ABSTRACT
Free drawings of children with AS, aged 7-16 years, were analysed in relation to the clinical picture comprising their difficulties in communication, social behaviour and cognition. All children showed good abilities in drawing. Pictures had some common traits and were distinctly original, reflecting peculiarities of the syndrome features. Analysis of free drawings was found to be a helpful tool in understanding the inner world and the dynamic changes during the therapy process of these children.

Key words: Asperger syndrome, children, free drawings.
Children with Asperger syndrome – a form of pervasive developmental disorder – are very distinct and interesting and also difficult to build and maintain the contact with them (1-4). Lack of intuition in social interactions, disturbed communication patterns and narrow interests and good abilities for visual thinking leads for the need to look for the more flexible and individualised approaches in work with these children (5-7). Using of free pictures and free drawings is one of the good possibilities in clinical work with them (8-11).

During the epidemiological study of Asperger syndrome (AS) in Vilnius, performed in 1999, 36 cases of AS were found. 6018 school children in 14 randomly selected secondary schools and 252 classes in Vilnius were screened using a screening questionnaire for AS (ASSQ) developed by S. Ehlers, C. Gillberg and L. Wing (12). Selected sample represented the total population of school children aged 7-16 years in Vilnius. After the screening procedure final case selection was based on clinical work-up. Cases were diagnosed using ICD-10 (13), Gillberg and Gillberg’s (14), and Szatmari et al.’s (15) diagnostic criteria for the disorder.

One of the aims was to analyse free drawings of children with AS, 26 children (17 boys and 9 girls) participated in this part of the study.

METHODS
Free drawings of children with AS aged 7-16 years were analysed in relation with the clinical picture comprising their difficulties in communication, cognition, social behaviour, interests and activity.

ETHICS
The study has been sanctioned in Lithuania by National Committee for Medical Ethics and Department of Education.

RESULTS
All the children showed good abilities for drawing. During the visits to our clinic they drew very willingly. It appeared that starting from drawing a picture is good way to start communication and friendly relations with AS children building the contact with them more easily.

Drawings of AS children showed their high accomplishments in depicting perspective, proportion and movement, certainty, sensitivity of line and shading, together with detail accuracy, imposing highly individual and personalized style. None of the children had
any expert tuition. Three children had short periods of attending few (2-4) lessons in the art school after the ordinary school activities but dropped out from there because of the communication difficulties and social interaction peculiarities caused by the syndrome. Quoting one 13 years old girl: explaining her dissatisfaction and refusal to attend the art lessons, she said: “they are telling what to draw, but not that what one’s is willing to draw, and even more, - they are teaching how to draw!”

Most of the free drawings reflected narrow interests of AS children. AS children did not like drawing people.

Free drawings of AS children had many common features reflecting peculiarities of the syndrome and were distinctly original. They were divided into the groups according to the prominent reflection of some specific features of AS that were brought to light at the greater extend. One picture from each group is presented here below representing basic tendencies.

**Picture 1. **“Horse Kashtanas”.

There is a horse (named Kashtanas), drawn by that 13 years old girl quoted above. She was extremely interested in horses. One year ago she had started to write a book about horses. She drew illustrations for the book by herself. She had very intensive desire for the few last years to attend horse-ridding classes. There were only few places in Vilnius where she could attend ridding group, far distance from their house, and too expensive for the patents. And still, every day, for many times, she insisted her parents for the possibility to see the horses and go ridding. During the visit to out clinic she also was asking her mother about horse-ridding again and again, even carped at the mother’s sweater trying to make agreement for the ridding, insistently asking for many times: “when we’ll go there, may be tomorrow, in what time”, etc.

She was shy, clumsy, rigid, egocentric and very abstinent girl, having very poor social orientation skills and severely impaired communicational abilities. She
didn’t like to live in the city and was extremely lonely at school, being not accepted and teased by the peers. She was spending summer holidays in the countryside, and liked to be there very much. She had a horse there, Kashtanas, and very longed for him. She drew this horse in her free picture.

**Picture 2.**
Chess, hobby of one 7 years old boy with AS. He had severe behavioural and social adjustment problems at school and poor communicational abilities. He attended chess classes willingly but later he dropped out from the circle because of the strange behaviour and permanent non-compliance. He had fear at that time, he was afraid of wind and storms. Chess he had drown in his free picture resembled chess’ figures in the wind.

**Picture 3.**
Picture of 10 years old very intelligent boy. He named this picture “The place of abode”. He was extremely interested in geography, ethnographies and archaeology. When he drew this picture, he started to explain the details in the picture, what is what there, with highly detailed memories from the walking tour, interesting at the beginning and boring later on. He did not noticed that it was not easy for us to follow his detailed monologue for approximately half an our, while his mother had no patience left and interrupted him.

**Picture 4.**
Graffiti of 13 years old boy. His intense interest in geography, nature, astronomy and politics was followed by the keen involvement in graffiti. One of the positive aspects of the new involvement in graffiti was better communication with the peers. He became more interesting and original to his peers and had got the group that he belonged to. He was accepted at the group, this was very important during the early teenage years.
Picture 5.
Free picture of the 16 years old boy. He named it “City street” and explained: “City street. Spring. Mountains. A little bit cold climate. The weather – not warm, and not cold”. There are many details in the picture, and no people in the street, nor driver in the car.

Picture 6.
This picture drawn by 14 years old boy, named “Little houses”, with stereotypical repeating of the houses, and no people. But there are paths from one little house to another with whole system, filling nicely the space. This warm vivid picture reminded in some way a map, family structure and relationships.

Picture 7.
Picture of 9 years boy. This boy liked drawing and drew at home every day. He had difficulties in conceiving what to draw. He drew things from nature very precisely or copied pictures. Parents were proud of his unusual ability and hobby. When he was told to draw a free picture, it was very difficult for him to decide what to draw. He asked what to draw again (for the several times), but after the getting an open explanation every time to draw what ever he wants for His picture and use all kinds of materials for drawing that were present in the room. When he realized that he not get clearly defined directions what to draw, then very quickly, in about 15 minutes he drew this picture showing excellent ability to copy. It was very precise copy of the picture on the crayon’s box that was lying on the table in front of him, resembling colored copy done by the machine.

Picture 8.
This picture, drawn by the 12 years old girl was named “Submarine world”, or “The world under the water”, in my view, reflected the inner world of AS children. Many small repeating details, comprising a whole
world under the water. There was a little space left above the water, few dark birds and sky, expressing anxiety, and almost no space left in between sky and water, free space, symbolizing communication with others.

**Picture 9.**

Very smart and intelligent 15 years old boy drew this picture. He was the winner of many national competitions in physics and chemistry for many years. On the other hand he was lacking intuition and empathy and had poor communication skills. He was lonely, especially among peers, painfully understanding his disability and depressed. Because of the extremely difficult social adjustment and teasing he had changed his class or school for the four times. In the 9th grade classmates accepted his individuality, calling him “strange, eccentric professor” and did not tease him so cruelly as it was ago.

His room at home resembled chemical laboratory, he was reading books from chemical faculty of the university and carried various experiments. For the last two years he attended courses in Vilnius University and learned Japanese. He named his picture “How to explain human nature by the means of physics”, and wrote this title in Japanese on the upper left corner of the picture. On the other side of the paper he wrote the title in Lithuanian, together with date, place and precise time, indicating ours and minutes, that showed his tendency to focus on the very details.

Besides extreme personal suffering, this exceptional young boy could be considered as one of the candidates to become prominent scientist having potential to contribute to the field of chemistry or physics, or other science.
CONCLUSIONS

1. Drawings of children with AS had specific features reflecting peculiarities of the syndrome. As children did not like drawing people.
2. Giving possibility to draw during the visit was helpful to get into the better contact with the AS children. Drawing a free picture was good mean of the communication and also helped to understanding better their inner world.
3. Drawings of AS children were helpful in evaluating the dynamic changes that occurred in the therapy process and reflected emotional changes together with the development of communicational and social skills.
4. Professionals should cooperate in flexible and constructive way providing broader possibilities for AS children to obtain optimal help and opportunities to develop their specific talents.

REFERENCES

1. Attwood T. Asperger’s syndrome. London, Philadelphia: Atheneum Press. 1998.
2. Frith U. Autism and Asperger Syndrome. Cambridge: Cambridge University Press. 1991.
3. Gillberg C. Asperger syndrome and high-functioning autism. Br J Psychiatry 1998; 172; 200-09.
4. Happe F. Autism: an introduction to psychological theory. London: UCL Press. 1994.
5. Howlin P. Practitioner review: psychological and educational treatments for autism. J Child Psychol Psychiatry 1998; 39: 307-22.
6. Pring L, Hermelin B. Bottle, tulip and wineglass: semantic and structural picture processing by savant artists. J Child Psychol Psychiatry 1993; 34: 1365-85.
7. Schaffer HR. Social development. Blackwell Publishers Ltd, Oxford. 2001.
8. Grandin T. Thinking in pictures: and other reports from my life with autism. Doubleday. 1995.
9. Hermelin B, O’connor N. Art and accuracy: the drawing ability of idiot-savant. J Child Psychol Psychiatry 1990; 31: 217-28.
10. Malchiodi C. Medical Art Therapy with Children. Jessica Kingsley Publishers, London. 1999.
11. Wadeson H. Art therapy practice: innovative approaches with diverse populations. John Wiley&Sons, Inc. 2000.
12. Ehlers S, Gillberg C. The epidemiology of Asperger syndrome. A total population study. J Child Psychol Psychiatry 1993; 34: 1327-50.
13. Gillberg IC, Gillberg C. Asperger syndrome—some epidemiological considerations: a research note. J Child Psychol Psychiatry 1989; 30: 631-638.
14. WHO. The International Classification of Diseases (ICD-10). 1993.
15. Szatmari P, Bartolucci G, Brenner R. Asperger’s Syndrome and autism: Comparisons on early history and outcome. Dev Med and Child Neurol 1989; 31: 130-136.

Sigita Lesinskiene
Center of Child Psychiatry and Social Paediatrics
Vilnius University
Vytauto 15
2004 Vilnius
Lithuania.
Sigita.Lesinskiene@vrc.vu.lt