



Emotional Intelligence in Adolescents and Young Adults with Asperger's Syndrome, Relatively to Neurotypical Young Adults

Giannoula Melea*

Psychiatric Department, General University Hospital Attikon, Greece

Submission: June 05, 2026; Published: June 22, 2026

*Corresponding author: Giannoula Melea, Psychiatric Department, General University Hospital Attikon, Greece, Email: gian.melea@gmail.com

Abstract

This Bibliographic Review deals with the issue of emotional intelligence in young adults with Asperger's Syndrome (High Functioning Autism), in relation to neurotypical (typically developing) young adults. That is, it concerns emotional intelligence in the developmental stage of early adult life, with high-functioning autism as a disorder.

Keywords: Emotional Intelligence; Asperger's Syndrome; Adolescents; Young Adults; Intimacy and Isolation

Abbreviations: EI: Emotional intelligence; CANTAB: Cambridge Neuropsychological Test Automated Battery; IED: Intra-Extradimensional; AQ: Autism Spectrum Questionnaire

Introduction

This Bibliographic Review deals with the issue of emotional intelligence in young adults with Asperger's Syndrome (High Functioning Autism), in relation to neurotypical (typically developing) young adults. That is, it concerns emotional intelligence in the developmental stage of early adult life, with high-functioning autism as a disorder.

Emotional Intelligence (And Cognitive Intelligence)

Emotional intelligence (EI), a concept introduced by Salovey & Mayer, and popularized and extended by Goleman, is the skill to accurately perceive, evaluate and express emotions, i.e. the ability to connect to and/or production of feelings when they facilitate thinking, the ability to understand emotion and emotional cognition, and the ability to regulate emotions to promote emotional and intellectual development [1]. Seven years after the initial formulation, as appreciation, expression, regulation and use of emotions, a modified version of it was presented as abilities, together with the first measurement scale of the Multifactor Emotional Intelligence Scale (MEIS) [2].

Neuroscience research has identified distinctions between the neural structures subserving cognitive intelligence (CI) and those

subserving emotional intelligence (EI), further strengthening the theory of dissociation of the neural systems underlying EI and CI. In a study investigating the performance on indices of cognitive and cognitive development of young adults with Autism Spectrum Disorder (ASD) without co-occurring intellectual or language impairment, relative to age- and sex-matched typically developing peers, both the ASD group and the typical development, showed a high average of cognitive intellectual abilities, whereas the ASD group, in contrast, reported lower levels of EI than their typically developing peers, as expected given the social and emotional challenges faced by individuals with ASD.

Importantly, cognitive intelligence was not associated with CHD in either group [3]. Mayer & Gehr found that EI in a variety of situations correlated with scores on Scholastic Assessment Test (SAT), with empathy, and with emotional transparency/ openness [1]. EI has emerged as a relatively new explanation for social difficulties in typically developing individuals [4].

Asperger's, The Syndrome, and the Change in Diagnostic Category

Asperger referred to the unexpected deficiency in social interaction as a lack of "harmony between mood and intellect" [5],

while others noted problems processing emotional information [4]. In contrast to “classic” autism [4], individuals with Asperger syndrome demonstrate average to superior intelligence [4] as well as typical early language development [4] in type qualitative disorders of reciprocal social interaction, in addition with a limited, repetitive, stereotyped range of activities and interests. Its main difference from autism is no delay or general slowing in the development of cognitive functions or language.

However, great clumsiness is often present. For persistence in adolescence and adulthood abnormalities there is a strong trend, while during the early years of adulthood psychotic episodes occasionally occur [6]. High-functioning autism or Asperger’s syndrome (AS), although changes in diagnostic criteria are being considered, and it has been removed from the fifth edition of the Diagnostic and Statistics Manual of Mental Disorders. With this previously diagnosed 18-24 year olds were unhappy, expressing confusion, anger and fear, with the change to ‘High Functioning Autism’ or ‘Autism Spectrum Disorder Level 1’, labels they felt would not represent them, would lose their identity as members of the “Aspie” community, which would lose the inclusion of new members from their future diagnosis, while they themselves would lose from their lives support from professionals and peers that they describe as valuable.

They seem to have called and identified themselves based on their diagnosis, with healthcare professionals identifying them as individuals with ASD (Chambers et al., 2019). Asperger syndrome is classified as one of the Pervasive Developmental Disorders (PDDs), also referred to as ASDs. The presence of social and emotional difficulties has been widely accepted as a hallmark of ASD. However, unlike lower-functioning ASDs, a major feature of AS is the failure to develop age-appropriate social skills, despite typically developing cognitive and language skills [5].

Affected social skills they may present as an absence of mutual social interaction, difficulties in understanding hidden or implicit rules of socialization, naive and/or inappropriate social behaviors and a lack of empathy [5], appreciation of social cues [5], engaging in socially/emotionally appropriate behaviors [5], conforming to social conventions [5], and intuiting the emotions of others [5]. Instead of being socially withdrawn (as is often seen in more severely disabled individuals with ASD, individuals with AS often seek social companionship but struggle due to their inherent difficulties in understanding the subtle rules of social engagement and emotions [7].

In addition, disconnection from and avoidance of others’ feelings or a preference for being alone has been documented [5]. The atypical cognitive styles, idiosyncratic and unusual behaviors often exhibited by people with AS undoubtedly contribute to their social-emotional difficulties with their peers [5]. Failure to connect socially has far-reaching effects on quality of life and long-term outcomes [5]. Social aspects of intelligence, broadly defined, may be as important or even more important than cognitive aspects of

intelligence in later life [1].

Marked difficulty developing social skills, despite a willingness to connect with others, presupposes for increased risk of comorbidity with mental health disorders, such as depression, anxiety, and suicidal ideation [5,8]. There appears to be an association with schizoid personality traits, although this may be contingent rather than substantial, as autism may not always lead to schizoid personality and schizoid personality occurs in non-autistic individuals [8].

Social Deficits and Early Adulthood

While most people with autism are usually diagnosed in infancy, AS is often not diagnosed until later in childhood [7] or even into adolescence and adulthood for individuals who are highly intelligent and capable. So far, ASDs are only diagnosable based on behavioral presentation [7]. The conceptualization of a spectrum of impairment suggests that it probably includes a limiting extent of normal individual variation in social communication skills and behavioral flexibility [7].

Although many people with AS strongly desire social relationships, they are often unable to develop and maintain them. People with MS show Social Deficits [5], while in early adulthood 18-40 years, or 18-29 years as calculated using Sacco Fibonacci’s numbers (2013) [9], are asked to resolve the conflict between Intimacy and Isolation in the sixth stage of psychosocial development based on Erik Erikson’s theory, which focuses on forming close, loving relationships with other people. It begins to share the self-more intimately with others. Relationships that lead to longer-term commitments to someone other than family members are explored. Successful completion of this stage can lead to comfortable relationships and a sense of commitment, security and care within a relationship.

Avoiding intimacy, fearing commitment and relationships can lead to isolation, loneliness and sometimes depression. Successful resolution will lead to the virtue of love [10]. According to Sternberg’s triangular theory (1986) [11] which examines the existence of Intimacy, Passion, and Commitment, for the 8 types of love the combined avoidance of intimacy and fear of commitment lead only to Insane Loves. Altman & Taylor’s concept of Social Penetration refers to the increasing depth and breadth of relationships as people get to know each other over time, having in the triangular theory the most direct implications for the intimacy element of a relationship. Results of the study of Sternberg - Grajek (1984), suggest that the ability to communicate effectively is almost a necessary condition for a successful love relationship [11].

Detection of Asperger Syndrome

The Autism Spectrum Questionnaire (AQ) when administered to the general population, correlates negatively with extraversion, agreeableness, novelty seeking and reward dependence, and positively with neuroticism, depression, anxiety, and harm [7].

Similarly, individuals diagnosed with AS tended to score higher than matched controls on harm avoidance, but lower on novelty seeking and reward dependence [7].

Theoretical Framework

The Theory of Executive Dysfunction and Theory of Mind

Mainly two theories in the literature attempt to explain social outcomes, social deficits in AS and other ASDs, by extension emotional understanding difficulties common in people with AS, but rather insufficiently. The theory of mind considers that people with AS are unable to understand and decode that others have different thoughts, perceptions and beliefs than their own, forming the core of the social problems they face. The executive dysfunction approach posits that insufficient and/or ineffective cognitive processes are responsible for difficulties in social situations.

Executive functions, according to Luria (1966) are neuropsychological processes involved in overlapping and complex cognitive functions that include planning, cognitive and behavioral flexibility, inhibition, selective attention, and working memory. More direct alternative approaches to the adequacy of emotion processing to explain and understand social deficits in AS would be useful [5]. Neuropsychological models of frontal lobe function have led to a clearer appreciation of the dissociations between various aspects of executive functions.

Theories of executive function have been proposed to explain, at least in part, the unique social and emotional difficulties faced by people with AS. Despite the paucity of research on the neural correlations of executive function in AS, it has been established to indirectly measure executive fronto-striatal function in young adults with AS through touch-screen program administration of the Intra-Extradimensional (IED) Set Shift task from the Cambridge Neuropsychological Test Automated Battery (CANTAB). Preliminary findings support a specific type of executive dysfunction, and specifically extraverted or conceptual movement difficulties, in individuals with AS, involving the prefrontal cortex and fronto-striatal function [12].

From the neuropsychological perspective of Executive Functions, effective social interaction requires constant updating, evaluation, and selection of appropriate responses to verbal and non-verbal social information [4]. There is agreement that difficulties in Executive Functions lead to poor social interaction, if there are mixed findings for people with AS, or non-statistically significant differences with neurotypical people, or how they fall short in planning processes, cognitive flexibility, and productivity [4].

Dysfunction in Theory of Mind is further proposed to account for various autistic symptoms, including deficits in pragmatic language, symbolic play, and empathy [4]. Studies where verbal

ability was added as a covariate in Theory of Mind did not predict severity of social impairment for individuals with ASD at any age from childhood through adulthood [4]. Individuals with ASD who achieve on the scales are likely to do so because in experimental situations social anxiety is reduced and processing speed demands to integrate social information are less important than in real time [4].

Emotional Intelligence as a Skill and Trait

Emotional intelligence (EI) has a clear connection to social outcomes. EI as both an ability and a trait, is a construct that offers the potential to enhance understanding of social outcomes, as well as the individual emotional and social characteristics of individuals with AS, beyond personality and intelligence, potentially having an impact on theoretical outcomes, such as social skills and general quality of life [5]. EI as a trait refers to proficiency in areas related to emotion, including optimism, self-awareness, self-esteem, and self-actualization.

It seems to successfully predict social interactions and social network size, while it has a negative correlation with psychological distress, depression [4,5]. EI as a capacity is about the idea of intelligence that processes and benefits from emotions.

It appears to predict life satisfaction, self-reported quality of relationships, self-reported empathy, the assessment of social competence and has a negative correlation with social deviance [5]. It includes an interrelated set of cognitive abilities, skills, or abilities that include recognizing the meanings of emotion and the complex relationships between emotions, reasoning, and solving problems based on this information [4].

EI as a trait includes the above and other aspects of emotional functioning that have been shown to be impaired in AD (eg, social skills and adaptability) in the form of self-perceptions [7]. Given the significant association of EI with constructs such as empathy and self-reported relationship quality, investigating the ability of EI to predict social outcomes in children, as well as in youth with AS, and ultimately its clinical utility in planning socially or emotionally mediated interventions [5].

Measuring Emotional Intelligence

Tool measurement her SN constitutes the Bar-On Emotional Quotient Inventory-Short Form [4]. It is a 51-item self-report questionnaire for people aged 16 years and older and takes approximately 10 to 15 minutes to complete. EQ - i: S uses 5-point Likert-type rating scales. It produces a total emotional quotient (EQ) composite score, and seven subscale scores EQ: Intrapersonal, interpersonal, stress management, adaptability, general mood, positive impression, and inconsistency index [4].

To measure emotional intelligence as a trait, the questionnaire has been developed by [7] Trait Emotional Intelligence Questionnaire (TEIQue), recording 153 items covering 15 aspects related to emotion (adaptability, assertiveness, emotion

expression, emotion management (in others), emotion perception (self and others), emotion regulation (self), empathy, happiness, (low) impulsivity, optimism, relationships, self-esteem, self-motivation, social awareness, stress management), 4 factors (well-being, self-control, emotionality, sociability), and a total EI score, while it has been shown to have satisfactory psychometric properties in various studies such as [7].

Emotional Intelligence as a Trait In Young Adults with and Without Asperger's Syndrome

The trait approach to EI can determine how people with AS feel they perform in social interactions, while the cognitive approach to how they manage content and are able to reason in such situations. Additionally, EI includes important aspects of social functioning, such as flexibility of thought and reasoning with emotional information, which are strongly defined domains of disability in individuals with AS, indicating an intuitive link between EI functioning and social outcomes [5].

High stress, anxiety and depression are regularly present in the AS population [7]. Interestingly, such emotional characteristics have also been shown to be characteristic of individuals with low EI as a trait in the general population [7]. There is previous research comparing profiles of emotional intelligence as a trait in people with and without Asperger Syndrome. Subjects with AD had lower trait AD scores than control participants, which is consistent with the clinical presentation of the condition. AS involves deficits directly related to the formation of emotional self-perceptions covered by the EI trait. Examining the socioemotional impairments of the syndrome by comparing 30 individuals with AS against 43 group-matched controls using the TEIQue.

Individuals with AS scored significantly lower than controls on 12 of the 15 facets of the TEIQue, as well as on the four factors and total EI score of the instrument. Controls scored significantly higher than the AS group on self-control, sociability, and emotionality [7]. Men generally scored higher than women, albeit with small effect sizes, but mostly in well-being and sociability. This pattern was evident in both the control and SA groups: thus, there were no interactions between gender and group. The differences mainly concerned aspects generally perceived as 'masculine', such as assertiveness, managing (others') emotions, self-esteem and managing stress. In this respect, the results are in line with the weighting study [7], with perhaps the only notable discrepancy regarding the absence of any tendency for women with AS syndrome to score higher than their male peers on the more "feminine" aspects of TEIQue, such as relationships and empathy [7].

Discussion

The subjective nature of emotional experience hinders the operationalization of emotional intelligence as a cognitive ability [7]. Individuals with AS had significantly lower scores on most TEIQue variables, including the total score, which was expected

given that the difficulties they experience appear to be closely aligned with many aspects of AD, such as emotion expression, emotion perception, social awareness, and empathy [7]. The significant differences in EI as a trait were reported here, yielding very large effect sizes between individuals with and without AS.

The current AS group showed clear evidence of sociocognitive awareness of their difficulties, noting lower scores than typically developing controls on several corresponding facets of the TEIQue. The capacity for such insight has been commented on by some authors (e.g., Frith, 2004) but has thus far received little direct research attention. The lower scores of this group on aspects such as happiness and self-esteem are also consistent with the fact that many people with AS experience mental health problems resulting in poorer life outcomes [7].

The concept of emotional intelligence (EI) may provide insight into the social and emotional behaviors exhibited by young adults with AD, while the concept of resilience (the ability of individuals to cope despite risk) may further explain why some individuals with MS have more successful outcomes than others. EI and resilience have been investigated in 20 men diagnosed with MS in Canada, with average to above average cognitive abilities, while assessing various aspects of social functioning. EI as a trait was significantly positively associated with resilient and adaptive outcomes. Findings that provide opportunities to identify interventions designed to enhance protective factors in young adults diagnosed with MS by identifying factors that make up resilient outcomes [13].

A Canadian research study investigating EI in twenty-five young adults (aged 16-21) diagnosed with AS, examining trends and differences between them and weighted groups, indicated that EI as a trait was attenuated for individuals with AS, while the capacity for EI was intact. Also, there are correlations between the characteristic and the ability for EI corresponding in more than half of the cases to self-reported interpersonal skills, and weaker (31%) corresponding to those reported by parents. There also seems to be a correlation (19%) of EI as a trait with self-reported social stress [5]. Following on from the previous study, further investigation was conducted to investigate whether scores from scales measuring Theory of Mind, executive dysfunction, and EI predict, either individually and/or combined, social and adaptive outcomes in young adults diagnosed with AS.

Surprisingly, neither Theory of Mind nor Executive Function contributed to the outcome prediction of this variable. When Theory of Mind and EI as a feature (Bar - On EQ - i: S Total EQ) were explored as predictors of Social Stress, the resulting model predicted 33% of the variance, an improvement over the previous model using only EI traits that predicted 19% of the outcome variance of this variable [5]. Interpretively, it appears that increased Theory of Mind skills and less developed EI predicted social stress. These results suggest that Theory of Mind is useful for understanding perceived social stress in AS. However, it does

not account for the poorer social interactions exhibited by young adults with AS [4].

The findings also support the claim that EI predicts important social outcomes [4] and likely has implications for EI intervention research for people with AS. For example, it may be necessary to teach individuals to expect to feel uncomfortable when they better understand others' perceptions. Clinically, preparing individuals for the "typical" reactions of others has indeed been beneficial in helping them cope with their own growing awareness of social feedback [4]. A research study in the US appeared to strengthen the association of adolescents and young adults diagnosed with AS with depressive symptomatology, anxious symptomatology, and a significant degree of suicidal ideation, due to the high level of peer victimization they experienced.

From the sample of 10 young people with AS, 2 met the diagnostic criteria for Major Depressive Disorder, 3 for Generalized Anxiety Disorder, while 5 presented a clinically significant degree of suicidal ideation [14]. The CNS of neurotypical young adults (18-35 years) in a collectivist society such as China is closely related to the social support one receives, in contrast to individualistic societies. Males with high EI scores are more likely to perceive stronger social support from others than their female counterparts. Chinese young adults with higher levels of EI tended to perceive stronger social support from others, which thus contributed to a decrease in their psychological distress and an increase in their life satisfaction [15].

Both positive affect and negative affect mediate the relationship between trait EI and life satisfaction in Chinese young adults, while the indirect effect of trait EI on life satisfaction through positive affect is stronger, from her through negative emotion [16]. Chinese research with a sample of 405 students, claims that EI is a strong determinant of the self-esteem of young adults. Their self-esteem is also boosted by their social competence [17]. Also, Cheung et al. (2015) [17], emphasizes the value of increasing EI to establish the foundation for the young adult's self-esteem [18].

As the diagnosis of AS is more frequent in men [7], although previous studies have rarely included samples of women with MS, these data suggest that the female MS phenotype may be associated with more significant disability than the male phenotype [7]. It is also possible that women with MS to score lower than expected on EI as a trait because they are more aware of violating social norms of "feminine" behavior. These explanations are speculative relative to this small sample [7].

Conclusion

We must avoid the temptation to interpret the findings from the barren 'EI is good for you' perspective that would risk labeling people with AS 'emotionally unintelligent' [7]. The need

to consider not only intelligence as a cognitive function, but also emotional components to increase understanding and improve the design of care interventions for individuals on the autism spectrum is highlighted. This understanding will enhance our ability to assess and support young adults with ASDs, ultimately easing their transition into adulthood [12].

Summary

This bibliographic review deals with Emotional Intelligence in the developmental stage of early adult life, with high-functioning autism or Asperger Syndrome, in relation to neurotypical (typically developing) young adults. Emotional Intelligence differs qualitatively, neurologically and neuropsychologically from Cognitive Intelligence. The latter in Asperger's syndrome seems not to be affected as much as in other autism spectrum disorders, a fact that caused negative reactions to its abolition as a Diagnosis with a consequent change of diagnostic category. Social Deficits and Early Adulthood Occur in Individuals Diagnosed/Detected AS. Theories of executive dysfunction and Mind try rather unsuccessfully to explain the phenomenon.

Measuring Emotional Intelligence as a skill and trait is a more effective approach. Emotional Intelligence as a trait in young adults with Asperger's syndrome in several studies appears reduced relative to typically developing ones, explaining socioemotional deficits, mental health symptomatology/disorders, victimization, and worse life outcomes. Being sensitive about their deficits worsens their sense of happiness, life satisfaction, and self-esteem, factors that appear to be negatively correlated with their Emotional Intelligence, while their resilience is positively correlated. Considering the Emotional Intelligence of young adults with Asperger Syndrome in their support and care will ease their transition into adulthood.

Acknowledgements

On behalf of all authors, the corresponding author states that there is no conflict of interest.

References

1. Sternberg RJ, Kaufman JC (1998) Human Abilities. *Annu Rev Psychol* 49: 479-502.
2. Neubauer AC, Freudenthaler HH (2005) Models of Emotional Intelligence. *Oculometric investigation of internally directed cognition View project*.
3. Brady DI, Saklofske DH, Schwan VL, Montgomery JM, McCrimmon AW, et al. (2014) Cognitive and emotional intelligence in young adults with autism spectrum disorder without an accompanying intellectual or language disorder. *Research in Autism Spectrum Disorders* 8(9): 1016-1023.
4. Montgomery JM, Stoesz BM, McCrimmon AW (2012) Emotional intelligence, theory of mind, and executive functions as predictors of social outcomes in young adults with Asperger syndrome. *Focus on Autism and Other Developmental Disabilities* 28(1): 4-13.

5. Montgomery JM, McCrimmon AW, Schwean VL (2010) Emotional Intelligence in Asperger Syndrome: Implications of Dissonance between Intellect and Affect 45(4).
6. National School of Public Health (2010) International Statistical Classification of Diseases and Related Health Problems (Tenth Revision). Ministry of Health and Social Solidarity 2.
7. Petrides KV, Hudry K, Michalarea G, Swami V, Sevdalis N (2011) A comparison of the trait emotional intelligence profiles of individuals with and without Asperger syndrome. *Autism* 15(6): 671-682.
8. Tantam D (1988) Asperger's syndrome. In *Psychol. Psychiat* 29(3): 245-255.
9. Sacco RG (2013) Re-Envisaging the Eight Developmental Stages of Erik Erikson: The Fibonacci Life-Chart Method (FLCM). *Journal of Educational and Developmental Psychology* 3(1).
10. McLeod S (2018) Erik Erikson's Stages of Psychosocial Development.
11. Sternberg RJ (1986) A Triangular Theory of Love. In *Psychological Review* 93(2).
12. Brady DI, Schwean, VL, Saklofske DH, McCrimmon AW, Montgomery JM, et al. (2013) Conceptual and Perceptual Set-shifting executive abilities in young adults with Asperger's syndrome. *Research in Autism Spectrum Disorders* 7(12): 1631-1637.
13. Montgomery JM, Schwean VL, Burt JAG, Dyke DI, Thorne KJ, et al. (2008) Emotional intelligence and resiliency in young adults with Asperger's disorder: Challenges and opportunities. *Canadian Journal of School Psychology* 23(1): 70-93.
14. Shtayermman O (2007) Peer victimization in adolescents and young adults diagnosed with Asperger's Syndrome: A link to depressive symptomatology, anxiety symptomatology and suicidal ideation. *Comprehensive Child and Adolescent Nursing* 30(3): 87-107.
15. Kong F, Zhao J, You X (2012) Social support mediates the impact of emotional intelligence on mental distress and life satisfaction in Chinese young adults. *Personality and Individual Differences* 53(4): 513-517.
16. Kong F, Zhao J (2013) Affective mediators of the relationship between trait emotional intelligence and life satisfaction in young adults. *Personality and Individual Differences* 54(2): 197-201.
17. Cheung CK, Cheung HY, Hue MT (2015) Emotional intelligence as a basis for self-esteem in young adults. *Journal of Psychology: Interdisciplinary and Applied* 149(1): 63-84.
18. Chambers B, Murray C, Boden ZVR, Kelly M, Murray C (2019) "Sometimes labels need to exist"-Exploring how young adults with Asperger's Syndrome perceive its removal from the Diagnostic and Statistical Manual of Mental Disorders-Fifth Edition.



This work is licensed under Creative Commons Attribution 4.0 License
DOI: [10.19080/GJIDD.2026.14.555900](https://doi.org/10.19080/GJIDD.2026.14.555900)

Your next submission with Juniper Publishers will reach you the below assets

- Quality Editorial service
- Swift Peer Review
- Reprints availability
- E-prints Service
- Manuscript Podcast for convenient understanding
- Global attainment for your research
- Manuscript accessibility in different formats
(Pdf, E-pub, Full Text, Audio)
- Unceasing customer service

Track the below URL for one-step submission
<https://juniperpublishers.com/online-submission.php>