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Article

Autism Spectrum Disorder Impact on Havighurst Developmental Tasks Achievement

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Abstract: Autism Spectrum Disorder (ASD) is a neurodevelopmental condition, characterized by persistent deficits in communication/social interaction and restricted and repetitive patterns of behavior, interests or activities. It is usually identified in childhood, despite late diagnoses in cases of greater functionality. Havighurst proposes a set of fundamental tasks throughout the life cycle, whose achievement is probably compromised in the ASD, even though it lacks scientific evidence. This study innovates, as it is based on Havighurst's theoretical model for understanding the development process of three adults and one young person, diagnosed with ASD level I, at different life stages. Through the methodology of life histories, interviews were subject to content analysis. Results pointed out the early detection and interventions importance, minimizing adversities, above all by those who had late diagnoses. Self-perceived success, not expected, was found in some development tasks (e.g. conscience and morality development). Also were noticed expected limitations related to ASD (e.g. difficulties in relationships with peers and in the labor market inclusion). Probably, in cases of greater severity and less functionality/autonomy, there would be greater failure in development tasks. It is crucial to improve research on this developmental model and on the factors that delay the diagnosis, including cases of different levels of severity.

Keywords: Autism Spectrum Disorder (ASD); Havighurst developmental tasks; life histories methodology; young people; adults

1. Introduction

This qualitative study addresses the life histories of three adults and a young man diagnosed with Autism Spectrum Disorder (ASD), all of level I severity, in different development stages. Based on self-perceptions, was analysed the impact of the disorder on the Havighurst developmental tasks. As far as we know, no other investigations studied this relationship.

ASD is a neurodevelopmental disorder, characterized by persistent deficits in communication/social interaction and by restricted and repetitive patterns of behaviors, interests or activities. The severity of these diagnostic criteria (DSM-5) must be separately specified, within three levels of support and autonomy required. It should be noted that other conditions can coexist with ASD (e.g. Intellectual Disability) [1].

In this disorder, the description of the initial pattern may include early developmental delays or any gradual or relatively rapid loss of social or language skills (between 12 and 24 months old) [1-2]. There are cases in which, in the first year of life, there is already a lack of interest in social interactions. Strange and repetitive behaviors and the absence of typical games are more evident in the second year of life [1]. Regarding regression, that is, loss of skills, it most often affects oral language [3].

After the two years old, suspicion is almost always due to a disturbance in speech development. It is possible to suspect deafness (also due to lack of interest in communication), not often confirmed. When the symptoms are less severe, the increase in social demands among peers and learning difficulties may call attention only at school age. Even so, there are cases only diagnosed in adult life

and seen as “strange”, due to the inability to deal with intimate relationships, rupture of family/professional relationships, or even after a son/daughter ASD diagnosis [4-6].

Specialized diagnosis and intervention are crucial at any age. However, in early developmental stages, its importance is incontestable in improving the quality of life of the person with ASD and their family, with whom it is necessary to collaborate and, at the same time, support/care [5, 7-11].

With appropriate interventions, can be developed skills for a productive life with greater autonomy, since this ASD is not degenerative, and learning and repair often continue throughout life. However, in cases where improvements may not be striking, especially at level III of the spectrum, the intervention is always an asset [1, 4-6]. In summary, it is critical the intersection of health, education, and social support areas, for practices adapted to the individual autonomy level, at different life stages [12].

The prevalence of ASD has increased worldwide, perhaps due to greater awareness and current more accurate diagnosis [13], with over 50 million cases reported [14]. It is diagnosed four times more in males than in females [1], which can be attributed to several reasons, such as: genetic factors, diagnostic criteria and use of more compensatory strategies to disguise social difficulties in females. In fact, publications after the DSM 5 suggest a ratio of 3:1 [15]. In females, due to failed interaction attempts and late diagnosis, mental health problems are even more common [16-18], like emotional instability and depressive symptoms, showing also higher suicide risk [18-20]. Regardless gender, this development process is characterized by a set of increased difficulties in several domains and at different levels of severity.

Havighurst's theoretical model considers the existence of a developmental tasks succession throughout life stages: (i) infancy and early childhood (0-6 years); (ii) middle childhood (6-12 years); (iii) adolescence (12-18 years); (iv) early adulthood (18-30 years); (v) middle age (30-60 years); (vi) later maturity (60 years or more). The individual acquires new physical and psychological skills, the nervous system becomes more complex and new demands from society arise. All tasks are therefore interrelated, especially the recurrent ones (e.g. relationship with age-mates/peers). So, successfully performed tasks lead to progress in the subsequent tasks, happiness, and social approval, that is, they provide healthy growth. Conversely, unmastered tasks lead to failure, unhappiness, and society's disapproval. Developmental task types and descriptions vary by culture [21]. Currently, there are some updates and criticisms on this theory, mainly focused on later maturity [22-24].

Considering the ASD characteristics, Havighurst's development tasks may be compromised in some cases. However, despite similar diagnoses, it is important to emphasize the great diversity in this disorder manifestations and in the life courses [1, 6], from less serious situations, in which limitations are revealed later, in more demanding tasks (e.g. achieving new and more mature relationships), to more severe cases, with earlier diagnosis due to appearance of symptoms in the first developmental tasks (e.g. learning to talk).

It is emphasized that, in adult life, many people with ASD have unsatisfactory psychosocial functioning, as evidenced by indicators such as independent living, paid employment and community participation [1, 25]. Only a minority live and work independently, and these are generally high-functioning cases who find a niche according to their interests and skills. People with less deficits can have greater autonomy; however, they can remain socially naive and vulnerable, having difficulties adapting to change and organizing practical requirements without help [1, 4-5, 26].

Taking into account the developmental challenges that are expected to be hampered in cases of ASD, the objectives of this investigation are: (i) characterize the performance/achievement on Havighurst's developmental tasks in three adults and in a young person diagnosed with ASD, level I; (ii) assess the difficulties in these tasks at each life stage in relation to the ASD characteristics; (iii) know the meaning attributed by the participants to the different tasks; (iv) identify the precursor diagnosis signs and the development stage in which it occurred; (v) analyze the diagnosis and the moment in which it occurred probable impact in the current and future life stage tasks; (vi) discuss consequences for intervention in cases of ASD, based on the results obtained.

It should be noted that this study is focused on the perspective of the subjects themselves, regarding the difficulties experienced throughout development, rather than the perceptions of family members, caregivers, or technicians. In addition, they are participants with ASD from different age groups than those usually treated in the literature. In short, exploring the perspective of the subjects themselves, as well as assessing their functionality throughout the life cycle, based on the identification of critical moments for the success of the tasks, in addition to being innovative, allows improving knowledge about ASD, with effects on diagnosis and intervention strategies.

2. Materials and Methods

This is a qualitative study, within the constructivist paradigm, using life histories to report/narrate the personal interpretation of one's life path (total or partial). The first-person approach constitutes a methodological innovation in the context of the ASD study.

The participants were three Portuguese adults and one young person, diagnosed with ASD level I at different stages of development, who attended/are attending therapies at a support institution. The previous participants selection was carried out with the collaboration of the institution leaders and professionals, based on inclusion criteria inherent to the communication skills and social interaction that enabled the interview. Participant A, male, is 28 years old, whose diagnosis occurred at an early stage (two/three years old). Participant B, female, 25 years old, was diagnosed at 20/21 years old. Participant C is a 17-year-old male, diagnosed early at two and a half years old. Participant D, male, aged 24, with ASD detected at nine years old. All showed good levels of functionality and autonomy.

The semi-structured interviews took place at the support institution and lasted approximately 40 to 50 minutes. A written authorization was requested from the institution for the development of the investigation, as well as the informed consent of the participants (in the case of the young man, also signed by one of the progenitors), ensuring confidentiality and personal data protection, which included the audio recording. The study was approved by the Ethics Committee of the Polytechnic Institute of Viseu.

Two interview guidelines were prepared (adapted to each participants' stage of life), respecting the following structure: (i) part I, to know the participants history, with reference to time periods, without suggesting Havighurst development tasks (aiming the spontaneous approach by the interviewee) and identifying the moment of ASD diagnosis; (ii) part II, with the suggestion, by the interviewer, of development tasks not addressed in the first part. Corroborating a study of life histories with elderly people [22], in spontaneous speech, more significant development tasks were expected for respondents than to induced speech.

The interviews were transcribed, followed by the respective content analysis [27] based on predefined categories (arising from Havighurst's developmental tasks) and an emerging category (ASD diagnosis).

3. Results

3.1. ASD Diagnosis

Participants A and C had their diagnosis at an early stage (at two/three years old), and participants B (female) and D at a late stage (at 20/21 and nine years old, respectively); by a pediatrician, child psychiatrist or psychiatrist.

In the first signs of ASD description, participant A mentioned, in addition to stereotypes, the suspicion of deafness (confirmed in one ear). Participant C indicated "some unusual skills" (e.g., knowing how to read at three years old), having also addressed language loss after 18 months. Participant D highlighted "talking to himself" and the "repetition of what he saw in the movies". Participant B, early signs in childhood, specifically speech delay associated with suspected deafness, seem to have been disregarded. Thus, ASD was only identified in adulthood, related to mental health issues, together with the signs of "staying focused only on the things she like", "like the routine system" and "not liking interaction with people".

None of the participants revealed an accurate memory of the diagnosis moment (predictable in childhood diagnoses, but not so much in later ones), nor did anyone make spontaneous reference to it (despite the interview question about the most remarkable moments of their lives). For the participants, the diagnosis moment does not seem to be very significant, including in late diagnoses. However, participants B and D agree that it should have happened earlier. For participant B, it would have been an explanation for “many things” and would have contributed to improve her school life. She added that began to feel better psychologically three/four years ago, coinciding with the diagnosis. For participant D, the “rants” he received from adults were avoidable.

In the four interviewees, despite the different moments of problem detection, the importance of diagnosis and interventions in their lives is consensual, contributing to the self-knowledge, and promoting self and hetero understanding and acceptance, as well as well-being and inclusion.

3.2. *Developmental tasks – Participant A*

Participant A (Table 1) successfully completed early childhood tasks, which seem not have had an impact. However, there are some things to be clarified: difficulties with social interaction (“I didn't like to talk to many people when I was younger”) and food issues (preference for stale soups).

In middle childhood, because of social interaction difficulties, it is assumed that the relationship with peers may not have been successful, when referring to primary school as “each one also had their games/plays”. There were as well difficulties with autonomy, still current: “I have autonomy to do some things”. He also described posture problems (resolved). The tasks at this stage, carried out with greater or lesser success, were not emphasized in the discourse, but we may highlight the development of attitudes towards social groups and institutions, because he spontaneously mentioned two colleagues and the primary school teachers.

In adolescence, some difficulties emerge, namely in achieving new and more mature relationships. The interviewee was involved in several projects (conservatory, choir, theatre, dance), relating and cooperating with the others, but he “did not make friends with everyone, because there were people hard to trust”. His participation in these activities may have promoted socially responsible behavior, making this task more meaningful.

Learning difficulties (Portuguese and mathematics) occurred, as demonstrated in: “the Portuguese exam was hard. I failed three times and then gave up on it.”; he also expressed the “difficulty in interpreting texts and proverbs”; and “then I gave up mathematics, which was too difficult”. In adolescence and early adulthood, self-image was affected, but lesser in the present: “I weighed 123 kilos. But now I have support from a nutrition specialist. At night, I also train, that helps me”.

In the transition from adolescence to adult life, he finished secondary education with the grades from the conservatory, due to repeated failure in the Portuguese exam, and started a degree in music, an opportunity that was interrupted: “I passed to the 2nd year of the degree, but they ended the course. My bad. I was getting along well with others.” For the interviewee, the end of the course (as well as the end of the choir group) was a very complicated change. Later, he tried to attend other higher education degrees, but it was not possible.

Only more recently (early adulthood), during the pandemic crisis Covid-19, he started a gastronomy, tourism, and well-being course, which he is about to complete. In this context, he did an internship in an ice cream shop and in a pastry shop, performing various tasks: “washing dishes”; “I took care of the tables or helped downstairs in the kitchen, helped to make the salads, helped with the steaks and to make the ice cream”. He also mentioned: “I liked the people who were working with me, particularly the owners”; and “I liked being in the ice cream shop, which was quieter”. He expressed a slight resistance to change, especially in adapting to new schedules and context.

Finally, his future plans seem to be well defined: to get his driving license, live alone in a house he has in the village (he currently lives with his family) and having a job in a nearby area. The option of moving to the village is related to his preference for calm environments: “when I'm in the village, I feel calmer, more peaceful.”; and “feeling more like this in peace and quiet is what I wanted most

at this moment". On personal life, he said "I haven't been able to find anyone yet. I've tried many times, but I can't.

Table 1. Achievement of the development tasks in participant A.

| Infancy and Early Childhood | Successful | Difficulties | Significant |
|--|-------------------|---------------------|--------------------|
| Learning to walk | ✓ | | |
| Learning to take solid foods | ✓ | | |
| Learning to talk | ✓ | | |
| Forming concepts and learning language to describe social and physical reality | ✓ | | |
| Getting ready to read | ✓ | | |
| Learning to control the elimination of body wastes | ✓ | | |
| Learning sex differences and sexual modesty | | | |
| Learning to distinguish right and wrong and beginning to develop a conscience | ✓ | | |
| Middle childhood | | | |
| Learning skills necessary for ordinary games* | ✓ | | |
| Building wholesome attitudes toward oneself as a growing organism | ✓ | | |
| Learning to get along with age-mates | | ✓ | ✓ |
| Developing social gender roles* | | | |
| Developing fundamental skills in reading, writing, and calculating | | ✓ | |
| Developing concepts necessary for everyday living | | | |
| Developing conscience, morality, and a scale of values | ✓ | | |
| Achieving personal independence | | ✓ | |
| Developing attitudes toward social groups and institutions | ✓ | | ✓ |
| Adolescence | | | |
| Achieving new and more mature relations with age-mates of both sexes | | ✓ | |
| Achieving a social gender role* | | | |
| Accepting one's physique and using the body effectively | | ✓ | |
| Achieving emotional independence of parents and other adults | | ✓ | ✓ |
| Preparing for marriage and family life | | ✓ | |
| Preparing for an economic career | | ✓ | ✓ |
| Acquiring a set of values and an ethical system as a guide to behavior; developing an ideology | ✓ | | |
| Desiring and achieving socially responsible behavior | ✓ | | ✓ |
| Early Adulthood | | | |
| Selecting a mate | | ✓ | |
| Managing a home | | ✓ | |
| Getting started in an occupation and stay in the job market* | | ✓ | |
| Taking on civic responsibility | ✓ | | |
| Learning to live with a marriage partner | | | |
| Starting a family | | | |
| Rearing children | | | |
| Finding a congenial social group | | | |

These tasks are not being performed.
However, this stage of life is not yet complete.

*According to update [22]

3.3. Developmental tasks – Participant B

Participant B (Table 2) revealed difficulties in early childhood, specifically, speech delay associated with longer learning to read. This stage was characterized by the “chaotic” family environment, addressed spontaneously in the interview, which makes it clear that the awareness development is a particularly significant task for the interviewee.

In mid-childhood, some experiences were also harmful to her development, especially the bullying that she reports being a victim of, attributed to the following causes: “I was very isolated, a very easy target for many people”, who called her “fat” and made fun of her because “she has glasses”. Both the self-concept and the relationship with peers may have been affected, leading to social isolation: “I isolated myself, yes. Truly!”, “I even pretended to be sick to avoid going to school”. So, she characterized primary school as a “hell”, adding that bullying was from classmates and teachers. Probably, the development of attitudes towards social groups and institutions was also impaired: “I always had a bad relationship with the teachers”.

Regarding the mid-childhood stage, despite how impactful the tasks may have been for the interviewee, because she spontaneously in her speech, it would have been negative (bullying was very harmful to her accomplishment), except for the success in the development of conscience/morality. Difficulties in autonomy are also highlighted. Concerning school learning, in middle childhood and adolescence, there were problems with handwriting, limitations in understanding texts and in building grammatically correct sentences, as well as difficulties in her own native language, mathematics and history (not English, as it was an area of interest to her).

In adolescence, moving to another city with her mother, to her grandmother's house, was seen as positive, because it took her away from her previous family environment. However, expectations were dashed, due to her grandmother's “older, more closed mentality”. The school adaptation was “horrible”, adding: “basically, leaving school was like leaving one hell to enter another. The only rest I had for my head was to go to the computer and isolate myself from everything.”; “no, I never had friends and at that time I never had a boyfriend”. In addition, she said that the teachers “did not believe much in my abilities”. These statements show, during adolescence, failure in tasks such as establishing new and more mature relationships and achieving emotional independence.

Self-image was also affected. When asked, she alluded that it was not “very positive, because I was always a bit fat”. Another task, apparently without success, concerns socially responsible behavior, compromised by mental health issues and social isolation: “I was reaching a mental decline. So, my future perspective was more obscure”.

The most successful developmental task during adolescence would have been the acquisition of a set of values: “I valued my mother a lot. She sacrificed a lot to we, me and she, be okay.”

In the transition from adolescence to adulthood, together with her mother, they left their grandmother's house. Despite school difficulties, she completed the 12th grade and started a higher education degree, in visual arts and multimedia. She considers that she exceeded expectations, mainly because some teachers said “that she would not be able to reach this point”, and describes this experience as “difficult, but an honor”. She adds that “the teachers are wonderful, and the colleagues are much better”, having also mentioned adaptations at the assessment tasks due to the ASD.

Currently, in early adulthood, expectations “are very positive”, contrary to the past: “I didn't even know I was going to live until I was 18”. Anxiety and insomnia remain, however, on mental health (having been monitored since adolescence): “there are bad moments, but I am much better than before”; “I'm taking baby positive steps”. She has a boyfriend and her prospects for the future include “becoming financially independent”, preferably working in her degree area: “I'm not one of those students who “I'm done, now I'm going to take a break”. No, I want to start working now”.

Table 2. Achievement of the development tasks in participant B.

| Infancy and Early Childhood | Successful | Difficulties | Significant |
|------------------------------|------------|--------------|-------------|
| Learning to walk | ✓ | | |
| Learning to take solid foods | ✓ | | |

| | | | |
|--|---|---|---|
| Learning to talk | ✓ | | |
| Forming concepts and learning language to describe social and physical reality | ✓ | | |
| Getting ready to read | ✓ | | |
| Learning to control the elimination of body wastes | ✓ | | |
| Learning sex differences and sexual modesty | | | |
| Learning to distinguish right and wrong and beginning to develop a conscience | ✓ | | ✓ |
| Middle childhood | | | |
| Learning skills necessary for ordinary games* | ✓ | | |
| Building wholesome attitudes toward oneself as a growing organism | | ✓ | ✓ |
| Learning to get along with age-mates | | ✓ | ✓ |
| Developing social gender roles* | | | |
| Developing fundamental skills in reading, writing, and calculating | | ✓ | |
| Developing concepts necessary for everyday living | | | |
| Developing conscience, morality, and a scale of values | ✓ | | ✓ |
| Achieving personal independence | | ✓ | |
| Developing attitudes toward social groups and institutions | | ✓ | ✓ |
| Adolescence | | | |
| Achieving new and more mature relations with age-mates of both sexes | | ✓ | |
| Achieving a social gender role* | | | |
| Accepting one's physique and using the body effectively | | ✓ | |
| Achieving emotional independence of parents and other adults | | ✓ | ✓ |
| Preparing for marriage and family life | | ✓ | |
| Preparing for an economic career | | ✓ | |
| Acquiring a set of values and an ethical system as a guide to behavior; developing an ideology | ✓ | | ✓ |
| Desiring and achieving socially responsible behavior | | ✓ | |
| Early Adulthood | | | |
| Selecting a mate | | ✓ | |
| Managing a home | | ✓ | |
| Getting started in an occupation and stay in the job market* | | ✓ | |
| Taking on civic responsibility | ✓ | | |
| Learning to live with a marriage partner | | | |
| Starting a family | | | |
| Rearing children | | | |
| Finding a congenial social group | | | |

These tasks are not being performed.
However, this stage of life is not yet complete.

*According to update [22]

3.4. Developmental tasks – Participant C

Participant C (Table 3) spontaneously mentioned some specificities in speaking and reading in the first stage of life, which may reveal a personal impact. In summary, there was a period of oral language loss, later starting to speak like an adult (“the father”, “the mother”, “the grandfather”, “the grandmother”). Hyperlexia is also highlighted - “I already knew how to read at the age of three years old” -, which does not invalidate the limitations in reading comprehension [28]. He mentions, with

accurate memory, that he left the diaper late (seven years). He also pointed out the existence of “tantrums”, related to contextual factors, namely bad weather and traffic.

The mid-childhood discourse clarifies the success and meaning of two tasks: develop skills necessary for ordinary games and relating with peers - “some of the memories I have are related with playing and drawing and painting with my peers” and “I really liked playing with my peers”. At this stage, his self-image seems to have been less positive, as he reports in detail: “when I was eight years old, I wanted to be a little taller and weigh 30 instead of just 25”. Other limitations were present in learning and autonomy. According to the participant, the difficulties in Portuguese classes were lower in adolescence. In mathematics, “in the beginning I didn't have so many difficulties in calculating. Now, in adolescence, is more difficult”. On independence, when asked about his choices as a child (clothes, games, friendships), he stated: “My parents chose. Now, it's almost always me.”

He is currently in his adolescence. Despite having shown to enjoy social interaction (“had a lot of friendly relations”), it was found that they were limited to classmates and interactions in online games, when the question was deepened. Added the limitations, which he identified, in starting a conversation.

As far as emotional independence is concerned, he seems to be succeeding and it is, most likely, one of the most significant tasks for him: “one of the moments that stood out for me was going to Spain on the graduation trip. For the first time a trip to Spain without going with the parents”. He also assured that the most negative striking moment occurred at the age of 14, with “the death of the grandfather”. He completed secondary education, in commerce studies, doing an internship, in which he “welcomed and helped tourists”. This experience seems to have been favorable: “I enjoyed my internship”.

In the transition to adult life, he expressed the success and meaning of having a socially responsible behavior: “I am starting to take responsibility for things”. About professional expectations, he said “I am about to start job training, now at the age of 18”, later intending to “find a job in the tourism area”. When asked about something else he wants for his future, it is noticeable the understanding of the question in the literal sense: “Yes. I want to live for many years”. In his personal life, “he hasn't had a girlfriend yet”, but he adds: “yes, I'm thinking of starting a family when I'm in my twenties”.

Table 3. Achievement of the development tasks in participant C.

| Infancy and Early Childhood | Successful | Difficulties | Significant |
|--|-------------------|---------------------|--------------------|
| Learning to walk | ✓ | | |
| Learning to take solid foods | ✓ | | |
| Learning to talk | ✓ | | ✓ |
| Forming concepts and learning language to describe social and physical reality | ✓ | | |
| Getting ready to read | ✓ | | ✓ |
| Learning to control the elimination of body wastes | | ✓ | |
| Learning sex differences and sexual modesty | | | |
| Learning to distinguish right and wrong and beginning to develop a conscience | ✓ | | |
| Middle childhood | | | |
| Learning skills necessary for ordinary games | ✓ | | ✓ |
| Building wholesome attitudes toward oneself as a growing organism | | ✓ | |
| Learning to get along with age-mates | ✓ | | ✓ |
| Developing social gender roles | | | |
| Developing fundamental skills in reading, writing, and calculating | | ✓ | |
| Developing concepts necessary for everyday living | | | |
| Developing conscience, morality, and a scale of values | ✓ | | |

| | | |
|--|---|---|
| Achieving personal independence | | ✓ |
| Developing attitudes toward social groups and institutions | ✓ | |
| Adolescence | | |
| Achieving new and more mature relations with age-mates of both sexes | | ✓ |
| Achieving a social gender role | | |
| Accepting one's physique and using the body effectively | ✓ | |
| Achieving emotional independence of parents and other adults | ✓ | ✓ |
| Preparing for marriage and family life | | ✓ |
| Preparing for an economic career | ✓ | |
| Acquiring a set of values and an ethical system as a guide to behavior; developing an ideology | ✓ | |
| Desiring and achieving socially responsible behavior | ✓ | ✓ |

*According to update [22]

3.5. Developmental tasks – Participant D

When he was two years old, participant D (Table 4) moved to the region where he currently lives, with his mother and grandparents. He does not remember exactly how old he was when his parents separated, but he argues that “everything went well”. Early childhood tasks were well accomplished, some with greater success. Learning to read was a relevant task, with spontaneous reference when asked about his learning and what was important to him in childhood. Another task, apparently with greater significance, is the development of conscience, as it appears in the speech that already in kindergarten “there were things that I did much better than others” and “there were those who were jealous and then started to make fun of me”. Finally, regarding the stage under analysis, he considers that the introduction of solid food was an easy process, but, even today, he prefers liquid soups.

In middle childhood, developmental success seems to have continued, except for two tasks with some commitment in the peer's relationship, “I didn't like when they excluded me, when I tried to join the group and they said, “no one spoke to you”. I even thought if someone told you that, would you like it too?”; in autonomy development, he reports an excessive influence of parents in his choices. Among the most significant tasks, the following stood out: i) the development of reading and writing skills, mentioned spontaneously and in detail - “once I tried to explain to a colleague of mine that “violet” is with “v” and not with “b”... because we had already learned the letter “v” we had not yet learned the letter “b””; ii) the relevance of conscience/morality, which is highlighted by the interviewee's position in relation to “snarls” in childhood, whether from the family or the teacher – “I behaved well, so I didn't think it was fair”, “I wish the teacher wouldn't be so nervous and snarls less”, because when “we're still learning, we need time”, “kids shouldn't get so many scolds”. These statements and the involvement in activities such as karate, swimming, conservatory (from the age of five) and scouts configure the development of attitudes to social groups and institutions.

In adolescence, acquiring values was important to the participant: “I didn't have the courage, despite being told to do it, to go against the other kids”; “I don't want today's kids to go through the same thing I did”. Regarding learning, self-perception is successful. However, he said “I couldn't pass the national exam in Portuguese for two points”, which may indicate difficulties in Portuguese in a most advanced schooling stage. Difficulties in establishing new and more mature relationships were also noted: “I've never had a girlfriend and I don't even know if I ever will.” There was even less achievement in emotional independence: “I already told my father not to think of another course for me, or to get my driving license”. About the end of adolescence, he recalled the loss of his grandfather.

In the transition from adolescence to adulthood, “to occupy some time” he attended a rock school and training in English. Then, he attended a year in higher education, in arts and multimedia, without success, which led him to give up and choose to “do something else”:

I realize that maybe I should never have gone there. I mean, sometimes even though I explained what my difficulties were, my colleagues didn't always accept that. And sometimes things happened, and they didn't even notice me. Sometimes, the teachers were also more demanding, something I didn't like either. If that was as much as I was able to achieve, they just had to accept it and I didn't like their attitude at all. That's why I dropped out. Also, sometimes, there were some classes that lasted so long, it seemed that time was so slow. It also bored me.

His first professional experience, developed in the support association he attends, proved to be more positive and, quite possibly, allowed him to develop different skills: "I cleaned the rooms, went shopping, went to the bank to make bank deposits..."

Finally (early adulthood), a few months ago, he began training as a gardening operator, whose internship, lasting nine months, he will carry out soon. In terms of future plans, he ends: "Get a good job to earn good money".

Table 4. Achievement of the development tasks in participant D.

| Infancy and Early Childhood | Successful | Difficulties | Significant |
|--|-------------------|---------------------|--------------------|
| Learning to walk | ✓ | | |
| Learning to take solid foods | ✓ | | |
| Learning to talk | ✓ | | |
| Forming concepts and learning language to describe social and physical reality | ✓ | | |
| Getting ready to read | ✓ | | ✓ |
| Learning to control the elimination of body wastes | ✓ | | |
| Learning sex differences and sexual modesty | | | |
| Learning to distinguish right and wrong and beginning to develop a conscience | ✓ | | ✓ |
| Middle childhood | | | |
| Learning skills necessary for ordinary games* | ✓ | | |
| Building wholesome attitudes toward oneself as a growing organism | ✓ | | |
| Learning to get along with age-mates | | ✓ | |
| Developing social gender roles* | | | |
| Developing fundamental skills in reading, writing, and calculating | ✓ | | ✓ |
| Developing concepts necessary for everyday living | | | |
| Developing conscience, morality, and a scale of values | ✓ | | ✓ |
| Achieving personal independence | | ✓ | |
| Developing attitudes toward social groups and institutions | ✓ | | ✓ |
| Adolescence | | | |
| Achieving new and more mature relations with age-mates of both sexes | | ✓ | |
| Achieving a social gender role* | | | |
| Accepting one's physique and using the body effectively | ✓ | | |
| Achieving emotional independence of parents and other adults | | ✓ | ✓ |
| Preparing for marriage and family life | | ✓ | |
| Preparing for an economic career | | ✓ | |
| Acquiring a set of values and an ethical system as a guide to behavior; developing an ideology | ✓ | | ✓ |
| Desiring and achieving socially responsible behavior | ✓ | | |
| Early Adulthood | | | |
| Selecting a mate | | ✓ | |
| Managing a home | | ✓ | |

| | |
|--|--|
| Getting started in an occupation and stay in the job market* | ✓ |
| Taking on civic responsibility | ✓ |
| Learning to live with a marriage partner | |
| Starting a family | These tasks are not being performed. However, this stage of life is not yet complete. |
| Rearing children | |
| Finding a congenial social group | |

*According to update [22]

4. Discussion

The participants became aware of the diagnosis of ASD at different life stages, following signs that were more or less evident, or “disguised”. There was some success in their development, despite limitations, revealing good levels of functionality and autonomy. Probably, there would be higher failure in cases of greater ASD severity. However, the results are not generalizable, also considering the unique characteristics and development process of each human being.

The early childhood stage was successful for all participants. Complete success was achieved in the tasks of learning to walk and distinguishing between right and wrong/beginning to develop a conscience. As for the first, the acquisition of independent walking was not delayed as would be expected in ASD [29]. There was also no impairment of consciousness due to social and emotional limitations, characteristic of this disorder [1, 9] possibly related to family and school circumstances experienced. In two participants, this last task arose spontaneously, just like the preparation for reading, and may demonstrate greater significance at this stage.

The self-perceptions of the interviewees highlight greater difficulties in speaking and reading, in participant B. It is reinforced that delay in speech is frequent, in ASD, with language skills influencing the learning of reading [4-5, 30]. We found some food particularities, but without generalized difficulties in introducing solid foods [5, 25]. The literature also points out that the sphincter control can be carried out later in the ASD [31], which was only confirmed in participant C, who left the diaper at seven years old.

In middle childhood, limitations in the peer’s relationship and in learning (reading, writing and arithmetic) were to be expected, and are the most common diagnosis causes at school age. The first was confirmed in three participants, except for C (showed better relationships in primary school), despite not confirmed the expected deficits in skills for playing (e.g. difficulty in pretend play and taking turns). Difficulties in learning (less noticeable in participant D) were attested, as well as in independence (not very marked) [1, 4-6].

Not so predictable, considering social interaction deficits [1], was the success in the development of conscience/morality and attitudes in relation to social groups and institutions. The latter was only unsuccessful in participant B, because of bullying phenomena, common among children and young people with ASD [5, 19]. These tasks were even the most impactful, along with the relationship with peers (only successful for participant C).

In adolescence, as expected according to the evidence there was greater failure in establishing new and more mature relationships. Mentioned spontaneously by the four interviewees, proving to be significant, emotional independence was only successful in participant C. Acquiring a set of values and desiring and achieving socially responsible behavior, diverging from what would be socially and emotionally expected, also appear relevant [1, 4-5]. This stage of life was particularly complicated for participants A and B, due to the changes they had to face (completing their higher education degree, in the first; moving to another city, together with social isolation and mental health issues, in the second).

None of the participants dated in adolescence and, currently, only participant B has a boyfriend. They do not exclude the intention of starting a family, however, they consider it’s still early. Expectations for the future are directed towards work issues, but none of them have work experience. Nowadays, these tasks are, naturally, later, and even more challenging in the ASD [5, 12, 32]. It is important to point out, that initial adulthood is not complete for the three adults and the youngster

has not even started it yet. Despite the weaknesses, the participants' desire for autonomy/independence stands out.

Confronting the four life histories, perhaps participant B self-perceived greater needs, due to the ASD diagnosis only in adulthood, in fact later diagnosis is common in females. Associated consequences, namely anxiety, have been expressed [16-18]. Contrary to the other interviewees, this participant did not benefit from interdisciplinary interventions [4-6], despite psychological follow-up in adolescence (prior to diagnosis).

All participants emphasized the importance of diagnosis and interventions, namely, for self and hetero understanding and acceptance, already highlighted by different authors [17-18, 33]. They valued the impact of late diagnosis, due to the understanding it provided them with the vicissitudes of their life path. However, with greater or lesser obstacles, none would change anything in their story.

The unknown existence of other investigations that relate Havighurst's development model with the ASD, is important for the discussion and should be highlighted. Added, are the life histories method limitations and the failure to obtain information about some tasks (development of concepts necessary for everyday living; gender identity). It is suggested the improve of research on this developmental model in relation with ASD, including cross-sectional studies with higher age groups (adults and elderly people) and longitudinal studies (from a life span perspective), as well as on the factors that interfere with the diagnosis.

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