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Young Adults' Identification as Autistic and Its Connections to Involvement, Quality of Life, and Wellbeing

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Abstract

In April 2020, the Ministry of Health in Brazil recommended the adoption of social protection policies aimed at containing the pathogen, following the World Health Organization's (WHO) guidelines, due to the growing number of people infected with the SARS-Cov-2 virus. Initiated in May 2020, lockdown.

Keywords: Autism; Child health; Pathogens.

Introduction

New norms requiring sudden routine changes were introduced in homes, workplaces, and educational institutions through social isolation and other individual protective measures, such as mask use and frequent hand washing. The development of neurological and psychiatric disorders increased as a result of COVID-19's systemic manifestations, which included the virus's potential to impact the central nervous system. At the same time, there was a rise in psychological distress and a decline in the general public's quality of life [1].

Methodology

Anxiety, PTSD, panic disorder, and depression were the psychiatric symptoms most frequently reported during the pandemic; these conditions were primarily linked to the numerous deprivations and the media's overabundance of information. Anxiety and depressive symptoms were linked to quarantine during the COVID-19 pandemic, according to a meta-analysis done in China. The frequency of these symptoms increased with the length of social isolation (Yuan et al., 2020). The fear of dying was linked to the high rates of psychological stress (44%), anxiety (47%) and depression (47%) in people with COVID-19. Additional risk factors for the COVID-19 pandemic-related emergence of psychiatric symptoms in the general population.

Being female, under 40 years old, experiencing financial instability, living in an urban environment, having comorbidities, having received a prior diagnosis of a psychiatric illness, and spending more than two hours a day in front of a screen. Furthermore, students were the group most likely to have suicidal thoughts, with a mean prevalence of 12.1%. Suicidal thoughts were found to be predicted by fear of spreading, alcoholism, social isolation, lack of private health insurance or difficulty accessing healthcare, and fear of infection. Families were confined to their homes, which created emotional demands due to the daily coexistence within the household, work from home requirements, household chores, and child care, all of which required the children to adjust to distance learning. Socially vulnerable families were disproportionately affected by the healthcare system's collapse, rising unemployment, the scarcity of necessities, and the absence of school lunches . According to Depape and Lindsay, these stressors have the tendency to exacerbate psychological tension within families, making situations worse for children who are already being neglected due to financial hardships and/or violent and abusive family dynamics [2-4].

In these circumstances, children and adolescents were deprived of the chance to integrate and adjust to the outside world due to the social isolation brought on by the pandemic and parents' regular responsibilities. Regardless of the age of their children, mothers had a prevalence of anxiety and depression of 43.37% and 36.27%, respectively, according to a 2020 Canadian study. An observational study conducted in Brazil revealed that young people who had children under the age of six had a higher risk of developing anxiety, depression, and posttraumatic stress disorder than did those who had children older than seven. Compared to parents of health peers and parents of children with other disabilities, parents of children with ASD exhibit higher levels of anxiety and depression symptoms as well as a lower quality of life. Apart from the previously mentioned vulnerabilities, parents of children and adolescents with mental disorders like autism spectrum disorder (ASD) may have found daily life especially taxing during the pandemic. This is because patients with ASD need interdisciplinary care as well as inclusive, frequently highly individualized education. Most ASD patients were unable to continue their therapies because of the quarantine [5,6].

Moreover, the quality of life of these children and adolescents, as well as their families, was greatly affected by sleep disorders that resulted in a secondary increase in stress levels. The parents of children and teenagers with ASD experienced additional issues during the quarantine period, which worsened their mental health and general wellbeing. The aforementioned issues encompassed job transitions or losses, leading to monetary instability; the emergence or intensification of signs of tension and anxiety; strained familial bonds, encompassing disputes between parents and children; and an excessive workload. Additionally, social and economic limitations, a fear of infection, family isolation, school closures, the cessation of rehabilitation therapies, the loss of a loved one, and having to work from home were the main factors that were predictive of psychiatric manifestations in this population. Additionally, social and economic limitations, a fear of infection, family isolation, school closures, the cessation of rehabilitation therapies, the loss of a loved one, having to work from

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home during this time, and having to take care of household chores were the main factors predictive of psychiatric manifestations in this population.

Significant shifts in identity, self-awareness, and cognitive flexibility occur during the young adult (18–25 year old) stage. During this time, the person has significant experiences and learning processes that help them cope with adult life and all of its responsibilities. Academics, professionals, families, housing, communities, and interpersonal relationships are all contexts for these experiences. Young adults with autism deal with a variety of constant and changing challenges in their lives, each specific to their own experiences. Some young adults are able to live on their own, seek employment, and develop deep relationships with people. But large percentages depend on their families or other support systems, struggle to find appropriate employment or reach their full potential in the workforce, and occasionally face social isolation and mental health issues. These difficulties may have an impact on their general quality of life (QoL) and psychological health [7,8].

Adolescence is the primary time for identity development, and it may continue past the age of twenty. According to Christiansen and Dunn and Burcaw, self-identity is a self-definition derived from an individual's personal traits, roles, appearance, values, aspirations, and experiences that have been shaped through social negotiation. It enables one to participate in goal-directed, controlled, and independent. In the context of autism, identity involves particular challenges related to developing a sense of self in light of the diagnosis. Determining if telling a child about their diagnosis would be in their best interests is a difficult decision for parents of autistic children. Many parents believe that by keeping the diagnosis a secret, stigma may be avoided. Concealing the diagnosis comes at a high cost to the child and family, though, as it necessitates spending time and money coming up with strategies. Given that their disability is an inherent part of who they are, asking children to conceal their autism can cause them immense shame [9,10].

Results

Out of the 1204 people who had access to the questionnaires, 337 people were disqualified for not providing a complete response on the forms or scales. The final sample under analysis comprised 867 adults, of whom 75.6% were female, 56.2 percent had a stable partner, 55.6 percent held a postgraduate degree, 66.7% belonged to a religious group, 41.3 percent were employed in a formal capacity, and 72% earned more than five minimum wages per month.

The roles and attitudes people adopt about themselves in relation to the illness they are coping with make up their illness identity. The notion was first presented by Oris to explain the degree to which a chronic illness affects a person's sense of self. This construct includes four different dimensions that add to the makeup of the identity associated with the illness: (a) Rejection is the level of willful refusal on the part of the person to accept their disease or chronic condition as part of who they are. It shows up as the belief that the illness poses a threat or is incompatible with one's identity. In such cases, the person tries to hide their illness from others and avoid thinking about it. It primarily entails positive identity transformations brought about by illness or chronic conditions, which may improve one's sense of self and promote personal growth.

Better coping with the challenges of the diagnosis and improved psychological and physical functioning are made possible by accepting and acknowledging it. Examined are the identities of those who identify as sick among adults and adolescents with different chronic health conditions. Oris looked into the relationships among teenagers with Type 1 diabetes that exist between illness identity, psychological well-being, and diabetes-specific functioning. According to their research, adaptive psychological functioning, a lower risk of diabetes-related complications, and better treatment adherence are all positively correlated with acceptance and enrichment.

Discussion

Brazilians endured a period of extreme political instability in addition to the stressors brought on by COVID-19-related confinement, fear, and grief. This was because, although the National Health Council adhered to WHO health regulations, the legislative and executive branches could not agree on how to convey or carry out these measures, which included vaccination, social distancing, and mask use. The pandemic situation in Brazil was made unique by this localized political unrest coupled with the global isolation and fear brought on by COVID-19. Thus, the goal of the current study was to examine variables associated with anxiety and depressive symptoms, as well as quality of life, in parents and childless adults in northeaster Brazil.

Adults with congenital heart disease who felt more engulfed were statistically more likely to report physical manifestations of their heart condition as well as symptoms of depression and anxiety. They also showed an increased risk of being admitted to the hospital and seeing doctors frequently .The illness identity dimensions were found to be significant predictors of health-related quality of life in adults with refractory epilepsy. The strongest and most persistent effect was exhibited by engulfment feelings. Meyer and Lamash evaluated the idea of illness identity in teenagers with celiac disease diagnoses. The results showed a significant correlation between higher participation in food-related activities and elevated social health-related quality of life (QoL) and a positive illness identity, which is defined by acceptance and enrichment.

Even though autism is not considered a disease or a chronic health condition, it affects people of all ages and can cause problems with identity all throughout their lives. As a result, investigating the connections between perceptions of one's identity as an autistic person and other aspects and consequences of life may be best done using the well-established concept of illness identity. There is currently little research on how young adults with autism perceive their identities, and the results are inconsistent. Diverse identity domains, including sexual orientation, values and beliefs, and group loyalties, have been measured using instruments that have been used in a variety of identity conceptualizations. Additional research employed interviews to investigate the ways in which autistic young adults incorporate autism into their identity. Based on Oris and her colleagues' work, the autism identity conceptualization offers a new quantitative understanding of a multidimensional profile of autism identity perception. A pilot study evaluated how autistic people perceived their identity as an illness and found that autistic adults had strong feelings of acceptance of their condition. However, among this population, negative feelings about autism identity have been linked to lower levels of work-related self-efficacy and quality of life.

Conclusion

In this study, the perceptions of autism identity among young adults with autism were examined, along with the connections between autism identity profile and participation, quality of life, and personal well-being. The findings and the significance of encouraging a positive view of autism identity will be covered in detail during the discussion.

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