emotional well-being?

1.4 AIMS OF INVESTIGATION

1.4.1 Primary aim

The primary aim can be formulated as follows:

- to explore the perceptions educators who teach learners with autism, have of their own emotional well-being

1.4.2 Secondary aim

The secondary aims flowing from the above are:

- to explore the everyday classroom practices when teaching learners with autism
- to explore how educators negotiate their everyday classroom practices when working with learners with autism and,
- to explore the impact of this negotiation on the educators' emotional well-being

Furthermore, based on the findings, guidelines for enhancing these educators' emotional well-being in the classroom will be generated.

1.5 CLARIFICATION OF TERMINOLOGY

1.5.1 Autism

A few definitions or descriptions of autism are provided and then an operational definition for the research will be formulated:

"a mental condition in which a person is unable to communicate or form relationships with others" (Wehmeier, McIntosh, Turnbull and Ashby, 2005: 84).

"a condition characterized by self-absorption and social withdrawal." (Branford and Thompson, 1994:52).

"a mental condition characterized by great difficulty in communicating with others and in using language and abstract concepts." (Concise Oxford Dictionary (2007).

"Autism is a brain development disorder characterized by impairments in social interaction and communication, and restricted and repetitive behaviour, all exhibited before a child is three years old. These characteristics distinguish autism from milder autism spectrum disorders." (Wikipedia, 2007c).

"A pervasive developmental disorder characterized by severe deficits in social interaction and communication, by an extremely limited range of activities and interests, and often by the presence of repetitive, stereotyped behaviours." (The American Heritage Dictionary of the English Language, 2007).

"Autism is a severe disorder of brain function marked by problems with social contact, intelligence and language, together with ritualistic or compulsive behaviour and bizarre responses to the environment." (Encyclopedia of Medicine, 2007).

For the purpose of this research, 'autism' will refer to a neurological disorder characterized by deficits in social interaction and communication, restricted imagination and behaviour difficulties.

1.5.2 Emotional well-being

An emotion, in its most general definition, is a "complex psychophysical process that arises spontaneously rather than through conscious effort, and evokes either a positive or negative psychological response and physical expressions, often involuntary, related to feelings, perceptions or beliefs about elements, objects or relations between them, in reality or in the imagination. An emotion is often differentiated from a feeling." (Wikipedia, 2007d). Emotion therefore influences well-being, which is a "state of being content, healthy..." (Branford and Thompson, 1994:1107), or "the state of being comfortable, healthy, or happy" (Concise Oxford Dictionary, 2007).

For the purpose of this research, 'emotional well-being' refers to any positive or negative emotions experienced by the educator working with learners with autism.

1.5.3 Educator

An educator is "a person whose job is to teach or educate people", "a person who is an expert in the theories and methods of education" (Wehmeier *et al.*, 2005: 468), but also "a specialist in the theory and practice of education." (The American Heritage Dictionary of the English Language, 2007).

For the purpose of this research, 'educator' refers to those who work with learners with autism in a special school context and have first hand experience of how it feels to educate learners with autism.

1.5.4 Learner

A learner is "a person who is finding out about a subject..." (Wehmeier *et al.*, 2005: 840), who is "learning a subject or skill" (Branford and Thompson, 1994:537), and who therefore is "being educated" (The New Thesaurus, 2007).

For the purpose of this research, the learners referred to are between the ages of 5 and 18, and all on the autistic spectrum disorder, and who are placed in a special school.

1.6 RESEARCH DESIGN AND METHODOLOGY

1.6.1 Research Design

The emotional well-being of educators teaching learners with autism is the focus of this study. As this deals with human experience, I will move towards a qualitative research design that is descriptive, interpretive and explorative (De Vos, 2002). Since it is educators' emotional well-being which is the focus of this study, I will use the phenomenological approach as a phenomenon is "an item of experience or reality" (Tesch, 1990: 65), and the approach is used to understand the everyday experiences of the participants (c.f. 4.4.1). This is appropriate as it will provide insight into the

experiences of a chosen group of people (Greeff, 2002: 309), the educators teaching learners with autism, and thereby explore their emotional well-being in the workplace.

1.6.2 Research Methodology

In order to gain in-depth insight into the phenomenon, focus group interviews and individual interviews will be used (c.f. 4.4.3).

1.6.2.1 Sample

I intend to interview eight educators from two schools in Kwa-Zulu Natal. These educators work with learners with autism and have varying experiences, cultural and ethnic backgrounds, and teaching qualifications. Educators from the same school will be grouped together in the focus group interviews. If possible, they will also be grouped according to their experience with learners with autism, as four educators have many years of experience and four are educators with hardly any experience. It is expecting that this will enhance the richness of the data and contribute toward trustworthiness.

1.6.2.2 Data collection

I intend to interview the educators by using focus group interviews (Greeff, 2002) which are in informal conversations, with the occasional use of pointers to focus the interview. The approach will be an unstructured interview exploring new territory with the participants, asking the following open-ended questions:
'Tell me about teaching learners with autism' and 'How does it influence your well-being?' It is a "conversation with a purpose" (Greeff, 2002:298), where the interest is in understanding the experiences of the participants and the meaning they make of those experiences, explained in their own words and interpretations (Greeff, 2002; McKenzie, Powell and Usher, 1997). The purpose of using focus group interviews is to obtain multiple viewpoints and responses/perceptions, and a large amount of

concentrated data in a short period of time. Focus groups are useful as they communicate a willingness to listen, leaving the participants feeling empowered and supported in a group situation. It also allows for the expression of a variety of ideas or feelings that a group has about a specific phenomenon (Greeff, 2002:298).

I anticipate interviewing each group twice, as one interview may lead to gaining insufficient data, and more than two interviews may lead to repetition of data (Greeff, 2002: 312). As I am knowledgeable about the topic of conversation, I will conduct the interviews.

1.6.2.3 Data analysis

The analysis and interpretation of data arising out of a focus group interview is of vital importance, but can also be a very complex process. The aim of analysis is to find categories and themes that emerge in various focus groups around the perceptions of well-being. However, it will be borne in mind that the data collected represents the experiences of a group of members, and in representing the analysis we actually seek to tell someone else's story (Greeff, 2002; Ezzy, 2002).

To ensure trustworthiness (c.f. 4.4.6) in this research I will conduct interviews (De Vos, 2002) and record the sessions by using a tape recorder as well as make field notes at the end of the interview. I will also observe the educators during the interviews as a strategy to acquire a more complete picture of the setting (De Vos, 2002: 342), as well as help me when analysing the data, as I will have to consider the words of the participants, the context in which these words were uttered, the internal consistency, frequency and depth of comments, as well as what was not said (Greeff, 2002). Preserving the data on tape will thus significantly increase the efficiency of data analysis, as the data will be easily retrievable when necessary. I will begin the data analysis by getting a feel for the whole data set, and by making sense of the interviews as a whole. I will then familiarise myself with the data before analysing it (De Vos, 2002). This will enable the use of open coding, as it has to do with the categorizing and naming of phenomena through close examination of data. When I analyse the data, I will look for similarities and differences, emerging categories and

13

themes. I will then identify general categories and themes, giving each category a name (De Vos, 2002). As I continue with data analysis after each interview, I will draw together and compare discussions of similar themes, and examine how these relate to the variations between individuals and between groups. I will focus not only on the analysis of the group, or the individuals of the group, but also the dynamics of the group as a whole.

To further ensure the trustworthiness of research findings, I will have to set aside my personal emotions and experiences, be as objective as possible, and consciously concentrate on my role as the researcher (Leedy, 1993; De Vos, 2002; Mauthner, Birch, Jessop and Miller, 2002).

1.6.2.4 Ethical considerations

Before interviewing, ethical issues have to be considered and permission will be requested from the Department of Education to pursue the research in the required special needs schools. After being granted permission, the principals at these special needs schools will be requested to grant permission for me to interview the relevant educators, followed by a request for informed consent from the educators themselves. Universal principles such as honesty, justice, respect and confidentiality will be adhered to (Mauthner *et al.*, 2002). Participants will be treated with respect, fairness and honesty, and it is therefore the responsibility of the researcher to emphasize the nature of the study, disclose methods used, as well as to ensure confidentiality and anonymity (Leedy, 1993; Strydom, 2002). The participants must thus fully understand the reason behind the study and the need for the group interview before giving consent (Mauthner *et al.*, 2002). I will ensure that consent is voluntary, knowing that the written and verbal information the study participants provide will be treated with confidentiality, and that the information is intended only for research purposes.

1.7 DELIMITATION OF THE STUDY

The study falls within the specialization of Educational Psychology, a field that focuses on the development of the learner, as well as teaching and learning. The educator plays a key role in the above, and his/her emotional well-being is impacted upon by teaching special needs learners, as well as having an impact on the learners and colleagues in the school context.

1.8 COURSE OF STUDY

As the research topic is about the emotional well-being of the educator working with learners with autism, I will be discussing 'autism', a complex neurological condition, in chapter 2. Other issues to be discussed in chapter 2 are the history of autism as well as the diagnostic criteria for autism according to the APA (2000) and the World Health Organisation (WHO) (1992), the characteristics of autism called 'the triad of impairment', the related conditions, focusing on the most frequently occurring related conditions, the constant change of information on the high prevalence rate and aetiology of autism, and finally, intervention strategies.

In chapter 3 'emotional well-being' and 'education' will be discussed. The first part of this chapter discusses differential understandings of emotional well-being and concepts like emotions, stress, emotional well-being, emotional intelligence, and emotional competence. The link between emotional, social and cognitive intelligence will be explored, as these form important components of general intelligence, as well as Gardner's multiple intelligences theory. The importance of emotional intelligence in the workplace and workplace wellness will be discussed. In the second part of this chapter, an explanation of 'autism' in an inclusive education system will be offered.

Chapter 4's focus moves to the research design and methodology, and presents the rationale for specific methods – logical choices over others. A qualitative research design, using a phenomenological approach, will be discussed. In addition, sampling, data collection and analysis will be explained, and issues surrounding trustworthiness and ethical considerations will also be discussed. This chapter concludes by

indicating ways in which the findings of this study will be presented and recontextualised with literature in chapter 5. Final conclusions and recommendations will be discussed in chapter 6.

1.9 CONCLUSION

In this chapter I have briefly concentrated on why I would like to explore the emotional well-being of educators who teach learners with autism. A concise history of autism and its complexities was given, as well as an explanation on emotions and how these emotions affect one's emotional well-being and workplace wellness. This relates to the primary research question: what perceptions do educators teaching learners with autism have of their emotional well-being? Terminology such as autism, emotional well-being, educator and learner were clarified in order to enhance understanding of the relevant subject matter.

The theoretical location of the study is provided by the Education White Paper 6, as this is within the context of an inclusive education and training system, which allows for an educational support system that is equipped for learners with special needs. As this is a qualitative study based on a phenomenon, the research design and methodology that seemed most appropriate was focus group and individual interviews for the collection of data. The next chapter focuses entirely on autism and its complexities.

CHAPTER 2

AUTISM SPECTRUM DISORDER

2.1 INTRODUCTION

Characterised by pervasive impairments in social interaction, communication skills, repetitive behavioural patterns and restricted interests, autism is a complex neurological condition (Kanner, 1943). No specific causes for this condition have been found (Kanner, 1943), and it is currently known as the fastest growing developmental disability (Peeters and Gillberg, 1999). There has, however, been a remarkable burgeoning of knowledge in this field, though the disorder is still not fully understood. Issues of this nature are discussed in this chapter in order to understand the learner with autism who is taught by the educators participating in this research study, as well as how individual educators engage with these learners.

This chapter will outline various aspects of autism in detail. The history and diagnostic criteria of the Autistic Spectrum Disorder (ASD): Autism, Asperger, Retts Disorder, Childhood Disintegrative Disorder and Pervasive Developmental Disorder, Not Otherwise Specified, as according to the American Psychiatric Association (APA) and the World Health Organisation (WHO) will be discussed in order to give a clear background of the Autistic Spectrum Disorder. The characteristics of autism, known as the triad of autism, namely social difficulties, communication and imagination/behaviour difficulties, will be explained in depth in order to expose the complexities of autism, and the need for this study. Conditions related to autism, the prevalence and aetiology of autism will be explored, as well as autism and inclusion as part of the theoretical location, to enhance the richness of this study.

2.2 HISTORY OF AUTISM

In 1911 a Swiss psychiatrist, Eugen Bleuler, coined the words 'autism' and 'autistic' from the Greek word *autos*, meaning *self*, or *self-observed*. He was one of the most

influential psychologists of his time and became known for the naming of the term *schizophrenia*. In 1911 he used the term *autism* to explain an aspect of schizophrenia in children: the loss of contact with reality, more specifically the withdrawal of an individual from the outside world into his own world or into himself (Sicile-Kira, 2003: 6; Wikipedia, 2006; Who named it, 2007a).

In the early 1940's, two pioneers in the field of autism, Leo Kanner and Hans Asperger (who will be discussed later) used these terms *autism* and *autistic* independently from each other to describe children with characteristics we today recognize as autistic (Furneaux and Roberts, 1977; Sicile-Kira, 2003; Frith, 2003; Grinker, 2007).

Kanner (1943), an Austrian psychiatrist, published his first paper in the journal called *The Nervous Child*. In this paper he described 11 children he worked with as having an outstanding pathognomonic fundamental disorder. Kanner (1943, 1973) mentioned the following criteria to describe these children:

- The inability to relate normally to other people and situations (that is, socially withdrawn) from the beginning of life
- Extreme autistic aloneness
- Inability of infant to change position into an anticipatory posture, before being picked up
- Either no speech or the inability to use spoken language for the purpose of communication
- Excellent rote memory, but with an inability to use language in any other way
- Parrot-like repetitions of word combinations, known as echolalia or delayed echolalia
- Absence of spontaneous sentence formation
- Personal pronouns are repeated as heard
- Refusal of food
- Loud noises and moving objects are reacted to with horror
- An anxiously obsessive desire for the maintenance of sameness
- Good relation to objects; is interested in them and will play happily with them for hours

- No relationship with people
- Not looking into anyone's face
- Not playing with other children
- Some good cognitive potential
- Physically, the children were well developed
- They all come from highly intelligent families

Kanner (1943; 1950; 1973), however, points out that these children's activities and utterances were primarily governed by the desire for *aloneness* and *sameness*. In 1951, after having seen nearly 100 children, Kanner decided to change the terminology to *Early Infantile Autism* (EIA), only then did the classification of autism occur. He stated that the main characteristic features of *early infantile autism* were:

- An extreme withdrawal from contact with people
- An obsessive desire for preservation of sameness
- The ability to skilfully manipulate objects
- The preservation of intelligent and thoughtful physical appearances
- Mutism or the use of language without the purpose of interpersonal communication (Kanner, 1951; 1973)

In 1956, after Kanner and his colleague, Eisenberg, had seen more than 120 such children, they listed the following five distinctive features of autism:

- Extreme detachment from human relationship
- Failure to use language for the purpose of communication
- Anxious obsessive desire for the maintenance of sameness, resulting in a marked limitation in the variety of spontaneous activity
- Fascination for objects...handled with skill in fine motor movements
- Good cognitive potentialities

Kanner and Eisenberg (1956) isolated the same two primary diagnostic criteria for autism, as Kanner did in 1943:

- Extreme self-isolation (or aloneness)
- Obsessive insistence on the preservation of sameness (Eisenberg and Kanner, 1956; Furneaux and Roberts, 1977; Woodward and Hogenboom, 2000)

Kanner (1943) identified autism as a distinct neurological condition, but could not specify a cause. His discovery was of great importance and assisted significantly in the understanding of childhood psychosis. Kanner's work was not the only one at this time. Asperger (In Sicile-Kira, 2003; Wikipedia, 2007a; Who named it, 2007b), in 1944, used the term *autistic psychopathy*. He published his doctoral thesis from work on children less compromised by their autistic disorder. Asperger's group of children had certain areas of high development and seemed rather bright, which was contrary to the characteristics of other children with autism as identified by Kanner. Asperger's group of children were perceived as socially isolated, and developed obsessions. Asperger hoped that some of the 'positive' characteristics of the disorder could lead to achievements in adulthood. Asperger's group, although exhibiting communication difficulties, did not suffer clinically significant delay in developing language and had reasonable verbal communication. As Asperger's observations were published in German, it was not widely read until 1981 when Lorna Wing, an English doctor, published case studies of children who showed similar symptoms as Asperger's cases, and named it Asperger's syndrome (Nash, 2002; Sicile-Kira, 2003; Wikipedia, 2007a; Who named it, 2007b).

The 1970's up to 1978 saw several attempts directed towards the development of various criteria. Rutter (1978), for instance, proposed his own four criteria. He (1978) based these criteria on his own research and clinical experience and on some of Kanner's (1943) characteristic features of *early infantile autism*. He argued against Kanner and Eisenberg's (1956) two primary diagnostic criteria though, and presents four criteria:

- Impaired social development, which had nothing to do with the child's intellectual level
- Impaired language development, which had nothing to do with the child's intellectual level
- Stereo-typed play patterns, abnormal preoccupations or resistance to change
- Onset before the age of 30 months (Rutter, 1978; Wing, 1993; Yazbak, 2003)

Rutter's first three criteria are the same as our currently used criteria, according to the Diagnostic and Statistical Manual of Mental Disorders (APA, 2000), which will be explored further in the next section.

2.3 CLASSIFICATION OF AUTISM

As discussed earlier, Kanner's description of autism has only two primary criteria: the need to be left alone (*aloneness*) and the need for the continuation of sameness (*sameness*). In 1956, Kanner and Eisenberg added to such criteria by referring to five features of autism, of which they chose 2 primary criteria, which were the same as Kanner's 1943 criteria. In 1978 Rutter had 4 criteria and this was similar to Kanner and Eisenberg's five features of autism, but different to their criteria. Although Kanner and Eisenberg's five features of autism and two criteria are noted in children with autism, only one feature, that is, language impairment, is currently part of today's criteria. Rutter's (1978) first three criteria, that is, language impairment, social impairment and stereo-typed play, are the same as the main three criteria currently used.

According to the APA (2000) (a medical model approach), Pervasive Developmental Disorders (PDD), in the section on 'Communication Disorder Not Otherwise Specified', is characterized by severe and pervasive impairment in several areas of development: reciprocal social interaction, communication skills, and the presence of stereotyped behaviour, interests, and activities. Furthermore, the qualitative impairments that categorize these conditions are distinctly related to the individual's developmental level or mental age, which is usually evident in the first years of life, and often coupled with some degree of Mental Retardation (MR).

Autistic Spectrum Disorder (ASD), now synonymous with the term PDD, includes:
- Autistic Disorder (AD)
- Rett's Disorder (RD)
- Childhood Disintegrative Disorder (CDD)
- Asperger's Disorder (AS)

21

- Pervasive Developmental Disorder Not Otherwise Specified (PDD-NOS)

(APA, 2000; Volkmar and Klin, 2005)

The International Statistical Classification of Diseases and Related Health Problems, 10th Revision, published by the World Health Organisation (WHO) (1992) was authorized by the Forty-Third World Health Assembly in May 1990, and came into use as from 1994. It is used to classify diseases and other health problems. According to this classification, PDD includes:

- Childhood autism
- Atypical autism
- Rett's syndrome
- Other childhood disintegrative disorder
- Overactive disorder associated with mental retardation and stereotyped movements
- Asperger's Syndrome
- Other pervasive developmental disorders
- Pervasive developmental disorder, unspecified

Although there are some differences between the Diagnostic and Statistical Manual of Mental Disorders (APA, 2000), and the International Statistical Classification of Diseases and Related Health Problems, 10th Revision (WHO, 1992), their main diagnostic systems have become much more alike than different. Today autism is probably the most complex psychiatric or developmental disorder with the best empirically based, cross-national diagnostic criteria (Volkmar and Klin, 2005).

The following section includes a brief description of the 5 disorders included under PDD according to the APA (2000), and the diagnosis for these 5 disorders according to the APA (2000) and the WHO (1992).

2.3.1 Autistic Disorder (AD)

Autism is a Pervasive Developmental Disorder (PDD), a lifelong disability, characterized by severe distortions in the development of social, emotional and cognitive growth (APA, 2000). According to the APA (2000) diagnostic criteria for Autistic Disorder (Appendix 1), autism is characterised by abnormal or impaired development in:

- Social interaction: children with autism do not completely understand other people or even their own emotions, reactions and social relationships
- Language and communication: some children with autism never learn to speak, and those who do have speech often have problems understanding the normal process of reciprocal communication
- Imagination: due to severely poor cognitive development, children with autism lack the ability to understand abstract concepts and imaginative play

AD is sometimes referred to as 'early infantile autism', 'childhood autism', or 'Kanner's autism'.

According to the WHO (1992), childhood autism is defined by:
The presence of abnormal or impaired development before the age of three years, and abnormal functioning in all three areas of psychopathology:

- reciprocal social interaction
- communication
- restricted, stereotyped, repetitive behaviour

This outline highlights the commonalities between the various criteria for autism. The APA (2000) and the WHO (1992) are basically in agreement on the criteria for autism. It is important to use terminology referring to autism as a disorder affecting individuals, and therefore to refer to 'a person with autism', and not terms such as 'autistic children' or 'autists'. People with autism suffer from autism. This distinction is crucial, for they are not necessarily autistic (Furneaux and Roberts, 1977; Wing, 1980; Peeters and Gillberg, 1999).

2.3.2 Rett's Disorder (RD)

The RD diagnostic criteria (Appendix 2) differ from AD in their characteristic sex ratio and pattern of deficits. To date this condition has only been diagnosed in females. In AD, however, males are more likely to be affected than females. Children with RD have an apparently normal early development, with a normal head circumference at birth which is followed by an onset of multiple specific deficits. These deficits occur in the first or second year of life, prior to age four in terms of the APA (2000), and between 7 – 24 months within the context of the WHO (1992). Abnormalities according to the APA (2000) include:

- head growth deceleration
- loss of previously acquired speech
- loss of previously acquired skills
- a poorly coordinated gait
- stereo-typed hand movements resembling hand-wringing and/or
- hand-washing

It is important to point out that the duration of the disorder is life-long and the loss of skills is generally persistent and progressive. It almost invariably results in severe mental retardation. Improvement in social interaction may be seen in later childhood or adolescence, however, communicative and behavioural impairment remain constant throughout life (WHO, 1992; APA, 2000; Sicile-Kira, 2003).

2.3.3 Childhood Disintegrative Disorder (CDD)

According to the APA (2000) diagnostic criteria (Appendix 3), CDD is when a child has seemingly developed normally for a period of at least 2 years and has age-appropriate verbal and nonverbal communication, social relationships, play, and adaptive behaviour. After the age of 2, before the age of 10, however, the child loses previous acquired skills in at least two of the following areas: expressive or receptive language, social skills or adaptive behaviour, bowel or bladder control, play, or motor skills (APA, 2000). These individuals display impairment in the social and communicative deficits and behavioural characteristics normally observed in AD.

24

Restricted, repetitive, and stereotyped patterns of behaviour, interests and activities are also present. Children who developed normally for a longer period, that is until 4 years of age, followed by a regression of skills and the development of many autistic characteristics, are referred to as suffering from 'childhood disintegrative disorder'. The WHO (1992) refers to this disorder as 'Other childhood disintegrative disorder'.

2.3.4 Asperger's Disorder (AS)

The APA (2000) refers to this diagnostic category (Appendix 4) as 'Asperger's Disorder', while the WHO (1992) refers to it as 'Asperger's Syndrome'. Asperger's Syndrome (AS) became a new diagnostic category in the 1990's (Fombonne, 2003) A child with it has no clinically significant delay in language, and an average to above average intelligence. However, the child will show impairments in social interaction and has a restricted range of interests and activities, and repetitive patterns of behaviour (Peeters and Gillberg, 1999; WHO, 1992; APA, 2000; Nash, 2002; Sicile-Kira, 2003).

Asperger's Syndrome shares many characteristics with AD, although experts are still attempting to discover the relation between them. The questions that need answering concerning these differences are: Is AS an intense variant of 'normality' with a weaker ability for communication and imagination? Is autism with a higher IQ and better communication skills? Alternatively, is it a separate developmental disorder? (Peeters and Gillberg, 1999).

The difference in diagnostic criteria between AD (Appendix 1) and AS (Appendix 4), according to the APA (2000) is: In AD there are abnormalities in the areas of social interaction, language and play, and in AS there are no significant delays in the early development of cognitive skills and language skills. On the other hand, in AD, there are restricted, repetitive and stereotyped interests and activities characterised by the presence of motor mannerisms, preoccupation with parts of objects, rituals, and marked distress in change. In AS, on the other hand, the latter are primarily observed when the individual devotes a lot of time to getting information on a specific topic.

Put simply, in AD social interaction is mostly marked by self-isolation or rigid social approaches, and in AS there may be a motivation for approaching others. This, however, may be done in a highly eccentric, one-sided, bombastic, and insensitive manner.

2.3.5 Pervasive Developmental Disorder Not Otherwise Specified (PDD-NOS)

One or more of the following features characterise Pervasive Developmental Disorder Not Otherwise Specified (PDD-NOS): social difficulties or difficulty with two-way social interaction, repetitive stereotyped activities, or a fascination with a specific topic (Wing, 1980; Sicile-Kira, 2003). According to the APA (2000), PDD-NOS includes 'atypical autism' which does not meet the same criteria as any PDD because it begins quite late. According to the diagnostic criteria (Appendix 5), PDD-NOS shows a severe and pervasive impairment in either verbal or non-verbal communication skills, and/or presents stereotyped behaviour, interests, and activities.

Based on the history of autism and current diagnostic criteria, it is encouraging that there has been a burgeoning of knowledge in the field of Pervasive Developmental Disorders (PDD). It is thus very important to continue investigating the field of PDD for a better understanding of autism, and potential intervention strategies.

2.4 AETIOLOGY OF AUTISM

"…we seem to have pure-culture examples of inborn autistic disturbances of affective contact." (Kanner, 1943:150)

In the early days of trying to find the causes of autism, researchers believed that mothers of children with autism were cold and aloof, and that they had rejected their babies. Some writers labelled these mothers the "schizophrenogenic mother" or "refrigerator mother" who did not know how to, or did not bother to relate to her child. Others were of the opinion that the mothers overprotected and smothered their babies. This notion was supported by Kanner (1943; 1950), who believed that the

parents of children with autism were highly intellectual and mostly not "warm hearted". Further studies did not prove that parents of children with autism were detached from their children. The analyses of the parents' personalities could easily have been biased (Wing, 1971; Furneaux and Roberts, 1977; Woodward and Hogenboom, 2000; Dyches *et al.*, 2004).

In the late 1990's the measles, mumps and rubella (MMR) vaccine created a vast domain for investigation, because numerous researchers believed that the MMR vaccine could cause autism. However, frequent studies deny the suggested link between the MMR vaccination and autism (Madsen, Hviid, Vestergaard, Schendel, Wohlfahrt, Thorsen, Olsen and Melbye, 2002). The evidence of a link between the MMR vaccination and autism is weak and based on case-series, cross-sectional and ecologic studies. In a well-conducted study, sthere was no evidence of a sudden increase in the prevalence of autism after the introduction of the MMR vaccine, or of a sudden clustering of cases of autism at any time after immunization (Madsen *et al.*, 2005). No research to date has sufficient statistical significance to establish an association. Nevertheless, The World Health Organisation and other organizations have requested further investigation as it is essential to take maximum care (Madsen *et al.*, 2005).

The following refer to heredity factors as possible causal factors of autism.

2.4.1 Heredity

Hans Asperger and Leo Kanner, in their early studies, noted that both autism and Asperger disorders run in families, sometimes passing directly from father to son, meaning that genes might be central to autism and Asperger Syndrome (Nash, 2002; Woodward and Hogenboom, 2000; Wikipedia, 2007b). Van Krevelen (1971: 85) also claimed that: "…autistic psychopathy is transmitted genetically via the father". Scientists today concur that, even if autism does not present in its entirety, families can still share certain autistic symptoms (Time Magazine, 2002).

In the past almost 1 in 20 (5%) siblings of individuals with autism had autism themselves, with a risk of various developmental difficulties (Peeters and Gillberg, 1999; APA, 2000), but at present it is estimated at only about 10% (Wallis, 2006). Consistent research continuously confirms that siblings have a much-increased risk of having autism (Wicks-Nelson and Israel, 1984; APA, 1998; Peeters and Gillberg, 1999). It is interesting to note that male siblings have lower social competence scores than female siblings (Karninsky and Dewey, 2002). The latter makes it clear that genes play an influential, although not absolute, role in the development of autism (Dyches *et al.*, 2004).

Studies on twins have confirmed that autism is more frequent in identical twins (homozygous twins) than in non-identical twins (heterozygous twins). If one identical twin has autism, then there is a 60% chance that the other twin will have autism too. According to Woodward and Hogenboom (2000), the risk of both identical twins having autism varies from 36% - 91%. Today this risk is estimated at 60% - 90% (Wallis, 2006). However, if the other twin does not have autism, then there is a 75% chance for that twin to exhibit one or more autistic traits (Wicks-Nelson and Israel, 1984; Peeters and Gillberg, 1999; Nash, 2002; Sicile-Kira, 2003; Reichelt, 2005; Wikipedia, 2007b). The above validated the claim for a powerful genetic contribution to the cause of autism. Regions of interest have been found on certain chromosomes, the most important so far on chromosome 7q (Sicile-Kira, 2003). Some researchers have also looked into other possible causal factors for autism.

2.4.2 Biochemical factors

Differences in brain activity have been noted and scientists who study autism agree that some brain circuits are different in a person with ASD. The only key biochemical finding since the 1960s is that the serotonin in a few individuals with ASD, and in some first-degree relatives who are unaffected, is elevated (Sicile-Kira, 2003; Jordan, 2007c). Anecdotal findings have reported that some children with ASD appear to have biochemical and immunological problems (Sicile-Kira, 2003; 29).

2.4.3 Other studies in progress

Currently, at the University of California, research is being conducted in the study of hair, blood, urine and tissue samples from family members of individuals with autism, to test for 17 metals, traces of pesticides, opioids and other toxicants (Wallis, 2006). Some experts believe that the rise in autism is due to diet, vaccines and exposure to pesticides, which affect those with a genetic predisposition to autism (London Daily Mail, 2006). As researchers are still not completely sure what causes autism, it is necessary to continue research into possible causal factors. This is also important to help determine appropriate intervention strategies (c.f. 3.2), which the educator or other professionals might use within the context of inclusive education, either in a full service school, or a special school suitable for supporting the learner with autism (c.f. 1.2).

2.5 THE PREVALENCE OF AUTISM

2.5.1 Introduction

The 'prevalence' of autism usually refers to the estimated population of people who are affected by autism at any given time (Cure Research, 2005). Epidemiological surveys of autism and PDD have been carried out in several countries over a long period of time, but methodological differences in case definition and case finding procedures make survey comparisons difficult to perform (Fombonne, 2005).

According to Margolies (1977), Leo Kanner claimed in 1943 that the prevalence of autism was less than 1% in the general population. However, in 1965, Kanner raised his concern because what appeared to him was that: "Almost overnight, the country seemed to be populated by a multitude of autistic children, and somehow this trend became noticeable overseas as well" (Kanner, 1965:413).

Van Krevelen also warned against the prevailing "abuse of the diagnosis of autism" saying that it "threatens to become a fashion" (Kanner, 1965:413). His warning is reflected in a Department of Education study in the United States, which reported a

173 % increase in the number of learners with autism in public schools, from 1992 to 1997 (Sicile-Kira, 2003). The U.S. Centre for Disease Control identified it as a public health crisis in 1999 that warranted immediate attention; that autism is the fastest growing developmental disability in the United States. The calculated rate in 1999 was 0.6 – 1.0 % of the general population of school-age learners (Peeters and Gillberg, 1999:39). The rates in adults were expected to be of the same scale as those in children. At present, the prevalence of all PDD in the USA is 1 in 166 children; double the rate of 10 years ago (Baird et al., 2006; Autism Society of America, 2006; Wallis, 2006; Grinker, 2007).

According to the APA (2000), epidemiological studies show the rate of the disorder as being 5 cases per 10 000 individuals, with reported rates ranging from 2 to 20 cases per 10 000 individuals (APA, 2000). Furthermore, autism occurs five times more often than Down's syndrome and three times more often than childhood diabetes (Nash, 2002; Time Magazine, 2002).

In 2003, international research showed that the occurrence of autism increased worldwide (Fombonne, 2003; Sicile-Kira, 2003; Yazbak, 2003), with a prevalence rate of autism at 34 per 10 000 and the prevalence rate of PDD at 60 per 10 000 (Fombonne, 2003). The increase of autism between the ages of 6 – 21 years in the U.S. over the last decade, was notably greater than the number of children with disabilities in general (Yazbak, 2003).

In 2005, Fombonne (2005) stated the prevalence of autism as 13 per 10 000. This global estimate is derived from a conservative analysis of existing data. According to Cure Research (2005) autism affects an estimated 10 – 20 in every 10 000 individuals, depending on diagnostic criteria used.

Currently, in 2007, the prevalence of PDD is 1 per 166 (Grinker, 2007). The cause of the high prevalence of PDD is debatable. The prevalence of autism could be an underestimation, as children with milder or high-functioning autism are likely to have been missed; an exaggeration, as the increase of autism could be due to a broadening of the diagnostic criteria, public awareness, worldwide introduction of the WHO (1992) and the APA (2000) diagnostic criteria since the early 1990s, or due to a

genuine increase in incidences of autism (Baird *et al.*, 2006; Kurita, 2006; Pulse, 2006; Wikipedia, 2007b; Grinker, 2007). Similar to the above divergence of opinions, opinion in South Africa is not unanimous regarding autism's prevalence.

2.5.2 Gender prevalence

Consistent research from as early as the 1970's to date has proven that there is a higher rate of autism and its spectrum disorders in males than females (Wing, 1971; 1980; Furneaux and Roberts, 1977; Wing, 1993; APA, 2000; Karninsky and Dewey, 2002; Opleidscentrum Autisme, 2004; Cure Research, 2005; Volkmar and Klin, 2005; Grinker, 2007). Several researchers are of the opinion that autism itself occurs in 4 times as many boys as girls (Sicile-Kira, 2003; Opleidscentrum Autisme, 2004; Cure Research, 2005), while the APA (2000) states that the rates are 4 to 5 times higher in males than in females. Other researchers believe that the rates rise as high as 6 to 1 (Kaminsky and Dewey, 2001).

Researchers believe that autism could have a slightly different presentation in females and that this could lead to a wrong diagnosis in some female cases, it often being diagnosed as mental retardation (APA, 2000). Girls in general may develop better language and social skills than boys, and their interest patterns are also not usually as restricted and technical as those of boys. They therefore do not show evidence of typical 'autism quality'. On the other hand, these girls may be incorrectly diagnosed with other problems like 'social deficits and learning problems'; girls who refuse to do something may often be diagnosed with "pathological demand avoidance". Girls who will only talk in front of certain people, but are mute or almost mute when with other people, may be diagnosed as atypical variants of "selective mutism" (Peeters and Gillberg, 1999:40).

2.5.3 Prevalence in race, ethnic and socio-economic groups

According to several researchers, autism does not affect any specific race, ethnic or social group. Autism has nothing to do with family income, lifestyle and educational

levels of parents (Peeters and Gillberg, 1999; Autism Society of America, 2000; Nash, 2002; Dyches *et al.*, 2004; Eaton, 2005; Volkmar and Klin, 2005; Fombonne, 2005; Kurita, 2006; Grinker, 2007).

Most epidemiological studies have been conducted in Western countries and cannot be generalized to other countries, such as developing nations. This could be due to the fact that some families from minority cultures do not want to participate because of language barriers, mistrust, fear, or misunderstanding. It could also be that, to avoid stigma, families from some cultural or socio-economic groups advocate a diagnosis of autism rather than mental retardation. Some cultures do not consider certain behaviours of children with autism as problematic but rather as part of their culture e.g. avoiding eye contact, aggressive behaviours - resulting in the child not being taken to a doctor.

The prevalence of autism has increased dramatically, which makes it necessary to explore possible causal factors of autism, thereby facilitating prevention and support.

2.6 DIAGNOSIS

Research productivity relating to knowledge about AS by scientists and professionals in the UK has advanced, and has brought about a great deal of optimism regarding the establishment of its causes (Sicile-Kira, 2003). The continuing growth of parent- and professional-driven AS organisations, as well as access to the internet, has encouraged scientists and politicians to devote resources to research the causes of AS, and how to help those with this condition.

Despite these advances, there is yet no cure for and/or recovery from autism. The individuals who were diagnosed as having autism, and who apparently recovered, for example, are now regarded by professionals as 'neurotypical', that is, did not have autism. Some individuals, however, have overcome some of the difficulties that made it challenging to live full and successful lives (Sicile-Kira, 2003). Given the fact that this condition is a lifelong disability, one needs to be supportive of individuals with autism and try make life manageable for them. This is precisely the reason it is

important to know and understand the difficulties experienced by individuals with autism, and parents and professionals in particular should understand its onset, criteria, and causes.

2.7 ONSET AND COURSE OF AUTISM

The difficulty with ASD is that even when its symptoms are discovered in time, it is still difficult to diagnose. The issue gets even more complicated when some babies appear to develop normally up to the age of 2 years, while other babies may show symptoms immediately, almost from birth (Wing, 1980; APA, 1998). Notwithstanding, autistic symptoms will most certainly appear in the first three years of a child's life (APA, 2000; Time Magazine, 2002; Sicile-Kira, 2003). Symptoms differ but there seem to be two types of groups of babies with autism: the one group will scream a lot during the day and night, especially on waking from sleep, and it is nearly impossible to comfort such babies. Often babies under these circumstances may be rigid and hard to cuddle, and may even fight against everything: having a bath, getting dressed, or even getting changed. The second group, on the contrary, is extremely placid and undemanding, content to lie quietly the whole day, and will most probably not even cry for food (Wing, 1980; Emmons and Anderson, 2005; Wikipedia, 2007b). This confirms one of the research findings that babies with autism do not lift up their arms or reach out to be picked up by their mothers. When picked up, such babies do not snuggle down securely in their mothers' arms (Kanner, 1943; Wing, 1980). They could sometimes lie in their prams and scratch or tap on the cover for long periods, or may rock or bang their heads when left alone. While it is true that lights or shining objects fascinate them, they could also be uninterested in objects that would usually catch the attention of neurotypical babies, such as people, animals, or passing traffic (Wing, 1980; Emmons and Anderson, 2005). Once initial feeding problems have passed, they do tend to smile, sit up, crawl and walk at the usual ages. Some babies will even smile when tickled, cuddled or bounced up and down, but not whilst looking into someone's face (Wing, 1980).

Between the ages of two and five, autistic behaviour is most obvious and the child is the most difficult to manage. The young child may seem to be aloof and unaffected

33

by the world, isolated and may not react when spoken to. The child might focus on only one object at a time and can become obsessive with certain items or behaviour patterns (Wing, 1980; Peeters and Gillberg, 1999; Sicile-Kira, 2003; Emmons and Anderson, 2005).

Between the ages of five to seven, the stage when social and emotional changes are noticeable, there often seems to be an improvement in children with this condition. Such improvements reveal themselves when a child becomes more affectionate and sociable, better behaved in public, less resistant to change and more aware of real danger. Language problems, furthermore, may also become less noticeable (Wing, 1980). Adolescence and early adulthood may reveal no specific problems for some, but others do encounter difficulties. The individuals who are more severely affected may even become uncooperative and/or aggressive. The mildly affected may behave reasonably well, though may also become sad, anxious, or even depressed when they do not know how to deal with their difficulties (Wing, 1980; APA, 1998; Sicile-Kira, 2003). Children with autism behave strangely and, unless they are understood, their behaviour can cause difficulties with interacting with them (Wing, 1980; Sicile-Kira, 2003). It is therefore important to understand the areas of difficulty or the triad of impairment.

2.8 TRIAD OF AUTISM

Individuals with autism experience difficulties in three areas of development: social, communication and imagination. This is also known as the 'triad of impairment'. These areas characterise autism, and current diagnostic criteria are based on this triad. Although some individuals do share common types of behaviours, the behaviour shown in each area of difficulty depends on the individual's personality, level of intellectual and linguistic functioning, experience and teaching, and can change over time (Furneaux and Roberts, 1977; Jordan and Jones, 1999; Peeters and Gillberg, 1999; Woodward and Hogenboom, 2000; Jordan, 2001).

2.8.1 Social interaction

2.8.1.1 Introduction

A number of scholars (Peeters and Gillberg, 1999; Blackburn, 2007a; Jordan, 2007a) agree that social interaction difficulties are at the heart of autistic spectrum disorders, and that the social behaviour shown in individuals with ASD varies greatly. For instance, individuals with ASD do not always understand the behaviour of others. An unknown person with autism once said "I look at people, see how they treat one another. I divide the behaviours up, write them down, give each behaviour a number, learn them by heart and then try to understand them. But the next time I am confronted with the same behaviour, it is different again." (Peeters and Gillberg, 1999:1). Often individuals with autism do not always completely understand other peoples' or their own emotions, reactions and social relationships (Wing, 1980; Rutter and Bailey, 1993; Peeters and Gillberg, 1999; Jordan and Jones, 1999; Sobel, Capps and Gopnik, 2005; Blackburn, 2007a; Dumortier, 2007). While many individuals with ASD show emotions in a different way, this does not mean they do not have feelings. They are able to form attachments with other people and merely express emotions differently or are unable to show their emotions (Rutter and Bailey, 1993; Moyes, 2002; Sicile-Kira, 2003, Blackburn, 2007a; Jordan, 2007a). Temple Grandin, a person with AD, once said, 'Sometimes when I see people engaged in whatever they are doing, I feel like an anthropologist on the planet Mars. Then I don't have a cassette which helps me to understand what they are doing.' (Peeters and Gillberg, 1999:1).

In the early eighties, Lorna Wing (2005) identified different types of social impairment in autism: continued aloof autistic, active but odd, and passive and friendly. I turn to each of these below:

- Continued aloof autistic

This impairment manifests through a withdrawn or unreachable behaviour, a symptom of a person with high levels of distress and an inability to learn. Such individuals will make little or no sense of others and will find stimulation like eye contact, speech and touch confusing and stressful, even painful sometimes. These individuals prefer being by themselves.

- Active but odd

Impairment in these individuals manifests when they experience enjoyment when interaction occurs, but do not know how to interact. They will do things that are socially unacceptable and will come across as odd and expressionless. People may perceive them as 'difficult'.

- Passive and friendly

For these individuals, impairment shows through withdrawal, but then moves into the passive and friendly stage. They do not seek social interaction, though they will accept it. Once social interaction is predictable and the demands are clear, they may begin to seek social interaction and may not come across as autistic. It is, however, when the individual experiences stress or a change in routine that the primary symptoms of autism become obvious.

These characteristics may change over time due to development or education, with the individual usually moving towards being less withdrawn and more socially active (Peeters and Gillberg, 1999; Jordan, 2001; Sicile-Kira, 2003, Volkmar and Klin, 2005, Wing, 2005; Williams, 2006).

2.8.1.2 Socially embarrassing behaviours

Studies by Wing (Wing, 1980; Peeters and Gillberg, 1999; Emmons and Anderson, 2005) reveal that children with autism are limited in their understanding of words, generally immature, and often behave in ways that are socially unacceptable. The child, for example, may grab a stranger's coat and rub his face against it, or take off his clothes, which, for the child with autism, may be relaxing. This could, however, be done anywhere, causing embarrassment. A child who is verbal is more likely to behave better in general, but may not realize that some things are better left unsaid. They may naively talk about things, or use bad words that are not usually mentioned in company. They may innocently make cruel remarks about people in their presence, revealing a lack of awareness of social conventions, or of other people's feelings (Wing, 1980; Peeters and Gillberg, 1999).

2.8.1.3 Inability to play

Learning about the world through play is difficult for children with autism because they do not explore toys or objects appropriately through their senses. They will explore the toy or any other object in order to experience sensations which give them pleasure for example, spinning of the toy's car wheels (Wing, 1980; Sicile-Kira, 2003; Emmons and Anderson, 2005). Children with autism enjoy playing with water, sand or mud, however, some cannot bear the feeling of this. They enjoy construction toys, although they are actually interested only in fitting the pieces together, not the finished product.

Kanner noticed that some children lacked language and imagination, and therefore found it difficult to join in other children's games. Even those children with autism who have high intelligence are limited in their leisure activities (Kanner, 1943; Wing, 1980; Blackburn, 2007a).

2.8.1.4 Social impairment from birth to adulthood

Peeters and Gillberg (1999) assert that social impairment in children with autism is usually evident from before their first birthday. While this is the case, they further clarify that approximately 1 in 5 children with autism have a relatively normal social development up until about the age of 18 – 24 months. A mother generally identifies that her child behaved differently from the first month, for example, the child would not look at the mother, or showed odd behaviour during feeding time, and rejected physical contact. Such a child, furthermore, tends to stare at people, without a response, without a smile, or with a stare that looks straight through people, staring at the ceiling or somewhere else. It is difficult to attract the child's attention to a certain object as he might then just stare in front of him, in another direction, or seem to be completely bewildered (Kanner, 1943; Rutter and Bartak, 1971; Peeters and Gillberg, 1999). Odd behaviours such as rocking or hand flapping can also occur, and these children may not be interested in shared games like peek-a-boo or sharing with others when looking at interesting objects. They may not use the index finger to point to

objects but rather take someone by the hand and lead them to what they want, without looking at the person (Peeters and Gillberg, 1999; Emmons and Anderson, 2005).

The second and third years of life mark significant changes in the social development of a child, and this stage is completely different from previous stages. To illustrate this point, the child is usually not interested in other people (Kanner, 1943; Rutter and Bartak, 1971; Peeters and Gillberg, 1999), and may only approach them to get what they can from them. At this stage, they may find the company of their peers stressful and confusing which often leads to screaming or hitting themselves or others, as they want to be alone. They may also stand in a corner with their backs to other children, or hide under a table or in a cupboard. They may also show a lack of reciprocity, resulting in their not engaging in reciprocal or interactive games (Peeters and Gillberg, 1999).

During early preschool years, it is possible that the child may develop an interest in interaction as well as a strong bond with their parents and siblings, but such affection depends entirely on the individual child. This is why in some cases some children may find empathising difficult, because they find it hard to understand another person's needs (Eisenberg, 1956; Peeters and Gillberg, 1999; Blackburn, 2007a). This suggests that some children with autism enjoy touch and different situations, while others hate them. Those who do enjoy touch conditions prefer hard, obvious or rhythmic interaction, as they may have decreased pain sensitivity. This leads to failure to regulate behaviours and physical harm, including self-destructive behaviour. While this is more the exception, many children develop some social skills and may enjoy social interactions, although they may still have difficulty with reciprocity (Peeters and Gillberg, 1999, Moyes, 2002; Emmons and Anderson, 2005; Blackburn, 2007a).

A number of children with autism progress socially during their pre-adolescence and adolescence, some progressing after adolescence and seem relatively better able to function than during the early years of life. However, it is unfortunately also true to note that some develop positively until the age of 12 – 14 years, then begin to regress to their preschool level of social development. Characteristics of such children are tendencies towards withdrawal, loss of language or self-help skills. An increase in

hypoactivity, self-destructive and stereotypical behaviour could also occur (Peeters and Gillberg, 1999; Serruys, 2007).

2.8.2 Language and communication

2.8.2.1 Introduction

Jordan (2001:6) reveals that: "All levels of communication are affected in autism, regardless of level of language ability. It is this mismatch between language and communication which is both unique to, and characteristic of, autism...". Kanner (1943) observes, furthermore, that children with autism usually develop unusual communication patterns, a marked delay in speech or often signs of having failed to develop any speech. These scholars and several researchers agree that children with autism exhibit a significantly deviant pattern of language development and a noticeable difference in communicative behaviour (Rutter and Bartak, 1971; Furneaux and Roberts, 1977; Wicks-Nelson and Israel, 1984; Rutter and Bailey, 1993; Peeters and Gillberg, 1999; Jordan, 2001; Emmons and Anderson, 2005; Rutherford, 2005). The possession of language, a means for communication and identity formation, is one of the main factors that determine the extent of the effects of autism. If a child with autism has language and seems to understand individual words, this does not necessarily mean that the child really understands the meanings of such words, nor that the child will be able to use them for either communication, thinking or learning. Research (Rutter and Bartak, 1971; Jordan and Jones, 1999; Blackburn, 2007a; Dumortier, 2007) shows that as their comprehension of spoken language is impaired, it is practically impossible for such children to learn most things. Kanner (1943) points out that this often happens with the use of nouns and verbs. Kanner (1950) stated that two thirds of children with autism have the ability to speak while the other third would remain mute because a child with autism and severe learning difficulties has trouble and delay in acquiring and understanding speech. Research (Peeters and Gillberg, 1999; Beyer and Gammeltoft, 2000; Jordan, 2001) further indicates that up to 50% of these individuals remain non-verbal throughout their lives, with only a few of them acquiring some useful words. Some individuals with no speech will often

end up needing to be taught alternative forms of communication such as language or picture communication (Jordan, 2001; Jordan, 2007b).

These children's struggles also include understanding the progression of a simple conversation. Often they are able to greet, but progressing in speech after such greetings may be difficult. This is related to a lack of reciprocity (mutual interchange) and the inability to understand the use of language (Kanner, 1950; Rutter and Bailey, 1993; Peeters and Gillberg, 1999; Jordan and Jones, 1999; Beyer and Gammeltoft, 2000; Moyes, 2002; Emmons and Anderson, 2005). Such learners do not always realize that a conversation takes place between two people, both interacting with each other. They therefore do not always understand when it is time to stop talking and let the other person talk, or when it is time to change the subject of conversation. It is also possible for a child to ask questions repeatedly in an obsessive way, even after the child has been told the right answer (Jordan and Jones, 1999; Moyes, 2002; Emmons and Anderson, 2005; Rutherford, 2005; Jordan, 2007b).

The way people express themselves usually has an impact on the person receiving and acting on that expression. Thus, the manner in which any person receives and understands the spoken word is of vital importance (Rutherford, 2005). Their difficulty to understand other people's tone of voice, facial expressions, body postures, personal space, vocal volume, use of eye contact, all complicate conversation making. A child with autism may even have difficulty controlling his own volume of voice (Wing, 1980; Jordan, 2001; Moyes, 2002; Rutherford, 2005). A young man with autism once said: "I know that people communicate with each other through their eyes, but I cannot understand what they say." (Beyer and Gammeltoft, 2000:27).

Individuals with autism also take the spoken word literally and do not understand non-literal aspects of language such as sarcasm, and will not understand indirect commands if they are phrased as questions. Some find it difficult to understand synonyms or homonyms and these could cause confusion and distress (Jordan and Jones, 1999; Dumortier, 2007). Rutherford (2005) believes that if a child with autism understands the spoken word in a literal way, he also applies his knowledge and understanding in a literal way.

Williams (2005:2), an adult with autism, says that she has: "...always preferred to learn through direct experience of real people in real situations than theories or books."

2.8.2.2 Thinking in pictures

A person with autism depends mostly on visual cues (pictures) to help them understand communication, or to communicate their needs (Peeters and Gilberg, 1999; Blackburn, 2007a; Jordan, 2007b). Temple Grandin (In Peeters and Gillberg, 1999) referred to earlier as a well-known person with autism who has a high intellectual ability, also depends on visual cues to help her understand communication. In Autism Digest Magazine, Temple asserts that: "When I was much younger, I assumed that everybody perceived the world the same way I did, that is, that everybody thought in pictures." (Grandin, 2005:36). Peeters and Gillberg (1991:1) quoted her to explain the notion of thinking in pictures:

> "All my thinking is visual. I do not think quickly because it takes me some time to form a visual image of what I hear, a video. I cannot remember what people tell me, except when I can convert their verbal information into visual images. Most people in the so-called normal world think in words; but thinking in language and words is foreign to me. I think totally in pictures. Visual thinking is rather like replaying different videotapes in the video cassette recorder of my memory. This method is slower than verbal thinking. It takes time to replay the videotape in my imagination."

2.8.2.3 Detail thinking

In the 1980's Lorna Wing discovered that some people with autism find it difficult to understand objects that they see. They might recognize people and objects by their

general outline or a specific colour, rather than by details of their appearance; in general they have difficulty recognising faces. Others might not look at the whole picture, but might concentrate on a specific part of the picture, or finer detail, the eyes of the person for example, (Wing, 1980; Frith, 2005; Blackburn, 2007b). Grandin (2005:36) concurs that: "All minds on the autism spectrum are detail-orientated, but how they specialize varies."

2.8.2.4 Echolalia

Within the context of normal development, children tend to imitate elderly people's speech long before such language is understood, and this practice is known as echolalia. Children who echo elderly people do so because it is easier to repeat language literally than to analyse words to determine their true meaning. During echolalia, the child repeats whole sentences or parts of conversations literally without understanding what is being said (Kanner, 1943; Rutter and Bartak, 1971; Furneaux and Roberts, 1977; Peeters and Gillberg, 1999; Moyes, 2002). Echolalia has variants such as *immediate echolalia, delayed echolalia, adjusted echolalia* and *reflex echolalia*. Immediate echolalia is the immediate repetition of what a person has just said, for instance, when the person is greeted: 'Good morning, Michael', the child repeats, 'Good morning Michael' (Kanner, 1934; Furneaux and Roberts, 1977; Wing, 1980; Wicks-Nelson and Israel, 1984; Peeters and Gillberg, 1999). Delayed echolalia is the repetition of words or sentences after a period of time, such as hours, or even days, and it happens when a person with autism is busy with an activity and repeats words or phrases that have nothing to do with the activity, for example, 'Stop doing that' or 'Sit down' (Kanner, 1943; Furneaux and Roberts, 1977; Wing, 1980; Rutter and Bailey, 1993; Peeters and Gillberg, 1999). Echolalia with adjustments is when the individual with autism makes adjustments to the sentence. A question like 'Do you want juice?' could lead to the answer 'Michael wants juice', meaning that the person with autism changes the 'I' to his/her name. Reflex-like echolalia, on the other hand, is echolalia of a word or a sound like that of a frightened animal. The child can even relate the word or sound to a specific person or situation (Peeters and Gillberg, 1999).

2.8.2.5 Mind blind

Given the fact that children with autism have a tendency to think that other people can read their minds, they often perform poorly when judging what another person is thinking. This is very difficult for people with autism because they do not have many non-verbal forms to communicate with, and these are normally learnt instinctively (Lainhart, 1999; Rutherford, 2005; Sobel *et al.*, 2005).

2.8.2.6 Language and communication from birth to adulthood

In terms of children with autism, babbling, the beginnings of speech, often does not proceed according to normal development, and could be completely absent, monotonous, or appear only for non-communicative purposes. At the age of 8 – 12months, for instance, it often happens that the child does not respond to his name or that the child may 'act deaf', although the child does react promptly on other occasions (Wing, 1980; Peeters and Gillberg, 1999). When the child reacts to spoken language, it is the sound that appears to attract the child's attention. When the child does not react, it could be due to the switching off of his nervous system, and his not being tuned in to background information. Children with autism are either hyperactive, or hypoactive. The hyperactive child appears to be more 'communicative', while the hypoactive child seems to have fewer problems. It is therefore easy to rule out any abnormalities with the hypoactive child, even when there are major developmental irregularities (Peeters and Gillberg, 1999). Such irregularities become obvious when individuals either do not develop any speech during the second year of life, or they develop 5 – 10 words, use them for a while, and then stop using them altogether. This happens when the child continuously uses words out of context, and does not lead to any progress; the child will stop using these words because they do not make sense to him anymore.

Numerous children with autism remain mute, or never develop any useful spoken language (Wing, 1980; Peeters and Gillberg, 1999). Some children with autism may seem to reach a plateau, or appear to be very late in language development at first, and

then at the age of 2 - 6 years, they begin to echo what they hear from other people. While neurotypical children use their echoed language for communicative purposes, some children with autism continue echoing for months, or even years, sometimes even for life. This phenomenon of the continuous repeating of words and sentences, often in a whisper, is known as Palilalia. This may also continue for years, or for life.

Between the ages of 7 – 12, children with autism develop communicative speech at varying degrees and quality. Their spoken language can be formal, literal and delivered in monotone with unusual qualities of voice, pitch and volume, making the spoken language qualitatively different from normal speech. This means that a child who was once mute and almost completely non-communicative may become very talkative. However, their comprehension of spoken language may still not be sufficient (Peeters and Gillberg, 1999). During pre-adolescence and adolescence, the language development of 1 in 6 to 1 in 4 children with autism deteriorates. During adulthood, the individual's social impairment determines his/her communicative skills (Peeters and Gillberg, 1999).

2.8.3 Imagination and behaviour

2.8.3.1 Introduction

The triad of autism, that is, social interaction, communication and imagination, are the three principal elements needed in play activities. Due to poor cognitive development in these areas, children with autism lack the ability to understand abstract concepts and imaginative play, causing them to engage in play activities in an unusual way. Although some children with autism can engage in sensorimotor, organisational and functional play, such a child will rarely be perceived as a playing child. Pretend play is rare, if it occurs at all. It may also then be dominated by special interests (Beyer and Gammeltoft, 2000).

Impairment of imaginative thought as well as sensory problems lead to inappropriate attachment to objects, obsessive odd play with toys or objects, inability to handle change in routine or the environment, repetitive motor movements, and many others

(Beyer and Gammeltoft, 2000; Sicile-Kira, 2003; Emmons and Anderson2005; Dumortier, 2007). Sharing in the imagination of others and creating joint play scenarios is difficult for individuals with autism as imagination means going beyond the literal, and they will therefore settle for stereotypical and limited patterns of behaviour they have learned by heart. However, having difficulty in creating something exclusively from their imagination does not mean they cannot 'imagine' within their own narrow play routines, or be gifted in the visual, musical or even language arts (Jordan and Jones, 1999; Peeters and Gillberg, 1999; Blackburn, 2007a).

2.8.3.2 Difficult behaviour and emotional problems

As mentioned above, due to a restricted imagination, children with autism have peculiar behaviours leading to an overall restriction of behavioural repertoire (Peeters and Gillberg, 1999; Sicile-Kira, 2003). It is this limited repertoire of behaviours and interests, and not only the quality of these behaviours, that is typical of autism. Some children do share common types of behaviours, but it also depends on the individual's personality, level of intellectual and linguistic functioning, and the intervention provided. Such behaviours, however, can change over time (Furneaux and Roberts, 1977; Peeters and Gillberg, 1999; Jordan, 2001).

Children with autism are mostly resistant to change, and insist on repetition of the same daily routines, for example, get home from school, eat, watch television, bath, then go to bed. If their routine changes, it could cause temper tantrums. Some children have routines of their own such as placing of toys in a line, jumping a few times before entering a room and so on. They could also become attached to a certain object: a specific toy, and refuse to part with it, or a child may become a collector of objects for example, sticks. Resistance to change can apply to food as well, as the child may refuse to eat certain foods at school, only eat them at home, be scared to try new food, or will only eat certain plain foods for example, plain pasta or rice without any sauce (Kanner, 1943; Wing, 1980; Sicile-Kira, 2003; Emmons and Anderson, 2005; Dumortier, 2007).

45

Fearing harmless things such as balloons, vacuum cleaners, or riding on a bus, is common. They may also be unaware of real dangers due to a lack of understanding danger and its possible consequences (Wing, 1980; Sicile-Kira, 2003; Blackburn, 2007b).

Unusual body movement is one of the most noticeable behaviours of a child with autism. Hand flapping, twisting or spinning of objects in front of their faces, jumping up and down, facial grimaces, walking on tiptoe, spinning around without becoming dizzy, and so on, are the most common behaviours when the child is excited (Wing, 1980; Wicks-Nelson and Israel, 1984; Blackburn, 2007a). Furthermore, it is possible for children with autism to change certain behaviours as they get older and more mature. This depends on the child's personality, which determines the way he reacts to his autism (Furneaux and Roberts, 1977; Wing, 1980; Peeters and Gillberg, 1999; Jordan, 2001). Individuals with ASD who are non-verbal, rely on behaviours to communicate with others. Many of these behaviours are avoidance behaviours, and they often cannot help what they are doing and are not just being difficult (Sicile-Kira, 2003; Blackburn, 2007b).

2.8.3.3 Imagination and behaviour impairment from birth to adulthood in autistic disorder

Different or unusual behaviours are evident in some children with autism from the first year of life and often manifest when they have difficulties understanding the social world, and experiencing the world the same way as other babies do. They also struggle with joint attention. Furthermore, they do not relate to their own image, nor to that of an adult. This is concerning because being able to compare feelings and experiences with others is important for the development of imagination in the child (Beyer and Gammeltoft, 2000).

At the age of about 18 months, children with autism do not use parallel play and have difficulties in identifying meaningful social activity. They copy play sequences and make them identical each time they play. If change occurs, such children may experience anxiety or confusion (Beyer and Gammeltoft, 2000). By the age of 18

months children have the ability to create separate worlds, the ordinary world and a fantasy world that runs parallel with it. By the age of 24 months, they still engage in make-believe play. Children with autism however, do not always understand the make-believe, fantasy world (Peeters and Gillberg, 1999; Beyer and Gammeltoft, 2000). A child with autism, at the age of 18 – 24 months, is still discovering reality. The child may have great difficulty understanding that a toy car and a real car both represent a car. This requires cognitive effort, which better-functioning children with autism manage better to understand (Peeters and Gillberg, 1999).

It is common for individuals with autism to develop unusual body movements e.g. hand flapping, before their first birthday. The continuous repetition of a word or a sound, or even a sentence in a highly stereotyped fashion, may develop. This is difficult to distinguish from a vocal tic. It is also possible for individuals with autism to develop behaviours that are self-destructive, like face hitting, eye poking, head crashing, wrist biting and thigh slapping (Peeters and Gillberg, 1999; APA, 2000).

There have been cases where individuals with autism presented no unusual behaviours until the ages of about 2 or 3 years, and then had a period of moderately severe behaviours lasting from 1 to 3 years. Some unusual behaviours are permanent, others may be temporary, developing patterns of interest after the ages of 4 or 5, collecting things e.g., sticks; memorising specific information e.g., names, developing a fascination for visual and auditory aspects of objects, e.g. listening to a specific sound or looking at something specific e.g. shiny paper (Peeters and Gillberg, 1999; APA, 2000). This elaboration indicates that individuals with autism experience difficulties in three areas of development, that is, social, communication and imagination, which are known as the 'triad of impairment'. However, these are not the only aspects that these individuals have to deal with. They also have to deal with other related conditions as discussed below.

2.9 AUTISM AND RELATED CONDITIONS

Williams (2005:2) argues that "…there is no such thing as 'pure' autism and that autism is like a fruit salad, made up of a range of underlying conditions which

together, like a blended fruit salad, give the appearance of a single condition." Autism, a neurological disorder, seldom occurs alone and tends to overshadow the presence of other difficulties. Research has highlighted that autism co-occurs with various other developmental, psychiatric and medical conditions (Peeters and Gillberg, 1999; Volkmar and Klin, 2005; Wing, 2005; Hellemans, 2007b).

Authors disagree about the constructs of 'co-morbidity and autism', 'co-morbid psychiatric disorders and autism', 'medical aspects of autism' and 'associated conditions in autism' (Peeters and Gillberg, 1999; Volkmar and Klin, 2005; Wing, 2005; Hellemans, 2007b). It is therefore difficult to determine what type of related condition they refer to, and whether it is an additional diagnosis with the autism, or if it is part of the autism. Seeing that researchers do not agree on what type of related condition it is, I will only mention the conditions that are commonly known as 'an additional diagnosis of autism' or as 'part of autism' and will call it 'related conditions of autism'.

2.9.1 Mental Retardation (MR)

Research shows that autism is far more likely to be within the mental retardation range than compensatory intellectual gift range (Wing, 1993; APA, 1998; Peeters and Gillberg, 1999; Dyches, Wilder, Sudweeks, Obiakor and Algozzine, 2004; Volkmar and Klin, 2005). Mental Retardation is not an essential diagnostic feature of autism, however, many professionals are of the opinion that it is a co-morbid condition of autism (Volkmar, Paul, Klin and Cohen, 2005). Autism, with an associated diagnosis of MR, is usually in the moderate IQ ranges of 35 – 50 (APA, 1998) and 75% of the children with Autistic Disorder function at a retarded level (APA, 1998; Dyches *et al.*, 2004). According to Peeters and Gillberg (1999), 80% of people with classic autism have an IQ under 70. However, when a child's mental age does not exceed that of a normal 18 months old infant, it may be difficult to separate autism from profound and severe mental retardation. On the other hand, with overall intellectual retardation, there will also be social, communicative and imaginative difficulty (Peeters and Gillberg, 1999).

2.9.2 Attention Deficit/Hyperactivity Disorder (ADHD)

ADHD often interferes with an early, accurate diagnosis of the autistic spectrum disorder. It often happens that children with Autistic Disorder exhibit hyperactivity, short attention span and impulsivity (APA, 2000; Kennedy, 2005), usually associated with ADHD (Emmons and Anderson, 2005). These children are therefore often diagnosed incorrectly with a behavioural disorder, instead of autism and ADHD (Kennedy, 2005). According to Hellemans, a psychiatrist who specialises in autism in Belgium, ADHD is the only co-morbid condition of autism (Hellemans, 2007b).

2.9.3 Sensory difficulties

Children with autism explore their world through their senses and recognise people through their senses e.g. a specific smell (Wing, 1980; Sicile-Kira, 2003). In the 1970's, it was believed that autism was caused by a brain injury that affects the sensory channels, leading to misinterpretation of information causing the child to feel that the world does not make sense. It was therefore hypothesised that sensory issues were a primary characteristic feature of autism, and should be considered in the diagnostic classifications (Bogdashina, 2005). Today however, it is still believed that sensory issues are part of their autism and can cause developmental, attention, behavioural, emotional, social and learning problems (Bogdashina, 2003; Grandin, 2004; Doman, 2005; Emmons and Anderson, 2005; Williams, 2006b; Blackburn, 2007a; Hellemans, 2007b). However, sensory difficulties are not considered part of the 'triad of impairment'.

Several people with autism have communicated that they are sensory-overloaded or hypersensitive (Sicile-Kira, 2003; Biel and Peske; 2005). Temple Grandin, the most noted high functioning person with autism in the world today, is of the opinion that sensory issues are a big part of behaviour problems in children with autism. Grandin has many sensory issues, and the one that affects her the most is her hypersensitivity to sound. She says that when she was a child, the school bell hurt her ears: "...it felt like a dentist drill hitting a nerve." (Grandin; 2004:27). Sounds that are most likely to

hurt children with autism are high-pitched, shrill, intermittent sounds like fire alarms, smoke detectors, microphones and even certain ring tones on cellular phones. According to Grandin, children with autism also often have difficulty with hearing auditory detail. She says that when she was young she could understand what people were saying when they spoke directly to her. However, when they talked fast, she could not make sense of what they were saying: "...it sounded like gibberish." (Grandin, 2004:27).

In Olga Bogdashina's (2003) book on 'Sensory Perceptual Issues in Autism and Asperger Syndrome', a quote by Sean Barron explained his hypersensitivity to textures: "I was hypersensitive to the texture of food, and had to touch everything with my fingers to see how it felt before I could put it in my mouth. I really hated it when food had things mixed with it....I would get violently sick." Donna Williams explained her hypersensitivity to sounds as a: "...total horror of sounds..." (Bogdashina, 2003:1).

Sensory issues may cause children with autism to experience sensitivity to cold and pain; they may injure themselves in various ways like biting or head banging; the child may be tactile defensive, refusing to wear certain clothes and have difficulties brushing teeth. Visual issues may cause the child to be sensitive to light (Wing, 1980; APA, 1998; Sicile-Kira, 2003; Emmons and Anderson, 2005).

2.9.4 Behavioural difficulties

According to the APA (2000), individuals with Autistic Disorder may have a range of behavioural symptoms. As discussed before, it includes hyperactivity, short attention span, impulsivity, but also aggressiveness, self-injurious behaviours and temper tantrums. Those individuals with self-injurious behaviours may bang their head, or bite their finger, hand or wrist (APA, 2000; Horner, Carr, Strain, Todd and Reed, 2002).

Donna Williams says that sometimes she cannot control herself when stressed, and will easily end up: "...attacking myself and attacking others..." (Williams, 2003:47).

50

Individuals with autism often attack someone very close to them when stressed or cross. Williams confessed: "I really liked my class teacher...But it was the very fact I had warmed to her that meant I would throw my chair, spit, stamp, swear..." (Williams, 2003:47).

Problem behaviours are pervasive and it is more likely for young learners with ASD to develop problem behaviors. These behaviours are a key to the presence of underlying social, communication and sensory impairments. Without proper intervention, problem behaviour can worsen. The child's behaviour should thus guide professionals towards a more accurate diagnosis, treatment and intervention method (Horner, Carr, Strain, Todd and Reed, 2002; Kennedy, 2005).

Other conditions, better known to most researchers and professionals as co-morbid conditions, are Fragile X and Tuberous Sclerosis (Volkmar and Klin, 2005; Filipek, 2005) as well as Angelman Syndrome, Down syndrome, Williams-Beuren Syndrome, Mitochondrial Disorders, Isodicentric Chromosome 15q Syndrome, Prader-Willi Syndrome, Velocardiofacial Syndrome, Mobius Syndrome, Phenylketonuria, Congenital Blindness and Deafness, and Fetal Anticonvulsant / Valproate Syndrome (Filipek, 2005).

2.9.5 Epilepsy

Approximately 1 in 4 individuals with autism have a related medical disorder which is genetic / chromosomal, with a known or probable cause. It is understood that these medical disorders impair brain functions, which are necessary for normal social, communicative and imaginative development (Peeters and Gillberg, 1999).

Approximately 1 in 6 pre-school learners with autism have epilepsy. This could be so-called infantile spasms, psychomotor epilepsy (temporal lobe epilepsy or complex-partial seizure epilepsy) or a combination of various types of seizures. According to Peeters and Gillberg (1999) a further 20%, and according to Lainhart (1999) approximately 25% – 30% of individuals with autism can develop a seizure disorder by early adulthood. According to Volkmar and Klin (2005) 25% of individuals with

autism have seizure disorders, while Peeters and Gillberg (1999) state that about 30 – 40% of adults with autism have epilepsy.

2.9.6 Depression and anxiety

Subsequent case reports and follow-up studies have reported that depressive and anxiety disorders have been the most prevalent related psychiatric disorders in individuals with autism. 4, 4 – 57, 6% of individuals with autism may have depression (Lainhart, 1999; Volkmar and Klin., 2005). Williams suffers from depression and describes it as: "...extreme lows as well as highs..." (Williams, 2003:48).

Anxiety disorders and symptoms are reported in 7 – 84% of individuals with autism (Lainhart, 1999). According to Belgium psychiatrist, Hellemans (2007b), depression and anxiety is caused by the autism itself. Donna Williams wrote a book in 2003 called 'Exposure Anxiety' in which she describes her first anxiety experience, calling it exposure anxiety, as follows: "...I bit myself, pulled my hair and tensed my stomach muscles, coughing against the pressure compulsively till I brought up blood..." (Williams, 2003:15). She also often bites when anxious, and when a man asked her for a kiss, she bit him (Williams, 2003).

Other related psychiatric disorders are Mania, Schizophrenia, Catatonia, Inattention and over-activity, Tics or Tourette's disorder, sleeping problems, eating problems, self-injury and aggression (Lainhart, 1999).

I think it is obvious from the above that autism is an extremely complex disability. The individual not only has to cope with the 'triad of impairment', but also with other associated conditions. With regard to this pervasive developmental disability, with such a variety of impairments, it is important to know who it affects, the prevalence of this disability in the population, gender as well as race, ethnicity and social groups, in order to know how often one will come across an individual with autism.

2.10 AUTISM AND INCLUSION

Many learners with autism are currently enrolled in general education settings in other countries like the USA and the UK (Conroy, Asmus, Sellers and Ladwig, 2005). Inclusion is largely motivated by ethical and legal factors e.g. equal education, no discrimination and least restricted environment. Placement in an inclusive education class is less expensive than placement in specialized education, but also education for learners with autism is not available in every community (Williams, Johnson and Sukhodolsky, 2005), which makes inclusion the only alternative.

Even though some researchers believe that inclusion has positive benefits because it promotes a more tolerant and caring society and is the basic human right of the learner with autism, others feel that inclusion has a detrimental effect on the education of the other learners, and that autism is a complex educational need. These learners should therefore be educated separately (Plevin and Jones, 2000).

Whether taught in a full-service school or a special needs school, the educator is responsible for the teaching of the learner. The curriculum, classroom and school environment in an inclusive school should make placement possible and beneficial for the learner with autism (Plevin and Jones, 2000; Christie and Fidler, 2001). The educator needs to cope with many challenges when the learner with special needs is included. More responsibilities are now placed on the educator, which leads to more stress (Engelbrecht, Swart and Eloff, 2001). Most educators also do not receive any training in working with learners with autism, or in positive behavioral strategies (Plevin and Jones, 2000; Wagner, 2005). This mainly leads to the educator using punishment-based behavioral strategies, which are detrimental to learners with ASD. Traditional discipline procedures do not work for learners with ASD due to the following:

- The educator focuses too much on identifying what the learner did wrong, instead of keeping in mind that the learner with ASD does not always know the appropriate socially acceptable behaviour
- Punishment directs the learner's attention to inappropriate behaviours, instead of teaching the learner appropriate behaviours

- When the educator disciplines the learner, punishment is concentrated on what the learner did wrong, instead of teaching the child what he did wrong, and how to do it right the next time (Wagner, 2005).

Unfortunately many learners with autism demonstrate challenging behaviours that interfere with their classroom participation (Conroy *et al.*, 2005). Educators complain about the learner with autism's disruptive behaviour, being rude and offensive, and having no respect for authority (Wagner, 2005). Stereotypical behaviour, such as hand flapping, is very common in learners with autism and unfortunately hampers the learner's ability to learn. It is also disruptive to the other learners and the educator in a mainstream educational setting. As these behaviours are challenging for the educator, it is essential to identify strategies educators can use to reduce the occurrence of these behaviours (Conroy *et.al.*, 2005). Educators are of the opinion that there are no effective behavioural support programmes to help them cope with difficult behaviours, and that they, the educators and other school staff, need knowledge on autism to be able to understand the disability better (Wagner, 2005), as well as adequately to serve the needs of learners with ASD. Mainstream educators are of the opinion that it is left up to them to make inclusion work in the absence of clear guidelines or information on how to do so (Williams *et.al*, 2005).

Educators in inclusive and special education find it difficult to accommodate the individual learning needs and learning styles of learners with autism. Planning of an individual educational plan for the learner with autism, is very important, although time-consuming. The educator needs to prepare work according to the needs and academic abilities of each learner (Sicile-Kira, 2003; Corsello, 2005; Roa and Gagie, 2006), as well as find the most appropriate way of teaching the learner with autism. Learners with autism are mainly visual learners and depend mostly on visual cues (pictures) to help them learn and understand (Peeters and Gilberg, 1999; Sicile-Kira, 2003; Corsello, 2005; Roa and Gagie, 2006; Blackburn, 2007a; Jordan, 2007b).

This, however, is not the only way learners with autism learn. It is therefore important for special needs educators, as well as mainstream educators, to know about Gardner's Multiple Intelligences theory, which allows each learner to develop his or her strengths (Nolen, 2003; Larry, 2004). Gardner's theory identifies different areas

of intelligences, proposes that a person can learn in different ways, according to his strengths, and that everyone has the potential to process information in a certain way in order to solve problems (Gardner, 1996; Shearer, 2004).

The following are the multiple intelligences that, according to Gardner, are used to process information: Linguistic intelligence, that is the ability to manipulate language, relies on using words effectively for reading, writing and for communication. By using linguistic intelligence, one tends to think in words and have highly developed auditory skills. The second is Logical-mathematical intelligence - the ability to detect patterns, logical reasoning, and problem solving – an area in which some adults with autism have shown great ability. We call these extremely gifted individuals *savants*. Bodily-kinesthetic intelligence is the ability to understand the world through one's body, that is in the use of fine motor skills and gross motor movements to manipulate objects and to carry out delicate movements. Spatial intelligence, perceiving the visual world accurately and manipulating and creating mental images in order to solve problems, deals more with the concrete world: painters and sculptors rely on spatial thinking. The person who has an appreciation for, and learns a great deal from, nature, depends heavily on their Environmental or naturalist intelligence. They generally display empathy, recognition, and understanding for living and natural things like plants and animals. Musical intelligence is seen in a good understanding of pitch, rhythm and tone, and the conveying of emotions through music. Interpersonal intelligence plays a vital role in a person's sense of well-being. It is the ability to identify, understand and discriminate between people's moods, feelings, motives and intelligences. This implies the ability to manage people well. Educators in general have good interpersonal skills. Intrapersonal intelligence deals with the individual self, the ability to know and understand one's own emotions, personal goal setting and emotional self-management. These individuals are mostly imaginative, patient, disciplined, motivated and have self-respect (Singh, 2001; Nolen, 2003; Shearer, 2004).

According to Gardner (1996), the multiple intelligences rarely operate independently from each other and are used concurrently. They typically complement each other as individuals develop skills or solve problems. Teaching a learner in a way that is best for the learner is of vital importance, as this could contribute to positive well-being.

55

As the learner masters a certain way of acquiring information, using the learner's strengths to gain information and skills could lead to the learner becoming motivated from within, and contribute to positive feelings. The learner will naturally be drawn to this area of intelligence, motivating and enhancing learning (Goleman, 1996). This is the same with learners with autism. As they experience difficulties with communication and social skills in general, as well as having difficulty integrating all of their senses into the learning experience (Meyer, 2001), it is best not to concentrate on linguistic or interpersonal skills when teaching them. They are visual learners and they therefore need a lot of concrete objects and visual materials to help them learn. Based on the triad of impairment, the following nine key areas have been identified by Inchley (2001) with regard to the educational needs of learners with autism:

- the use of a visual cue as this is the strength of learners with autism
- individual teaching time with each learner with autism
- teaching of communication
- teaching of social skills
- teaching of skills that the learner can use in a different context and transferring of skills into different contexts
- reinforcement through repetition
- relating learning to experience
- learning mostly taking place through imitation and observation.

The multiple intelligence theory explains different learning styles and educational needs (Meyer, 2001). Being knowledgeable about learners with autism, as well as accepting the notion of multiple intelligences, might ease the strain on the educator.

2.11 CONCLUSION

It is fascinating to note that more than 60 years after this complex disorder was first described by Leo Kanner, there are still more questions than answers. The various aspects of autism, as discussed in detail in this chapter, present a clear picture of autism. Various adults with autism, for example Williams (2003; 2005), have concurred that the complexities of the characteristics of autism regarding:

socialisation, communication and imagination/behaviour difficulties, also known as 'the triad of autism', are challenging to live with.

While the number of individuals diagnosed with ASD worldwide is rising at an alarming rate (as discussed in the prevalence of autism), its causes are still uncertain. This leads researchers to question the future of these learners with autism, as they will, in the future, become adults who will be contributing members of society too. They therefore need to receive suitable and intensive early interventions within the education system, as discussed in the next chapter. Thus, after exploring the learner with autism, one wonders whether such a learner could comfortably be accommodated in an inclusive education system or full service school, or whether the special school would still be appropriate. We therefore need to consider how the demands of the individual with autism impact on the opportunity for teaching and learning, and how this affects the emotional well-being of the educator.

The above mentioned will lead us into the next chapter, that is, interventions and the management of learners with autism, as well as the emotional well-being of educators. I will also look into Education White Paper 6, which endorses the importance of upholding human rights and social justice for all learners in an inclusive education system, which is easily accessible to all.

CHAPTER 3

MANAGEMENT OF LEARNERS WITH AUTISM AND
EDUCATORS' EMOTIONAL WELL-BEING

3.1 INTRODUCTION

Considering the complexity of autism, as discussed in chapter 2, its management requires intervention and support on multiple levels. This requires a situation where school provisioning is matched with the relevant support for the learner, all of which calls for educators' input. However, it is also important for educators working with learners with autism to be emotionally well and to receive support to be able to give of their best. It is on the basis of these observations that this chapter begins with an explanation of an array of intervention strategies for managing learners with autism. It then highlights the complexity of teaching and supporting the learner with autism. The chapter concludes with an exposition of emotional well-being, referring in particular to educators and their workplace.

3.2 INTERVENTION STRATEGIES FOR MANAGING LEARNERS WITH AUTISM

Whether the learner with autism is in a full-service school, or in a special needs school, support and intervention is required. Due to the complex nature of autism, the continued search for effective interventions remains a fundamental need. Research has shown that there is no known cure for autism, but it is still vital to make every effort towards its alleviation. Research has proven that early intervention is of vital importance (Furneaux and Roberts, 1977; Sigman, Dijamco, Gratier and Rozga, 2004; Levy, Kim and Olive, 2006) because, as many studies have found, children with autism who receive intervention before the age of 48 months make greater improvement than children who receive intervention after the age of 48 months (Corsello, 2005). Early interventions aim at minimizing some of the handicapping

symptoms of autism and can even prevent some of the symptoms (Sigman *et al.*, 2004).

To help improve the lives of learners with autism, interventions target specific areas of need. These include social skills, language acquisition, verbal and non-verbal communication and behaviour. There are various approaches to implementing intervention strategies, and for various lengths of time: at home with parents or at school. These interventions vary in their approach and methodology, and it can be an arduous task to determine which intervention strategy is the most appropriate for the individual child (Margolies, 1977; Kennedy, 2005; Levy *et al.*, 2006).

As mentioned before, interventions should focus on the unique needs of each learner through specialized training, therapies, and interaction (Kennedy, 2005). The following important interventions used in South Africa, that is, medical treatment, dietary and biomedical interventions, therapies and school interventions, will be discussed to highlight the central role that the educator plays in the development and learning of the learner with autism.

In her book *Autism: An Inside-Out Approach*, Williams (1996) suggests that autism is all-invasive, and that one therapy alone does not provide all the help a person needs. Therapies and treatments are not exclusive of others, and integrating different therapies is often needed (Williams, 1996; Sicile-Kira, 2003). On the basis of Williams's (1996) suggestion, it is clear that learners with autism will be better accommodated in a special needs school, or at least a full service school which will be able to provide the specialised support and teaching required.

3.2.1 Individual therapy

Learners with autism are all unique, with unique individual needs. It is therefore important to get the learner individual therapy according to their individual needs.

3.2.1.1 Medical treatment

There is currently no medical test to diagnose autism as a diagnosis is based on observable characteristics and the behaviour that each person presents (Sicile-Kira, 2003; Hellemans, 2007b). A medical diagnosis could help provide fundamental support needed by the parent and educator and will assist in the process of understanding the behaviour. (Jordan and Jones, 1999; Hellemans, 2007b). There are, however, no medications that effectively treat autism as a whole, because autism is a syndrome and has more than just one identifiable symptom, but is rather a collection of symptoms that vary from child to child (Siegel, 1996; Hellemans, 2007a; Grinker, 2007). Medication is thus used to treat a specific symptom, or group of related symptoms (Hellemans, 2007a), and should mainly help for ADHD, ADD, stereotyped motor movements, self-injurious behaviours, aggressiveness, social withdrawal, excessive anxiety, and poor sleep (Siegel, 1996; Hellemans, 2007a). Psychiatrists in South Africa mainly use the following medications for learners with autism: Epilim or Lamictin for epilepsy, Tegretol for epilepsy and behaviour problems, Ritalin (or a generic), or Dixarit for hyperactivity, Imipramine for hyperactivity, to reduce anxiety and as a mild anti-depressant, and Risperdal to reduce anti-social behaviours, repetitive stereotypical behaviour and for attention difficulties (Sheppard, 2007).

In Belgium, psychiatrists mainly use Ritalin, Ritalin LA and Concerta for hyper- and hypoactive behaviours, Strattera as an anti-depressant, and Risperdal, Haldol and Dipiperon for aggression, panic attacks and anxiety, stereotypical behaviours and Tics (Hellemans, 2007a).

3.2.1.2 Dietary Interventions

The feeding habits and food preferences of individuals with autism were at one time considered part of the diagnostic indicators. Gastrointestinal problems occur in 46 - 84% of children with autism, and are associated with loose stools or frequent diarrhoea (Filipek, 2005). This is the reason dietary and biomedical interventions are effective in helping individuals whose metabolic systems do not function properly. The reasons for this often have to do with the fact that the individual's system is not

processing essential nutrients properly due to food allergy or intolerance. Even worse, sometimes it's because of high levels of mercury and other toxic metals or a 'leaky gut', where the wall of the intestine does not keep the contents separate from the bloodstream. Health practitioners are becoming more aware of these interventions and how to treat patients with AD from a dietary and biomedical perspective (Sicile-Kira, 2003), as these are linked to difficulties with processing of information, sensory hypersensitivities, communication, mood and behaviour (Williams, 1996).

The Gluten or casein free diet is another intervention and should be done under the care of a knowledgeable and experienced health professional. This diet is for individuals who have allergies or a toxic response to gluten and / or casein. This response is due to peptides derived from an incomplete breakdown of certain types of foods, which affect neurotransmissions within the central nervous system. The individual may show signs of diarrhoea, constipation, hyperactivity, red face or ears, breaking wind frequently or pale skin. The individuals are advised not to eat foods containing gluten, found in wheat, oats, rye and barley, or casein which is found in dairy products (Sicile-Kira, 2003:101). Several studies (Whitely, Rodgeres, Savery and Shattock, 1999; Woodward and Hogenboom, 2000) have proven that this diet can reduce autistic behaviour.

3.2.1.3 Support therapies

Different therapies have been tried on children with autism. For example, in the early 1960's, d-lysergic acid diethylamide (LSD-25) and mentholated derivative (UML) were given to children with autism (Bender, Goldschmidt and Siva, 1962a; 1962b). In the late 1960's, the use of electric convulsive therapy was introduced as another form of intervention. This included very low level of electrical stimulation as a negative reinforcer (Lichstein and Schreibman, 1976; Lischstein, 1977).

Therapies either target a particular need of the individual, or are part of a wider programme. There are many different assessments that are important to help determine the child's ability in terms of his/her age: speech and language, occupational therapy, physiotherapy, etc. These will help determine what the learner

is able or unable to do, and it will give the parent and educator guidelines on what to concentrate on when helping or teaching the learner.

Speech therapy helps with language delay, which is one of the triads of impairment of ASD. Speech therapists evaluate the learner's level of language functioning and then help the learner develop language with which to communicate (Sicile-Kira, 2003). Occupational therapists help equip the learner with the skills needed in everyday life, such as self-care, work and leisure. These all depend on the child's age, ability and need.

Some therapists are specifically trained in sensory integration. (Sicile-Kira, 2003). Sensory integration is for individuals with sensory disorders. These children have senses that send incorrect messages to the brain. One of the difficult behaviours of individuals with autism is the attempt to avoid certain types of sensations, or to seek preferred stimuli (Wing, 1980, Sicile-Kira, 2003). Sensory integration facilitates the development of the nervous system's ability to process sensory input appropriately, and to use ones senses in an integrated way. This should help the person with autism to process information more fully and quickly (Emmons and Anderson, 2005; Williams, 1996).

Auditory Integration Training (AIT) is a method that assists individuals with autism in reducing auditory hypersensitivity, improving the clarity of hearing and communication skills (Emmons and Anderson, 2005; Auditory Integration Training and the Counselling Centre, 2007). AIT helps to rehabilitate disorders of the auditory system of individuals who are hypersensitive towards certain sound frequencies. Distortions in hearing or auditory processing often add to behavioural or learning disorders. When the AIT method is used, the learner will listen to music sent through a specialized electronic device which randomizes and filters the frequencies and sends these modified sounds into the trainee's ears through a set of headphones. These frequencies mobilize and exercise the inner ear and brain (Auditory Integration Training and the Counselling Centre, 2007).

3.2.2 Family therapy

It is a fact that autism causes a lot of stress in parents and educators. The stressor influences the stability and functioning of the family unit (Dyches *et al.*, 2004). Poor family and social support contribute enormously to parent stress (Yirmiya and Shaked, 2005). A study in Australia reported that parents who suffer from physical, emotional, financial or marital stress often complained of a lack of understanding of AD by the wider community, including family, friends, and educators (Higgins, Bailey and Pearce, 2005). Parents revealed great concern about dealing with aggressive behaviour, misbehaviour in public and repetitive behaviours, as well as difficulties with teaching their child to communicate, teaching basic life skills, protecting their child from danger, and preparing their child for adult life (Dyches *et al.*, 2004; Higgins *et al.*, 2005). The effects of autism on the parents' well-being can result in increased parental vulnerability to psychiatric difficulties (Yirmiya and Shaked, 2005). Therapy for the parents from the school psychologist or any other counsellor to help them deal with the above stressors needs to be supportive in handling the learner. Information on ASD and medications should be explained to them, as well as how to deal with their child's behaviours. The educator should also be of assistance to the parents.

3.2.3 Educational intervention

From as early as the 1970s it was advisable that the educator be a skilful person with successful experience of working with learners with special educational and physical needs. A brief explanation of the most well known interventions and additional options will be given. Therapists are supposed to help determine what the learner is able to do, and use such information to work on specific skills to improve their level of development. These skills are needed to help the person with autism to learn and live in society. The following interventions are currently being used by educators in South African schools which are influenced by the education provisioning context (c.f. 2.10).

3.2.3.1 Applied Behaviour Analysis (ABA)

In 1938, B.F. Skinner published his studies on 'operant conditioning'. He believed that all behaviours have an originator, that is, something that happened before the behaviour occurred, and that all behaviours are motivated by what we get from them. Skinner believed that behaviour can be altered with carefully repeated drills and rewards (Sicile-Kira, 2003; Wallis, 2006). In 1987, Lovaas of the University of California, Los Angeles, discovered that learners with autism who received therapy for 40 hours a week with these behaviourist methods, showed big jumps in IQ levels (Wallis, 2006; Levy *et al.*, 2006). This was: "...the first bright ray of hope in autism" (Wallis, 2006:43).

Applied Behaviour Analysis (ABA) is currently the most widely known and effective treatment to teach young learners with autism specific skills, and has been used for many years to teach individuals of varying abilities. These skills are taught on a one-to-one basis, by breaking the process into smaller steps, learning one step at a time, and building on the previous one. In the first year the focus is on imitation, interaction, play and response to basic requests. The environment includes toys and activities that are appealing to the individual. The adult then uses a motivator, for example a specific toy, to expand on requests and activities that the learner initiates. For example, the educator may present two objects to the learner. The educator asks the learner which toy he/she wants and the learner points or names the relevant object. By communicating his needs, the learner then gets the object to play with (Sicile-Kira, 2003; Corsello, 2005; Wallis, 2006).

In the second year, the focus shifts to continued work on language, descriptions of emotions and pre-academic skills. Different methods are used to help the learner learn, for example, guiding the learner and rewarding correct responses. ABA can be used to teach in all skill areas such as academic, speech and language, socially appropriate behaviour and self-help skills. As individuals with autism have difficulty generalizing skills, individuals should be taught in other situations and with other people once they have mastered the one-to-one setting. This should help them to generalise the skills they have learned (Sicile-Kira, 2003; Corsello, 2005). The

majority of the U.S. programs for learners with autism are based on ABA techniques (Wallis, 2006).

3.2.3.2 Picture exchange communication system (PECS)

The picture exchange communication system (PECS) is a practical communication system where the learner with no or limited speech uses pictures to communicate and interact with others. This system allows the learner to express his needs without being prompted and help relieves the frustration of those unable to speak. The learner will firstly learn to communicate by using a picture of an object the learner wants. Later on the learner can learn how to form sentences. PECS can be used as a visual schedule to help the learner follow a daily routine. The learner will be able to learn new concepts such as numbers, colours and reading. Many learners who have used PECS learned to develop verbal language (Sicile-Kira, 2003).

3.2.3.3 The Treatment and Education of Autistic and related Communication handicapped Children (TEACCH)

The Treatment and Education of Autistic and related Communication handicapped Children (TEACCH) programme was developed at the University of North Carolina in the early 1970's by Eric Schopler. This strategy is about teaching functional skills and adapting the environment according to the needs of the learner. It should be a stress-free environment, with structured teaching and the use of visual materials and schedules to help with the acquisition of the skills needed. Teaching should focus on individualised goals and the teaching of independence and developmental skills; skills that are important for future independence. Teaching preparation is very important to make this treatment work (Sicile-Kira, 2003; Corsello, 2005).

The PECS and TEACCH programmes are effective methods to use with individuals with autism. It enables the individual to be calm while completing his work because these programmes provide all the necessary information needed, such as what is expected of the learner, how much work is to be completed, what is to be done next,

and also knowing when the work is completed. Visual support like PECS and TEACCH attract and hold the individual's attention. This enables the individual to focus on the message and simultaneously reduce anxiety. Visual support helps the individual to express feelings and thoughts, and make abstract concepts more concrete (Roa and Gagie, 2006). Parent involvement with intervention strategies has been considered as contributing effectively and has generally been associated with positive outcomes (Levy *et al.*, 2006). It is therefore of critical importance to involve the parent in their child's schooling, as the parents are their child's first educator and the ones who are mostly affected by their child's autism.

3.3 EMOTIONAL WELL-BEING AND WORKPLACE WELLNESS

The modern world, with its global economy, where technology and intense competition are driving its employees faster than ever, risks burning out its most important asset: people. Therefore human wellness must be put on the table as a business issue before it is too late. This also seems to be true for employees at educational institutions. In chapter two, the complexity of autism and educating learners with autism has been highlighted, to indicate the challenging context such educators work in. Education in general is a stressful profession, and stress, an unpleasant emotional experience, brings forth emotional, physiological and behavioural responses such as irritation, anger, anxiety and depression. This may have an effect on the efficiency of the educators' teaching, coping strategies, and their emotional well-being (Hawkins, 1998; Olivier, 2005). For educators to be aware of their emotional well-being, they need to be sensitive to their own emotions, and be able to manage their own emotions as well as those of others. This is called emotional intelligence (Lynn, 2005).

As people in the caring professions continually confront and respond to other people's needs and problems, such stress can, without a doubt, cause emotional and mental exhaustion. It is therefore important to explore the emotional well-being of the educators of learners with autism, to understand how these educators cope or not cope, and what personal strategies they can develop to improve their own emotional well-being. It is critical for educators to have an understanding of their own

emotional well-being and to develop and maintain a positive self-esteem (Ecclestone, 2004).

3.3.1 What are emotions?

In order to understand emotional well-being, it is necessary to look at what emotions are and the role they play in well-being. Emotion is a feeling experienced by all, such as happiness, sadness and anger (Louw, Ede and Louw, 1998; Hawkins, 1998; Singh, 2001; Lynn, 2005). A feeling is a mixed experience of physiological arousal, such as breathing and a pounding heart, and perceptual-cognitive content, such as excitement or perturbation. This experience generally leads to observable behaviour, such as smiling or frowning. An emotion, therefore, is a feeling consciously experienced from exposure to specific situations and linked to a cognitive perception of that specific situation (Jordaan and Jordaan, 1998; Singh, 2001).

Emotion, and dealing with emotions, is a complex issue and, according to Meyer (In Goleman, 1996), there are three unique styles of dealing with emotions. Some individuals are 'self-aware', that is aware of their own emotions and manage them positively and therefore have a more healthy life. Others may be 'engulfed' by their emotions, are mostly not aware of their emotions and are therefore not in control of their emotional world. The third style is where an individual is aware of emotions and accepting of them (Goleman, 1996). Inadequately managed emotional life manifests in ways which are destructive to self or others, ranging from murder, suicide, delinquent behaviour, negative criticism, and even petty arguments. These behaviours are damaging psychologically and physically to self and others (Sunderland and Engleheart, 1994).

It is true that difficulty in identifying and describing feelings influences the way one manages emotion. Being less able to resolve emotional problems in constructive ways may lead to destructive forms of management such as drug or alcohol abuse, eating disorders and other medically unexplained symptoms. People who avoid thinking about their problems may develop psychological distress and negative coping

strategies, leading to depression, anxiety and hopelessness (Ciarrochi and Scott, 2006).

The ability to understand and manage one's own emotions, as well as those of others, is called emotional intelligence (Lynn, 2005), and this is linked to, and plays an important role in, emotional well-being (Bar-on, 2005).

3.3.2 Emotional intelligence

Self-awareness and self control are the foundations of emotional intelligence, the latter being the ability to be aware of one's own feelings and emotions, to understand and identify emotions, and to direct the emotions appropriately to cope and adapt when necessary in our personal lives and our workplaces (Goleman, 1996; Bar-On, Tranel, Denburg, and Bechara, 2003; Lynn, 2005; Olivier, 2005). Without self-awareness, emotional intelligence is not possible (Lynn, 2005). Emotional intelligence guides one's thinking and actions in order to establish interpersonal relationships to solve problems of an interpersonal nature, and to be aware of others' feelings and emotions (Goleman, 1996; Singh, 2001; Bar-On *et.al.*, 2003; Ecclestone, 2004; Olivier, 2005). Emotional intelligence also includes personal motivation, enthusiasm and persistence (Goleman, 1996).

Several scholars (Goleman, 1999; Lynn, 2005) raise the question of whether emotional intelligence is acquired or learnt. According to Goleman (1999), emotional intelligence is a learned skill which continues to develop throughout life. One can improve emotional intelligence by learning more about oneself. One needs to understand and become aware of different emotions, effectively handle these different emotions, as well as motivate oneself and focus on social ability (Goleman, 1999; Singh, 2001). People with high emotional intelligence are normally happier, healthier and more successful in their relationships. These people are aware of their own emotions, show empathy, and have a high self-esteem (Singh, 2001).

Emotional intelligence is linked with emotional well-being and improves work performance. It also has an influence on our understanding of the following five

learned competencies: self-awareness, motivation, self-regulation, empathy, and adeptness in relationships (Goleman, 1996; 1999). These emotional and social competencies are practical skills that one learns to use in the workplace and to differentiate individuals from each other:

- Self-regulation is taking responsibility for, and managing ones, emotions and behaviour appropriately, and recovering well from emotional distress

- Motivation is the determination to achieve goals by using initiative and making an effort to reach personal goals, and to persevere when faced with difficulty and frustration

- Self-awareness is the ability to be emotionally aware, to understand one's feelings, and to use these feelings appropriately to guide decision-making. It is the realistic understandings of one's own abilities and needs, and a sense of self-confidence and self-control. A person with a high degree of self-awareness understands how their feelings affect others. Self-awareness and self-control are the foundations of emotional intelligence.

- Empathy is the ability to sense others' feelings, to understand their perspective and their needs, and to develop a positive relationship with individuals

- Social skills are the ability to have positive, caring relationships with others, to deal with emotions in others, to awaken desirable responses, and to work towards a goal together (Goleman 1996; 1999; Strickland, 2000; Lynn, 2005; Cowie, Boardman, Dawkins, and Jennifer, 2006)

Given the above, it is clear that emotional intelligence is about a person's internal world which influences the way they relate to the external world (Lynn, 2005). From the above five competencies, three relate to the internal world: self awareness, self-regulation and motivation, while empathy and social skills relate to the external world.

3.3.3 Social intelligence

Several researchers (Bar-on, 2003; Bar-On, Tranel, Denburg and Bechara, 2003) believe that emotional intelligence is closely related to social intelligence and prefer

69

to use 'emotional and social intelligence' as a construct. Social intelligence, however, is the ability to identify and act on one's own and others' emotions, motives and behaviours.

Emotional and social intelligence together refer to the ability to understand and express ourselves, to make the right decisions in terms of personal life, to successfully cope with daily demands and pressures, and to understand and interact well with others (Bar-on, 2003; Bar-On *et al.*, 2003). Thus, to be emotionally and socially intelligent is to effectively manage personal, environmental and social change by being flexible and solving problems realistically. It is therefore important to stay positive and to manage emotions positively in order to benefit from emotional awareness (Bar-on, 2003).

This discussion is based on interpersonal competence: the ability to understand and relate to others, and intrapersonal competence: the ability to understand and express personal emotions appropriately. Interpersonal competencies are dependent on intrapersonal competencies and influence effective human behaviour, leading to well-being (Bar-on, 2005). According to Hatch and Gardner (In Goleman, 1996), the following are the components necessary for good interpersonal intelligence, which is related to social intelligence: organizing (initiating and coordinating people, an important skill a leader should have), negotiating solutions (prevention and resolving of conflicts), personal connection (having empathy and connecting with others; recognising and responding to others' emotions and concerns appropriately), social analysis (detecting and having insight into others' feelings, motives and concerns) (Goleman, 1996). Research indicates that emotional and social skills are related to subjective well-being (Bar-on, 2005) and that emotional and social skills help improve cognitive functioning (Singh, 2001). Cognitive intelligence, together with emotional and social intelligence, form important components of general intelligence.

3.3.4 Cognitive intelligence

Da Fonseca, Bailly and Rufo (2004) point out that, on the one hand, researchers believe that a person's cognitive intelligence remains the same, even though people

have the ability to learn new things, while other researchers, however, believe that intelligence increases as one gets older and more mature.

A person uses intellect best with emotional intelligence. Both intelligence and emotional intelligence together determine how one succeeds in life. It is also believed that, at the workplace, emotional intelligence is more important than cognitive abilities such as IQ or practical knowledge (Goleman, 1996; Lynn, 2005; Cowie *et.al*, 2006).

Research seems to support the notion that the ability to understand and regulate one's emotions leads to a positive attitude to life, and improved emotional health. This implies that high emotional intelligence leads to greater feelings of well-being (Schutte, Malouff, Simunek, McKenley and Hollander, 2002).

3.3.5 Well-being

There are two types of well-being: emotional and subjective well-being.

3.3.5.1 Subjective well-being

Subjective well-being is about positive and negative emotional states (Ciarrochi and Scott, 2006), being content as a person, with one's physical health, occupation and financial situation, as well as with interpersonal relationships (Bar-on, 2005). It can thus be said that individuals who experience higher levels of subjective well-being may be emotionally intelligent, as they appear to be more satisfied with themselves and are more effective in dealing with emotional, personal and interpersonal aspects of their lives (Bar-on, 2005).

The key dimensions of well-being focus mainly on the personal and interpersonal components of subjective well-being. According to Ryff (1989, in Bar-on, 2005), subjective well-being is influenced by an individual's subjective feelings of self-acceptance, personal growth, relationships with others, self-sufficiency,

environmental mastery and finding a purpose in life (Bar-on, 2005). Emotional intelligence and subjective well-being are thus significantly related; emotional intelligence can increase human performance and overall satisfaction with self, others and life in general. This feeling of success could in turn influence subjective well-being.

3.3.5.2 Emotional well-being

According to Schutte *et al.* (2002) mood and self-esteem are two aspects of emotional well-being. Mood, a lasting characteristic of a personality, has an affect on a person's emotional well-being. There are two distinct mood characteristics: typical positive and typical negative affect. High positive affect consists of feelings of enthusiasm and alertness, and low positive affect consists of feelings of sadness and lethargy. High negative affect consists of aversive effects such as anger and fear, and low negative affects involves feelings of calmness and serenity.

A person with a high emotional intelligence has a greater ability to understand, normalize and control emotions, enabling the maintenance of a positive mood. A positive self-esteem, the second aspect of emotional well-being, is related to positive thinking in unpleasant situations and can lead to positive mental health, such as less depression and anxiety, less loneliness, less social anxiety and less alcohol and drug abuse (Schutte *et.al*, 2002).

Positive emotions influence judgement, decision making and the willingness to take risks. It positively affects memory, cognitive organization of information and consequences of this organization. However, positive emotions may cause shallow processing of information, as positive emotions activate positive thoughts in the memory, which occupy attention capacity and may lead to cognitive flexibility. A negative emotion, on the other hand, may lead to a deeper processing of information, not diffuse attention and less cognitive flexibility (Isen and Daubman, 1984; Martin, Ward, Achee and Wyer, 1993; Wegener, Petty and Smith, 1995). This of course has implications for personal as well as professional life. Another perspective in emotional well-being, that of personality, needs to be considered in the next section.

3.3.6 Personalities

3.3.6.1 Introduction

Emotions can influence everyday behaviour, alter perceptions and impair decision making in the workplace. All of these aspects influence directly the emotional well-being of the person. This could leave us with a question: how do emotions, as managed by one's personality, function in the workplace, especially in the classroom with learners with autism?

Studies have confirmed that some personality types are prone to suffering the effects of stress, while others seem to be resistant to stress, both of which impact on well-being. Seaward (2006) identifies various personality traits that are prone to suffering from stress, and other personalities that are more relaxed and stress resistant, as discussed below.

Table 3.1: Personality types according to Seaward (2006):

Stress prone personalities:	Stress resistant personalities:
Type A	Hardy
Type D	Survivor
Co-dependent	Sensation seekers
Helpless-Hopeless	

Type A, type D, co-dependent and helpless-hopeless personalities are those which are prone to suffering from stress, and will be discussed as they impact on the emotional well-being. The type A person who is prone to stress, has a "rushed or hurried lifestyle" (Seaward, 2006:131) and suffers from heart disease, will be prone to sympathetic arousal, hypertension and elevated levels of cholesterol, placing them at a higher risk for several stress-related disorders, especially coronary heart disease (Seaward, 2006). It takes one of the following traits to be classified as a type A personality: time urgency (obsessed with time and impatient); multi-tasking (engaged in more than one thought or task at a time); ultra-competitiveness (self-conscious and

comparing self with other or similar social status); rapid speech patterns (raising voice in normal conversation and using explosive words to influence, control or intimidate others); manipulative control (ego-driven with a desire to influence and intimidate others, controlling people in a passive-aggressive way); hyper aggressiveness (need to dominate others, strive for high goals and walk over others to get to the top, showing little or no compassion) and free-floating hostility (when an angry person suppresses their emotions and then later explodes) (Seaward, 2006).

A type A personality with hostile aggression, the most dangerous component of type A personalities, is responsible for the most coronary heart diseases. The person will express anger in different ways like cynicism, sarcasm, intimidation, as well as various other aggressive behaviours (Seaward, 2006). Another type A personality is where the person strives for material wealth, has a need for immediate gratification and who is competitive with others (Seaward, 2006).

A type D personality is someone who is also prone to emotional stress, and suffers with anxiety and depression, as well as coronary heart diseases.

A co-dependent personality is stress-prone and is not able to cope with it. This person has the need to make others dependent on them in order to receive self-validation. They often have addictive personalities or enable others to continue with an addiction. A co-dependent personality will have traits like continuously seeking approval, perfectionism, super-overachievers, being manipulative, thriving on crises, being an extremely loyal friend who puts everyone else first before his own needs, often feeling that they never get recognition for their self-sacrifice, are inferior to others, tending to overreact to situations.

The helpless-hopeless personality is another stress-prone personality. This person has a low self-esteem and has given up on certain aspects of life due to repeated failure.

The hardy personality, the survivor personality and sensation seekers, are the types of personalities that appear to be stress-resistant and from which lessons could be learnt, but these will not be discussed here.

According to Furneaux and Roberts (1977) and Sicile-Kira (2003), an educator working with learners with autism should be kind of nature, warm and accepting. The educator must project a stable and calm personality, but firm, and must maintain this during a child's temper tantrum, negativism, or any other undesirable behaviour. I therefore draw on the conclusion that a stress prone educator's emotional well-being may be more affected than an educator with a stress resistant personality.

3.3.6.2 The specially trained educator working with learners with autism

Furneaux and Roberts (1977) and Sicile-Kira (2003) put forward some ideas on what the personality of a specially trained educator, who teaches learners with autism, should be like. They believe it is best for the educator to have a kind, warm and accepting nature, be firm, with a stable and calm personality, which must be maintained during a learner's temper tantrum, negativism or any other undesirable behaviour.

The main role of the specially trained educator is to define and meet the needs of the learner with autism. This in itself requires a tremendous amount of energy, as the educator needs to be skilful, and preferably someone who has had successful experiences in working with learners with special needs. The educator needs to be able to use and adapt different teaching methods to accommodate the needs and learning styles of the learner with autism. As the children get older, the educator will need some support teaching skills. It is thus important that the educator be able to recognize differences in learners with autism, ensure that the learner develops to his full potential, and not be disadvantaged due to misunderstandings and misinterpretations of behaviour (Jordan and Jones, 1999).

Educators furthermore need to be aware of and sensitive to diverse home values, family traditions, and social-cultural experiences when teaching children with disabilities (Dyches *et al.*, 2004). For an educator who teaches young learners with autism, it is very difficult to establish core deficits and strengths, due to the complexities of autism. This may have serious consequences for finding the right support strategy for the individual. Another hindrance is that by not comprehending

the origins of autism, understanding autistic development is challenging (Sigman *et al.*, 2004). The educator thus needs to be willing to learn more about autism and to investigate different intervention strategies.

Considering the above, it is obvious that educators will experience different emotions while working with learners with autism. Working with learners with autism can be both rewarding and challenging (Jordan and Jones, 1999; Aut-Talk, 2005). On a difficult day, the educator may feel negative or experience an unhealthy self-esteem, due to making too many 'mistakes'. These, however, are unavoidable as learners with autism react in ways that do not seem natural to us. The secret is to recognise those mistakes and learn from them (Jordan and Jones, 1999). Caregivers of learners with autism may experience feelings of isolation, loneliness and exhaustion from the multiple roles they are expected to fulfil. It is therefore important for these carers to maintain a healthy and balanced lifestyle and to implement strategies to help reduce stress (Aut-Talk, 2005). Research has also confirmed that the behaviour of learners with autism has the potential to negatively affect the behaviour of other people. These carers need a higher frequency of control strategies than caregivers of learners with other disabilities (Sigman *et al.*, 2004).

In contrast to the above, a study in Australia reported that caregivers of learners with autism mostly showed a healthy self-esteem, even though they reported lower marital happiness, family unity, and family compliance (Higgins *et al.*, 2005).

The teaching profession in general, whether the educator teaches in a special needs class or in the mainstream, is a highly stressful profession, with recent educational changes within the South African context placing an even higher demand on educators. Changes such as affirmative action, retrenchment and redeployment of educators, transition from nineteen departments of education to one national and nine provincial departments of education, the change from mono-cultural schools to multicultural schools (Montgomery, Mostert and Jackson, 2005), as well as introducing Education White Paper 6 that aims to build an inclusive education system (DoE, 2001:5), have left educators concerned about their job roles. This leads to the question of where teaching children with autism currently fits into the education system, and how this impacts on the emotional well-being of educators?

3.3.6.3 Working with learners with autism

Although White Paper 6 aims to build an inclusive education system, promoting 'education for all' (DoE, 2001:5), most learners with autism are mainly still enrolled in special needs schools (c.f. 2.1), as they need intensive educational support, even though they are allowed to go to a mainstream or full-service school. Learners with autism have difficulties with communication, socialization and imagination/behaviour, and they benefit from the intensive educational support and therapy available at a special school. In order for educators to be able to use different intervention strategies (c.f. 2.10), according to the need of the individual learner, they constantly need to improve their skills and knowledge of new approaches that will help with the development of learners' strengths and competencies, as well as dealing with the behavioural, sensory, emotional, communication and social barriers. This all places a lot of responsibility and stress on the educator.

3.3.6.4 Parents of learners with autism

Whether learners with autism are included in a mainstream educational setting, or supported in a special school, parents often still have unrealistically high expectations of their child, placing even more pressure on the educator. The parents' dilemma may now become the educator's dilemma. This could raise questions about the impact of autism on the parents? The stress of receiving the child's diagnosis may affect parents of a child with autism differently to parents of a child with other developmental disabilities. This could be due to the fact that children with autism are born without any indication of behavioural, physical, or intellectual abnormalities. This could lead to parents having 'normal' expectations for the child, leading the parent to place undue expectations on the child and the educator. Parents of children with autism indirectly have to deal with the stress of losing their previously 'normal' child (Dyches et al., 2004). The child may furthermore be seen as 'imperfect' or 'defective', and needing to be 'fixed', or even be considered as a burden or a threat to the family (Dyches et al., 2004). The age of the child and the child's level of functioning also contribute to stress in parents. Obviously, the more severe the child's symptoms of autism, the higher the level of stress felt by the parent (Dyches et

al., 2004). Parents of children with autism are also more likely to have fewer friendships, and little family and social support. Recent studies done on the anxiety levels of parents of children with autism compared to parents of children with other disabilities, evidenced significantly higher anxiety in the parents of children with autism (Yirmiya and Shaked, 2005).

Many educators are of the opinion that parents feel that the education of their children is the sole responsibility of the educator. Some educators feel that parents put high expectations on them (Wright, Newton, Clarke, Donlan, Lister and Cherguit, 2006), and that there is a lack of parental involvement in general (Van Wyk, 2001; Steyn, 2002; Hall, Altman, Nkomo, Peltzer and Zuma, 2005; Al-Shammari, 2006; Justice and Espinoza, 2007). This places considerable demands on the educator, as the educator has to do her own job and at the same time manage the demands of the parents (Steyn, 2002).

3.3.7 EMOTIONAL INTELLIGENCE, EMOTIONAL WELL-BEING AND STRESS IN THE WORKPLACE

3.3.7.1 Emotional intelligence and emotional well-being in the workplace

Work ethic is an important aspect which determines a person's emotions at work. Work ethic is related to what the employee regards as being positive or negative at work, what is considered as a duty or an obligation, as well as the feeling of how much freedom of choice the employee has at work. Everyone has the need to be successful and to overcome obstacles in the workplace (Jordaan and Jordaan, 1998), as this has an effect on one's wellbeing.

Much has been written about emotional well-being in the workplace, and how emotional and physical well-being affects work performance (LeBlanc and Barling, 2004; Lynn, 2005). Considering the workplace in general, emotional intelligence is important, and can help achieve organizational effectiveness. It helps with decision making and problem solving. Emotional intelligence is important for productivity, leadership skills, responsiveness and creativity. It can improve the work environment,

reduce stress, and resolve emotional issues. It is also important for employees' well-being. Employees may feel capable in resolving both external and internal conflicts and may feel more competent in accomplishing personal goals (Singh, 2001).

According to Strazdins and Broom (2003), women are at a higher risk of burnout as they are traditionally viewed as responsible for the emotional well-being of family members and others. Women are therefore also more likely to work in service jobs (most educators in special needs schools are females), where they need to care and nurture others, leading to increased psychological distress, goal loss and role overload.

It is believed that everyone in the caring professions experiences stress (Ellis, 1990; Jennett *et al.*, 2003), however, uncontrolled stress from continuing intense and negative pressures, leads to burnout. This is especially true of those with continuous emotional pressure and stress from working intensely and over a long period with children with autism. According to Ellis (1990), there are three signs of burnout: low levels of energy, emotional exhaustion and mental exhaustion. According to Maslach *et al.*, (2001, In Rothmann and Pieterse, 2007), burnout can be identified as emotional exhaustion, depersonalisation and reduced personal success. As the caring professions must continually confront and respond to other people's needs and problems, stress can, without a doubt, cause emotional and mental exhaustion. It is critical for educators to have compassion but also to understand their own emotional needs (Ecclestone, 2004).

Although educators in general experience stress due for various reasons, it is especially true in a school context where educators work with learners with autism. Special education educators experience additional stressors due to increased workload, the implementation of an individualized educational programme, managing learners' behaviour, a more intense parent-educator relationship and slower progress due to learners' cognitive deficits (Jennett *et al.*, 2003). According to Ellis (1990), research has mostly concentrated on the needs of the learner with autism, although people who are willing to work with learners with autism are key in helping meet these needs. Unfortunately, families of children with autism and people in the caring

professions are all subject to stress and possibly burnout, owing to the demanding needs and the nature of the work in autistic services (Ellis, 1990).

According to Strickland (2000), there are 3 major losses due to change at work that can be overwhelming to employees:

- Employees can experience a loss of identity if their job responsibilities change, or if the setting where they work is modified
- Employees can experience a loss of belonging. If the work changes or the system is altered, then employees may feel they no longer belong
- Employees may experience a loss of meaning; as if their work has lost its meaning

The above could be evident in educators who are directly affected by the recent educational changes in the South African education system, where learners with special needs are included in mainstream classes. These educators have to deal with a more demanding, new job description that may be intimidating and unclear. The educator will have to deal with stressors such as knowing how to implement and organize an individualised educational programme according to the needs of the special learner, and knowing when to give the learner individual attention to help cope with the curriculum and difficult behaviours. This new job description and an increase in workload could lead to more stress for the educator, influencing workplace wellness, as discussed below.

3.3.7.2 Stress in the workplace

According to Macnair (2005), there are factors that could lead to stress at work, for example the nature of the task, that is working long hours, having a heavy workload and having too much responsibility; a management style where the employee is not involved in decision-making or experiences poor communication; poor interpersonal relationships with colleagues; job insecurity and a lack of opportunity to grow in the work environment, and poor or dangerous environmental conditions.

It is interesting to note that there is positive and negative stress. Eustress, a positive stress, is when one is faced with an exciting challenge in a positive situation e.g. a promotion (Olivier and Venter, 2003; Steyn and Kamper, 2006). Positive stress leads to positive emotions, improves attention and cognition (Fredrickson and Joiner, 2002), promotes work engagement, the freedom to express oneself physically, cognitively and emotionally at work, leading to healthy perceptions and beliefs, and enhances emotional well-being (Rothmann and Pieterse, 2007). Stress, therefore does not necessarily need to be perceived as a negative experience.

According to a recent survey on stress, people who display high levels of stress are less susceptible to acute ailments such as colds and flu. This is because adrenalin offers extra protection to the body's immune system (Edwards, 2004). Stress can ensure that workers are more alert to potential dangers and are at a heightened ability to avoid them, due to increased perception, a wider range of vision and faster reactions, coupled with remarkable energy levels (Edwards, 2004). Stress triggers a signal from the autonomic nervous system, causing the bronchioles to dilate which increases oxygen intake and produces more energy. The muscle of the gut then relaxes, increasing the volume of air inhaled. Glycogen in the liver is converted to glucose, causing blood sugar levels to increase. As a person's heart rate and blood pressure increase, oxygen and glucose are distributed at a faster rate. As a result, more glucose and oxygen is freed up for energy as blood diverts from the reproductive systems. Digestion is inhibited and sensory perception and mental awareness increase. The pupils dilate and hair may stand upright (Edwards, 2004). This is also a description of an alert, excited and energized employee.

According to a UK health and safety committee, work-related stress is responsible for two-fifths of reported absenteeism. This is equal to 15 million workdays lost due to signs of stress (Edwards, 2004). Educators in South Africa, are often absent due to stress, hand in more medical insurance claims than any other professionals, and have a four-year shorter life expectancy than the national average (Olivier and Venter, 2003).

Management can reduce anxiety among staff, facilitate long-term success, create a safety net and give them the opportunity to process their own responses to changes, find ways of assisting employees to recommit to use their skills and interests, and support them in making choices about their future (Strickland, 2000). As referred to before, the education system of OBE and the move to an inclusive education system, require major shifts in the educators' thinking and praxis in terms of working with learners with autism in this changing context.

Regarding education, a relationship exists between job demands, job dissatisfaction and stress, and even burnout. Job demands include work overload, working under time pressure, a lack of resources, dealing with emotionally upsetting situations, contact with difficult children (Montgomery *et al.*, 2005), a lack of support from management and job-related self-doubt (Burke, Greenglass and Schwarzer, 1996). These may lead to exhaustion and mental distance, which are signs of burnout (Burke *et al.*, 1996; Montgomery *et al.*, 2005). Limited opportunities for personal growth and development for educators and resources needed in achieving work goals, such as social support from colleagues, adequate supervision and management, feedback regarding performance, and information on responsibilities and expectations, can lead to stress and later burnout. Therefore, high job demands and lack of resources can lead to educators becoming exhausted, distant and incapable or unwilling to perform. The educator may then develop a negative attitude towards the teaching profession, management of the school and even towards the learners (Montgomery *et al.*, 2005).

Educators working with learners with autism, are especially prone to stress and burnout. A person constantly has to adjust and readjust to positive and negative stress to avoid the burnout that results from emotional pressure and uncontrolled stress. These educators will experience low levels of energy, emotional exhaustion and mental exhaustion (Ellis, 1990). Stress and burnout may also be due to frustrated role expectations.

It is important for people to be aware of their own emotions and how they can influence work performance (Lynn, 2005). This leads to the next question: how can wellness be enhanced in the workplace?

3.3.8 Enhancing wellness in the workplace

The workplace is a key setting for promoting the health of adults, as a disproportionately large amount of time is spent working (Zungu and Setswe, 2007). Companies therefore have a duty to look after the physical and mental welfare of their employees (Edwards, 2004).

By improving workplace wellness (Zungu and Setswe, 2007), management should be aware that they will be improving organisational efficiency and effectiveness (Rothmann and Pieterse, 2007), by creating a healthy work environment. This could be done by having open and positive communication between management and employees in an environment of trust and support (McMullen, 2007), and by involving employees in decision-making processes. Organisations should develop a working environment that is based on partnership, which contributes to a healthy lifestyle by implementing policies that enhance employee health (Zungu and Setswe, 2007). Such an environment will deal with exhaustion and cynicism, enable personal development and growth at work, as well as ensuring job security. This will all have an impact on the well-being of employees (Rothmann and Pieterse, 2007; Zungu and Setswe, 2007).

This is also true for the department of education in particular, where the mental health and emotional intelligence of their employees should be nurtured. This will decrease work-related stress and increase ability to deal with it (Cowie *et al.*, 2006). Goleman (1989) argues that emotional intelligence at work matters twice as much as cognitive abilities like IQ or technical expertise. It is therefore extremely important to create ways of enhancing the emotional intelligence of learners and educators (Cowie *et al.*, 2006:37) and, in so doing, improve workplace wellness.

In order to improve workplace wellness in schools, it is important to manage the demands placed on educators, as burnout and ill-health impairs educators' well-being and teaching ability. Healthy and happy employees will automatically be more

productive and less costly to the organisation in terms of sick leave, health insurance and staff turnover (Montgomery *et al.*, 2005).

A study in England reported that educators are at the top of the list for stress absenteeism, and that this could be due to poor workplace environments, excessive work time and workload, lack of personal fulfilment, poor career prospects, internal politics, difficult parents and learners, and a lack of control over their careers (Bubb and Earley, 2004). Mike Finlayson, of Teacher Support Scotland, stated that education is: '…a profession that faces considerable and unique pressure…' (Bubb and Earley, 2005:10).

Management should concentrate on improving individuals' self-esteem, confidence and respect, and be mindful of inappropriate expectations, harsh criticism, neglect, over-control, lack of emotional support, lack of proper modelling (Singh, 2001). Loyalty to one's supervisor directly affects work performance (Lynn, 2005).

3.4 CONCLUSION

Due to the complexities of autism, professionals and parents worldwide are struggling with the issue of which is the best method to use to educate learners with autism. Parents count on their children being given the opportunity to learn, to reach their potential by means of effective methods, as well as be treated with respect and dignity. As the expectations of parents have changed, so have the demands on the teaching staff. In order for the educator to define and meet the needs of the learner with autism, she needs to be skilful, preferably have successful experience at working with children with special needs, and be able to adapt methods to suit the needs of the learner. Teaching a learner with autism by using the learner's senses is advisable, making adequate training and support from the parents and the education department imperative.

All educators will experience different emotions while working with learners with autism because education by nature is a stressful profession, and is marked by continuous confrontation with the individual demands of the learner in class. This

causes stress for the educator, affecting the educators' teaching ability, coping strategies, and emotional well-being. As autism is such a complex neurological condition, the educator often has to deal with difficult situations which can affect the educators' well-being, equally affecting workplace wellness. It is therefore important to know how the well-being of educator of learners with autism is affected, and how to improve workplace wellness in schools.

CHAPTER 4

RESEARCH DESIGN AND METHODOLOGY

4.1. INTRODUCTION

As discussed in the previous chapters, the aim of this study is to explore the emotional well-being of educators who teach learners with autism. The main focus is how educators negotiate their emotional well-being within the context of the demands of teaching learners with autism. This is a much-neglected area of research in South Africa, and this study attempts to address this gap. Drawing on personal experiences, I have found teaching learners with autism to be exceptionally challenging and demanding, as educators in such contexts must continually confront and respond to the learners' needs and resolve problems, all of which can be physically exhausting and emotionally draining (Marshall, 2004). It is therefore of vital importance in this study to explore the well-being of those educators responsible for learners with special needs in order to guide the Department of Education in the process of addressing the emotional well-being of these educators.

This chapter concerns itself with how I collected data using qualitative research methods. Creswell (1998) points out that qualitative research is suited to social and human science research because data needs to be gained from participants in their natural setting, to make sense of a phenomenon, by analysing participants' experiences and feelings. Within the context of this study, with regard to qualitative methods used in this study, extensive time is needed in the field to collect data and to help the reader understand the meaning of the phenomenon being studied (Creswell, 1998). As I am an educator of learners with autism who has been placed in a special school, I am in a good position to explore the perceptions of well-being of other educators in a similar situation. My place of employment positions me to have a better understanding of the phenomenon being studied, that is, the emotional well-being of educators who teach learners with autism.

4.2. PROBLEM STATEMENT

International research (Baird *et al.*, 2006; Autism Society of America, 2006; Wallis, 2006) has shown that the occurrence of autism has increased worldwide and, at present, the prevalence of ASD is 1 in 166 children; double the rate of 10 years ago. This makes it the most prevalent of all childhood neurological disorders (Peeters and De Clercq, 2003). The implications are therefore that many such learners are to be found in a school context, and have to be taught.

There is a dearth of research on their educators, as highlighted in chapter two and three. Researchers, however, agree that there is a relationship between a commitment to teaching learners with autism and teaching efficiency, on the one hand, and burnout on the other hand (Jennett *et al.*, 2003). The above points to a need for research in autism and the human service professions, in particular the educators and their emotional well-being. This then allows the formulating of the research questions.

The primary research question for this study is as follows:

- What perceptions do educators who teach learners with autism, have of their own emotional well-being?

The secondary research questions flowing from the above are:

- What are the everyday classroom practices when learners with autism are being taught?
- How do educators negotiate their everyday classroom practices when working with learners with autism?
- What is the impact of this negotiation on the educators' emotional well-being?

4.3. RESEARCH AIMS

The primary aim for this study is as follows:

- to explore the perceptions educators who teach learners with autism, have of their own emotional well-being

The secondary aims flowing from the above are:

- to explore the everyday classroom practices when teaching learners with autism
- to explore how educators negotiate their everyday classroom practices when working with learners with autism
- to explore the impact of this negotiation on the educators' emotional well-being

Furthermore, based on the findings, guidelines will be generated for enhancing the educators' emotional well-being in the classroom.

4.4. RESEARCH DESIGN AND METHODOLOGY

4.4.1. Research Design

As with all qualitative studies, the aim of my research was to gain various perspectives from participants about a specific phenomenon (De Vos, 2002; Delport and Fouche, 2002). I achieved this through entering the world of the participants in their natural setting, in order to gain subjective perceptions about the phenomenon under study (Creswell, 1998). These subjective perceptions were significant in the qualitative research I conducted because the information needed to be analysed and conveyed by means of words (Krefting, 1991; Creswell, 1998; De Vos, 2002). The research design had to change during the research process as the social world was constantly changing (Creswell, 1998). To overcome some of these challenges, I made use of a qualitative research design which is explorative, descriptive, interpretive (De Vos, 2002) and contextual (Mouton and Marais, 1990).

As I explored the phenomenon under study, I made use of the phenomenological approach which Tesch defines as "an item of experience or reality" (1990:65). This approach enabled me to explore the natural everyday occurrences based on the personal experiences of participants who have experienced this particular phenomenon (Tesch, 1990; Fouche, 2002; Hart, 2005). I managed this through entering the every day life settings of the participants, by using the strategies of interpretive enquiry of interviews and observations (Fouche, 2002). I obtained insights into the experiences of a selected group of people (Fouche, 2002; Greeff, 2002) namely, the educators teaching learners with autism. This access enabled me to explore and describe the study participants' perceptions of their emotional well-being.

According to Denzin and Lincoln (1998) an interpretive paradigm is about interpreting the world in order to understand it. The information obtained is descriptive, and represents the participants' own views of a phenomenon (Fouche, 2002; Henning, 2004), in the case of my study, the educators' emotional well-being. An interpretive approach is about interpreting people's perceptions, meanings, and understandings of their personal world, and exploring the individual and collective understandings, reasoning processes, and social norms that are influenced by the social context (Mason, 2002; Henning, 2004). Information is gathered by interviewing and observing participants (Fouche, 2002; Henning, 2004), as well as analysing participants' beliefs, values, meaning-making and self-understanding. Data needs to be gained to understand the phenomena through interpretations that are influenced by the social context (Henning, 2004).

4.4.2 Methodology

As discussed so far, my qualitative investigation was concerned with individuals' perceptions of their experiences. This challenged me to allow data to speak for itself, that is, I had to engage with what the data had to say (Ezzy, 2002). Qualitative research was the best method suited to obtain and interpret the type of data related to the research questions.

4.4.2.1 The schools

Two special needs schools in the KwaZulu-Natal area were selected. School A has learners with autism as well as other disorders like cerebral palsy, developmental language disorders, aphasia and mentally challenged learners. School B has severely mentally handicapped learners with and without autism. These schools provide an integrated educational and therapeutic programme with the help of special educators, occupational therapists, physiotherapists, speech and language therapists, medical staff and psychologists, in order for the learners to achieve optimal educational, social and physical development.

School A has seven classes catering for learners on the autistic spectrum, with a maximum of 8 learners per class. Five of the eight classes cater for learners with autism who need medium levels of support, with the help of two specific intervention strategies, that is, the TEACCH strategy (c.f. 3.2.3.3) and the PECS system (c.f. 3.2.3.2). These five classes are divided into five developmental stages: phase one and two are pre-primary level, phase three is bridging-grade 1, phase four is grades 1-3 and phase five is grades 3-4. These learners may be integrated into mainstream schools if they are academically on par with the mainstream curriculum. The other two classes cater for learners with autism who need high levels of support. The junior class has six learners ages 3-6, and the senior class has seven learners ages 7-13. These learners are mainly taught life skills, by means of the ABA intervention strategy (c.f. 3.2.3.1) in the junior class, and the TEACCH strategy and PECS system in the senior class.

School B has two classes of learners with autism who are severely mentally handicapped (SMH). These SMH learners with autism are placed with other learners who are only SMH. The junior class has six SMH learners with autism and three SMH learners. Their ages are 6-11 years old. The senior class has eight learners, three SMH learners with autism and five SMH learners. Their ages are 14-18. These SMH learners with autism need high levels of support, and the curriculum is life skills orientated.

4.4.2.2 The sample

When decisions were to be made concerning the sample, I decided to choose participants who could answer questions (Appendix 6) related to the purposes of this research study. They had to have experienced the phenomenon under study in order to provide the researcher with rich detail. As the research was about the emotional well-being of educators working with learners with autism, I could only select these educators for the study. It was obvious that their teaching experiences would present me with data I was looking for and that they would draw from personal experience, sharing their emotions, thoughts and opinions about the phenomenon (Ezzy, 2002; Mason, 2002; Strydom, 2002; Srydom and Delport, 2002; Henning, 2004). Sampling stopped when my study reached saturation, that is, when participants repeated what had already been said (Ezzy, 2002; Greef, 2002).

Table 4.2 Biographic information of participants

Educator	Gender	Age	Language	Qualifications	Teaching experiences in years			
					Mainstream	Special education	Autism	Total
1	Female	29	English	Special Ed. Diploma	0	7	2	9
2	Female	38	English	Honours in Education	0	14	2	16
3	Female	42	Afrikaans	Teaching Diploma	8	0	6	14
4	Female	44	English	Masters in Education	0	6	5	11
5	Female	44	Afrikaans	B.A. H.E.D.	9	3	6	18
6	Female	50	English	Diploma in Remedial Ed.	15	5	5	25
7	Female	56	English	National Diploma	26	0	2	28
8	Female	62	English	Honours in Education	10	20	9	39

The educators I interviewed were all females with varied ages and experiences. When I decided on sampling the educators, I had to group them in such a way that they would feel safe and willing to participate in the focus group interview (Appendix 7). In retrospect, I think it was best to keep the educators from the same school together. I achieved this by grouping the educators according to their experience with learners with autism: I grouped four educators with many years of experience together, and two new educators with hardly any experience together. I did this for various reasons: the four educators knew and trusted each other, had a good working relationship with lots of experiences to share, while the new educators were still finding their feet. There were two other educators who were quite inexperienced, but could not find the time to be interviewed with a group, and were therefore interviewed individually (Appendix 8). In order to enhance the richness of the data, multiple research techniques were used with participants with various teaching backgrounds, that is, focus group interviews and individual interviews, to contribute towards trustworthiness. The interviewees came from different cultural backgrounds (English, Afrikaans, and Indian), spoke either English or Afrikaans, and had different teaching qualifications as indicated by table 4.2. I felt conducting interviews with educators with so many differences contributed towards rich and varied study findings.

4.4.3 Data collection process

Focus group interviews were used. However, when conducting the research, I had to include individual interviews (c.f. 4.4.3.1.2) to enhance the richness of the data.

4.4.3.1 Interviews

Ely (1991) and Greeff (2002) point out that interviews are important in qualitative research and are used to collect data on a specific research topic. Interviews are purposeful conversations between two or more people, and make it easy to gain subjective and collaborative information from the participants. It is both a research methodology and a social relationship between interviewer and the participant. This relationship should be nurtured and sustained through the interviewer's deliberate

attempts to build a positive interviewing relationship, marked with respect, interest and good manners (Seidman, 1998).

Interviews offer a researcher access to the participants' knowledge, thoughts, interpretations and experiences in their own words. It is about understanding the experiences of individuals, their perceptions and meaning-making of these experiences (Seidman, 1998; Ezzy, 2002; Mason, 2002; Henning, 2004). As behaviour throws light on how one is affected by experiences, the interviewer can try to understand the participants by observing their actions as well, and by seeing them in the context of their lives (Seidman, 1998; Greeff, 2002). Interviews are not a naturally occurring conversation between people, and the interviewer and participants are unequal in power and in ownership of the process, which implies that careful positioning be used. With an interview there needs to be some direction or focus (Ezzy, 2002; Mason, 2002; Henning, 2004), provided by, for example, an open-ended interview question.

I had to be sensitive to the context being researched, and aware of the participants' ethnographic background and culture. This context would lead to more productive research, helping with the understanding of perspectives and interpretation of data (Greeff, 2002). Prior to conducting the interviews, I gave each participant a consent form with all the information regarding the research topic. After the participants had read and understood the research topic, I consulted them about their willingness to participate and when and where would be most suitable for them to be interviewed. The interviews were then scheduled for a specific time and place. I informed them that the interviews would be tape recorded.

4.4.3.1.1 Focus group interview

Focus group interviews enable a researcher to find out what individual research participants think and feel about a phenomenon under consideration: their subjective feelings, experiences, thoughts and the meaning of their experiences to them (Seidman, 1998; Greeff, 2002; Henning, 2004). This strategy yields multiple viewpoints, expressions of a variety of ideas and opinions that a group has about a

93

specific phenomenon. A large amount of concentrated data was produced in a short period of time because of this methodological choice. Focus groups communicate a willingness to listen without being defensive, and the participants feel relatively empowered and supported in a group situation. Participants also compare experiences and opinions, which help the researcher gain insight into complex behaviours and motivation (Seidman, 1998; Greeff, 2002; Henning, 2004).

A focus group is a planned interview, consisting of more than one participant, usually 4 - 12. In a focus group, each participant gets a chance to interact, eliciting a variety of responses from the other participants. The selected participants should have something in common relating to the phenomenon, in this case working with learners with autism, as data gathered should reflect the participants' subjective feelings about the phenomenon, i.e. their emotional well-being (Greeff, 2002).

Given the fact that it is important to create an atmosphere of trust and empathy in order for the interviewees to speak freely without interference, the interview should take place in a comfortable environment. At the same time, the interview needs to be controlled to keep the participants focussed on the subject of the interview, in a non-interfering way to prevent 'contamination' of data (Seidman, 1998; Mouton, 2001; Greeff, 2002; Henning, 2004).

In order to apply the group interview technique, open-ended questions were used because they elicit a wide range of responses. They also allow questions that do not necessarily lead the participant to say something the interviewer wants to hear. Instead, the researcher is able to guide without interfering, as these questions allow objectivity and neutrality. The researcher needs to observe how the participants communicate their thoughts, as well as how their role in society and their cultural knowledge are featured in the interview (Seidman, 1998; Mouton, 2001; Greeff, 2002; Henning, 2004).

Educators of learners with special needs from two schools in the KwaZulu-Natal area, who work with learners with autism, were interviewed by using focus group interviews. The focus groups consisted of 2 - 4 educators participating in an informal conversation, with two interview questions, with the occasional clarifying or probing

questions. It was an unstructured interview exploring new territory with the participants, asking the following open ended questions:

Tell me about teaching learners with autism?
How does it influence your well-being?

I tried out the open-ended interview questions to determine whether they allowed the participants to respond richly about the phenomenon under investigation. Each group was interviewed twice and each interview was scheduled for an hour, as this allowed the participants enough time to reconstruct their experiences in the context of their professional lives and how they were affected by them (Seidman, 1998). I chose to interview them the first time at the end of a term, and the second time at the beginning of a term. I did this as I know that educators are normally very tired and more likely to be negative towards the end of a term, and more responsive and positive at the beginning of a new term. I thought this would lead to different viewpoints from some individuals, but there were no differences in their response. The information gathered during the interviews was consistent, leading me to trust the information (Siedman, 1998).

I interviewed 10 participants from 2 different schools in KwaZulu-Natal. By interviewing a number of educators, I could effectively analyse and compare their perceptions. This helped towards trustworthiness (Seidman, 1998). I also felt that I had enough information, that the participants were repeating what they had said the first time, i.e. that data saturation was achieved, and therefore felt that I had no need to interview more educators.

4.4.3.1.2 Individual interviews

After the focus group interviews, four individual interviews followed. This was due to the difficulty of scheduling another focus group interview, as two educators could not arrange a time together. Therefore, two educators were interviewed individually as well as two therapists working with learners with autism, as I felt this would enhance the richness of this research. They were provided with the same consent form, the

95

same open-ended questions, and I conducted the same type of interview as the focus groups. Each participant was interviewed for about 30 minutes to 1 hour which provided me with a large amount of rich data (Greeff, 2002). The data from the individual and focus group interviews complemented each other. This confirmed data saturation (Ezzy, 2002; Greeff, 2002).

4.4.4 Data analysis

In a qualitative study, data collection and data analysis should be viewed as an inseparable relationship. As there is considerable data to be obtained from interviews, it is best to transcribe and analyse the interview (De Vos, 2002; Ezzy, 2002) directly after it had taken place. This ensures that no data is lost and that researchers can also reflect on how well they have performed the data collection (De Vos, 2002; Ezzy, 2002).

Data analysis is about bringing order and meaning to data collected over a certain period of time. It is an interesting and creative, yet time-consuming process, because it is crucial to ensure that the voice of the other is heard. The aim of analysis is to identify themes and categories that emerge in various focus group and individual interviews, in order to understand the phenomenon. However, what should be remembered is that the data collected represents the experiences of a group of selected participants whose stories need to be told, so care should be taken to listen carefully before telling the story (Ezzy, 2002; Greeff, 2002).

One needs to find an appropriate way of recording and keeping data in a systematic, safe and easily accessible way. I recorded the sessions on tape recorder while making field notes during the interviews, as well as more notes from memory after the interview. Preserving data on tape and in field notes significantly increases the efficiency of data analysis. The data on the tape is original data, i.e. the direct words that were spoken by the participants, and is easily retrievable when necessary (Seidman, 1998; Mouton, 2001; De Vos, 2002; Ezzy, 2002).

I transcribed the data on the tape and from my field notes on the same day of the interview as it was still fresh in my mind. I started by listening to a short part of the interview, then stopped the tape to type that part of the interview on the computer. I could also visually remember the context in which those words were spoken, as well as the body language of the participant. I then listened to that part of the interview again, while reading my typed notes as well as referring to the field notes I made during and after the interview. I once again read the interview to familiarise myself with the data, and tried to make sense of the interview as a whole before analysing it (Ely, 1991; De Vos, 2002).

Several researchers feel it is best to analyse data directly after data gathering, however, I separated data collection from data analysis (De Vos, 2002). I only analysed the interviews after I had completed all the interviews. I did this to make sure that I would not develop any preconceived ideas, or to unintentionally influence any future interview by drawing information from participants that I would like to hear (Seidman, 1998).

Qualitative data analysis, also known as data reduction (Tesch, 1990), is an interpretive task. The researcher needs to reorganise data (Tesch, 1990); reduce, interpret and present the information carefully in order to make meaning of it (Seidman, 1998; Ezzy, 2002; Strydom, 2002). The researcher therefore needs to decide what would be the best way to analyse the data constructively in order to convey the correct message (Ezzy, 2002).

I made use of open coding. Open coding is explorative, looking into data for information (De Vos, 2002; Ezzy, 2002). Analysis of the data occurred step by step. Conceptualising the data is the first step in analysis. I did it by breaking it down into small parts to look for similarities and differences. I read one sentence at a time, breaking the sentence into parts to objectively find the main idea of the sentence. Then, next to the sentence in the margins, I wrote the most important key concept, or unit of meaning, describing the phenomenon (Mouton, 2001; De Vos, 2002; Ezzy, 2002; Henning, 2004).

After careful scrutiny of the qualitative data, one needs to decide on themes and categories that are relevant to the research purpose. One can only do this knowing the data. I looked for similar concepts and grouped them together to form themes. I decided on 3 themes, named them and colour- coded each one differently. These themes then became the basis of my theoretical sampling. After pulling together the information for the different themes, I analysed each theme individually, breaking the information down into small sets called categories. I also made use of an independent coder who had knowledge of the content of my research (Tesch, 1990; De Vos, 2002; Henning, 2004).

During the data analysis process, I tried to be objective about the data, by ignoring as far as possible any personal, preconceived ideas I had about teaching learners with autism. The themes were not identified prior to the interviews or the analysis but emerged during data analysis (Mouton, 2001; Ezzy, 2002). Once the analysis was done, I recontextualised the findings by placing them in the context of literature (Poggenpoel, 1998: 346). Some findings were confirmed in terms of previous studies, while others appeared to be new.

4.4.5 Ethical considerations

Ethical conduct is about the researcher's appropriate moral behaviour during data collection and data analysis. The researcher should follow moral principles provided by ethics committees about moral conduct. These moral principles offer rules and behavioural expectations the researcher should follow while conducting the research. Ethics should always be kept in mind, be part of the researcher's decision making and lifestyle. Ethics vary and should be suitable to the subject being researched (Ezzy, 2002; Strydom, 2002; Hart, 2005).

Prior to conducting my interviews, I firstly received ethical clearance from the University of KwaZulu Natal to conduct my research (Appendix 10). I then applied for and received permission from the Department of Education to pursue my research in the required special needs schools. I consulted with the principals of these schools to negotiate permission (Appendix 11) to interview the relevant educators. Informed

consent was obtained from the educators themselves (Appendix 12) (Seidman, 1998; Strydom, 2002).

Universal principles such as honesty, justice and respect directed my research (Mauthner *et al.*, 2002; Hart, 2005). As participants have the right to be protected against any form of physical discomfort or emotional harm, I firstly informed them about the reason for the research. I gave each participant a consent letter a week before the interview, in which I emphasized the nature of the study, and ensured confidentiality and anonymity. I explained that the information gathered would be used as part of my dissertation and that I would only be sharing the raw information gathered during the interviews with my supervisor. I therefore included her name and telephone number in the letter. Participants had a week to read the letter, ask questions about the interview and decide whether they wanted to participate or not. Consent was given voluntarily, knowing that they were free to withdraw any time before, during or after the interviews. Participants were also legally and psychologically competent to give consent (Leedy, 1993; Seidman, 1998; Denzin and Lincoln, 1998; Strydom, 2002; Henning, 2004).

On the day of the interview, I again reminded them about confidentiality and anonymity. I explained to the participants that negative memories from the past or personal experiences may be recalled and that, if this happened, and they felt discomfort, they could stop or ask me not to use the information. I reminded them that any information shared during the interview was confidential and could not be shared with individuals who were not there during the focus group interview. During the interviews, participants were treated with fairness, honesty and respect. The verbal information participants provided was treated with confidentiality, and was only used for research purposes by the researcher (Seidman, 1998; Hart, 2005). The interview meant no harm to the participants (Denzin and Lincoln, 1998; Strydom, 2002). On the contrary, after the interview, some participants commented that talking about their practice and experiences was in itself therapeutic.

4.4.6 Trustworthiness

Qualitative research needs to be trustworthy and reliable in order to represent, as closely as possible, the experiences of the participants. Trustworthiness refers to how data are collected and analysed, and how results are communicated. The researcher needs to understand and accurately represent the situated nature of the participants' interpretations and meanings. Carefully planned data analysis and interpretation would reveal the understanding of participants and a good quality of qualitative data analysis (Ely, 1991; Ezzy, 2002).

According to Guba's (1981, in Krefting, 1991) model of the trustworthiness of a qualitative study, data should be based on four criteria of trustworthiness: truth value, applicability, consistency and neutrality. These aspects should be used by the researcher to assess the value of the findings of their qualitative studies (Krefting, 1991).

4.4.6.1 Truth value

The 'truth value' of a qualitative study refers to how confident the researcher is with the findings of the information gathered, as well as the research design used, the participants and the context in which the information was gathered. The information gathered should reflect human experiences as they are lived and perceived by the participants (Krefting, 1991; Strydom, 2002). Lincoln and Guba (1985, in Krefting, 1991; De Vos, 2002), termed 'truth value' as 'credibility', when the researcher presents all realities revealed by participants in a study as adequately and accurately as possible. These accurate interpretations of information based on human experience are valid when they are recognisable to readers who share the same experiences as the participants (Krefting, 1991; De Vos, 2002).

Another way of establishing truth value is by using different methods to produce data. Multiple research techniques help the researcher gain alternative perceptions about a phenomenon, using different participants in different set-ups. This helps the researcher gain a better understanding of the phenomenon (De Vos, 2002). I gathered

data by using interviews, observations and a reflective journal (Ely, 1991; Krefting, 1991). I interviewed a few individual participants once and focus groups twice. I also interviewed participants at different times of the year, over a period of six months. I interviewed the focus groups at the end of a school term for the first time, and the second time at the beginning of a new school term. I interviewed some participants during the autumn season, and others during the winter season. I grouped the educators according to experience. I had one group of educators who had worked with learners with autism for a few years, and I had one group of educators who had just started working with learners with autism. I did the same with the individual interviews (Krefting, 1991). This prolonged fieldwork contributed to credibility. When reporting the findings, direct quotations of the participants were included as a chain of evidence.

4.4.6.2 Applicability

Each situation of the qualitative research is unique and the purpose of a phenomenon or an experience is to study human experience. It is therefore difficult to generalise these experiences to a bigger population group (Krefting, 1991; De Vos, 2002). Generalisability is not actually relevant to qualitative studies, as a qualitative study is conducted in a natural setting, not a controllable environment. Therefore, the need to generalize the findings to other contexts and settings, or with other groups of participants, is placed on a researcher who wants to replicate the study. The researcher must also keep in mind whether the information and behaviour observed during the interviews are representative or unusual for these individuals (Krefting, 1991).

'Transferability', according to Guba (1981, in Krefting, 1991), is the criterion to be used in qualitative research to value applicability or contextual relevance. This is when the findings of the research study matches similar contexts outside the original study Lincoln and Guba (1985, in Krefting, 1991; De Vos, 2002) on the other hand, feel that the researcher should present the reader with enough information to allow comparison to take place. It is the readers' responsibility to compare or transfer the findings to another situation (Krefting, 1991; De Vos, 2002).

4.4.6.3 Consistency

Consistency of data refers to how consistent the information would stay if the research were repeated in a different context, using the same participants (Krefting, 1991; Ezzy, 2002). In a qualitative study, consistency of data is difficult due to unexpected events. The researcher does not try to control the participants or the information gathered, but learns from the various experiences from participants and the situations where the information is gathered.

In a qualitative study, consistency depends on the uniqueness of the participants and the researcher, as humans are not consistent in their emotions throughout the study. Different perceptions from participants, rather than an average perception, also help with the uniqueness of the study, as well as the good insight of the researcher on a specific topic under research and of the participants (Krefting, 1991).

Dependability, as part of consistency, is where the researcher should be aware of any changes in the research i.e. on the part of the participants, as the researcher is looking for a variety of experiences, and not an average experience. Lincoln and Guba (1985, in Krefting, 1991; De Vos, 2002) are of the opinion that the researcher should be prepared for changing conditions in the phenomenon under study, and in the research design (De Vos, 2002).

4.4.6.4 Neutrality

The researcher needs to emphasise neutrality by not being biased in terms of research procedures and results. The findings need to be from information gathered by the participants, and not influenced by values, interest or hopes of the researcher. The researcher should be objective, and any preconceived ideas formed by the researcher should be ignored or bracketed. In qualitative studies the researcher needs to have a good relationship with the participants with prolonged contacts and even observations. However, the researcher needs to keep the data neutral by establishing truth value and applicability (Krefting, 1991; Ezzy, 2002). Ely (1991), refer to it as

being flexible and open to the data and not being cognitively rigid, as this may interfere with the way different aspects of data are seen. According to Lincoln and Guba (1985, in Krefting, 1991; De Vos, 2002), if the findings of the research study could be confirmed by another, it is valid. This aspect they call 'confirmability'. Independent coding is helpful in ensuring the confirmability of the findings.

4.5 Limitations of the study

Three focus groups were interviewed twice: one group with four participants and two groups with two participants each. The focus group with the four participants were only interviewed once as a group, as two of the four participants had to withdraw from the second interview. One withdrew due to an overload of administration, and the other participant withdrew due to personal issues. One of the focus groups with the two participants each was not interviewed as a group, as the participants could not arrange a time together. I therefore had to interview them separately.

It was always difficult to arrange a day and a time that suited each participant. The timetable did not leave space for the educators to find free time together and they could not take teaching time away from the learners. Time had to be made in the afternoons, which are used for classroom preparation and administration.

I intended using an observer during the interviews, as data from an observer can help one acquire a more complete and objective picture of the setting. However, the participants' preferred not having an observer, and I therefore conducted the interview myself while observing the participants' behaviour at the same time.

I interviewed eight educators who work with learners with autism. This is a relatively small sample, yet it yielded rich data.

4.6 Conclusion

A qualitative research design, using a phenomenological approach, was used to investigate the emotional well-being of educators who teach learners with autism. The suitability of this research design became evident in this chapter when the methodology strategy outlined how data was collected and analysed to portray the experiences and feelings of educators teaching learners with autism. Multiple research techniques, carefully planned data analysis, and interpretation, as well as findings which are consistent with literature, contributed to trustworthiness. Themes and categories obtained from the data will be discussed in chapter five.

CHAPTER FIVE

RESULTS AND DISCUSSION OF THEMES

5.1 INTRODUCTION

This chapter deals with the discussions of data gathering through the research instruments discussed in chapter 4: focus group and individual interviews. Themes and categories were obtained from responses as they emerged from the analysis of the transcribed data, and were evaluated according to literature. These themes and categories will be mentioned briefly in the form of a table. Thereafter they will be discussed in depth in order to evaluate the primary research question for this study: What perceptions do educators teaching learners with autism have of their own emotional well-being, as well as the secondary research questions flowing from the above: What are the everyday classroom practices when teaching learners with autism? How do educators negotiate their everyday classroom practices when working with learners with autism? and What is the impact of this negotiation on the educators' emotional well-being?

5.2 FINDINGS

The data obtained from eight study participants produced rich results with clear commonalities between participants' experiences of working with learners with autism. Themes were identified based on the commonalities in their perceptions, as well as appropriateness to the investigation. Three themes, with categories, were identified as follows:

Table 5.3 Emotional well-being of educators teaching learners with autism

5.3.1. Theme 1: Everyday Challenges working with learners with Autism

Challenges of working with learners with autism:
    Demands placed on the educator concerning the learners' response to reality
    Demands placed on the educator concerning the learners' behaviour

Challenges regarding the Curriculum:
    Demands placed on the educator due to an unsuitable curriculum
    Demands placed on the educator concerning the learners' academic levels

Challenges regarding classroom management:
    Challenges regarding the school time table
    Challenges regarding the size of classes
    Challenges regarding administration

Challenges regarding professional development

5.3.2. Theme 2: Educators' perceptions of the support of other role players

Educator's perceptions of colleagues:
    Educators' perceptions of the class assistant
    Educators' perceptions of colleagues who work with learners with autism
    Educators' perceptions of colleagues who do not work with learners with autism

Educator's perceptions of other professionals

Educator's perceptions of parents

5.3.3.1 Theme 3: The impact that teaching learners with autism has on the workplace wellness of the educator

Affecting the professional self

Contributing to experience of high levels of stress

Influencing the emotional well-being of the educator

Showing concern about the future of learners with autism

Affecting the family life

5.3 DISCUSSION OF FINDINGS

This section focuses on the discussion of three themes. The direct quotations of the participants will be presented in italics, and pseudonyms will be used instead of the learners' or educators' real names.

5.3.1. Theme 1: Everyday Challenges working with learners with Autism

Autism is a complex neurological condition, and working with learners with autism can be a challenging experience. Each new day presents a different set of challenges, for example, social difficulties and odd or aggressive behaviour. These challenges are mainly related to the complexities of autism and the practice of educating learners in the South African education system. The training to be able to work with learners with autism, different intervention strategies and workload, are the issues emerging out of data analysis and discussion in this chapter.

5.3.1.1 Challenges of working with learners with autism

5.3.1.1.1 Demands placed on the educator concerning the learners' response to reality

During the interviews, the educators spontaneously discussed the triad of autism: communication, socialization and imagination/behaviour difficulties, as well as other issues related to autism. They explained how autism affects the learner's personality, and how each learner brings his own potential, but also his own particular issues related to autism into the classroom, and how trying it is to deal with some of the learners.

One participant specifically referred to the

... behaviour, mind blindness and social problems... and that these are

... mostly what we battle with ...

In general, learners with autism cannot engage with what another person is imagining or thinking. This is referred to as being 'mind blind', as they do not know many non-verbal forms with which to communicate (Lainhart, 1999; Rutherford, 2005; Sobel *et al.*, 2005). Sharing in the imagination of others and creating joint play scenarios is thus difficult for individuals with autism. This could affect their behaviour and lead to stereotypical and limited patterns of behaviour that they have learned by heart (Jordan and Jones, 1999; Peeters and Gillberg, 1999; Blackburn, 2007a) and their social interests in others.

Other participants referred specifically to their socialising:

He does not have behaviour problems, he just does not socialise.

Andy has a severe socialisation problem.

Socialisation is part of the triad of autism and influences the learner's way of responding to others, as well as forming relationships:

I find autism strange and sad. The qualities that makes us human .... In terms of relating to other people, real relationships ... is different from other people. Like normal children ... once you terminate therapy, they still have a bond with you, they hug you ... is different to an autistic child. They don't even acknowledge you. That is very difficult. That to me is a difficulty ....

From the above, it is clear that learners with autism often experience difficulties with socialisation. Social interaction difficulties are at the heart of autistic spectrum disorders, and the social behaviour shown in individuals with ASD varies greatly (Peeters and Gillberg, 1999; Blackburn, 2007a; Jordan, 2007a). This could have an effect on the educator, as the learner may not have a special relationship with the educator or peers. Social difficulties often lead to aggressive behaviour.

Linked to socialisation is communication. This aspect became clear when I discovered that the participants found the different levels of communication that each learner is able to manage, difficult to handle, especially in the classroom context. The following excerpts from educators clearly point to this dilemma:

... they are verbal, but they are not responding to you ...

... another big thing with the not responding, is they are non-verbal ... I've got to sing, I've got to sing on my own!

He has no speech, very little understanding of speech. A lot of finger movement.

Kanner (1943) noticed that some children lacked language and imagination, and therefore found it difficult to communicate or socialise with others (Wing, 1980; Blackburn, 2007a). Learners with communication difficulties mostly cannot communicate their needs, with up to 50% being non-verbal (Peeters and Gillberg, 1999; Beyer and Gammeltoft, 2000; Jordan, 2001). Most non-verbal learners do not interact with adults or other learners at all. This could be frustrating for the educator, as some non-verbal learners will not respond during class discussions, leaving the educator not knowing whether the learner understands what was said or not.

A further dilemma is that communication difficulties also affect the learner's interaction with others in that they do not always realize that a conversation requires two people to interact with each other. Furthermore, some learners are prone to echolalia (c.f. 2.6.2.4).

Yes, the child does not understand communication as a two way system.

They don't comprehend what you are saying, their comprehension is not there. That is what makes it difficult.

He does not understand spoken or written language...

Yes, they are verbal, but they are not responding to you. It is repetitive.

... he is a parrot.

Jordan (2001: 6) concurs with the above that "All levels of communication are affected in autism, regardless of level of language ability. It is this mismatch between language and communication which is both unique to, and characteristic of, autism..." (Jordan, 2001:6). Learners who echo do so because it is easier to repeat language literally than to analyse words to determine their true meaning. The child repeats whole sentences or parts of conversations, literally without understanding what is being said (Kanner, 1943; Rutter and Bartak, 1971; Furneaux and Roberts, 1977; Peeters and Gillberg, 1999; Moyes, 2002). This could cause frustration for the educator because she has to repeat instructions and will not always get a response from the learner, or the learner may not do as told. This, however, does not always mean that the learner who is non-verbal does not have the willingness to try, or the ability to speak:

I feel the ability is there but some decide not to work and communicate.

... child tries one word at a time, not echolalia, but speech is coming.

... child with no speech will now say one or two words. Even his mom says he tries to talk at home.

It is also possible for a learner who was once mute and almost completely non-communicative to become verbal. However, their comprehension of spoken language may still not be sufficient (Peeters and Gillberg, 1999). The educator who has an optimistic attitude will be able to encourage and nurture the potential of the learner, but this too will drain the energy of the educator.

Another interesting aspect is that learners with autism function better in an environment with structure and routine, as this helps them to have control, offers predictability and helps to reduce anxiety and acting out behaviour. However, this in itself can become very difficult for the educator to deal with, because the educator needs to remember to follow the exact routine herself, and cannot change minor details because this often cause stress to learners. The following excerpts explain how disruption of routine can cause anxiety in the learner, but also stress for the educator.

When I came into the school, the structure, although working with the children was practical but what overwhelmed me was the structure. The classes, how the classes are situated and how the work is planned.

The children need to have structure. And that was different from where I come from.

The child needs a routine.

Amy is driven by the clock. It's routine. It is a lot of pressure from her.

.... it bothered Mandy that you weren't early at school this morning, saying: 'Where's Mrs. Evans?' I had to explain to her step by step what she has to do.

The above elucidates how the learners need predictability, a structured learning environment, routine to reduce anxiety and frustration (Inchley, 2001; Troy, 2004), and support within the classroom and school environment (Troy, 2004; Jones, 2006). The educator thus needs to plan a weekly time-table that will remain the same for the year so that the learners will remember that, on a specific day of the week, at a specific time, they will be doing something like watching videos. They will also get to know the adults in their class and what time they get to school. Some learners will get attached to these adults and will only work with them. If anything changes in the timetable or class, the learner may experience stress and become upset, displaying acting out behaviour. It has to be pointed out, however, that the educator also keeps in mind that life itself is ever changing, and that learners also need to be prepared for that:

What I find very interesting.... You know with change...I do not always tell them when there will be change. Like with outings I only tell them a day before. They must use the bus, I take them on...chop and change...and I don't keep them isolated. They astound me.

Although learners with autism are very dependent on predictability, the above statement reveals that it is possible to change the daily routine at the last minute without causing too much upset.

5.3.1.1.2 Demands placed on the educator concerning the learners' behaviour

Due to the complexity, a range in severity of the disability and a wide variety of symptoms, individuals with autism are vulnerable to many types of behavioural difficulties (Volkmar and Klin, 2005), as described by many participants:

He gets violent ...

... then I know he's waiting to pounce on somebody.

... and then anything anyone does will irritate him, it will irritate him and set him off.

The child manipulates.

... the child rubs his nose on you ...

... or he bites, or kicks or pinches.

He used to scream and throw chairs around in the class.

We had another child that use to be a runner, use to scream, and had no discipline.

He needs to wash dishes or he will have a tantrum. Then once we got him to stop washing the dishes, he shifted to touching the girls.

Restricted imagination and behaviour difficulties are part of the triad of autism. Due to a restricted imagination, learners with autism have peculiar behaviours leading to an overall restriction of their behavioural repertoire (Peeters and Gillberg, 1999; Sicile-Kira, 2003). Some learners do share common types of behaviours, but it also depends on the individual's personality, level of intellectual and linguistic functioning, and the educator's intervention (Furneaux and Roberts, 1977; Peeters and Gillberg, 1999; Jordan, 2001). According to the APA (2000), individuals with Autistic Disorder have a range of behavioural symptoms. As discussed before (c.f. 2.7.1.4), these include hyperactivity, short attention span, impulsivity, aggressiveness, self-injurious behaviours and temper tantrums. Problem behaviours are pervasive and it is more likely that young learners with ASD will develop problem behaviors. These behaviours are a vital key to the presence of underlying social, communication and sensory impairments (Horner *et al.*, 2002; Kennedy, 2005).

It is very difficult to have a violent learner in class and to implement a proper behaviour plan, as traditional discipline procedures do not work for learners with autism (Wagner, 2005). Research has also shown that learners with autism need orderly instruction and positive methods to improve behaviors. Unfortunately educators in mainstream and special schools are not always knowledgeable about developing effective behavior plans or how to apply them in daily practice. One could not punish a learner with autism without explaining why, or without teaching the learner the right thing, because if these are omitted, disruptive behavior can result. Educators should teach the learner new behaviours to help prevent violent or disruptive behaviours (Wagner, 2005).

The behaviour of learners with autism has potentially negative effects on the behaviour of other learners. The following reflect, firstly, on the effects on other learners, secondly on the effect on the educator and her teaching. The participants interviewed felt that it could have the following effects on the learners in the class:

It's also the disruption that it causes and the emotional effect it has on the other children.

113

The other children in my class also have the right to learn without being emotionally abused by that one specific child that ... breaks the window and carries on.

Two of the children in my class were shaking. They could not do their work.

The focus is on that one specific child that is sound sensitive. But all the children with autism are sound sensitive.

... use to grab his ears and cry when Andy gets violent ... it use to hurt his ears.

... use to climb on the shelve to get away ... he was so scared ...

Look at his face ... it is an anxiety attack ...

Violence causes a lot of disruption and has an affect on the other learners' academic, social, emotional and behavioural development (Wilson, 2004; De Wet, 2007). It may disturb the learners on a sensory level, as learners with autism in general have sensory difficulties. Some learners are more sensitive, while others could be hypo-sensitive, which again will prevent them from singling out information through their senses. This influences the processing of the environment (Sicile-Kira, 2003; Biel and Peske; 2005). Individuals with autism often suffer from anxiety attacks; these symptoms are reported in 7% – 84% of individuals with autism (Lainhart, 1999), which could be triggered by an aggressive learner in the class. The effect of the behaviour is also experienced by the educators, as the educator is responsible for the safety and emotional well-being of all the learners in the class. The effect it has on the educator becomes clear in the following:

So I try to calm him ... and when he is like that I become edgy ...

... and the effect it has on the educator is terrible.

So all the time you are on 'tenter hooks', because you try to pre-empt this bad behaviour or this negative thing ...

You are being emotionally abused! It is emotional abuse!

Emotionally you give so much of yourself.

You have to control yourself ... stay calm, talk softly and pretend that you are coping, but you are not coping with the child!

And emotionally ... at home ... you are permanently tired ... and you had enough noise.

I had 2 [learners with] severe behaviour problems. ... by the end of the term ...

Fatigue ...

Emotionally it is frustrating ... I want to do more for them.

It is clear from the above statements that working with a violent learner is physically, mentally and emotionally exhausting and stressful. Stress is known to be an unpleasant emotional experience which causes emotional, physiological and behavioural responses: irritation, anger, anxiety and depression. This may have an effect on the efficiency of the educators' teaching, her coping strategies, and her emotional well-being (Hawkins, 1998; Olivier, 2005; De Wet, 2007). Educators are responsible for learners' development and learning, and therefore need to feel safe from threat and harm. They need to feel valued and respected (De Wet, 2007), in a positive teaching and learning environment that contributes to well-being (Konu and Rimpela, 2002). A study in Australia showed that the greatest concerns of caregivers were of the aggressive behaviours exhibited by 62% of learners with autism, as well as their misbehaviour in public, exhibited by 67% (Higgins *et al.*, 2005) of learners.

Furthermore, disruptive behaviour could also have an affect on the class programme. When a learner is disruptive, the educator automatically spends more time with that learner, mainly leaving the other learners to work on their own. This could have an effect on the curriculum as:

...their programme has changed now because of him.

The educator has to think of a way of coping with a disruptive learner, as well as with the curriculum and the other learners in the class.

As imagination and behaviour are part of the triad of autism, the educator will always have learners with behavioural difficulties. Fortunately it is possible for learners with autism to improve with the proper intervention strategies and learning environment:

These kids were too wild to sit down; they could not sit down. For the first six months of the year, I just taught them socialisation skills. Some of these children use to only bite, kick, spat ... but they have settled down nicely now.

It was a behaviour he couldn't understand – screaming, yelling, and shouting about 75% of the day. But he has made a huge progress. He was a total disruption.

The biting, screaming, scratching and you've got to be able to see beyond that.

There may be an improvement in behaviour as learners with autism get older and more mature, but this also depends on the learner's personality and how the learner reacts to the autism (Furneaux and Roberts, 1977; Wing, 1980; Peeters and Gillberg, 1999; Jordan, 2001). Such improvements offer some solace to the educators, because, in spite of all the difficulties, some gains are made.

Learners with autism who are non-verbal, rely on behaviour to communicate with others. Many of these behaviours are avoidance behaviours, and they often cannot help what they are doing, as one participant stated:

They don't know what naughty means or what they are doing wrong. You know. They are not naughty; they don't know what they are doing wrong. It is just them.

It is important that educators understand that the behaviour of the learner with autism could be a consequence of the presence of underlying impairments, the degree of severity, and the developmental stage of the child. Educators should see these difficulties "...through the lens of autism" (Kennedy, 2005:2), and ensure that the individual develops to his full potential, not being disadvantaged by misunderstandings and misinterpretations of behaviour (Jordan and Jones, 1999). This in itself requires tremendous effort on the part of the educator.

5.3.1.2. Challenges regarding the Curriculum

5.3.1.2.1 Demands placed on the educator due to an unsuitable curriculum

According to Williams (2005:3), learners with autism have difficulties mainly in the following six areas: communication, interaction, imagination, behaviour, self-help skills and learning. These difficulties have implications for the teaching of learners with autism, and there are no educational guidelines or curricula for educators in South Africa who teach learners with autism. Not having a curriculum suitable for these learners places a lot of stress on the educator:

The curriculum places a lot of stress on the teacher!

I feel academically pressurised.

The mainstream Outcomes Based Education (OBE) academic curriculum is not completely suitable for learners with autism as they have strengths and weaknesses, as well as unique behaviours, which can have an impact on their ability to succeed academically in a general education stream (Williams *et al.*, 2005; Goodman and

117

Williams, 2007). Furthermore, because each learner is unique, with different needs, more stress is placed on the educator as:

Each child must have their own programme ...

... you've got to do an individual plan for each child ...

Although education in general is a stressful profession (Jacobsson, Pousette and Thylefors, 2001; Jennett *et al.*, 2003), it is acknowledged that special needs educators experience additional stressors due to an increased workload and the implementation of individualized educational programmes for each learner (Jennett *et al.*, 2003).

An additional characteristic of some learners, that of mental retardation (c.f. 2.7.1.1), causes learning to take place at a slower rate and on a different academic level.

They range from 8 to 12 years. But they can only do numbers 1 – 5. Some can count to 20. But mainly recognizing numbers 1 – 5.

This is his 5th or 6th year and he still cannot count to 3!

They find it hard to generalise skills learnt.

The learner with autism in general progresses at a slower rate due to cognitive deficits (Jennett et.al., 2003). Different methods are therefore implemented to help the learner learn. Educators often have to teach a learner with autism in a one-on-one setting, as well as in other situations and with other learners, once they have mastered the one-to-one setting. This helps to generalise skills learned (Sicile-Kira, 2003; Corsello, 2005). This can cause added stress for the educator, as she feels she needs to stimulate and develop the learner academically, knowing that the learner's potential is limited. This is exacerbated by the high expectations of the parents:

Parents want them to be academically inclined. That's what irritates me ...

A mother asked if her child will go to grade 1 at the end of this year. And when I said to her, no, she will stay with me, she said ... no I cannot repeat what she said.

They do not understand their own child, what he is capable of. I must get him to read.

As communication, socialisation and behaviour skills are the three main areas of autism which need attention (c.f. chapter 2), these areas have to be worked on. The learners also need to be taught the basic life skills that come naturally to individuals who do not have autism:

... they have to gain mastering ... for the simplest thing.

... objective for the year is how to push a toy and he has learned how to use a telephone.

He can now take his cup and plate back to the sink with instructions.

He is trying self-sufficiency, learning how to wash his hands, brushing his teeth....but then he still eats his toothpaste. "

It is important to teach functional skills at school, and adapt the environment according to the needs of the learners. The classroom should be a stress-free environment, with structured teaching and the use of visual materials and schedules, to help learners acquire the skills needed. Teaching should focus on individualised goals and the teaching of independence and developmental skills, important for future independence. Teaching preparation is thus very important (Sicile-Kira, 2003; Corsello, 2005; Roa and Gagie, 2006), but it is also time consuming and demanding.

5.3.1.2.2 Demands placed on the educator concerning the learners' academic levels

Each learner requires an Individual Educational Plan (IEP) according to the level of the learner, and this takes a great deal of the educator's time:

... another thing that I find very difficult is that you have all these different levels ...

... each one is different with his own work plan ... too much work.

High care ... in general ... it is difficult to meet their individual needs ... to get the time to do it.

The continued search for effective support programmes remains a fundamental need, because autism is a complex neurological condition, characterised by pervasive problems in social interaction, communication skills, repetitive behaviour patterns and restricted interests. In order to work with the learners' strengths, early interventions need to focus on the unique needs of each learner (Sigman *et al.*, 2004). Different levels and individual educational plans, as described above, are important, although they are time consuming. The educator needs to prepare work according to the needs and academic potential of the learner, and develop skills that are important for future independence (Sicile-Kira, 2003; Corsello, 2005; Roa and Gagie, 2006) of each learner.

Teaching learners on different levels is very challenging, as the educator:

... found it a bit daunting.

The educator needs to assess the learners regularly to adjust their individual educational plan accordingly. The educator should therefore be knowledgeable about different teaching interventions suitable for learners with autism. They vary in their approach and methodology and it is difficult to determine which intervention strategy

is the most appropriate for the individual. (Margolies, 1977; Kennedy, 2005; Levy *et al.*, 2006):

We knew the child was autistic, but we didn't know what type of programme or how you can help these children.

You don't always find the key to every child.

Even when someone tells you how to teach this child ... each child is unique.

Furneaux and Roberts (1977:62) posit that "the less able the child, for one reason or another, the more able and skilled the teacher should be." However, being knowledgeable about many different teaching interventions is not always possible, and it is difficult for the educator to know how to help the learner, and how to match the method with the learner (Sicile-Kira, 2003; Corsello, 2005).

Mental retardation (c.f. 2.7.1.1), as a related condition of autism (Volkmar, Paul, Klin and Cohen, 2005), could lead to learners needing much repetition of work, and individual attention from the educator, causing the educator to feel overwhelmed.

... singing the same songs over and over and over.

You've got to do it over and over. It's fine, but it is very difficult.

I can't leave the work for them to carry on, I have to sit and explain it to them what needs to be done. This is stressful.

Some need one on one. And that is what is difficult. You can only stretch your time so much.

They are dependent on you, and it is a one to one all the time, and it is hand over hand, and you have to help them all the time.

121

...and everything is so slow, and their progress is so slow, and that I'm finding very very difficult.

He has improved in very small ways.

The learner with autism generally progresses at a slower rate because of their cognitive disabilities (Jennett *et al.*, 2003), e.g. in mental processing, organizing and shifting of attention (Jones, 2006). The educator needs to give the learner more time to respond, causing the work tempo in class to be slower (Jones, 2006). Repetition of work and slow progress can cause frustration for the educator. This could lead to feelings of incompetence and an inability to teach the learner anything new.

Autism can cause difficulties and therefore these learners find it hard to learn. Autism also does not always cause general intellectual impairment: "severe learning difficulties" or "profound and multiple learning difficulties", as it is possible to have severe autism and, at the same time, normal or advanced levels of intellectual functioning (Jordan, 2001:3). This makes good teaching very important. One should not assume that the learner's best level of functioning is his true level of functioning across all areas. Learners with autism and learning difficulties are different from learners who have learning difficulties without autism, as they have different needs, need different teaching approaches, which all exacerbate the demanding situation in which the educators find themselves.

5.3.1.3 Challenges regarding classroom management

5.3.1.3.1 Challenges regarding the school time table

Most participants felt that the daily timetable is too long for the learner with autism:

I find the timetable is too long.

... for all these children running till two o'clock is too long.

...I think we all should finish earlier. Because we all have autistic children, and I think that is what they forget. They are all autistic, they are all special needs.

... at the end of the day, they are tired ...

After 12:00 pm I cannot get them to work. They are tired.

It often happens that learners with Autistic Disorder exhibit hyperactivity, short attention span and impulsivity (APA, 2000; Kennedy, 2005:1), which support the notion of the school day being too long for the learner.

The participants stated that the school day is too long for the learners, but also for the educators, as stated below:

The timetable running to two o'clock is too much for me.

... ...and we are getting tired.

And then we cannot give of our best.

I am tired at the end of the day.

5.3.1.3.2 Challenges regarding the size of classes

Teaching learners with disabilities, and autism in particular, is challenging as educators have more responsibility due to the diverse needs of their learners (Robertson, Chamberlain and Kasari, 2003). Educators work closely with each learner, especially when the autism is most obvious (Helps, Newsom-Davis and Callias, 1999), which leads to physical exhaustion. For this reason, they are particularly at high risk of burnout. These learners are unique; with characteristics setting them apart from other special needs learners, making learning especially

123

challenging for them, and teaching them challenging for the educator (Aut-Talk, 2005). Frequent emotional exhaustion from the multiple roles expected of the educator, will negatively affect them, and they will no longer be able to give psychologically of themselves. It is therefore important for these carers to maintain a healthy lifestyle and to implement strategies to help reduce stress (Jennett *et al.*, 2003; Aut-Talk, 2005).

Early intervention includes various strategies used on a one-on-one basis, according to the learner's individual needs, to help the learner develop to his/her full potential. Learners with autism thus need a lot of individual attention which a big class makes barely possible for the educator:

I want to be able to work independently with each child, so we need only 6 children per class.

Weak children need a lot of time.

...takes up a lot of my time. I have to sit with her. This gives me less individual time with the other children.

It frustrates me too when I can't get to the children and I have to leave it till the next day.

....we have too many children.

This shows that our classes are too big!

According to the Policy Framework for Education for learners with Special Education Needs (DoE, 2001b), one learner with autism is weighted the same as six mainstream learners. Big classes have an impact on education, and effective teaching and learning is best when the classes are smaller in number (Aird and Lister, 1999; Phurutse, 2005; Pienaar and van Wyk, 2006). The educator is then able to give personal attention to everyone (Pienaar and Van Wyk, 2006). This also applies to special needs education.

124

Interventions focus on the unique needs of each learner, and it is therefore necessary for the educator to spend a lot of individual time with each learner. ABA (c.f. 2.10.3.1) is widely known as an effective way to teach young learners with ASD specific skills. These specific skills are taught on a one-to-one basis, by breaking the process into small steps, learning one-step at a time, building on the previous one (Sicile-Kira, 2003; Corsello, 2005). This is the same with other intervention strategies like PECS (c.f. 2.10.3.2). Many learners who have used PECS have learnt to develop verbal language (Sicile-Kira, 2003; Roa and Gagie, 2006). However, PECS is only effective in a one-on-one situation. The TEACCH programme (c.f. 2.10.3.3) is about teaching functional skills, and adapting the environment according to the needs of the learner. It includes structured teaching and the use of visual materials and schedules to help them acquire the skills needed.

Teaching preparation and individual attention to the learner are very important to make this support work (Sicile-Kira, 2003; Corsello, 2005; Roa and Gagie, 2006). It is best to group learners with autism in small groups of 6, and use the TEACCH programme. By having small groups and a good programme, improvement in social behaviors, inter-personal skills, anxiety levels of the learners and attentiveness (Aird and Lister, 1999), was achieved.

Considering the above, having to teach large classes makes it impossible for the educator to give enough attention to every learner. The educators may become tired and mentally withdrawn from situations, leading to constant emotional exhaustion, (Pienaar and Van Wyk, 2006), affecting the emotional wellbeing of the educator. These are all signs of burnout (Pienaar and Van Wyk, 2006). It is known that educators working with learners with autism are all at risk of burnout (Jennett *et al.*, 2003).

5.3.1.3.3 Challenges regarding administration

Educators in general are concerned about their demanding workloads and feel they have too much administration to cope with, not enough time to complete it, and that their workload is having a negative effect on their time with the learners:

I am not coping with the administration. It takes a lot of my time away from the children. Time I could spend with them.

Admin, we must do it now. But I can't always do it now!

The paperwork for me is too much.

I always have to fill in forms.

The extras is robbing you from time.

A survey done for the Education Labour Relations Council in South Africa (Hall *et al.*, 2005) on educator workload, has shown that there has been an increase in workload over the past three years. Educators complained about "job overload" and that their "workloads were too high" (Hall et. al., 2005:14). There are links between work overload and educators wanting to leave the profession (Hall et. al., 2005; Justice and Espinoza, 2007). The educators who want to leave the profession, have experienced a huge increase in their workload, claiming that the workload is too much to cope with. Most of the educators who wanted to leave the profession also felt that they have to cope with a workload that is not part of their job description. The increase in workload could also be due to an increase in learners per class, lack of parental involvement, and shortage and absenteeism of educators (Hall et.al., 2005). According to Ellis (1990), work overload and long working hours cause stress for educators of learners with autism. This could lead to burnout (Ellis, 1990), affecting emotional wellbeing and workplace wellness.

This seems to be a national, as well as international trend, as educators in England also complain about excessive workloads and having to complete non-teaching tasks

(Bubb and Earley, 2004). This was the same for educators from Switzerland (Jacobsson *et al.*, 2001).

It becomes clear that educators experience intense workloads, and that the workload is not always part of what they see as their job description. In the following statements, participants state that their paperwork increased since starting teaching at a special needs school, and takes up a lot of their teaching and private time.

Our extras should be minimized. Copy this, hand out that... It is not my work! It puts a lot of stress on me!

Everything gets passed onto us. It is not my job. We have enough running around.

The workload in a special needs school is intense. Too much.

I'm taking work back home. I never used to.

Sometimes I leave here at five o'clock and I have a 6 month old baby, and I leave her.

But there is no other time that I can get to do that.

So sometimes I have to stay in late to organize my stuff.

Although educators in general experience stress for various reasons, it is believed that special education educators experience additional stressors because of increased workloads, as well as other factors such as the implementation of an individualized educational programme, managing learners' behaviour, a more intense parent-educator relationship, and slower progress due to learners' cognitive deficits. They are also of the opinion that burnout occurs when work-related stressors are uncontrollable for the educators (Jennett et.al., 2003).

Similarly, research in England (Bubb and Earley, 2005), shows that primary educators spend more than two-thirds of their evenings and weekends preparing for school,

either planning lessons or marking. Some educators complained that having to work long hours interferes with their family life and has a negative effect on their personal relationships. An excessive workload and an unbalanced work-life will have an affect on the educators' well-being, leading to a negative effect on teaching and learning.

Although most participants bemoaned an increase in workload, it does not mean that all special needs educators experienced an increase, as one participant stated:

My paperwork is no more than usual. I have daily assessments, daily class planning, annual planning, and themes.

It is necessary for educators to have time to reflect on their work and daily lesson planning. They need time to develop skills and knowledge and to interact with colleagues (Bubb and Earley, 2005), which cannot happen with an increased workload.

5.3.1.4 Challenges regarding professional development

The participants felt there is hardly any training concerning autism from the Department of Education and that, because of this, they are dependent on Autism South Africa, a support group for educators and parents, which is actively involved in autism and the in-service training of educators.

No one can help us.

I feel we do not get training ... We are dependent on other countries to help us ... charity. Then it is not recognisable, no certificate, no proof.

There's no training! There is nothing. That is why we have to grab anything we can get from Autism South Africa.

Training is improving. Next year is going to be good. Thanks to Autism South Africa.

128

It is important for educators to receive specific and focussed training and support to help them teach learners with autism. Educators who have not received any training will be unfamiliar with educational and behavioural issues (Williams *et al.*, 2005; Al-Shammari, 2006; Brooke and Dvortcsak, 2006; Jones, 2006) and may feel that they are not professionally equipped to work with learners with autism.

According to the Department of Education (DoE, 2001a), educators are supposed to receive training. Education White Paper 6 (DoE, 2001a) states that effective development programmes will be provided for educators. As educators are the primary resource to implement inclusive education, they need to improve their skills and knowledge and develop new ones. In a special school/resource centre, educators should be trained to focus on the individual learner's strengths and competencies.

According to the Department of Education Directorate: Inclusive Education (DoE, 2005b:15), "In-service courses and training initiatives will be organised to orientate teachers and support staff in Special Schools as Resource Centres (SSRC) to their new roles". Training should alter the educators' attitudes and help them deal with learners who experience barriers to learning. This may enhance educators' confidence and help them experience success because of it. Training is thus effective in order to bring about change and progress in the educators' professional lives. The role of Special Schools as Resource Centres is to give support to full-service schools regarding the curriculum (DoE, 2005b), but the SSRC cannot do this if they have not been trained themselves.

Similarly, according to the Draft National Strategy on Screening, Identification, Assessment and Support (DoE, 2005a:66), educators should receive training on Inclusive education and diversity management, identifying of barriers to learning, how to self-reflect, how to develop intervention strategies to support the learner and more.

The Policy Framework for Education for Learners with Special Education Needs (LSEN) (2001b:12), states that "educators should be assisted with classroom management and teaching practices regarding LSEN". They are of the opinion that

ongoing training will assist educators with the necessary attitude and skills to teach LSEN in a supportive classroom environment.

The above statements clearly indicate that educators need training in order to develop skills, and experience success in their professional lives (Jacobsson *et al.*, 2001; DoE, 2005a). Professional development is important to improve teaching effectiveness, and reduce stress (Jacobsson et.al., 2001). This will be the same for educators who teach learners with autism.

On the other hand, educators cannot only rely on training to help them teach learners with autism. The best way to learn about autism is to actively work with learners with autism. Educators could thus also be used as informants; to teach other educators or parents about autism (DoE, 2005b). The participants concur with the above:

The best way you can get help is by talking to other people who work with children with autism ... basically with teachers.

That training is needed, is confirmed by Greek educators (Mavropoulou and Padeliadu, 2000) and Scottish educators (McGregor and Campbell, 2001) who teach learners with autism, and who also endorsed the need for training and support to develop the capabilities of the learner, and to focus more appropriately on the academic and emotional needs of the individual (Mavropoulou and Padeliadu, 2000). Similarly, research carried out at a school for learners with severe learning difficulties and autism in England, concurs with the view that educators need training in the following areas: the implications of autism and a study of what autism is; special educational provision needed; any specialized and additional curriculum materials required; information on specialized teaching techniques and individualized learning aids, as well as how to modify the teaching environment for these learners. Fortunately for these educators, the school management team organized in-service training to equip educators with the above knowledge and skills (Aird and Lister, 1999).

Not only should educators teaching learners with autism be trained, but all mainstream educators who have contact with learners with autism because of inclusion should receive some training. This was confirmed by a study in England that showed that educators in mainstream schools lacked an understanding of autism and needed practical advice and support (McGregor and Campbell, 2001). This would ease the burden of educators of learners with autism, as Jennett *et al.* (2003:584) put it: "…unless they possess appropriate teaching tools, educators of students with autism may be at risk for burnout."

5.3.2. Theme 2: Educators' perceptions of the support of other role players

5.3.2.1 Educator's perceptions of colleagues

5.3.2.1.1 Educators' perceptions of the class assistant

Teaching learners with autism occurs in a school context, so working with a variety of other professionals is necessary. A class assistant is required to help with the education of the learners, and they therefore work closely together in the confined space of the classroom. Furthermore, continual interaction with colleagues in the department for learners with autism, as well as interaction with colleagues who are not part of this department, is expected during meetings, in-service training and break times. Educating learners with autism also includes intervention from therapists and medical staff (Hellemans, 2007b). The educator and therapists work together to implement the best individual educational programme/intervention strategy for the needs of the learner. The medical staff and psychologists regularly need a report on how an individual learner is making progress, as this helps psychiatrists with medical intervention, and psychologists with behavioural intervention (Hellemans, 2007). Interactions with parents are of cardinal importance in making a difference together in the lives of the learners. These interactions could have a positive impact on the educator, as the educator not only has to deal with difficult learners, but also with the expectations of other role players.

Some participants perceived the class assistants to be helpful, whilst others perceived them as less helpful. The educator is responsible for the learners in her class, and an inexperienced class assistant could place additional stress on the educator, as expressed by some of the participants:

And our class aid, we can't leave her alone to teach or explain work to the children. We need someone with 'oompf'.

And then when I turn my back the class aid will do it for the child. Then I want to scream.

... sometimes they are more trouble then help.

I permanently have to tell her what to do. This puts a lot of stress on me.

If the facilitator is weak then they do not extend the child. This is even more stress on us.

Having to work with an untrained class assistant can cause stress for the educator. Stress is an unpleasant emotional experience, which brings forth emotional, physiological and behavioural responses: irritation, anger, anxiety and depression. This can have an effect on the efficiency of the educators' teaching, coping strategies, and their emotional well-being (Hawkins, 1998; Olivier, 2005).

The participants felt that it is best to have skilled and trained assistants in their classes:

We need trained people.

They should complete a course on autism before they are allowed to work here.

They must at least have matric.

I don't need another child in my class. I need someone who can help me.

Research done in a school for severe learning difficulties and autism, concurs with the above, that educators feel that untrained class assistants cannot adapt to the individual needs of learners with autism, or to inclusion. It is important for the school environment to adapt to the learner, not the learner to adapt to the school environment (Jordan, MacLeod and Brunton, 1999). Educators in mainstream schools feel that they hand over a lot of responsibilities to the class assistants and need help, support and advice from the assistants (Plevin and Jones, 2000), hence the requirement for trained assistants.

As autism is such a complex neurological condition, it is important for class assistants to understand the nature of autism, as this will help them understand the learners better, facilitate the learning more effectively, and contribute to the effective running of the classroom.

We need trained people ... She permanently talks to me or the children. This is very distracting. I have spoken to her, but she does not listen.

Learners with autism have difficulty with language, and educators therefore need to use fewer and easier words to communicate with them. The learner may have language and use individual words, but this does not necessarily mean that he really understands the meaning of those words or is able to use them effectively to communicate (Rutter and Bartak, 1971; Jordan and Jones, 1999; Blackburn, 2007a; Dumortier, 2007). Most learners with autism also have attention difficulties (APA, 2000; Kennedy, 2005), and continuous talking in the class will distract them. A quiet atmosphere with little interruption is thus needed.

Some participants perceived their assistants, who were trained, as helpful. Assistants who have received training in autism, have a better understanding of the learners' needs and behaviors, which lightens the burden of the educator. It therefore helps when a class assistant understands autism:

I am lucky with my class assistant. It helps a lot when you have someone that understands the children.

My assistant is wonderful. She understands the children, she knows what to do and it takes a lot of stress off me.

It is very useful having a Zulu class aid..... as an interpreter. She is so willing.... Like a sponge. She wants to learn, with a view to become an educator.

Plevin and Jones (2000) concur that educators who deal with learners with autism in a mainstream school, require help and support from a trained class assistant. The educator can then hand over some responsibilities to the assistant who can manage the learner.

A helper who is paid by a specific learner's parents is primarily responsible for that specific learner, while the educator and the class assistant share the responsibility for the education and behaviour management of all learners in the class. A good working relationship, working together to develop strategies to educate and increase the learners' development of social skills (Robertson *et al.*, 2003), is of importance. However, having a helper who is paid by parents to work with their child could lead to the educator not taking full responsibility for the education of that specific learner. This can lead to less interaction between educator and learner, which could impede the development of a positive relationship between them (Robertson *et al.*, 2003). The helper can also cause separation between the learner with autism and peers, reducing the required peer interaction (Robertson *et al.*, 2003).

5.3.2.1.2 Educators' perceptions of colleagues who work with learners with autism

It is important for educators to work together as a team, as they need to be able to assist each other, discuss learners' behaviours and how to handle them, and be there for each other. This can create a positive teaching experience and enhance workplace wellness:

I must say I enjoy the professionalism in school ... in the unit ... everybody around me is so nice. People ask you how it is going. That I enjoy.

And the friendliness, the willingness to help. That I find amazing.

I find some of the teachers helpful.

The above findings concur with the findings of a survey on educators and the potential attrition in education, where participants stated that they were, in general, pleased with the 'friendship and support they received from their colleagues and their shared dedication to teaching' (Hall, Altman, Nkomo, Peltzer and Zuma, 2005:16).

Unfortunately it is not always easy to have a positive working relationship with all colleagues, as some participants stated:

What I find weird here ... about the educators ... is ... these children are autistic children ... and sometimes they scream or just want to touch you, just to acknowledge you. And sometimes I see educators will say to them: don't touch, no touching! For me ... I find that irritating, because they are autistic children and those are their tendencies.

They are not always interested in the children. I don't know what they are here for. There is too much stress. Everybody is fed-up with each other.

Some educators in mainstream schools claim they have positive interactions with their colleagues, but no cooperation (Gannerud, 2001). This is the same for educators of autism, who often experience feelings of isolation and loneliness (Aut-talk, 2005), as well as feelings of exhaustion and stress due to the demands placed on them. It is thus best to have a positive working relationship with friendly and supportive colleagues, as a negative relationship could lead to more stress and irritation.

5.3.2.1.3 Educators' perceptions of colleagues who do not work with learners with autism

Educators in the department for learners with autism often feel that the educators who are not part of the department do not understand their work situation and do not give support.

The other teachers don't understand us. They get irritated when we talk to them about our children.

When people hear I have only 6 children in my class, they think: Oh wow! But they don't realize what goes on ...

They don't realize that 1 child equals 6 children ...

We are a unit in a big school. We have to fit in and abide by them! Just do what they want, but it doesn't suit our children. This I find very stressful.

The only negative impact I had with educators were when we opened these classes. There were a lot of shuffling, and a couple of them were quite resentful of this class. They felt that the Department should have given us more teachers.

Educators with little or no contact with learners with autism lack knowledge and understanding of the disability. This causes the educators to underestimate or overestimate the capabilities of these learners (Mavropoulou, and Padeliadu, 2000; Wagner, 2005). Special needs educators are expected to consult with colleagues and

help each other when necessary (Hess, Molina and Kozleski, 2006). When there is no social support from colleagues, educators experience stress. This could lead to feelings of isolation which may then contribute to burnout (Jacobsson *et al.*, 2001). Workplace wellness is then compromised.

5.3.2.2 Educator's perceptions of other professionals

Educators are of the opinion that the medical fraternity should be more involved with the school. They feel that doctors should be more visible, visit the school more often and get to know the learners to understand them better. It will also help the educators to understand the learners' medical conditions and reduce their stress:

We do not know much about medication, and it affects us.

We have to deal with these children, and we do not always know if they are on medication or not!

And the time it takes us to write medical reports, and the emotional involvement ...

And the psychiatrist must come visit, come meet us and the children ... to understand.

To take stress off us, to help us with reports on what he wants to know. We must always ask sister for help. It will give us direction. .

In Belgium, an appointed psychiatrist for learners with autism, will visit the school once a month. The educators are allowed to make an appointment with the psychiatrist to discuss any concerns regarding learners. The psychiatrist is also allowed to observe a learner in a classroom setting when needed (Hellemans, 2007b). An arrangement like this is supportive of the educator and enhances the notion of collective responsibility.

Educators also require help from various therapists and psychologists. The therapists play an important role in the development of the learners, as they develop individual speech or occupational programmes for the learners. This again helps direct the educator's individual programmes for learners. The psychologists are there to help understand the behaviour of the learners and to support the educator during parent meetings. However, educators stated during the interviews that they get very little support from therapists or psychologists, indicating that they too are overloaded and under resourced:

There is no support from the psychologist or the therapists. They are supposed to help us.

We need help from the therapists.

...the psychologists must draw up a checklist on ADHD, to help us with the medical reports. The checklist must be based on Autism.

We need better access to and help from the psychologists – more hands on help. I have not seen the psychologists this year ... no popping in, no back-up ... never available!

Our department needs our own psychologist. I have asked for help ... in the beginning of this year, I am still waiting!

We need hands on help, and ... must be available.

Hands on. We don't get help with the Asperger children.

According to the Policy Framework for Education for learners with Special Education Needs (DoE, 2001b), all the professionals working with a learner are responsible for achieving the outcomes of the learner's Individualised Education Programme (IEP), and this IEP should be reviewed annually (DoE, 2001b). This is the same for the learners with autism in mainstream schools. Educators and therapists should work together to develop the best possible IEP to help the learner progress (Tincani, 2007).

Educators also require support from psychologists during interviews with parents and during screenings of new learners. The psychologist should also be available for parents, to help them understand and cope with the complexities of their child with autism. Unfortunately, the participants felt, this is not happening:

... the role of the psychologists is to be the mediator between the parent and the teacher. They are supposed to lead conversations during screening and interviews.

They should provide a distance between the parent and teacher. The psychologist's knowledge should be to direct an interview and take some stress off the teacher.

... we do not have the protection from the psychologists. They should be the front line.

We should refer the parents to the psychologist for help.

Research indicates that educators working with learners with autism in Scotland are of the opinion that educational psychologists are unhelpful. The educators felt that psychologists need more time in the classroom and should help with practical strategies on how to cope with learners with autism (McGregor and Campbell, 2001). It is important to have a partnership between professionals (Christie and Fidler, 2001). According to the Policy Framework for Education for learners with Special Education Needs (DoE, 2001b), parents have the right to be provided with counselling, information and skills, to be able to understand and support their child. This support could effectively be achieved by the psychologist.

5.3.2.3 Educator's perceptions of parents

Of critical importance is to have parents as partners, but these participants felt that there was little cooperation between the educator and the parent:

There is no cooperation between parents and the educator.

However, according to a South African study on the partnership between parents and educators, the parents believed that they do contribute to the teaching and learning environment (Ngidi and Qwabe, 2006).

It seems as though educators feel parents put a lot of pressure on them. They feel that parents are of the opinion that once their child is at school, the educator is solely responsible for the progress of the learner. They also feel that parents manipulate them:

I get the feeling that once the child is in school, the parents feel it is up to the teacher to make a difference...

It is up to you, the teacher, to sort this child out.

Parents think that you must do the miracle.

They expect you to do everything

We have to keep quiet for them to manipulate us...he is a special needs child...he must...

just demands! Demands all the time!

Research has indicated that educators complain about parents putting high expectations on them (Wright *et al.*, 2006). Educators are of the opinion that parents feel that educating their children is the responsibility of the educator, and that the parents do not need to contribute toward their child's education (Van Wyk, 2001). Educators then have to educate the learner and, at the same time, manage the parents' expectations.

The participants felt that parents do not understand the complexity of autism and how autism affects the child. It seems as though their expectations of these children are unrealistic:

They don't understand the full implication of autism.

... their expectations of these children are unrealistic.

... mother asked on Monday if her child will go to grade 1 at the end of this year. And when I said to her 'No, she will stay with me', she said ... no I cannot repeat what she said.

Because, parents say their child is very advanced. ... but the child is so low functioning.

... compare her child with a 'normal' child. Surely then she can see ... your child has a problem. That I find very difficult.

Parents want them to be academically inclined. That's what irritates me as well ... the other day a parent told me to force it down his throat. And I can't get myself to do that.

... the reports we get from parents ... they do not understand autism.

The parents are uneducated. They do not understand autism.

Research has shown that the child of parents who are actively involved in his education, makes continuous progress and will gain more from education (Al-Shammari, 2006; Brooke and Dvortcsak, 2006). Parents who have received training and are actively involved, will experience less stress, as they feel more in control (Brooke and Dvortcsak, 2006; Koegel, Bimbela and Schreibman, 1996), and will possibly put less pressure on the educator. It is, however, the responsibility of the parents, educators and therapists together, to develop an Individual Educational Programme (IEP), best suited to the needs of the individual (Tincani, 2007).

The educators also felt that some parents do not play their part, and do not support the educator. They feel that some parents are not responsible enough as they do not give their children breakfast or medication in the morning, and don't help their child with homework. They place this burden on the educator and it then leads to more responsibility for her:

... you don't get support ...

... I can see they don't work with this child at home!

... I don't give him homework, because he doesn't do it.

... when I tell them to do something at home, they say: oh no, I have no time for that.

... they will not do anything on their part. And we have to keep reinforcing it.

... it is no good we doing everything here, and when they go back home they don't know how to put their pants up.

They don't even attend parents' evening.

... parents send porridge to school for breakfast. ... it landed in his hair, on the table ... everywhere!

I feel that some parents are not consistent in giving medication.

Parents should be involved in the treatment and carrying over of work at home, as it helps with the generalization of skills from one environment to the next (Jennett *et al.*, 2003). Educators feel that there is not enough parent involvement in general (Van Wyk, 2001; Steyn, 2002; Hall, Altman, Nkomo, Peltzer and Zuma, 2005; Al-Shammari, 2006; Justice and Espinoza, 2007). This increases the educator's workload (Steyn, 2002; Hall *et al.*, 2005), as she has to do her own job and, at the same time, take over some of the responsibilities of the parents (Steyn, 2002).

In spite of research supporting the positive effects of parent involvement, other research reports that some educators do not believe that parental involvement is important for learner success (Van Wyk, 2001; Hess *et al.*, 2006). Some educators do not always welcome parental involvement nor acknowledge parents' rights (Hess *et al.*, 2006). They do not discuss learners' progress with the parents (Van Wyk, 2001).

The ideal situation is certainly where educators and parents have a close working relationship. Research on relationships between the parents and educators in special education schools and schools for learners with autism, supports the notion that educators should work in partnership with parents (Al-Shammari, 2006; Hess *et al.*, 2006; Tincani, 2007). When parents constantly criticize and make demands, the required relationship is in jeopardy. In such instances the educators feel that they should be protected against parents. They feel that parents are always on the attack and do not understand that the educator has the interest of the learner at heart:

Parents must realise that we are not the enemy. We are here to help and protect their child.

We are here for the well-being of the child. They don't understand what we are here for. They should not attack us.

The educator needs protection.

Regardless of all the above viewpoints of participants, some educators feel they have a positive relationship and open relationship with parents:

I have good parents.

These kids come from good homes.

The parents write to me, I phone them, we have open channels of communication

Some of my parents are excellent. We communicate, work together....they are wonderful parents.

Open communication between the educator and parents helps both parties understand the learner's needs and behaviours (Robertson *et al.*, 2003). Fortunately not all parents have negative feelings about educators. Research concurs that parents see special schools as doing an excellent job in educating their children, and that the educator understands and cares for their child (Hess *et al.*, 2006).

5.3.3 Theme 3: The impact that teaching learners with autism has on the workplace wellness of the educator

Working with learners with autism can be both rewarding and challenging. Educators often feel overwhelmed by the demands placed on them, regarding the responsibilities of working with these learners, and this has an affect on their emotional wellbeing. It is thus important to implement strategies to help these educators cope.

5.3.3.1 Affecting the professional self

I thought, am I going to be able to cope with it, handle it?

The educators' work is becoming more complex and demanding, and some participants stated that they often feel they cannot cope with the demands of teaching learners with autism. This has an effect on the educators' self-confidence as they question their knowledge, skills and ability to work with the learners:

... I don't know what to do anymore, how to help him.

If I don't know what to do ... then I feel incompetent.

... I ask myself, is it my fault he cannot do it?

I now find I don't know everything, and with autism.

... as a professional, you want a job satisfaction, where this is very difficult...

Educators occasionally feel they do not fulfil their goal in teaching (Gannerud, 2001). Job satisfaction, which is of vital importance to educators, can be affected by educators' independence and confidence (Pearson and Moomaw, 2005). A more experienced educator may have a clearer understanding of the boundary between their personal self, and their professional self (Gannerud, 2001), helping them to achieve their goals and job satisfaction. Feeling good about your work improves wellness (Konu and Rimpela, 2002), however, feelings of not being in control may lead to self-doubt. It is possible for work stressors, such as job-related self-doubt, to lead to burnout (Burke *et al.*, 1996). Men experience feelings of self-doubt more often than women. Intensive job demands may also lead to feelings of inadequacy and failure (Olivier, 2005). Emotional intelligence is important in identifying and improving one's emotional understanding (Olivier, 2005), leading to more positive feelings about self and enhancing emotional well-being.

The educator who teaches learners for a long time, may develop increased feelings of social and emotional responsibilities toward learners (Gannerud, 2001). Teaching of new skills to a learner with autism could take a long time (Ellis, 1990), with little or no progress, which could lead to feelings of incompetence and frustration.

Autism is a complex neurological condition, a challenge to parents and professionals. Some participants' stated their experience of working with learners with autism as a challenge, and that they were learning more about autism everyday:

I learn new things every day.....

You just learn more everyday.

You cannot work from the book. You're working from the child, on what the child needs. That's your book.

145

Teaching the child with autism is like a climatizing process. You just don't know what you are getting into.

Especially with autism, you don't know everything.

Nobody has a definition of it and nobody has a conclusion for it. Different characteristics come up all the time and different explanations comes up all the time.

Teaching learners with autism is a continuous learning process, which in itself is not a problem, in terms of lifelong learning. However, constantly not knowing the best way to educate learners (Jones, 2006) can be very challenging for some educators. As the educator is continuously learning about autism and the effect autism has on the learning process, the educator's own learning process can be a stressful event (Jacobsson *et al.*, 2001).

The above is not true for all participants, as teaching, as well as teaching learners with autism, is perceived as a rewarding experience, as confirmed by some participants:

Fun! (Laughing)

I like the joy in teaching.

I was left in the dark to find my own way. But there are no negatives, I enjoy it.

I enjoy it. I love every minute of it. My experiences with them are positive.

... I find working with autistic children fascinating.

But I find something very interesting... something that I enjoy about the autistic child ... I learn new things every day ...

I enjoy that because it is important to know your child. If you know your child, you're able to work productively.

Teaching learners with special needs can be rewarding (U.S. Department of Labour, 004; Aut-talk, 2005). Intra-personal and emotional intelligence can help one to direct feelings appropriately (Olivier, 2005) which will enhance emotional wellbeing (Fredrickson and Joiner, 2002) and workplace wellness. The above highlights an important aspect, namely that different educators with different personalities and approaches to life, respond differently to challenges in the teaching profession.

5.3.3.2 Contributing to experiencing high levels of stress

Education in general, due to a variety of factors, is a very stressful profession and educating learners with autism leads to stress and exhaustion. This is reflected in the participants' words:

It is a lot of stress.

...it is putting more stress on me.

I was booked off for stress.

I think my job is too stressful.

I am tired.

It is exhausting.

I cannot carry on like this. I am exhausted!

...at home I am unbelievably tired.

I don't want to anymore....I am tired...and then everything irritates me.

...and at the end of the term I am tired, exhausted, irritated.

...I do feel tired towards the end of the term.

Research results concur that educators experience high level of stress (Jacobsson *et al.*, 2001; Jennett *et al.*, 2003; Bubb and Earley, 2004; Olivier, 2005). This is currently a growing problem (Jackson and Rothmann, 2005a), that influences emotional wellbeing and work performance (Olivier, 2005). According to Ellis (1990), educators who have worked intensely with learners with autism, or for a long period of time, often experience constant emotional demands and stress, which can lead to burnout. What's more, increasing changes in the South African education system due to new rules and regulations of the education department, an increase in workload, curriculum changes, learner behaviour and diversity in the school population, as well as other stressors such as the increase in cost of living, crime and so on, are placing a lot of stress on the educator (Jackson and Rothmann, 2006). Job-related stress, burnout, job dissatisfaction, depression, anxiety and physical health problems are evident in South Africa's educators (Jackson and Rothmann, 2005a).

A study done by Health and Safety in England reported that educators are at the top of the list for stress absenteeism, and that the stress experienced by educators could be due to heavy workloads and administrative tasks, difficult learners and parents (Bubb and Earley, 2004; U.S. Department of Labour, 2004), poor workplace environments, excessive working time, lack of personal fulfilment, poor career prospects, internal politics, and a lack of control over their jobs (Bubb and Earley, 2004). In Northern Ireland, a survey on educators' health and wellbeing reported that work overload and not enough time to prepare for lessons were the main causes of stress (Bubb and Earley, 2004). Stress may also cause special educational educators to leave the profession (U.S. Department of Labour, 2004). Emotional intelligence and coping skills thus play an important role in handling stress effectively (Olivier, 2005), influencing emotional wellbeing and workplace wellness.

Emotional exhaustion and irritation are two responses to stress (Jacobsson *et.al.*, 2001), and when consistent or uncontrollable, signs of burnout emerge (Ellis, 1990;

Pienaar and van Wyk, 2006), which affect the educators' quality of teaching (Jacobsson et.al., 2001). Beginner educators, too, may experience fatigue and burnout (Steyn and Schulze, 2005).

5.3.3.3 Influencing the emotional well-being of the educator

It has been made clear by participants that working with learners with autism affects their emotional well-being. Educating learners with autism is emotionally draining, as it is difficult to cope with the complexities of the learners, as is reflected in the following:

... when he goes into his moods ... will he drain you.

... I must admit, yesterday I had a very bad day. I went home and I had a very good cry ... because having seen how children ... oh, I get emotional again. ... and that to me, that finished me.

Their disabilities, you know, it is uhhmm ... and I remember that there is no cure. I find it very sad.

Yes, and I can see now that there is no cure and that I have found very very difficult to accept.

Some days it has been so bad that all 3 adults cry. We cry. The facilitator, the class aid and me.

You cry because you cannot keep it in anymore.

Professionals dealing with people, especially educators, are prone to emotional distress (Ellis, 1990; Olivier, 2005). According to the U.S. Department of Labour (2004), teaching learners with special educational needs is emotionally exhausting, and this may cause these educators to leave the profession. Educators of learners with autism are constantly under emotional pressure (Ellis, 1990) and often exhausted due

149

to the multiple roles they have to fulfil, and it is therefore important to implement strategies to help educators relax, reduce stress (Aut-talk, 2005) and improve wellbeing, simultaneously improving workplace wellness.

While discussing the impact that teaching learners with autism has on the educators' emotional well-being, educators referred to the importance of taking time out, as they felt this would be helpful:

We do need a break!

Like overseas where they have a mid term break.

I need a whole term to charge my batteries.

I need a break. I was thinking of taking 6 months.

Educators' working weeks are more demanding than in other professions because of the intensity and performance nature of education (Bubb and Earley, 2005). Chronic exhaustion has an affect on the educator emotionally and cognitively, causing her to become less responsive to the needs of their learners (Jackson and Rothmann, 2005b). It therefore makes sense that educators need more time out. Mike Finlayson, of Teacher Support Scotland, stated that education is: '…a profession that faces considerable and unique pressure…' (Bubb and Earley, 2005:10).

The following statement made by a participant is of importance:

If you don't look after yourself, then you can't give of yourself. You will not be able to work with other people. We don't get a chance to look after ourselves.

This concurs with Bubb and Earley (2005:4) that "A tired teacher is not an effective teacher." According to Ellis (1990:152), educators of learners with autism, "often forget about taking care of themselves." This leads to exhaustion, affecting emotional

well-being and workplace wellness. Although most participants felt emotionally exhausted, this is balanced by the enjoyment of teaching learners with autism, even though they do find it very tiring:

I like the joy in teaching, but I will now take unpaid leave ....To recharge.

I love teaching these children, but it is very tiring.

I need a break, but I also enjoy teaching them.

In the above, one sees the dilemma facing educators teaching learners with autism. They can do the job, they like the job, but they require support and time away from the job. It is therefore important to be emotionally intelligent, as this will help the educator to know when and how to relax, contributing to enhanced emotional well-being and workplace wellness.

5.3.3.4 Showing concern about the future of learners with autism

Educating learners is about equipping them with knowledge, skills and values to enable them to reach their full potential in order to create their future lives. However, learners with autism will most often remain dependent on others to help them cope, which is a concern of the participants, who worry about the future of their learners when they leave school:

Because my biggest worry is: what's going to happen to my low functioning children one day?

My biggest concern is what is going to happen to these children?

When they're finished with school what are going to happen to them?

What's going to happen when the child leaves school?

And another concern is what happens to these children afterwards ... after school.

The future of learners with autism is of great concern in South Africa. In Belgium, there is an employment agency, called De Ploeg, which helps individuals with autism find work in accounting, drafting and enforcing of procedures and policies, computer programming and system administration, archive and record keeping activities, warehousing, and library functions, all depending on their abilities, communication skills and sensory difficulties (De Ploeg, 2007). According to Meyer (2001), the individual with autism has difficulties with understanding the social rules of the work environment, personal space, and communication difficulties, which can cause stress at work. However, the ability to complete work, follow rules and be honest and obedient are laudable features of individuals with autism (Meyer, 2001).

5.3.3.5 Affecting the family life

It is difficult for educators to keep work and family life apart, and it is clear that work life influences family life and vice versa. This is reflected in the participants' words:

How do I get rid of my stress ... my children refuse to listen when I talk about the children at school.

They become cross and jealous when I talk about school.

My children see the autistic learners as their enemies.

I take it out on my husband when I get home ... I snap at anyone.

A big dilemma is not being able to separate professional life and private life, merging responsibilities (Gannerud, 2001), and carrying school stress over into home life (Ellis' 1990). Women mainly feel responsible for the emotional well-being of their family members, and may suffer from increased psychological distress when they are emotionally overworked at school and at home, leading to feelings of goal loss and role overload (Strazdins and Bloom, 2003).

On the other hand, a supportive family can also positively influence the work life of an educator, as one participant stated:

I am very lucky; it does not affect my family life. I also work at the hostel, and that does not interfere with my family. I go home to an understanding family.

It seems as though some educators use their family duties to escape from school responsibilities and stress to avoid burnout, whereas educators without family duties are at a greater risk of merging family life and work responsibilities (Strazdins and Bloom, 2003). A supportive family, who listens and understands, is of vital importance for the educator.

5.4 CONCLUSION

This chapter addressed the primary research question of this study, as well as the secondary research questions. The implication suggested by this chapter is that working with learners with autism is a stressful and demanding profession, which can have an affect on the educators' emotional well-being and workplace wellness. This concurs with Hawkins (1998) and Olivier's (2005) arguments in chapter 3, that education in general is a stressful profession, and that stress brings forth emotional, physiological and behavioural responses which affects the efficiency of the educators' teaching, coping strategies, and emotional well-being. Macnair (2005), referred to in chapter 3, further concurs that a number of factors can lead to stress at work: the nature of tasks, working long hours, a heavy workload, too much responsibility, a management style where the educator is not involved in decision-making and/or poor communication, poor interpersonal relationships with colleagues, job insecurity, a lack of opportunity for professional growth, and poor and/or dangerous environmental conditions.

According to the Education White Paper 6 (DoE, 2001a), some learners with autism can be included in a mainstream school. This was not comparable to any of the above

findings. It is, however, imperative that learners with autism receive individualised education and guidance according to their particular needs, as is substantiated by the above findings, as well as the findings of other researchers (Peeters and Gillberg, 1999). Knowing from personal experience that teaching learners with autism is complex and demanding, and that such learners are all unique in the way their autism is manifested, makes teaching learners with autism exceptionally challenging. These learners, in particular, experience various problems that can interfere with their education, such as: the inability to express their most basic needs, repetitive, compulsive or unusual behaviour, frustration that can lead to aggressive behaviour, sleeping and/or eating disorders. All of the above and many more contribute to the physical and emotional demands on the educator (Marshall, 2004). It is therefore of vital importance to continue to explore the perceptions that educators have of their own emotional well-being.

CHAPTER 6

CONCLUSIONS AND RECOMMENDATIONS

6.1 INTRODUCTION

The primary aim of this study was to explore the emotional well-being of the educator of learners with autism. Teaching learners with autism is exceptionally challenging and stressful, and these experiences bring forth negative emotional, physiological and behavioural responses, having an effect on the efficiency of the educator's teaching and emotional well-being. The secondary aim was to find possibilities of supporting educators of learners with autism, and to enhance these educators' emotional well-being.

In order to find out more about these educators emotional well-being, I decided on a qualitative research design, using the phenomenological approach, because this study deals with the everyday practices and experiences of a selected group of participants. I was actively involved in the research project in order to gain in-depth insight into this phenomenon. The research methodology allowed me to collect interesting and unique information using focus group and individual interviews.

The following questions were asked at the interviews: 'Tell me about teaching learners with autism' and 'How does it influence your well-being?'

The research methodology I used was effective in eliciting rich responses from participants, and these responses yielded led to interesting data that emerged into three main themes.

6.2 CONCLUSIONS

Reflecting on each theme, the following conclusions have been drawn from the findings.

155

Theme One: Everyday challenges of educators working with learners with autism

This theme's findings verify what has been posited regarding the complexities of teaching learners with autism and how they impact on the educator's daily working situation. The demands placed on the educator concerning the learners' responses to reality, are evident in that learners with autism have deficits in three areas: socialisation, communication, imagination / behaviour, also known as the 'triad of autism', all of which affect the learner's level of functioning in these areas, leading to varying levels of response to their surroundings, in this case the classroom. This in turn affects the educator, as well as the learners in the mainstream class, in that learners with autism are very demanding, insisting on predictability, a structured learning environment, routine (Inchley, 2001; Troy, 2004) and support within the classroom and school environment (Troy, 2004; Jones, 2006). The educator needs to plan a weekly timetable that will remain the same for the year, to support the learner's need for predictability and routine. Any change in routine or structure in the classroom can cause anxiety and frustration for these learners and lead to disruptive or aggressive behaviour.

The demands placed on the educator concerning the learner's behaviour are usually linked to management of the behaviour and its impact on the educators' teaching efficiency. Their extreme aggression and violence cause disruption, which affects the other learners' academic, social, emotional and behavioural development (Wilson, 2004; De Wet, 2007) because the class work programme is constantly disrupted. More time is spent with the learner, leaving the other learners to work on their own, and potentially miss out on teaching time with the educator. This affects the educator, who has constantly to be alert to avoid being physically hurt, and prevent other learners from being hurt. The challenge is to devise ways to work through the curriculum, and also manage the disruptive behaviour of the learner.

Challenges regarding the curriculum highlight the importance of having an appropriate curriculum, as an inappropriate one places extra demands on the educator and learners. With no specific curriculum for learners with autism in South Africa, the current mainstream school curriculum impacts negatively on their ability to

succeed academically. In a general education setting, learners mainly learn via language, group work and from each other. The learner with autism therefore, depending on his language and socialisation skills, usually experiences difficulties in this regard. In spite of OBE, which allows for the setting of learning outcomes and the accommodation of a vast variety of learners, the educator can still find it difficult to incorporate suitable and appropriate work for the learners. It is important for the educator to teach functional skills, and to adapt the environment according to the needs of the learner. It should be a stress-free environment, with structured teaching and the use of visual materials and schedules to help acquire the skills needed. Teaching should focus on individualised goals and teaching of independence and developmental skills; skills that are important for future independence (Sicile-Kira, 2003; Corsello, 2005; Roa and Gagie, 2006). Owing to the complexity of autism, the continued search for effective interventions remains a fundamental need.

The demands placed on the educator concerning the learner's academic levels, linked to the curriculum issue above, reaffirm the need to have an individualised educational programme (IEP) to meet each of the learner's needs. As the learner with autism generally progresses at a slower rate, because of their cognitive deficits, he needs more time to respond, causing the work tempo in class to be slower. For an untrained educator, designing an IEP for each learner is very demanding and difficult, and also very time-consuming.

Challenges regarding the school timetable and big class size are linked to the everyday challenges the educator experiences in her daily practice. It is evident that the daily timetable is too prolonged for the learner with autism, as well as for the educator, as the learner with autism has related conditions such as hyperactivity, short attention span and impulsivity (APA, 2000; Kennedy, 2005:1), which make it difficult for them to concentrate for long periods of time. Educators who have to cope with challenging circumstances on a daily basis, due to the diverse needs of these learners (Robertson et al., 2003), experience exhaustion. As the learner with autism needs a great deal of individual attention, big classes make it difficult for the educator to effectively engage with all the learners. This affects the learner with autism, who then finds this stressful and overwhelming, leading to anxiety and behavioural difficulties, which in turn disturb all the learners in the class.

A heavy workload for the educator emerged as another demanding factor, as their workload takes up a lot of their private time and teaching time, and is not always part of their job description. This leads to feelings of frustration and exhaustion, leaving the educator with less effective teaching time with the learner. This then has an effect on the learner's academic progress, as the learner with autism, and therefore cognitive deficits, proceeds at a slower rate than the others, (Jennett *et.al.*, 2003), and also needs constant individual attention.

Little or no training in the field of autism has an effect on the educator's professional development. Educators without training and support find it difficult to cope when teaching learners with autism, as they are unfamiliar with the educational and behavioural issues associated with these learners (Williams *et al.*, 2005; Al-Shammari, 2006; Brooke and Dvortcsak, 2006; Jones, 2006). Learning from other educators about autism is as important as training in the field of autism.

Theme two: Educators' perceptions of the support of other role players

This theme relates to the difficulties educators of learners with autism have to endure concerning their colleagues and other role players, and the effect this has on their daily working situation.

Unsupportive colleagues can have an enormous impact on an educator, causing unnecessary stress. Colleagues who do not teach learners with autism, and with no or little knowledge of autism, often do not understand the intense challenges educators have to endure with children with autism. This leads to frustration and a feeling of isolation for the educator, who has to deal with these learners either in a special school or a mainstream school. It is important for such educators to support one another in order to create a positive teaching environment, reduce stress and enhance workplace wellness.

Learners with autism need constant individual attention, a structured and routine class environment, and to be able to work on their own level, according to their individual

educational programme. A helpful, knowledgeable and supportive class assistant is therefore of vital importance to the educator, to properly address the needs of these learners. Together they can develop strategies to educate learners, which an inexperienced class assistant may not be competent to do on her own, and thereby reduce the educator's stress and feelings of loneliness,. The class assistant may therefore have a positive effect on the efficiency of the educators' teaching, coping strategies, and emotional well-being.

Supportive relationships between the educator and other professionals, and educator and parents, are necessary. The educator of learners with autism should develop an Individual Educational Programme for the each learner, according to the learner's individual needs, which can be supported by other professionals and parents. Unsupportive professionals, like medical staff, psychologists and therapists, who are neither interested in nor informed about their roles regarding autism, nor supportive of the educator, contribute extra stress for the educator who is not trained in that specific area. Unsupportive parents, with little or no understanding of the complexity of autism, often have unrealistic expectations of their children, placing extra demands on the educator regarding their child's academic level, leading to more stress for the educator. Little or no cooperation between the educator and the parent, or parent and child, hampers the child's progress and places this burden of responsibility on the educator. This causes feelings of isolation leading to exhaustion, which affects the educator's well-being.

Theme three: The Impact that autism has on the educator

This theme relates to the impact that teaching learners with autism has on the workplace wellness of the educator.

Teaching learners with autism is a demanding, challenging experience and a constant learning process, which affects the professional in various ways. A feeling of incompetence, not being able to cope with the demands of teaching learners with autism, will have an effect on the educators' self-confidence and job satisfaction. Stressors such as job-related self-doubt can lead to burnout, affecting the emotional

159

well-being of the educator. Teaching learners with autism can also be a joyful and interesting experience with fun and laughter, as no individual is the same, and each day is different from the previous day.

Due to the intensity and difficulty of coping with the complexities of the learners with autism, educating these learners can create high levels of stress and exhaustion for the educator, thus negatively influencing her emotional well-being. Consistent exhaustion is a sign of burnout (Pienaar and Van Wyk, 2006), which has an effect on the educators' quality of teaching (Jacobsson *et.al.*, 2001). Time away from the learners to prevent burnout, due to the pressure of an unsuitable curriculum and long contact working hours with the learners, is required, but often not possible.

As learners with autism are dependent on others to help them cope with difficulties, a concern about the future of these learners can be linked to the curriculum concerns above, as they need to be equipped with knowledge, skills and values that they can use in the future.

The effect that autism has on the family life of the educator depends greatly on family support and understanding. As educating learners with autism is a stressful and exhausting profession, a supportive family can positively influence the well-being of the educator, while an unsupportive family may cause more stress for her.

6.3 RECOMMENDATIONS

Considering the theme *everyday challenges facing educators working with learners with autism,* it is recommended that educators be trained to have a thorough understanding of autism and how the learner may respond in class, accompanied by the necessary teaching strategies to optimize the learning. Similarly specific behaviour management skills need to be acquired, either through in-service training or through indirect service provision, where qualified professionals train the educators. The need for an appropriate curriculum, smaller classes and a shorter school day, need to be addressed by the Education Department, as well as the workload of the educator. This aspect is vital to educators' emotional well-being and workplace wellness.

Regarding the theme *educators' perceptions of professionals and others*, it is recommended that colleagues, class assistants, other professionals and parents receive in-service training on the nature of autism and related intervention strategies, to help improve their understanding of autism, how autism affects the learner, and to encourage greater support from them. In-service training will improve parent-child relationships (Koegel *et al.*, 1996), will enhance the learner's communication skills and decrease inappropriate behaviour (Brooke and Dvortcsak, 2006). Educators of learners with autism should be part of this training programme to promote open communications between them and their colleagues, other professionals and parents. Open communication can also be promoted by discussing mutual difficulties and finding ways to address them, in order to learn from each other. Open communication between the educator and other professionals, and the educator and parents, helps all parties to understand the learner's needs and behaviours more fully (Robertson *et al.*, 2003). All of the above mentioned parties can learn from each other and support each other emotionally. This can lead to the establishment of support groups consisting of professionals and/or parents.

The above will also assist the mainstream educator, who is expected to teach learners with autism with no training or experience in this area. Furthermore, it is important to develop mutual respect among educators, as well as educator and parents, as it helps to improve workplace well-being (Konu and Rimpela, 2002).

Considering the theme *the impact that autism has on the educator,* it is recommended that educators manage stress by forming social support networks (Ellis, 1990), talking to colleagues and family members regarding autism, and address feelings of incompetence. Educators must be there to support and help each other. Furthermore, to reduce stress, it is important for them to have time out, away from the learners, partake in physical and recreational activities, get enough sleep and rest, and have a healthy diet (Olivier and Venter, 2003). Learning how to improve emotional intelligence will also benefit the educator's emotional well-being. Positive self-talk and realistic self evaluation, having personal goals, delegation of responsibilities, and

good time management (Olivier and Venter, 2003), will all help with the management of stress.

Management of schools should be mindful of the stress levels and emotional well-being of educators, support them when necessary, and try to reduce demands placed on educators, as well as ensure that they have adequate resources to deal with increasing demands.

A positive working environment, with supportive colleagues, will help educators feel more positive about themselves and their work, and will help improve workplace wellness (Konu and Rimpela 2002).

For educators teaching learners with autism in mainstream schools, it is advisable that they have available support from experienced special needs educators, who themselves teach learners with autism. The special needs educator could assist with academic work programmes, communication techniques, and behaviour management techniques, and, in so doing, restore the confidence of the educator.

6.4 RECOMMENDATIONS FOR FURTHER RESEARCH

The following are offered as topics requiring further research:

- To utilize a tracer study to explore what happens to learners with autism once they leave school
- To explore how educators implement the OBE curriculum in an inclusive school setting to work with learners with autism
- To explore if and how learners with autism cope in a mainstream setting
- To develop a curriculum based on the specific needs of learners with autism
- To explore how educators teaching learners with autism manage their stressful teaching profession

6.5 FINAL CONCLUSION

Autism is characterised by pervasive impairments in social interaction, communication skills, repetitive behavioural patterns and restricted interests, and is currently known as the most complex psychiatric or developmental disorder. There are no specific causes for autism; it is still not fully understood, and is at present the fastest growing developmental disability.

Exploring the emotional well-being of the educator of learners with autism is of vital importance, as teaching learners with autism is exceptionally challenging and stressful and can result in negative emotional, physiological and behavioural responses. All of this can have an effect on the efficiency of the educator's teaching, and an impact on the educator's emotional well-being.

Reflecting on the themes derived from this study, it became clear that educators of learners with autism experience challenges in the areas of their emotional well-being, their learners and their working environment. Autism has an effect on the educator's professional self, negatively affecting their self-confidence and job satisfaction. This all causes high levels of stress, which influence the emotional well-being of the educator. Thus, educator training regarding autism is essential.

The intensity and difficulty of coping with the complexities of learners with autism contribute to high levels of stress for the educator. An inappropriate and unsuitable curriculum places high demands on the educator and has an impact on the learners' ability to academically succeed in a general education setting. As the National Curriculum Statement relies on specific outcomes and assessment standards that each learner should achieve, the learners with specific needs, such as autism, may not be able to achieve these outcomes. These learners have specific needs that are different from the mainstream learner and require a different curriculum that is flexible enough to accommodate each learner's needs. Including learners with such complex needs in the mainstream classroom places extra stress on the educator. Inclusion also adds to the workload of the educator with regard to planning and preparation of lesson aids. It is therefore important for the Education Department to carefully re-evaluate the inclusion of learners with autism. A stressful working environment, with little or no

support from colleagues, also leads to stress, frustration and feelings of isolation. Such feelings negatively affect the emotional well-being of the educator.

It is thus clear from these findings that the emotional well-being of the educator of learners with autism is directly affected by their autism and the stressful working environment. It is important to find ways to cope with the demands autism places on the educator, and to improve the emotional well-being of the educator. This research project provided an opportunity for the voices of these educators to be heard, and, in so doing, seeks to compel the DoE, principals, educators, and parents to respond appropriately, speedily and effectively.

BIBLIOGRAPHY

Aird, R. and Lister, J. (1999). Enhancing provision for pupils with autism within a school for pupils with severe learning difficulties. *Good Autism Practice*. April.

Al-Shammari, Z. (2006). Special Education Teachers' Attitudes Toward Autistic Students in the Autism School in the State of Kuwait: A case study. *Journal of Instructional Psychology,* 33(3): 170-178.

American Psychiatric Association. (2000). *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR),* 4th Edition. Washington DC: American Psychiatric Association.

American Psychiatric Association. (1998). Diagnostic *and Statistical Manual of Mental Disorders (DSM-IV-TM),* 4th Edition. Washington DC: American Psychiatric Association.

Auditory Integration Training and the Counselling Centre. (2007). Retrieved from www.vision3d.com on 28 February 2007.

Aut-Talk. (2005). Tips for carers. Issue 6. Pretoria: Autism South Africa.

Autism Society of America. (2000). What is autism? *Advocate: The newsletter of the Autism Society of America,* 33:3.

Autism Society of America. (2006). Facts and Statistics. Retrieved from www.autism-society.org on 9 June 2006.

Baird, G., Simonoff, E., Pickles, A., Chandler, S., Loucas, T., Meldrum, D. and Charman, T. (2006). Prevalence of disorders of the autism spectrum in a population cohort of children in South Thames: The Special Needs and Autism Project (SNAP). *Lancet,* 368 (9531): 210 – 215.

Bar-on, R. (2003). How important is it to educate people to be emotionally and socially intelligent, and can it be done? *Perspectives in Education*, 21(4): 3-15.

Bar-On, R., Tranel, D., Denburg, N.L. and Bechara, A. (2003). Exploring the neurological substrate of emotional and social intelligence. *Brain,* 126: 1790 – 1800.

Bar-on, R. (2005). The impact of emotional intelligence on subjective Well-being. *Perspectives in Education*, 23(2): 41-62.

Bender, L., Goldschmidt, L. and Siva, D.V. (1962a). Treatment of autistic schizophrenic children with LSD-25 and UML-491. *Recent Advances in Biological Psychiatry*, 4: 170 – 177.

Bender, L., Goldschmidt, L. and Siva, D.V. (1962b). LSD-25 helps schizophrenic children. *American Druggist*, 146 (13): 33.

Beyer, J. and Gammeltoft, L. (2000). *Autism and Play*. London: Jessica Kingsley.

Biel, L. and Peske, N. (2005). Raising a Sensory Smart Child. *Autism Digest Magazine,* July – August: 38 – 39.

Bih-Ching Shu School of Nursing, National Cheng Kung University, Taiwan (2002). Toward and understanding of mothering: The care giving process of mothers with an autistic child. Third International Conference on Child and Adolescent Mental Health. Brisbane, Australia. 11 – 15 June.

Blackburn, R. (2007a). What 'person centered planning' really means. International In-service Autisme, Belgium. June.

Blackburn, R. (2007*b*). The use of restraints in handling adults in crisis situations. International In-service Autisme 2007, Belgium. June.

Blackburn, R. (2007*c*). Why certain everyday things are so hard. About cognitive processing. International In-service Autisme 2007, Belgium. June.

Bogdashina, O. (2003). Sensory Perceptual Issues in Autism and Asperger Syndrome. London: Jessica Kingsley Publishers.

Bogdashina, O. (2005). Sensory Issues in Autism Are Recognised But... Retrieved from www.awares2005.org on 1 October 2005.

Branford, W. and Thompson, D. (Eds). (1994). *The South African Pocket Oxford Dictionary.* Cape Town: Oxford University Press.

Brooke, I. and Dvortcsak, A. (2006). Including Parent Training in the Early Childhood Special Education Curriculum for Children With Autism Spectrum Disorders. *Journal of Positive Behavior Interventions*, 8(2): 79–87.

Bubb, S. and Earley, P. (2004). *Managing Teacher Workload. Work-Life Balance and Wellbeing.* SAGE Publications Company: London.

Burke, R.J., Greenglass, E.R. and Schwarzer, R. (1996). Predicting teacher burnout over time: effects of work stress, social support, and self-doubts on burnout and its consequences. *Anxiety, Stress, and Coping: An International Journal*, 9(3): 261-275.

Ciarrochi, J. and Scott, G. (2006). The link between emotional competence and well-being: a longitudinal study. *British Journal of Guidance and Counselling,* 34(2): 231 – 243.

Christie, P. and Fidler, R. (2001). A continuum of provision for a continuum of need: opportunities for mainstream integration and inclusion provided by a specialist school for children with autism. *Good Autism Practice*, 2(1): 35-44.

Conroy, M.A., Asmus, J.M., Sellers, J.A. and Ladwig, C.N. (2005). The use of an Antecedent-Based Intervention to decrease stereotypic behaviour in a General Education Classroom: A case study. *Focus on Autism and other developmental disabilities*, 20(4): 223 – 230.

Corsello, C.M. (2005). Early Intervention in Autism. *Infants and Young Children,* 18 (2):74 – 85.

Cowie, H., Boardman, C., Dawkins, J. and Jennifer, D. (2006). *Emotional Health and Well-Being.* London: Paul Chapman Publishing.

Creswell, J.W. (1998). *Qualitative Inquiry and Research Design. Choosing Among Five Traditions.* London: Sage Publications.

Cunard, J. (2005). A personal discussion on how many schools in South Africa caters for learners with autism, as well as the current liaison with the Department of Education about setting up more classes for learners with autism in South Africa. Durban. 20 June.

Cure Research. (2005). Statistics about Autism. Retrieved from www.cureresearch.com on 16 August 2006

Da Fonseca, D., Cury, F., Bailly, D. and Rufo, M. (2004). Role of the implicit theories of intelligence in learning situations. *Encephale,* 30(5): 456-463.

Denzin, N.K. and Lincoln, Y. S. (Eds) (1998). *The Landscape of Qualitative Research. Theories and Issues.* London: Sage Publications.

Department of Education. (2001a). *Education White Paper 6. Special Needs Education. Building an inclusive education and training system.* Pretoria: Government Printers.

Department of Education. (2001b). *Policy Framework for Education for learners with Special Education Needs.* South Africa.

Department of Education. (2005a) *Draft National Strategy on Screening, Identification, Assessment and Support.* South Africa. May.

Department of Education. (2005b). *Department of Education Directorate: Inclusive Education*. South Africa. June.

De Ploeg. (2007). Centrum voor beroepsopleiding. Seminar on autism and employment, Belgium, May.

De Vos, A.S. (2002). Qualitative data analysis and interpretation. In De Vos, A.S., Strydom, H., Fouche, C.B. and Delport C.S.L. (2002). *Research at grass roots*. 2nd Edition. Van Schaik Publishers.

De Wet, C. (2007). Educators as perpetrators and victims of school violence. *Acta Criminologica*, 20(2): 10-42.

Doman, A. (2005). Unlocking Potential. *Autism Asperger Digest Magazine,* November – December: 19.

Dumortier, D. (2007). Seminar on 'A life with autism'. Antwerpen, April.

Dunn, M.E., Burbine, T., Bowers C.A. and Tantleff-Dunn, S. (2001). Moderators of stress in parents of children with autism. *Community mental health journal, 37 (1): 39 – 52.*

Dyches, T.T., Wilder, L.K., Sudweeks, R.R., Obiakor, F.E. and Algozzine, B. (2004). Multicultural Issues in Autism. *Journal of Autism and Developmental Disorders,* 34(2): 211 – 222.

Eaton, W.W. (2005). Medical Letter on the CDC and FDA. *Atlanta,* June 19:15

Ecclestone, K. (2004). Developing self-esteem and emotional well-being: inclusion or intrusion? *Adults Learning,* 16 (3): 11 – 13.

Edelson, S.M. (1995). The cerebellum and autism. Retrieved from www.autism.org on 23 May 2004.

Edelson, S.M. (1998). Allergies and food sensitivities. Retrieved from www.autism.org on 22 March 2004.

Edelson, S.M. (2004a). Autism and the Limbic System. Retrieved from www.autism.org on 23 May 2004.

Edelson, S.M. (2004b). Auditory processing problems in autism. Retrieved from www.autism.org on 23 May 2004.

Edelson, S.M. (2004c). Understanding behavior through social-emotional development. Retrieved from www.autism.org on 23 May 2004.

Edwards, H. (2004). *Stress in the workplace – How to cause it*. South Africa: Zebra Press.

Eisenberg, L. (1956). The Autistic Child in Adolescence. *American Journal of Psychiatry*, 11(8): 607 – 612.

Eisenberg, L. and Kanner, L. (1956). Early Infantile Autism. *American Journal of Orthopsychiatry*, 26: 556 – 566.

Ellis, K. (Ed). (1990). *Autism. Professional perspectives and practice*. London: Chapman and Hall.

Ely, M. (1991). Doing qualitative Research: circles within circles. London; Falmer Press.

Emmons, P.G. and Anderson, L.M. (2005). *Understanding Sensory Dysfunction*. London: Jessica Kingsley Publishers.

Encyclopedia of Medicine. (2007). Retrieved from www.answers.com on 28 August 2007.

Engelbrecht, P., Swart, E. and Eloff, I. (2001). Stress and coping skills of teachers with a learner with Down's syndrome in inclusive classrooms. *South African Journal of Education*, 21(4): 256-260.

Ezzy, D. (2002). *Qualitative analysis: Practice and Innovation.* London: Routledge.

Filipek, P.A. (2005). Medical Aspects of Autism. In Volkmar, F.R., Paul, R., Klin, A. and Cohen, D. (Eds). (2005). *Handbook of Autism and Pervasive Developmental Disorders.* 3rd Edition. New Jersey: John Wiley and Sons, Inc.

Fombonne, E. (2003). The Prevalence of Autism. *JAMA,* 289(1): 87 – 89.

Fombonne, E. (2005). Epidemiological Studies of Pervasive Developmental Disorders. In Volkmar, F.R., Paul, R., Klin, A. and Cohen, D. (Eds). *Handbook of Autism and Pervasive Developmental Disorders. 3rd Edition.* New Jersey: John Wiley and Sons, Inc.

Fouche, C.B. (2002). Research strategies. In De Vos, A.S. (Ed). *Research at Grass Roots.* 2nd Edition. Pretoria: Van Schaik Publishers.

Fredrickson, B.L. and Joiner, T. (2002). Positive emotions trigger upward spirals toward emotional well-being. *Psychological Science*, 13(2): 172-175.

Frith, U. (2003). *Autism. Explaining the enigma.* 2nd Edition. Malden, USA: Blackwell Publishing.

Frith, U. (2005). If we knew what causes autism: why it is important to talk about cognition. Retrieved from www.awares2005.org on 1 October 2005.

Furneaux, B. and Roberts, B. (1977). *Autistic Children. Teaching, community and research approaches.* London: Routledge and Kegan Paul Ltd.

Gannerud, E. (2001). A Gender Perspective on the Work and Lives of Women Primary School Teachers. *Scandinavian Journal of Educational Research*, 45(1): 55-70.

Goldstein, S. and Schwebach, A.J. (2004). The Comorbidity of Pervasive Developmental Disorder and Attention Deficit Hyperactivity Disorder: Results of a Retrospective Chart Review. *Journal of Autism and Developmental Disorders*, 34(3): 329 – 339.

Goleman, D. (1996). *Emotional intelligence. Why it matters more than IQ.* London: Bloomsbury Publishing Place.

Goleman, D. (1999). *Working with Emotional Intelligence.* London: Bloomsbury Publishing Place.

Gouze, K.R. and Smith, K.A. (2004). *The Sensory Sensitive Child.* New York.: Harper Collins Publishers Inc.

Grandin, T. (2004). Autism. The way I see it. *Autism Asperger Digest Magazine,* November – December: 27.

Grandin, T. (2005). Autism. The way I see it. *Autism Asperger Digest Magazine,* November – December: 36 – 37.

Greeff, M. (2002). Information collection: interviewing. In De Vos, A.S. (Ed). *Research at Grass Roots.* 2nd Edition. Pretoria: Van Schaik Publishers.

Hall, E., Altman, M., Nkomo, N., Peltzer, K. and Zuma, K. (2005). *Potential Attrition in Education.* HSRC Press: Cape Town

Hastings, R.P. (2003). Child behaviour problems and partner mental health as correlates of stress in mothers and fathers of children with autism. *Journal of Intellectual Disability Research,* 47(4/5): 231 – 237.

Hawkins, J.M. (1998). *The South African Oxford School Dictionary.* Oxford: Oxford University Press.

Hellemans, H. (2007a) Medikasie in Kinder Sigiatrie. Seminar on autism and medication. Belgium, 3 May.

Hellemans, H. (2007b). Personal communication with a psychiatrist on autism and co-morbid conditions and autism and associated conditions. Belgium, 22 May.

Helps, S., Newsom-Davis, I.C. and Callias, M. (1999). Autism. The teacher's view. *Autism*, 3(3): 287-298.

Henning, E. (2004). *Finding your way in Qualitative Research.* Pretoria: Van Schaik Publishers.

Hess, R.S., Molina, A.M. and Kozleski, E.B. (2006). Until somebody hears me: parent voice and advocacy in special educational decision making. *British Journal of Special Education*, 33(3): 148-157.

Higgins, D.J., Bailey, S.R., Pearce, J.C. (2005). Factors associated with functioning style and coping strategies of families with a child with an autism spectrum disorder. *Autism,* 9: 125 – 137.

Horner, R.H., Carr, E.G., Strain, P.S., Todd, A.W. and Reed, H.K. (2002). Problem Behavior Interventions for Young Children with Autism: A Research Synthesis. *Journal of Autism and Developmental Disorders,* 32(5): 423-446.

Horvath, K., Medeiros, L., Sewell, T., Manikam, R., Perman, J.A. (2000). Can secretin contribute to the understanding of the pathogenesis and therapy of autism? Second International Conference on Child and Adolescent Mental Health. Kuala Lumpur, Malaysia, 6 – 10 June.

Inchley, M. (2001). An analysis of the ability of a school for pupils with moderate learning difficulties to meet the needs of a pupil with an autistic spectrum disorder during the National Literacy Hour. *Good Autism Practice*, 2(2):48-58.

Isen, A.M., and Daubman, K.A. (1984). The influence of affect on categorization. *Journal of Personality and Social Psychology*, 47: 1206 – 1217.

Jackson, L. and Rothmann, S. (2005a). An adapted model of burnout for educators in South Africa. *South African Journal of Education*, 25(2): 100–108.

Jackson, L. and Rothmann, S. (2005b). Work-related well-being of educators in a district of the North-West Province. *Perspectives in Education*, 23(3): 107-122.

Jackson, L. and Rothmann, S. (2006). Occupational stress, organisational commitment, and ill-health of educators in the North West Province. *South African Journal of Education*, 26(1): 75–95.

Jacobsson, C., Pousette, A. and Thylefors, I. (2001). Managing Stress and Feelings of Mastery among Swedish Comprehensive School Teachers. *Scandinavian Journal of Educational Research*, 45(1): 37- 53.

Jennett, H.K., Harris, S.L. and Mesibov, G.B. (2003). Commitment to Philosophy, Teacher Efficacy, and Burnout Among Teachers of Children with Autism. *Journal of Autism and Developmental Disorders*, 33(6): 583-593.

Jones, G. (2006). Department for Education and Skills/ Department of Health Good Practice Guidance on the education of children with autistic spectrum disorder. *Child: care, health and development*, 32(5): 543–552

Jordaan, W. and Jordaan, J. (1998). *People in Context*. 3rd Edition. Johannesburg: Heinemann.

Jordan, R., MacLeod, C. and Brunton, L. (1999). Making special schools 'specialist': a case study of the provision for pupils with autism in a school for pupils with severe learning difficulties. *Good Autism Practice*: 27-43.

Jordan, R. (2001). *Autism with severe learning difficulties*. London: Souvenir Press.

Jordan, R. and Jones, G. (1999). *Meeting the Needs of Children with Autistic Spectrum Disorders*. London: David Fulton Publishers.

Jordan, R. (2007a). Latest Research and Relationship to Practice. International In-service Autisme, Belgium. June.

Jordan, R. (2007b). Communication with emphasis on young/low developmental ages...if possible. International In-service Autisme, Belgium. June.

Jordan, R. (2007c). The tension between inclusion and autism specific practice and how to manage it. International In-service Autisme, Belgium. June.

Justice, M. and Espinoza, S. (2007). Emotional Intelligence and Beginning Teacher Candidates. *Education*, 127(4): 456.

Kanner, L. (1943). Autistic disturbances of affective contact. *The Nervous Child 2:* 217 – 250.

Kanner, L. (1950). *Child Psychiatry*. 2nd Edition. Springfield: Charles C Thomas Publishers.

Kanner, L. (1951). The conception of wholes and parts in early infantile autism. *American Journal of psychiatry*, 108 (1): 23-26.

Kanner, L. (1965). Infantile autism and the schizophrenias. *Behavioural Science*, 10 (4): 412 – 420.

Kanner, L. (1973). *Childhood psychosis: Initial studies and new insights*. Washington, D.C.: V.H. Winston and Sons.

Karninsky, L. and Dewy, D. (2002). Psychosocial adjustment in siblings of children with Autism. *Journal of Child Psychology and Psychiatry,* 43(2): 225 – 235.

Kennedy, D. (2005). The Hidden Autism Epidemic: How ADHD interferes with and Autism Spectrum Diagnosis. Retrieved from www.awares2005.org on 21 October 2005.

Kingry, M. J., Tiedje, L. B. & Friedman, L.L. (1990). Focus Groups: A Research Technique for Nursing. *Nursing Research,* 39 (2).

Koegel, R. L., Bimbela, A., and Schreibman, L. (1996). Collateral effects of parent training on family interactions. *Journal of Autism and Developmental Disorders, 26,* 347–359.

Konu, A. and Rimpela, M. (2002). Well-being in schools: a conceptual model. *Health promotion international,* 17(1): 79-87.

Krefting, L. (1991). Rigor in Qualitative Research: The Assessment of Trustworthiness. *The American Journal of Occupational Therapy,* 45 (3): 214-222.

Kurita, H. (2006). Disorders of the autism spectrum. *Lancet,* 368 (9531): 179 – 181.

Lainhart, J.E. (1999). Psychiatric problems in individuals with autism, their parents and siblings. *International Review of Psychiatry,* 11(4): 278 – 298.

Larry, C. (2004). Assessing the 20-Year Impact of Multiple Intelligences on Schooling. *Teachers College Record,* 106(1): 140 – 146.

LeBlanc, M.M. and Barling, J. (2004). Workplace aggression. *American Psychological Society, 13 (1):* 9 – 11.

Leedy, P.D. (1993). *Practical Research. Planning and design.* New Jersey: Prentice Hall.

Leigh, R. (2005). Teaching Language to Children with ASD Using the Foreign Language Approach. *Autism Asperger Digest Magazine,* November – December: 8.

Levy, S., Kim, A.H. and Olive, M.L. (2006). Interventions for young children with autism: A synthesis of the literature. *Focus on autism and other developmental disabilities,* 21 (1): 55 – 62.

Lischstein, K.L., and Schreibman, L. (1976). Employing Electric Shock with Autistic Children. *Journal of Autism and Childhood Schizophrenia,* 6(2): 163 – 173.

Lischstein, K.L. (1977). Reply to reader comments on "Employing Electric Shock with Autistic Children". *Journal of Autism and Childhood Schizophrenia,* 7(3): 303 – 305.

Lloyd, C.M. (2005). Exploring Mental Health Outcomes for Low-income Mothers of Children With Special Needs. *Infants and Young Children: An Interdisciplinary Journal of Special Care Practices,* 18(3): 186 – 199.

London Daily Mail. (2005). Autism at a Record High. 14 July.

Louw, D.A., Van Ede, D.M. and Louw, A.E. (1998). *Human Development.* 2nd Edition. Cape Town: Kagiso Tertiary.

Macnair, T. (2005). Recognising stress. Retrieved on www.bbc.co.uk on 8 January 2007.

Madsen, K.M., Hviid, A., Vestergaard, M., Schendel, D., Wohlfahrt, J., Thorsen, P., Olsen, J. and Melbye, M. (2002). A Population-Based Study of Measles, Mumps, and Rubella Vaccination and Autism. *The New England Journal of Medicine,* 347(19): 1477 – 1482.

Mahoney, G. and Perales, F. (2003). Using Relationship-Focused Intervention to Enhance the Social-Emotional Functioning of Young Children with Autism Spectrum Disorders. *Topics in Early Childhood Special Education,* 23(2): 77 – 89.

Manikam, R., Perman, J.A. and Horvath, K. (2000). The secretin-autism experience: A challenge for psychology. Second International Conference on Child and Adolescent Mental Health. Kuala Lumpur. Malaysia. 6 – 10 June.

Margolies, P.J. (1977). Behavioral Approaches to the Treatment of Early Infantile Autism: A Review. *Psychological Bulletin*, 84(2): 249 – 264.

Marshall, F. (2004). *Living with autism*. London: Sheldon Press.

Martin, L.L., Ward, D.W., Achee, J.W. and Wyer, R.S. (1993). Mood as input: People have to interpret the motivational implications of their moods. *Journal of Personality and Social Psychology*, 64: 317 – 326.

Mason, J. (2002). *Qualitative Researching*. 2nd Edition. London: SAGE Publications.

Mauthner, M., Birch, M., Jessop, J. and Miller, T. (2002). *Ethics in qualitative Research*. London: Sage Publishers.

Mavropoulou, S. and Padeliadu, S. (2000). Greek teachers' perceptions of autism and implications for educational practice. *Autism. The International Journal of Research and Practice*, 4(2): 173-183.

McGregor, E. and Campbell, E. (2001). The attitude of teachers in Scotland to the integration of children with autism into mainstream schools. *Autism. The International Journal of Research and Practice*, 5(2): 189-207.

McKenzie, G., Powell, J. and Usher, R. (Eds). (1997). Understanding *Social Research. Perspectives on methodology and practice*. London: Falmer Press.

McMullen, B. (2007). Emotional Intelligence. Retrieved on www.careerfocus.bmj.com on 19 February.

Mental Health Project – Autism. (2004). What is Autism? Retrieved from www.autism.org on 17 May 2004.

Meyer, R.N. (2001). Asperger Syndrome Employment Workbook: An Employment Workbook for Adults with AS. *London: Jessica Kingsley Publishers.*

Montgomery, A., Mostert, K. and Jackson, L. (2005). Burnout and health of primary school educators in the North West Province. *South African Journal of Education,* 25(4): 266–272.

Mouton, J. (2001). *How to succeed in your Master's and Doctoral Studies.* Pretoria: Van Schaik Publishers.

Mouton, J. and Marais, H.C. (1990). *Basic concepts in the methodology of social sciences.* Pretoria: Human Sciences Research Council.

Moyes, R.A. (2002). *Addressing the Challenging Behavior of Children with High-Functioning Autism/Asperger Syndrome in the Classroom.* London: Jessica Kingsley Publishers.

Nair, Y. (2005). Sai devotee ends life, *Post Newspaper,* 30 March – 3 April: 1.

Nash, J.M. (2002). The secrets of autism. *Time Magazine,* 15 July: 34 – 39.

Neysmith-Roy, J.M. (2001). The Tomatis Method with severely autistic boys: Individual case studies of behavioural changes. *South African Journal of Psychology,* 31 (1): 19 – 25.

Ngidi, D. and Qwabe, J. (2006). The partnership of parents, educators and principals in creating a culture of teaching and learning in schools. *South African Journal of Education,* 26(4): 529–539.

Nolen, J.L. (2003). Multiple Intelligences in the classroom. *Education,* 124(1): 115 – 119.

Olivier, M.A.J. and Venter, D.J.L. (2003). The extent and causes of stress in teachers in the George region. *South African Journal of Education*, 23(3): 186 – 192.

Olivier, M.A.J. (2005). How do academics handle their job-related stress? *South African Journal of Higher Education,* 19 (2): 345 – 258.

Pearson, L.C. and Moomaw, W. (2005). The Relationship between Teacher Autonomy and Stress, Work Satisfaction, Empowerment, and Professionalism. *Educational Research Quarterly,* 29(1): 37 – 53.

Peeters, T. and Gillberg. C. (1999). *Autism. Medical and educational aspects.* 2nd Edition. London: Whurr Publishers.

Peeters, T. (2001). *Autism. From theoretical understanding to educational intervention.* London: Whurr Publishers.

Peeters, T. and De Clercq, H. (2003). Autism: 1st Part of Basic Theory. 2 Day Seminar on Autism. Pretoria, August.

Phurutse, M. C. (2005). *Factors Affecting Teaching and Learning in South African Public Schools.* Cape Town: HSRC Press.

Pienaar, J. and Van Wyk, D. (2006). Teacher burnout: construct equivalence and the role of union membership. *South African Journal of Education*, 26(4): 541-551.

Plevin, S. and Jones, G. (2000). Inclusion: a positive experience for all. *Good Autism Practice*, 1(2): 8-16.

Poggenpoel, M. (1998). Data analysis in qualitative research. In De Vos, A.S. Research at grass roots. Pretoria: Van Schaik Publishers.

Post Newspaper. (2005). A cut-throat profession, 13 – 17 April: 21.

Pulse. (2006). Autism disorder affect 1%, 20 July: 15.

Queen's English Dictionary and Thesaurus of the English Language. (2002). Bath: Geddes and Grosset.

Quill, K.A. (Ed) (1995). *Teaching children with autism. Strategies to enhance communication and socialization.* New York: Delmar Publishers.

Reichelt, K. (2005). Genetics, environment and autism and their interaction. Retrieved from www.awares2005.org on 1 October 2005.

Robertson, K.; Chamberlain, B. and Kasari, C. (2003). General Education Teachers' Relationship with Included Students with Autism. *Journal of Autism and Developmental Disorders,* 33(2): 123-130.

Rothmann, S. and Pieterse, J. (2007). Predictors of work-related well-being in sector education training authorities. *South African Journal of Economic and Management Sciences,* 10(3): 298-311.

Rutherford, C. (2005). Autism and Socialisation. Retrieved from www.awares2005.org on 29 October 2005.

Rutter, M. and Bartak, L. (1971). Causes of Infantile Autism: Some Considerations from Recent Research. *Journal of Autism and Childhood Schizophrenia,* 1(1): 20 – 32.

Rutter, M. (1978). *Diagnosis and definition of Autism: A reappraisal of concepts and treatment.* New York: Plenum Press.

Schutte, N.S., Malouff, J.M., Simunek, M., McKenley, J. and Hollander, S. (2002). Characteristic emotional intelligence and emotional well-being. *Cognition and Emotion,* 16(6): 769 – 785.

Seaward, B.L. (2006). Managing Stress: principals and strategies for health and wellbeing. 5th Edition. USA: Jones and Bartlett Publications.

Seidman, I. (1998). *Interviewing as Qualitative Research: A Guide for Researchers in Education and the Social Sciences.* 2nd Edition. New York: Teachers College Press.

Serruys, M. (2007a). Personal communication on autism and regression and behaviour. Belgium. 23 May.

Serruys, M. (2007b). Autism en Jong Ontwikkelingsleeftyd. International In-service Autisme 2007, Belgium. June.

Shaberman, R.B. (1991). *Autistic Children: The Nature and Treatment of Childhood Autism.* London: Stuart and Watkins.

Shearer, B. (2004). Multiple Intelligences Theory After 20 Years. *Teachers College Record,* 106 (1): 2 – 16.

Sheppard, A. (2007). Personal communication on autism and medication. Durban. 6 March.

Siegel, B. (1996). *The world of the autistic child. Understanding and treating autistic spectrum disorders.* London: Oxford University Press.

Sicile-Kira, C. (2003). *Autism Spectrum Disorders. The complete guide.* London: Vermilion.

Singh, D. (2001). *Emotional Intelligence at work. A professional guide.* 2nd Edition. London: Response Books.

Sigman, M., Dijamco, A,. Gratier, M. and Rozga, A. (2004). Early detection of core deficits in autism. *Mental Retardation and Developmental Disabilities Research Reviews,* 10: 221 – 233.

Simmons, K. (2004). Dear Friends. *Autism Asperger Digest Magazine,* November – December: 31.

Sobel, D.M., Capps, L.M. and Gopnik, A. (2005). Ambiguous figure perception and theory of mind understanding in children with autistic spectrum disorders. *British Journal of Developmental Psychology,* 23: 159 – 174.

Steyn, G.M. (2002). A theoretical analysis of educator motivation and morale. *Educare,* 31(1): 82-101.

Steyn, G.M. and Kamper, G.D. (2006). Understanding occupational stress among educators: an overview. *Africa Educational Review,* 3(1+2): 113-133.

Strazdins, L. and Bloom, D.H. (2003). Servicing emotions at work and at home: Implications for stress and wellbeing. *Australian Journal of Psychology,* 55: 620-623.

Strickland, D. (2000). Emotional Intelligence: The most potent factor in the success equation. *The Journal of Nursing Administration,* 30(3):112 – 117.

Strydom, H. (2002). Ethical aspects of research in the social sciences and human service professions. In De Vos, A.S. (Ed). *Research at Grass Roots.* 2nd Edition. Pretoria: Van Schaik Publishers.

Strydom, H. (2002). Information collection: participant observation. In De Vos, A.S. (Ed). *Research at Grass Roots.* 2nd Edition. Pretoria: Van Schaik Publishers.

Sunderland, M. and Engleheart, P. (1994). *Draw on your emotions.* Oxon: Winslow Press.

Tesch, R. (1990). *Qualitative Research: Analysis types and software tools.* New York: The Falmer Press.

The American Heritage Dictionary of the English Language. 4th Edition. (2007). Retrieved from www.answers.com on 28 August 2007.

The New Thesaurus, 3rd Edition. (2007). Retrieved from www.answers.com on 28 August 2007.

Time Magazine. (2002). Tragic mom and her child of despair, 14 November: 20 – 24.

Tincani, M. (2007). Beyond Consumer Advocacy: Autism Spectrum Disorders, Effective Instruction, and Public Schools. *Policy and law briefs,* 43(1): 47-51.

Treffert, D.A. (1990). *Extraordinary people.* London: Black Swan Edition Published.

Troy, G. (2004). Maximising the learning environment for my son. *Good Autism Practice*, 5(1): 23-25.

U.S. Department of Labour. (2004). *Teachers- Special Education.* Retrieved from www.bls.gov on 20 March 2005.

Van Krevelen, D.A. (1971). Early Infantile Autism and Autistic Psychopathy. *Journal of Autism and Childhood Schizophrenia,* 1(1): 82 – 86.

Van Wyk, N. (2001). Preparing South African education for school-family-community partnership. *Educare*, 30(1): 115-139.

Volkmar, F.R. and Klin, A. (2005) Issues in the Classification of Autism and Related Conditions. In Volkmar, F.R., Paul, R., Klin, A. and Cohen, D. (Eds). *Handbook of Autism and Pervasive Developmental Disorders.* 3rd Edition. New Jersey: John Wiley and Sons, Inc.

Wagner, S. (2005). Positive Behaviour Programming in Inclusive Classrooms. *Autism, Asperger Digest*, November – December.

Wallis, C. (2006). *Time Magazine,* 29 May: 35 – 45.

Wegener, D.T., Petty, R.E. and Smith, S.M. (1995). Positive moods can increase or decrease message scrutiny: The hedonic contingency view of mood and message processing. *Journal of Personality and Social Psychology,* 69: 5 – 15.

Wehmeier, S., McIntosh, C., Turnbull, J. and Ashby, M. (2005). *Oxford Advanced Learner's Dictionary. International Students Edition.* 7th Edition. Oxford: Oxford University Press.

Whitely, P., Rodgeres, J., Savery, D. and Shattock, P. (1999). A gluten-free diet as an intervention for autistic and associated spectrum disorders: Preliminary findings. Autism. *The International Journal of Research and Practice,* 3(1): 45-65.

Who named it. (2007a) Eugen Bleuler. Retrieved from www.whonamedit.com on 5 January 2007.

Who named it. (2007b). Hans Asperger. Retrieved from www.whonamedit.com on 5 January 2007.

Who named it. (2007c). Leo Kanner. Retrieved from www.whonamedit.com on 5 January 2007.

Wicks-Nelson, R. and Israel, A.C. (1984). *Behavior Disorders of Childhood.* New Jersey: Prentice-Hall Inc.

Wikipedia. (2007a). Hans Asperger. Retrieved from www.wikipedia.org on 1 January 2007.

Wikipedia. (2007b). Autism. Retrieved from www.wikipedia.org on 2 January 2007.

Wikipedia. (2006). Eugen Bleuler Retrieved from www.wikipedia.org on 26 November 2006.

Wikipedia. (2007c). Autism. Retrieved from www.en.wikipedia.org on 28 August 2007.

185

Wikipedia. (2007d). Emotion. Retrieved from www.en.wikipedia.org on 28 August 2007.

Williams, S.K., Johnson, C. and Sukhodolsky, D.G. (2005). The role of the school psychologist in the inclusive education of school-age children with autism spectrum disorders. *Journal of School Psychology*, 43:117-136.

Williams, D. (2005). Retrieved from www.awares2005.org on 31 October 2005.

Williams, D. (1996). *Autism. An Inside-Out Approach.* London: Jessica Kingsley Publishers.

Wilson, D. 2004. The interface of school climate and school connectedness and relationships with aggression and victimisation. *Journal of School Health*, 74(4): 293-299.

Wing, L. (1971). *Autistic Children.* London: Constable and Co. Ltd.

Wing, L. (1980). *Autistic Children: A guide for parents.* London: The Anchor Press Ltd.

Wing, L. (1993). The Definition and Prevalence of Autism, A Review. *European Child and Adolescent Psychiatry,* 2 (2): 61 – 74.

Wing, L. (2005) Problems of Categorical Classification Systems. In Volkmar, F.R., Paul, R., Klin, A. and Cohen, D. (Eds). *Handbook of Autism and Pervasive Developmental Disorders.* 3rd Edition. New Jersey: John Wiley and Sons, Inc.

Woodward, B. and Hogenboom, M. (2000). *Autism. A Holistic Approach.* Edinburgh: Floris Books.

World Health Organisation. (1992). *International Statistical Classification of Diseases and Related Health Problems 10th Revision.* (ICD-10): Geneva, Switzerland.

Wright, J.A., Newton, C., Clarke, M., Donlan, C., Lister, C. and Cherguit, J. (2006). Communication aids in the classroom: the views of education staff and speech and language therapists involved with the Communication Aids Project. *British Journal of Special Education,* 33(1): 25–32.

Yazbak, F.E. (2003). Autism in the United States: a Perspective. *Journal of American Physicians and Surgeons,* 8 (4): 103 – 107.

Yirmiya, N. and Shaked, M. (2005). Psychiatric disorders in parents of children with autism: a meta-analysis. *Journal of Child Psychology and Psychiatry,* 46(1): 69 – 83.

Zungu, L.E. and Setswe, K.G. (2007). An integrated approach to the prevention and promotion of health in the workplace: A review from international experience. *South African Family Practice,* 49(6): 6-9.

APPENDIX 1: DIAGNOSTIC CRITERIA FOR AUTISTIC DISORDER

Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) 4th Edition (APA, 2000) diagnostic criteria for Autistic Disorder:

A. A total of six or more items from 1, 2, and 3, with at least two from 1 and one each from 2, and 3:

    (1) Qualitative impairment in social interaction, as manifested by at least two of the following:

        (a) Marked impairment in the use of multiple nonverbal behaviours such as eye- to-eye gaze, facial expression, body postures, and gestures to regulate social interaction

        (b) Failure to develop peer relationships appropriate to developmental level

        (c) A lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (e.g. by a lack of showing, bringing, or pointing out objects of interest)

        (d) Lack of social or emotional reciprocity

    (2) Qualitative impairments in communication as manifested by at least one of the following:

        (a) Delay in or total lack of, the development of spoken language (not accompanied by an attempt to compensate through alternative modes of communication such as gesture or mime).

        (b) In individuals with adequate speech, marked impairment in the ability to initiate or sustain a conversation with others.

        (c) Stereotyped and repetitive use of language or idiosyncratic language.

        (d) Lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level.

    (3) Restricted repetitive and stereotyped patterns of behaviour, interests, and activities, as manifested by at least one of the following:

        (a) Encompassing preoccupation with one or more stereotyped and restricted pattern of interest that is abnormal either in intensity or focus.

        (b) Apparently inflexible adherence to specific, non-functional routines or rituals.

        (c) Stereotyped and repetitive motor mannerisms (e.g., hand or finger flapping or twisting, or complex whole-body movements)

        (d) Persistent preoccupation with parts of objects.

B. Delays or abnormal functioning in at least one of the following areas, with onset prior to age 3 years: (1) social interaction, (2) language as used in social communication, or (3) symbolic or imaginative play.

C. The disturbance is not better accounted for by Rett's Disorder or Childhood Disintegrative Disorder.

APPENDIX 2: DIAGNOSTIC CRITERIA FOR RETT'S DISORDER

Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) 4th Edition
(APA, 2000) diagnostic criteria for Rett's Disorder:

A. All of the following:
    (1) apparently normal prenatal and perinatal development
    (2) apparently normal psychomotor development through the first 5 months after birth
    (3) normal head circumference at birth.

B. Onset of all of the following after the period of normal development:
    (1) deceleration of head growth between ages 5 and 48 months
    (2) loss of previously acquired purposeful hand skills between ages 5 and 30 months with the subsequent development of stereotyped hand movements (e.g., hand-wringing or hand washing)
    (3) loss of social engagement early in the course (although often social interaction develops later)
    (4) appearance of poorly coordinated gait or trunk movements
    (5) severely impaired expressive and receptive language development with severe psychomotor retardation

APPENDIX 3: DIAGNOSTIC CRITERIA FOR CHILDHOOD DISINTEGRATIVE DISORDER

Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) 4th Edition (APA, 2000) diagnostic criteria for Childhood Disintegrative Disorder:

A. Apparently normal development for at least the first 2 years after birth as manifested by the presence of age-appropriate verbal and nonverbal communication, social relationships, play and adaptive behaviour.

B. Clinically significant loss of previously acquired skills (before age 10 years) in at least two of the following areas:
   (1) expressive or receptive language
   (2) social skills or adaptive behaviour
   (3) bowel or bladder control
   (4) play
   (5) motor skills

C. Abnormalities of functioning in at least two of the following areas:
   (1) qualitative impairment in social interaction (e.g., impairment in nonverbal behaviours, failure to develop peer relationships, lack of social or emotional reciprocity)
   (2) qualitative impairments in communication (e.g., delay or lack of spoken language, inability to initiate or sustain a conversation, stereotyped and repetitive use of language, lack of varied make-believe play)
   (3) restricted, repetitive, and stereotyped patterns of behaviour, interests, and activities, including motor stereotypes and mannerisms.

D. The disturbance is not better accounted for by another specific Pervasive Developmental Disorder or by Schizophrenia.

APPENDIX 4: DIAGNOSTIC CRITERIA FOR ASPERGER'S DISORDER

Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) 4th Edition (APA, 2000) diagnostic criteria for Asperger's Disorder:

A. Qualitative impairment in social interaction, as manifested by at least two of the following:
>   (1) marked impairment in the use of multiple non-verbal behaviours such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction
>   (2) failure to develop peer relationships appropriate to developmental level
>   (3) a lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (e.g. by a lack of showing, bringing, or pointing out objects of interest to other people)
>   (4) lack of social or emotional reciprocity

B. Restricted repetitive and stereotyped patterns of behaviour, interests, and activities, as manifested by at least one of the following:
>   (1) encompassing preoccupation with one or more stereotyped and restricted patterns of interests that is abnormal either in intensity or focus
>   (2) apparently inflexible adherence to specific, non-functional routines or rituals
>   (3) stereotyped and repetitive motor mannerism (e.g. hand or finger flapping or twisting, or complex whole-body movements)
>   (4) persistent preoccupation with parts of objects

C. The disturbance causes clinically significant impairment and social, occupational, or other important areas of functioning.

D. There is no clinically significant general delay in language (e.g. single words used by age two years, communicative phrases used by age three years).

E. There is no clinically significant delay in cognitive development or in the development of age-appropriate self-help skills, adaptive behaviour (other than in social interaction), and curiosity about the environment in childhood.

F. Criteria are not met for other specific Pervasive Developmental Disorder, or Schizophrenia.

APPENDIX 5: DIAGNOSTIC CRITERIA FOR PERVASIVE DEVELOPMENTAL DISORDER NOT OTHERWISE SPECIFIED

Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) 4th Edition (APA, 2000) diagnostic criteria for Pervasive Developmental Disorder Not Otherwise Specified:

This category should when there is a severe and pervasive impairment in the development of reciprocal social interaction associated with impairment in either verbal or nonverbal communication skills or with the presence of stereotyped behaviour, interests, and activities, but the criteria are not met for a specific Pervasive Developmental Disorder, Schizophrenia, Schizotypal Personality Disorder, or Avoidant Personality Disorder. For example, this category includes 'atypical autism' – presentations that do not meet the criteria for Autistic Disorder because of late age at onset, atypical symptomatology, or subthreshold symptomatology, or all of these.

APPENDIX 6: INTERVIEW QUESTIONS

Two questions were posed in line with the phenomenological interview and further probing and/or clarifying questions were asked if necessary. The questions were:

'Tell me about teaching children with autism'; and
'How does it influence your well-being?'

APPENDIX 7: FOCUS GROUP INTERVIEW

Interviewer: Tell me about teaching children with autism and how it influences your well-being?'

Participant 1:   I've been in mainstream for 27 years and then when I heard about this position I grabbed it as it has always been something I wanted to do. When I was a student my mother said no way will any of her children work in an autistic school. So I've been coming around a big circle. And so much has changed since then. So when I came into the school and I observed for 3 days before I started my class and my class went open and you don't realize the extend of these children compared to mainstream and I found it a bit daunting. But since I'm in it now I'm starting to find myself and to realize this is where I want to be

Interviewer: What do you mean by you did not realize the extend of these children?

Participant 1:   Their disabilities. You know it is uhhmm, I have read up about it and I remember that there is no cure. Yes, and I can see now that there is no cure and that I have found very very difficult to accept. I find it very sad. Shall I stop here? (Looking at me)

Interviewer: No, carry on please. Feel free to talk.

Participant 2:   I come from a special needs school, a mentally handicapped school. What we so call mentally impaired now. And for me uhh, I've worked with some autistic children, a few children that had autistic tendencies. But at that time we didn't know. We knew the child was autistic, but we didn't know what type of programme or how you can help these children. To me it was just mentally handicapped, not autistic. The only time I realized it was when I researched it. This was after I heard I got this job. Then I picked up all the children in my class who are autistic. Then I first came to observe, was it 3 days to observe, before I could set up the class. To me when I came into the school, the structure, although working with the children was practical but what overwhelmed me was the structure. The classes, how the classes are situated and how the work is planned. To me, I thought, am I going to be able to cope with it, handle it? I am not a paperwork person. I am in the moment. To me it is about loving the child and taking care of the child. For us, if you walk into the classroom, you can have your programme, but if the children are not in the mood, you need to be flexible. And another thing, the structure. You have to have your work out. The children need to have structure. And that was different from where I come from.

194

Participant 1: That I also found extremely hard. Because with preprimary you have your programme and you have your curriculum and your group work and they do it. So from children who are totally independent to here, they are dependent on you, and it is a one to one all the time, and it is hand over hand, and you have to help them all the time. And that I've got to catch myself so often, the child cannot do that, I have to help the child. And another thing, when I was in Cindy's class (grabbed her head), to see how the programme works, I could see, already the hard work that was forthcoming. And then when the first two children arrived, I thought, oh my hat! They couldn't do the things the children did in Cindy's class! Something like: Is it windy? Is it stormy? No it is sunny. They could not do that.

Participant 2: They do not respond to you.

Participant 1: And another big thing with the not responding is that they are non-verbal. All the learners in my class. So that, that, I mean, I've got to sing! I've got to sing on my own! (laughing). That I also have to get use to. And singing the same songs over and over and over.

Participant 2: For these children, they have to gain mastering, for the simplest thing.

Participant 1: Absolutely! Until they get it. You can't just stop there. You've got to do it over and over. It's fine, but it is very difficult.

Participant 2: I find, if I'm organized, they are organized. And it takes time. And I find the timetable is too long. To go up to 2o'clock is too long. I'm taking work back home. I find that I'm very tired, and I stay late. Sometimes I leave here at 5o'clock and I have a 6 month old baby, I and leave her. But there is no other time that I can get to do that. I find if I'm organized they are fine, but if there is a hitch where I'm not ready or the work is boring, they're in a muddle, they off in a frenzy. So sometimes I have to stay in late to organize my stuff.

Participant 1: And another thing that I find very difficult is that you have all these different levels....

Participant 2: Exactly!

Participant 1: And each one is different. And you've got to do an individual plan for each child, that is...

Participant 2: So much work. And the timetable running to 2o'clock is too much for me. And another thing, for all these children running till 2o'clock is too long. And I think we all should finish earlier. Because we all have autistic children, and I think that is what they forget. They are all autistic, they are all special needs.

Participant 1: And their chronological ages do not match, are not the same.

Participant 2: Yes, at the end of the day, they are getting tired, and they do not understand. It is too much for them. And it shouldn't be, and we are getting tired. We are getting tired. And then we cannot give of our best.

Participant 1: When people hear I have only 6 children in my class, they think: 'Oh wow', but they don't realize what goes on...!

Participant 2: They don't realize that 1 child equals 5 children...

Participant 1: Oh my word (sighing).

Participant2: That is nonsense! They don't realize what it takes for that one child. I have a child like Jimmy. I have to bring a screen to screen him off, because his attention is always, either looking at you, never concentrating on his work, never wanting to do what you ask him to do, and that for me drains me. He drains me. With Bobby it is only when he goes into his moods, will he, will he drain you. He gets violent, he becomes violent. When I see him come into class talking too much, sayings things like: Oh M stop this, M don't do that, stop it! He carries on saying that, then I know, he's waiting to pounce on somebody. So he can vent his anger, that he's upset. So I try to calm him...and when he is like that I become edgy...and the children notice that...because their programme has changed now because of him. I have to sit around him, or we have to stay in the ring where everyone is talking and doing things, because if I have to leave him, he becomes bored and he becomes idle, and he refuses to do his work. And then anything anyone does will irritate him, e.g. if Jimmy starts screaming, it will irritate him and set him off.

Participant 1: But yours is verbal. Mine is non-verbal...

Participant 2: Yes, they are verbal, but they are not responding to you. It is repetitive. If you say hallo, they say hallo. They don't comprehend what you are saying, their comprehension is not there. That is what makes it difficult. I can't leave the work for them to carry on, I have to sit and explain it to them what needs to be done. And then work through a few examples and then some will do it, but some when you get back will do their own thing. Some need one on one. And that is what is difficult. You can only stretch your time so much.

Participant 1: And are their ages almost the same?

Participant 2: They range from 8 to 12 years, but they can only do numbers 1 – 5. Some can count to 20, but mainly recognizing numbers 1 – 5.

Participant 1: Because my biggest worry is: what's going to happen to my low functioning children one day? And another thing that I found quite interesting is their diet.

Participant 2: Shoving food into their mouths.

Participant 1: Not so much the shoving, but the fussiness. The parents don't mind. When they think their child likes something it's in their bag. They come with it to school every day, and they get bored with it, and they don't eat fruit and they don't eat vegetables. That I find very difficult (emphasized 'very'). Like the one child in my class, only white bread, nothing with it. And another child, the parent even had to bring a microwave to school, because a full on meal. And what does he do, he immediately put his hand in front of his mouth and he refuses to eat. So what to do you do then. That I find very difficult. And you know another thing I don't believe in is force feeding. And the other day a parent told me to force it down his throat. And I can't get myself to do that. The other day P parents send porridge to school for breakfast. You should've seen where that porridge ended. It landed in his hair, on the table everywhere. And I said no, breakfast please at home. And I haven't seen porridge since.

Participant 2: Sam use to bring vegetable poloni, just like that, nothing else. Just like that, nothing else, no bread, no fruit, nothing. So I told his mom to introduce bread to him. After 3 days he started eating it. Now he will put his vegetable poloni on his bread and he started eating apple.

Participant 1: But I find something very interesting. Something that I enjoy about the autistic child, I learn new things every day. Steve today, took a chip, bit a piece of and put the other piece of chip on the table. And when I took the other piece to put into his mouth, he almost went ballistic. Now, that I found very interesting. I want to know why. Why did he do that? Now, I find working with autistic children fascinating. But I must admit, yesterday I had a very bad day. I went home and I had a very good cry. Because having seen how children, oh, I get emotional again (needed a second to catch her breath, looking very sad). Yesterday it was one of the children's birthday. And I said to the mom, lets get a cake and we'll sing happy birthday. And I made a crown with a 6 on it and I put it on his head and immediately he took the crown and threw it on the floor. And then when we sang happy birthday, there was no emotion. And that to me, that finished me. Because what is a birthday to a child? It's the most exciting thing, yet nothing.

Participant 2: I found the same with Bobby. Nothing, it was nothing....

Participant 1: And I just went home and when I saw my husband, I burst out crying. Don't get me wrong. I love what I'm doing and I love the children (sounding very sad and close to tears) but, but, and everything is so slow, and their progress is so slow, and that I'm finding very very difficult. On the other hand I must say I enjoy the professionalism in school, I would not say I enjoy the paperwork in the school. I have always been employed by a private school, and the paperwork hasn't been as intense as in this school. But everybody around me, I mean it

is so nice when people ask you how it is going. That I enjoy. And the friendliness, the willingness to help. That I find amazing.

Participant 2:   The paperwork for me is too much.

Participant 1:   And to assess myself. I now find I don't know everything, and with autism ....

Participant 2:   You don't know everything. Especially with autism, you don't know everything. You just learn more everyday. Nobody has a definition of it and nobody has a conclusion for it. Different characteristics come up all the time and different explanations comes up all the time. And you cannot work from the book. You're working from the child, on what the child needs. That's your book. I enjoy that because it is important to know your child. If you know your child, you're able to work productively. Not necessary academics. But if you know what your child needs, what he lacks but don't lacks. I do a lot of life skills.

Participant 1:   My biggest concern is what is going to happen to these children?

Participant 2:   For me as well. When they're finished with school what are going to happen to them? Parents want them to be academically inclined. That's what irritates me as well. What going to happen when the child leaves school?

Participant 1:   A mother asked on Monday if her child will go to grade 1 at the end of this year. And when I said to her no, she will stay with me, she said...no I cannot repeat what she said. I get the feeling that once the child is in school, the parents feel it is up to the teacher to make a difference, but I can see they don't work with this child at home! It is up to you, the teacher, to sort this child out.

Participant 2:   They think you must do the miracle. Parents think that you must do the miracle.

Participant 1:   That's right. But when I tell them to do something at home, they say: oh no, I have no time for that.

Participant 2:   (Upset) Exactly. They expect you to do everything. And they will not do anything on their part. And we have to keep reinforcing it. And it is no good we doing everything here, and when they go back home they don't know how to put their pants up. I have Sam who cannot dress himself. His mother does it for him.

Participant 1:   Do you want to know a secret. One of the children in my class...the mother is still breast feeding him. 5 years old.

Participant 2:   (Shocked) Serious! How do you know!

Participant 1: From the parent questionnaires they had to fill in.

(Silence)

Participant 2: You know. Also their expectations of these children are unrealistic. Because, the parents say their child is very advanced. And then when you ask them in what way is your child advanced, they say in this way or that way…but the child is so low functioning. I mean does she compare her child with a 'normal' child. Surely then she can see, you know, they are not the same. And you know, hallo, have a wake up (shaking her head at the thought of this), your child has a problem. That I find very difficult. Like Peet's grandfather. The one day when Peet got to class, I said to him to say hallo. So I said: 'hallo Peet', and he replied: 'hallo Peet'. And the grandfather said: 'see, it's a clever child' (shaking her head again). Knowing very well he only said it because I said it. I find that very difficult, very difficult. But I think I'm getting there. I'm enjoying it. I'm enjoying it. I just find it very difficult, you know: are you on the right track? Are you doing the right thing for that particular child? Because they are so different. I mean, you get one child that flops, you get another child that is rigid and another child that giggles. Sometimes funny noises, very high pitched noises. It's very interesting.

Participant 2: But do you think, what I find weird here about the educators, these children are autistic children, and sometimes they scream or just want to touch you, just to acknowledge you. Sometimes I see educators will say to them: don't touch, no touching! For me, I find that irritating, because they are autistic children and those are they tendencies. They don't know, they have a problem with emotions and when they want to touch you, they are happy. You must love them back. Even with a small touch, you must acknowledge them. This is how they communicate with you. For me I find that irritating. Sometimes I would like to say to them: don't tell him not to touch!

Participant 1: I also have a child that will give me a hug in the morning, and that is that, then he is happy. I don't see anything wrong with that.

Participant 2: To me it is when he want to tell you something. Do you want him to shut down his autistic tendencies now?

Participant 1: I have a facilitator in my class that tells the children that they are naughty. I had to tell her that is not the way to talk to them. They don't know what naughty means or what they are doing wrong. You know. They are not naughty; they don't know what they are doing wrong. It is just them.

Participant 2: Yes.

APPENDIX 8: INDIVIDUAL INTERVIEW

Interviewer: Tell me about teaching children with autism and how it influences your well-being?

Participant: Fun! (Laughing). Lack of therapist is a drawback. Not so much for the teacher, but for the children. And because this is a pilot class, I was left in the dark to find my own way. But there are no negatives, I enjoy it. But I do feel tired towards the end of the term. Luckily it does not affect my family life. I also work at the hostel, and that does not interfere with my family. I go home to an understanding family.

My paperwork is no more than usual. I have daily assessments, daily class planning, annual planning, themes, oh, and I've only started with my themes in the 4th term. These kids were too wild to sit down, they could not sit down. For the first six months of the year, I just taught them socialisation skills. Some of these children use to only bit, kick, spat, but they have settled down nicely now.

I feel that some parents are not consistent in giving medication. But I have good parents. These kids come from good homes. The parents write to me, I phone them, we have open channels of communication

I find it difficult that the children with no speech get no speech therapy. I feel the ability is there but some decide not to work and communicate. Another child tries one word at a time, not echolalia, but speech is coming. Another child with no speech will now say one or two words. Even his mom says he tries to talk at home. He used to scream and throw chairs around in the class. We had another child that use to be a runner, use to scream, and had no discipline. We told his mom we could not contain him and she took him out of the school.

What I find very interesting, you know with change, I may be nasty but I do not always tell them when there will be change. Like with outings, I only tell them a day before. They must use the bus, I take them on, chop and change, and I don't keep them isolated. They astound me.

Its been very good. I had two severe behaviour problems. But by the end of the term, fatigue. Emotionally it is frustrating. I want to do more for them. With the therapists, we need therapists.

I enjoy it. I love every minute of it. My experiences with them are positive.

I would say my only negative experiences are with the Department. They do not help. They do nothing to help these children.

It is very useful having a Zulu class aid, as an interpreter. She is so willing, like a sponge. She wants to learn with a view to become an educator.

The only negative impact I had with educators were when we opened these classes. There were a lot of shuffling, and a couple of them were quiet resentful of this class. They felt that the Department should have given us more teachers.

2006 -08- 0 8

UNIVERSITY OF
KWAZULU-NATAL

RESEARCH OFFICE (GOVAN MBEKI CENTRE)
WESTVILLE CAMPUS
TELEPHONE NO.: 031 – 2603587
EMAIL: ximbap@ukzn.ac.za

2 AUGUST 2006

**MS. S DE NYSSCHEN (203515153)
EDUCATION**

Dear Ms. de Nysschen

ETHICAL CLEARANCE APPROVAL NUMBER: HSS/06329A

I wish to confirm that ethical clearance has been granted for the following project:

"Exploring the emotional well-being of educators teaching children with autism"

Yours faithfully

**MS. PHUMELELE XIMBA
RESEARCH OFFICE**

PS: The following general condition is applicable to all projects that have been granted ethical clearance:

THE RELEVANT AUTHORITIES SHOULD BE CONTACTED IN ORDER TO OBTAIN THE NECESSARY APPROVAL SHOULD THE RESEARCH INVOLVE UTILIZATION OF SPACE AND/OR FACILITIES AT OTHER INSTITUTIONS/ORGANISATIONS. WHERE QUESTIONNAIRES ARE USED IN THE PROJECT, THE RESEARCHER SHOULD ENSURE THAT THE QUESTIONNAIRE INCLUDES A SECTION AT THE END WHICH SHOULD BE COMPLETED BY THE PARTICIPANT (PRIOR TO THE COMPLETION OF THE QUESTIONNAIRE) INDICATING THAT HE/SHE WAS INFORMED OF THE NATURE AND PURPOSE OF THE PROJECT AND THAT THE INFORMATION GIVEN WILL BE KEPT CONFIDENTIAL.

cc.   Faculty Research Office (Derek Buchler)
cc.   Supervisor (Dr. N de Lange)

APPENDIX 10: PRINIPAL CONSENT FORM

UNIVERSITY OF KWAZULU-NATAL

Permission to do research

Dear Principal

RE: PERMISSION

I am an M.Ed student at the University of KwaZulu Natal researching the emotional well-being of educators teaching learners with autism. As part of my dissertation: 'Exploring the emotional well-being of educators teaching learners with autism', I would like to visit your school in order to interview educators of learners with autism. Thos who will be available need to be interviewed twice as a group, and the interviews will take approximately 45 minutes. The interviews will also be audio taped.

The following questions will be asked at the interviews:
- 'Tell me about teaching learners with autism' and
- 'How does it influence your well-being?'

The data from the participants will only be used for this dissertation, with consent from the participants, and this will be confidential. The participants will not be compelled to answer any questions and are free to withdraw from the interviews at any time. The school's and participants' anonymity will be constantly respected, and pseudonyms will be used instead of any participants' or learners' real name. The data will be disposed of after the study is completed.

If you require any further information please feel free to contact me: Ms Salome de Nysschen on 083 2075219 or my supervisor, Prof. Naydene de Lange on 031-260 1342.

Sincerely,

_____

Ms. Salome de Nysschen

_____

———

Consent form

I _____ agree to allow Ms. De Nysschen to interview educators at
the school. I understand that the school's and participants' names will be used anonymously and data will be kept confidentially. I understand that participants are free to withdraw from the interviews at any time.

Principal   Date

_____   _____

APPENDIX 11: EDUCATORS CONSENT FORM

UNIVERSITY OF
KWAZULU-NATAL

Dear Educator

RE: INFORMED CONSENT

This study intent exploring the emotional well-being of educators who teach learners with autism, and how they negotiate their emotional well-being with the stressful demands of teaching learners with autism, as this is a much-neglected area of research in South Africa.

The key (critical) questions I intend to answer by undertaking this research are:
1. What perceptions do educators teaching learners with autism have of their own emotional well-being?
   - What are the everyday practices in the classroom with learners with autism?
   - How do educators negotiate their everyday practices in working with learners with autism?
   - What is the impact of this negotiation on the educator's well-being?
2. What possibilities are there for enhancing the educator's emotional well-being in the classroom with learners with autism?

To be able to answer these critical questions, I plan on interviewing a group of educators working with learners with autism. To gain further in-depth insight into the educators' well-being, I will observe their activities in their physical settings, that is, their classrooms.

I intend interviewing a focus group of four educators on two different occasions for about 30 – 45 min. While conducting the interview, I will be observing the participants' behaviour, record the sessions by tape recorder as well as make field notes. I require two of the four educators to allow me to observe them for 30 minutes in their classrooms on two separate occasions.

Universal principles such as honesty, justice, and respect will direct my research. Participants will be treated with fairness and honesty, and I ensure confidentiality and

anonymity. You, the participant, must thus fully understand the reason behind the study and the need for the group interview before giving consent. Consent is voluntarily, knowing that the verbal information you provide will be treated with confidentiality, and that the information is only intended for research purposes by the researcher and Prof. N. de Lange from the University of KwaZulu Natal. As a participant, you are welcome to contact, Prof. de Lange at 031-2601342, for any further information containing my studies. Participants are also free to withdraw from this research at any given stage without any negative or undesirable consequences to themselves.

I would like to thank you for your co-operation

Yours faithfully

_____

Ms. S de Nysschen

Consent form

I _____ (full names of participant) hereby confirm that I understand the contents of this document and the nature of the research project.

I consent to participating in the interviews and observation, understanding that I am at liberty to withdraw from the project at any time, should I so desire.

Signature of participant   Date

_____   _____