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IMPACTO DA PERTURBAÇÃO DO ESPECTRO DE AUTISMO NA REALIZAÇÃO DAS TAREFAS DE DESENVOLVIMENTO DE HAVIGHURST
AUTISM SPECTRUM DISORDER IMPACT ON HAVIGHURST DEVELOPMENTAL TASKS ACHIEVEMENT
IMPACTO DEL TRANSTORNO DEL ESPECTRO AUTISTA EN EL LOGRO DE TAREAS DE DESARROLLO DE HAVIGHURST

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RESUMO

Introdução: A Perturbação do Espectro do Autismo (PEA) é uma patologia do neurodesenvolvimento, geralmente identificada na infância, apesar do diagnóstico tardio em casos de maior funcionalidade. Havighurst propõe um conjunto de tarefas fundamentais ao longo do ciclo de vida, cuja realização é provavelmente comprometida na PEA, embora careça de evidência científica.

Objetivo: Pretendeu-se compreender o processo de desenvolvimento de três adultos e um jovem, diagnosticados com PEA, nível, em diferentes fases da vida, à luz do modelo teórico de Havighurst.

Métodos: Através da metodologia das histórias de vida, realizaram-se entrevistas, que foram objeto de análise de conteúdo.

Resultados: Os resultados apontaram para a importância da detecção e intervenção precoces, minimizando as adversidades, sobretudo naqueles que tiveram diagnósticos tardios. A auto-percepção de sucesso, não esperada, foi encontrada em algumas tarefas de desenvolvimento (e.g. moralidade). Também se verificaram limitações esperadas relacionadas com a PEA (e.g. relações com os pares).

Conclusão: É fundamental aprofundar a investigação sobre este modelo de desenvolvimento e sobre os fatores que atrasam o diagnóstico.

Palavras-chave: perturbação do espectro do autismo; tarefas desenvolvimentais; adultos/jovens

ABSTRACT

Introduction: Autism Spectrum Disorder (ASD) is a neurodevelopmental condition 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 ASD, even though it lacks scientific evidence.

Objective: Understand the development process of three adults and one young person, diagnosed with ASD level I, at different life stages, based on Havighurst's theoretical model.

Methods: Through the methodology of life histories, interviews were subject to content analysis.

Results: Results pointed out the importance of early detection and interventions, minimizing adversities, above all, for those who had late diagnoses. Self-perceived success, not expected, was found in some development tasks (e.g., morality). Also, expected limitations related to ASD (e.g., relationships with peers) were noticed.

Conclusion: It is crucial to improve research on this developmental model and on the factors that delay the diagnosis.

Keywords: autism spectrum disorders; developmental tasks; adults/young

RESUMEN

Introducción: El Trastorno del Espectro Autista (TEA) es una condición del neurodesarrollo identificada habitualmente en la infancia, a pesar de un diagnóstico tardío en los casos de mayor funcionalidad. Havighurst propone un conjunto de tareas fundamentales a lo largo del ciclo vital, cuya consecución probablemente esté comprometida en los TEA, aunque carece de evidencia científica.

Objetivo: Comprender el proceso de desarrollo de tres adultos y un joven, diagnosticados con TEA nivel I, en diferentes etapas de la vida, basa en el modelo teórico de Havighurst

Métodos: A través de la metodología de historias de vida, las entrevistas fueron sometidas a análisis de contenido.

Resultados: Los resultados señalaron la importancia de la detección temprana y de las intervenciones, minimizando las adversidades, sobre todo por parte de quienes tuvieron diagnósticos tardíos. En algunas tareas de desarrollo (por ejemplo, la moralidad) se encontró un éxito auto percibido, no esperado. También se observaron limitaciones esperadas relacionadas con el TEA (por ejemplo, relaciones con los compañeros).

Conclusión: Es crucial mejorar la investigación sobre este modelo de desarrollo y sobre los factores que retrasan el diagnóstico.

Palabras clave: trastornos del espectro autista; tareas de desarrollo; adultos/jóvenes

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INTRODUCTION

Autism Spectrum Disorder (ASD) is a neurodevelopmental disorder, characterized by persistent deficits in communication/social interaction and restricted and repetitive patterns of behaviours, 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) (American Psychiatric Association [APA], 2014).

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). At each stage, there are seven to eight tasks related to developmental requirements: in infancy, most acquisitions occur, supported by the organization of the brain; in middle childhood, tasks are dominated by the child's impulse to "leave home" and join the peer group; adolescence is essentially a period of physical and socio-emotional maturation; early adulthood is the most individualistic and solitary phase, in which the most important tasks of life are faced (e.g., first job); in middle adulthood, the demands of social and civic responsibility are faced; in middle age, tasks arise from the demands or obligations imposed by one's own values and aspirations. The individual acquires new physical and psychological skills, the nervous system becomes more complex, and new demands from society arise.

This qualitative study addresses the life histories of three adults and a young man diagnosed with ASD, all of level I severity, in different development stages. Based on self-perceptions, the impact of the disorder on Havighurst's developmental tasks was analysed. As far as we know, no other research has carried out an approach of this kind, in which the different challenges along the developmental path can be analysed through the eyes of the individual.

1. AUTISM SPECTRUM DISORDER AND HAVIGHURST DEVELOPMENTAL TASKS

In ASD, 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- 24 months old) (APA, 2014). There are cases in which, in the first year of life, there is already a lack of interest in social interactions. Strange and repetitive behaviours and the absence of typical games are more evident in the second year of life (APA, 2014), and difficulties in adaptive behaviour (Garcia-Garcia & Baña-Castro, 2024). Regarding regression, that is, loss of skills, it most often affects oral language (Georgiou & Spanoudis, 2021).

After the two years old, suspicion is almost always due to a disturbance in speech development. It is possible to suspect deafness (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. 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 (Navarro-Pardo et al., 2021; Salgado-Cacho et al., 2021).

Specialized diagnosis and intervention are crucial to improve the quality of life of the person diagnosed and their family (Halpern et al., 2021; Salgado-Cacho et al., 2021). ASD is not degenerative, and learning often continues throughout life (APA, 2014; Navarro-Pardo et al., 2021; Salgado-Cacho et al., 2021). It is critical to have early intervention and the intersection of health, education, and social support areas, for practices adapted to the individual autonomy level, at different life stages (Maksimović et al., 2023).

The prevalence of ASD has increased worldwide, perhaps due to greater awareness and more accurate diagnosis (Hyassat et al., 2023), with over 50 million cases reported (van 't Hof et al., 2021). It is diagnosed four times more in males than in females (APA, 2014), which can be attributed to several reasons, such as genetic factors, diagnostic criteria, and the use of more compensatory strategies to disguise social difficulties in females. In fact, publications after the DSM-5 suggest a ratio of 3:1 (Loomes et al., 2017). In females, due to failed interaction attempts and late diagnosis, mental health problems are even more common (Bezemer et al., 2021), like emotional instability and depressive symptoms, showing also higher suicide risk (Genovese & Butler, 2023).

In Havighurst's theoretical model, all developmental tasks are 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 (Havighurst, 1982). Currently, there are some updates and criticisms on this theory, mainly focused on later maturity (Newman & Newman, 2012).

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 (APA, 2014; Navarro-Pardo et al., 2021), 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 (APA, 2014; National Institute for Health and Care

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Excellence [NIHCE], 2021). Only a minority live and work independently, and these are generally high-functioning cases who find a niche according to their interests and skills (APA, 2014; Merchie & Gomot, 2023; Salgado-Cacho et al., 2021).

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) analyse 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 for improving knowledge about ASD, with effects on diagnosis and intervention strategies.

2. 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.

2.1 Participants

The four 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 previously confirmed ASD diagnosis (by specialists/technicians accredited for this purpose, according to information from the institution), as well as the communication skills and social interaction that enabled the interview. Participant A, male, is 28 years old, and his 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.

2.2 Data collection instruments

Two semi-structured interview guidelines were prepared (adapted to each participant's stage of life), with: (i) part I - to know the participant's history, without suggesting Havighurst development tasks; (ii) part II - suggestion, by the interviewer, of development tasks not addressed in the first part. Corroborating a study of life histories (Newman & Newman, 2012), in spontaneous speech, more significant development tasks were expected for respondents than in induced speech.

2.3 Procedure

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, as well as the informed consent of the participants. The study was approved by the University's Ethics Committee.

The content analysis (Bardin, 2018) of the interviews was based on predefined categories (Havighurst's developmental tasks) and an emerging category (ASD diagnosis). Considering the developmental stage/age of the participants, only tasks from life stages I to IV were used, whose specification will be provided in the presentation of the results (Tables 1 to 4).

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 paediatrician, child psychiatrist or psychiatrist. The first signs of ASD description were varied (e.g., stereotypies, some unusual skills, speech delay, liking routine). 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 a spontaneous reference to it. 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 improving her school life. She added that she began to feel better

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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 1-4) successfully completed early childhood tasks, which seem not have had an impact. However, there are some things to be clarified: difficulties with social interaction 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. There were as well difficulties with autonomy, still current. 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 behaviour, making this task more meaningful. Learning difficulties (Portuguese and mathematics) occurred. In adolescence and early adulthood, self-image was affected, but less so in the present. In the transition from adolescence to adult life, I started a degree in music, an opportunity that was interrupted. The end of the course (as well as the end of the choir group) was a very complicated change. Later, he tried to pursue other higher education degrees, but it was not possible. Only more recently (early adulthood), during the pandemic crisis of COVID-19, he started a course in gastronomy, tourism, and well-being, which he is about to complete. He did an internship in an ice cream shop and in a pastry shop. Finally, his future plans seem to be well defined: to get his driving license, live alone in a house he has in the village (preference for calm environments), and have a job in a nearby area. 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 Participants – Infancy and Early Childhood

Infancy and early childhood tasks	Successful	Difficulties	Significant
Learning to walk	A/B/C/D		
Learning to take solid foods	A/B/C/D		
Learning to talk	A/C/D	B	C
Forming concepts and learning language to describe social and physical reality	A/C/D	B	
Getting ready to read	A/C/D	B	C/D
Learning to control the elimination of body wastes	A/B/D	C	
Learning sex differences and sexual modesty			
Learning to distinguish right and wrong and beginning to develop a conscience	A/B/C/D		B/D

3.3. Developmental tasks – Participant B

Participant B (Table 1-4) revealed difficulties in early childhood, specifically, a speech delay associated with longer learning to read. This stage was characterized by the “chaotic” family environment, addressed spontaneously in the interview (significant awareness development). In mid-childhood, some experiences were also harmful to her development, especially the bullying that she reports being a victim of. Both the self-concept and the relationship with peers may have been affected, leading to social isolation. 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 the spontaneously in her speech, it would have been negative (bullying was very harmful), except for the success in the development of conscience/morality. Difficulties in autonomy are also highlighted, as well as in school learning (middle childhood and adolescence). 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: “leaving school was like leaving one hell to enter another”; “I never had friends”; “the teachers did not believe in my abilities”. These statements show that, during adolescence, there is a 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 behaviour, compromised by mental health issues

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and social isolation. 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 for us.”

In the transition from adolescence to adulthood, 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 (“it’s difficult, but an honour”). She adds that “the teachers are wonderful, and the colleagues are much better”.

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). She has a boyfriend, and her prospects for the future include “becoming financially independent.

Table 2 - Achievement of the Development Tasks in Participants – Middle Childhood

Middle childhood tasks	Successful	Difficulties	Significant
Learning skills necessary for ordinary games*	A/B/C/D		C
Building wholesome attitudes toward oneself as a growing organism	A/D	B/C	B
Learning to get along with age-mates	C	A/B/D	A/B/C
Developing social gender roles*			
Developing fundamental skills in reading, writing, and calculating	D	A/B/C	D
Developing concepts necessary for everyday living			
Developing conscience, morality, and a scale of values	A/B/C/D		B/D
Achieving personal independence		A/B/C/D	
Developing attitudes toward social groups and institutions	A/C/D	B	A/B/D

3.4. Developmental tasks – Participant C

Participant C (Table 1-4) 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”). 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 (Tárraga-Mínguez et al., 2021). 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: developing skills necessary for ordinary games and relating with peers - “some of the memories I have are related to playing, drawing, and painting 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.

He is currently in his adolescence. Despite having shown to enjoy social interaction, they were limited to classmates and interactions in online games. 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 completed secondary education in commerce studies, doing an internship, in which he “welcomed and helped tourists”.

In the transition to adult life, he expressed the success and meaning of having a socially responsible behaviour. He intends to “find a job in the tourism area” and, 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 participants – adolescence

Adolescence tasks	Successful	Difficulties	Significant
Achieving new and more mature relations with age-mates of both sexes		A/B/C/D	
Achieving a social gender role*			
Accepting one's physique and using the body effectively	C/D	A/B	
Achieving emotional independence of parents and other adults	C	A/B/D	A/B/C/D
Preparing for marriage and family life		A/B/C/D	
Preparing for an economic career	C	A/B/D	A
Acquiring a set of values and an ethical system as a guide to behavior; developing an ideology	A/B/C/D		B/D
Desiring and achieving socially responsible behavior	A/C/D	B	A/C

Note: * According to the update (Freitas et al., 2013).

3.5. Developmental tasks – Participant D

When he was two years old, participant D (Table 1-4) moved to the region where he lives, with his mother and grandparents. Early childhood tasks were well accomplished. Learning to read was a relevant task, with spontaneous reference. Another task, apparently with greater significance, is the development of conscience: “in kindergarten, there were things that I did much better

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than others”; “there were those who were jealous and then started to make fun of me”. Finally, regarding this stage, he considers that the introduction of solid food was easy, but, even today, he prefers liquid soups.

In middle childhood, developmental success seems to have continued, except for two tasks: the peer’s relationship (“I didn’t like when they excluded me”) and the autonomy (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; ii) the relevance of conscience/morality, which is highlighted by the interviewee’s position in relation to “snarls” in childhood – “I behaved well, so I didn’t think it was fair”. 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.

In adolescence, acquiring values was important to the participant: “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”. 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.

In the transition from adolescence to adulthood, he attended a year in higher education, in arts and multimedia, without success: “I realize that maybe I should never have gone there”. His first professional experience, developed in the support association he attends, proved to be more positive and 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 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 Participants – Early Adulthood

Early Adulthood tasks	Successful	Difficulties	Significant
Selecting a mate		A/B/D	
Managing a home		A/B/D	
Getting started in an occupation and staying in the job market*		A/B/D	
Taking on civic responsibility	A/B/D		
Learning to live with a marriage partner	These tasks are not being performed. However, this stage of life is not complete for the adults (and the youngster has not even started it).		
Starting a family			
Rearing children			
Finding a congenial social group			

Nota: * According to the update (Freitas et al., 2013).

4. DISCUSSION

The participants became aware of the diagnosis of ASD at different life stages, following signs that were more or less evident. 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, 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. There was also no impairment of consciousness due to social and emotional limitations, characteristic of this disorder (APA, 2014; Halpern et al., 2021), 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 (Salgado-Cacho et al., 2021; Torrens & Ruiz, 2021). We found some food particularities, but without generalized difficulties in introducing solid foods (NIHCE, 2021; Salgado-Cacho et al., 2021). The literature also suggests that sphincter control can be achieved later in the ASD (Cagliani et al., 2021), as confirmed in participant C, who was still wearing a 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 (who showed better relationships in primary school), despite not confirming 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) (APA, 2014; Navarro-Pardo et al., 2021; Salgado-Cacho et al., 2021). Not so predictable, considering social interaction deficits (APA, 2014), 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 (Salgado-Cacho et al., 2021). 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

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successful in participant C. Acquiring a set of values and desiring and achieving socially responsible behaviour, diverging from what would be socially and emotionally expected, also appear relevant (APA, 2014; Salgado-Cacho et al., 2021). This stage of life was particularly complicated for participants A and B, due to the changes they had to face. 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 later. Expectations for the future are directed towards work, but none of them have work experience. These tasks are, naturally, later and even more challenging in ASD (Maksimović et al., 2023; Salgado-Cacho et al., 2021). 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 (Bezemer et al., 2021). Contrary to the other interviewees, this participant did not benefit from interdisciplinary interventions (Navarro-Pardo et al., 2021; Salgado-Cacho et al., 2021), despite psychological follow-up in adolescence (prior to diagnosis).

All participants emphasized the importance of diagnosis and interventions, for self and hetero understanding and acceptance (Alonso-Esteban & Alcantud-Marín, 2022). 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 their story.

CONCLUSION

Results pointed out the importance of early detection and interventions, minimizing adversities, above all, for those who had late diagnoses. Self-perceived success, not expected, was found in some development tasks (e.g., morality). Also, expected limitations related to ASD (e.g., relationships with peers) were noticed.

Evaluating the acquisition of developmental tasks, from a life cycle perspective, as is the case with the Havighurst approach, allows the reinforcement of knowledge about the specificities of ASD manifestations, as well as adjusting interventions to the actual individual difficulties during the lifelong cycle.

The unknown of other research relating Havighurst's development model to ASD is important for the discussion and should be highlighted. Regardless of the theoretical model of analysis used, we highlight the first-person approach, i.e., giving voice to people with ASD, which is innovative in the context of research with this population, where the meanings, interpretations, and perceptions attributed to their own experiences (not just the facts) are the focus of the investigation. In addition to allowing the monitoring of developmental tasks into adulthood, this theoretical model is another tool that can be used by different professionals working with this population. However, there are known limitations of the life history method, plus the communication difficulties associated with ASD. Nevertheless, we underline the importance of qualitative studies that allow a more attentive and in-depth look at each subject, complementing the results of quantitative studies in this domain. It is suggested that the improvement of research on this developmental model in relation to ASD, including cross-sectional studies with adults and elderly people and longitudinal studies (from a life span perspective), as well as on the factors that interfere with the diagnosis.

AUTHORS' CONTRIBUTION

Conceptualization, L.G., F.M., E.M. and R.F.; data curation, L.G., F.M. and E.M.; formal analysis, L.G., F.M., E.M. and R.F.; funding acquisition, F.M., E.M. and R.F.; investigation, L.G., F.M. and E.M.; methodology, L.G., F.M., E.M. and R.F.; project administration, L.G., F.M. and E.M.; resources, L.G., F.M. and E.M.; supervision, L.G., F.M., E.M. and R.F.; validation, L.G., F.M., E.M. and R.F.; visualization, L.G., F.M., E.M. and R.F.; writing- original draft, L.G., F.M. and E.M.; writing- review & editing, L.G., F.M., E.M. and R.F.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

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