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Social-Emotional Challenges and Differences in Autistic Children: Case Studies

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Abstract

This multiple case study explores the social-emotional challenges and differences experienced by children with autism spectrum disorder (ASD), emphasizing the need for tailored interventions and support systems. The study draws on in-depth interviews with five parents of autistic children in Malaysia, all of whom are receiving equine therapy. Through thematic analysis, key differences were identified across four main areas: emotional regulation, social communication, self-regulation, and behavioral control. The findings highlight the critical need for early intervention programs that nurture social-emotional competence. By capturing the lived experiences of both children and their families, this study contributes to the growing body of literature on ASD and offers valuable insights to inform more empathetic and effective support strategies.

Keyword: Autism; Children; Social-emotional Differences; Social-emotional Regulation.

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The ability to express and manage positive and negative emotions, as well as to build interpersonal relationships and explore the environment, is part of social-emotional competence (Pontoppidan et al., 2017). Generally, the child who successfully negotiates the first task of maintaining positive engagement with peers is generally well positioned to continue thriving in a social environment. As a matter of fact, successful, independent interactions with age-mates are an important predictor of mental health and well-being as children progress through preschool, grade school, when peers' reputations are solidified, and beyond (Denham & Holt, 1993; Robins & Rutter, 1990; Rubin et al., 2008). Second, regulating emotional experience and expressiveness would be the focus of socially competent behaviors in childhood (Parker & Gottman, 1989), such as sustained positive engagement with peers and regulation of emotional experiences (Howes, 1987).
Thus, behaviours that show lacking of social-emotional competence adequate for a child's age and may affect how a child functions are considered differences in social-emotional competence (Raza et al., 2020).

Autism core impairment includes differences with social communication and stereotyped behaviors and interests (American Psychiatric Association, 2013). In addition, children with autism often have a number of comorbid conditions, such as considerable difficulty with behavioral and emotional regulations (Ip et al., 2018), deficits in social-emotional competence have been characterized by behavior such as "*abnormal social approach and failure of normal back-and-forth conversations; to reduced sharing of interest, emotion, or affect; to failure to initiate or respond to social interactions*", according to the DSM-5 framework (American Psychiatric Association, 2013). Schwartz et al. (2021) also believe that social-emotional challenges have remained a defining component of autism. Children with autism may experience limited functional outcomes due to impaired social-emotional competence, but early identification of social-emotional functioning may have important implications for treatment planning and monitoring (Raza et al., 2020). Social-emotional competence are fundamental components of the emerging ASD phenotype, which is

characterized by reduced positive affect, poor control, and increased negative affect (Garon et al., 2016). In addition, families and relationships may also be negatively affected by the differences associated with social communication impairments and problematic behaviors in children with autism (Jones et al., 2019).

Besides that, most researchers use quantitative assessment tools (Aldrup et al., 2020; Oberle et al., 2020; Ray et al., 2020; Robins et al., 2014) to assess social-emotional competence. These assessment tools can evaluate a variety of social-emotional aspects, but only at a single time point. To date, limited qualitative research on exploring social-emotional competence. Due to this fact, researchers (Ahad et al., 2021; Preston et al., 2021) have suggested more qualitative research design should be done in order to get an in depth understanding. Thus, this research will employ a qualitative study to understand the social-emotional challenges on autism children, this will fill in the gap as previous studies (Aldrup et al., 2020; Oberle et al., 2020; Ray et al., 2020; Tarasova, 2016) has been only focused on quantitative methods, which lack of comprehensive information of the social-emotional challenges.

Social-emotional Competence of Autistic Children

A lack of social-emotional reciprocity characterizes autism, and preschoolers with the diagnosis tend to engage in less pretend play, show less awareness of others' affective states, and engage in less social interactions with caregivers and peers (Bacon et al., 1998; Charman et al., 1997; Jarrold, 2003; Sigman et al., 1992). Data suggest that deficits and delays in these areas are visible before children reach preschool, despite autism is not generally diagnosed until they are three or four years old, these variations can be observed starting at 12 months of age, including reduced social gaze and social communication like gestures and directed vocalizations (Campbell et al., 2015; Iverson et al., 2018).

An adult-mediated interaction with a peer was used by Gev et al. (2021) to assess social-emotional competence by observing children's behavior during various emotional regulation challenges, including frustration, impulse control, empathy, and self-regulation required for social interaction. Parents view the ASD group as having poorer social skills compared to the typically developing group because they had lower emotional comprehension and more emotion dysregulation. It is important to note that there are numerous skills or competencies that fall under the social-emotional category, participants in the study use terms like empathy, the ability to control negative emotions, and social engagement and relationship- building (Leos et al., 2022).

Macari et al. (2017) indicated children with ASD struggled to recover from extreme emotions, which consistent with Marino et al. (2020) findings that school-age children with ASD was rated the lowest score on soothability. However, these studies are all done by quantitative assessment tool, they are capable of evaluating a variety of social-emotional factors, but only at a single time point (Raza et al., 2020). Limited qualitative studies on the social-emotional competence on ASD children been conducted (Becker et al., 2017; Tarasova, 2016), which lack of in-depth information such as the experience of the social- emotional competence.

Methods

The researcher contacted three equine centers that offer equine therapy for autistic children in the central zone of Malaysia, which were the RDA (Riding for the Disabled Association), the Happy Farm Hippotherapy and the Green Apple Hippotherapy by email and site visits. However, only the Green Apple Hippotherapy agreed to participate in this study, thus all cases are from the same equine center. The researcher sent out invitations via email or WhatsApp texts to prospective participants to check whether they have autistic children who fulfilled the criteria and whether they are willing to participate in the study. In this study, participants were selected based on the following criteria: (1) parents of children with ASD aged 5 to 12 years who were diagnosed at Level 1 and whose children had participated in equine therapy (ET) sessions for at least three months, prior to data collection, ethical approval was obtained from University Ethics Committee for Research Involving Human Subject. An application outlining the study's objectives, methodology, participant recruitment, and data handling procedures was submitted and approved (Reference Number: JKEUPM-2024-062). Informed consent was obtained from all participants before the interviews were conducted. Participants were informed of the study's background and assured of confidentiality and their right to withdraw at any time without penalty. The data for this case study were gathered through semi-structured interviews and recorded using a voice recorder. Each interview session took about one hour for each participant and the location of the interview was at the ET center. The researcher was the primary instrument of this study, who collected, processed, and analyzed the data in several steps. The researcher had the advantage of being the primary instrument in the study due to the fact that unlike physical instruments.

The data analysis process was carried out concurrently with the data collection process in this study to ensure that on the next scheduled interview, a more appropriate probing question can be asked. Inductive approach to thematic analysis was employed, where

codes and themes were derived directly from the data, analysed at a surface level to provide a comprehensive overview of the dataset (Braun & Clarke, 2006). In line with the underpinning philosophy of the qualitative case study, the use of data triangulation, member checks and two expert validation review were applied as the strategy to achieve the study's trustworthiness.

Findings

Themes on social-emotional differences of ASD children in Malaysia can be identified through four main themes: “social communication difficulties” refer to challenges that children with ASD often face in interacting and communicating with others, “emotional-regulation difficulties” involve the challenges that ASD children face in managing their emotional responses, “self-regulation difficulties” refer to children with ASD may have trouble controlling their impulses and actions in response to sensory stimuli or social challenges and “behavior issues” that encompass a range of actions that may be perceived as disruptive or challenging. As indicated in Table 1.1, the main themes were presented with sub-themes and categories.

Table 1.
Main Themes and Sub-themes of Social-Emotional Differences of ASD Children in Malaysia

Main Themes	Sub-themes	Categories
1. Social Communication Difficulties	Difficulties In Delivering Verbal Communication	• Body gesture as communication • Limited spoken words • Repeating what people say
	Self-isolation	• Too quiet • Less interest in group activities
	Slow Response	• Not responsive to social cues • Struggle to answer simple questions
	Poor Eye Contact	• Avoid eye contact with others • Struggle to maintain eye contact
1. Emotional-regulation Difficulties	Anger Outburst	• Get angry easily • Difficulty controlling anger
	Meltdowns	• Easily frustrated • Bad tantrum
2. Self-regulation Difficulties	Obsessive Interest	• Heightened excitement • Fixation on object of interest
	Struggle to Routine Changes	• Hard to accept changes • Resistance to new ET coach
	Hypersensitivity	• Overreactions to unfamiliar environments • Easily frightened
3. Behavior Issues	Low Sitting Tolerance	• Unable to remain seated
	Difficult to Concentrate	• Unable to focus in class • Rushing behavior
	Unable to Follow Instructions	• Unable to dress up by instructions • Need more assistance to complete tasks

Theme 1: Social Communication Difficulties

From parents' perspectives, findings revealed that social communication difficulties are one of the social-emotional difficulties for ASD children in Malaysia. The sub-themes identified include "difficulties in delivering verbal communication" where children struggle to express their thoughts clearly. Additionally, "self-isolation" is prevalent, with children often withdrawing from social interactions. "slow response" to social cues and communication attempts is common, leading to misunderstandings and frustration. Lastly, "poor eye contact" is a prevalent difficulty, where children often avoid making eye contact during interactions, hindering effective communication. All sub-themes will be elaborated with the interview quotes as follows:

Difficulties in Delivering Verbal Communication

From the parents' perspective, difficulties in delivering verbal messages were evident in three categories. Children often relied on body gestures to communicate, struggled with limited spoken vocabulary, and frequently repeated words or phrases said by others, reflecting challenges in generating original verbal expressions. Parent R1 highlighted that his child struggles to speak, often resorting to body gestures as a means of communication:

> *"I think the problem is maybe he can't talk. But the easy way is, ahh, he uses all the language (referring to some body gesture)".*

Similarly, parent R2 pointed out that communication issues are evident, noting that while initial words may be understood, subsequent words often seem alien or unclear:

> *"She does have a problem with communication, communication to mostly on words-by-words is not really clear. The first word we know, the second words are more on the alien words".*

This difficulty in verbal communication leads to social isolation, as some children avoid interaction due to a lack of understanding. Parent R2 further elaborated that while his child is friendly, the inability to communicate effectively results in other children not wanting to befriend him:

> *"She is quite friendly, but there are children who don't want to be friends, because she has no words, people don't understand her".*

Parent R3 also mentioned that his child initially had no interaction with others, playing alone and struggling to construct sentences, and added on that his child often repeated questions asked to him:

"He can't converse like we do now, he only able to say two or three sentences, then he has to stop, he doesn't know how to construct longer sentences. When we send him to kindergarten, teacher asking us, why he keep on repeating the questions that they asked to him, like 'have you eaten', and he just repeat back the question".

Another difficulty is the limited vocabulary growth observed in these children. As parent R4 noted:

"When we started noticing, he doesn't have the vocabulary increase at all. He can't really speak, he'll just look what he wants, but he can't really have a conversation with us".

Moreover, the inability to articulate needs verbally often leads to frustration and distress. For example, parent R5 observed:

"She will only cry if she's hungry, and we don't know what she wants".

Many children are unable to construct coherent sentences and often rely on gestures. These findings underscore the critical need for targeted interventions to enhance verbal communication skills in autistic children, enabling them to express their needs and interact more effectively with others.

Self-isolation

From the parents' perspective, the sub-theme of self-isolation was characterized by two key categories, which is children being unusually quiet and showing limited interest in participating in group activities. parent R2 observed that his child is generally quiet and shows little interest in interacting with his younger sibling:

"I think she is a bit quiet, and less interested in her sister".

Parent R3 mentions that the feedback from teachers indicated that his child plays alone, follows instructions but does not engage with groups, parent R3 also told the researcher during the interview:

"Feedback from his teacher is that he will play and follow instructions, but prefer to be alone, he won't follow the group la"

Parent R5 highlighted this issue by stating:

"She doesn't want to play with people, she prefers to be alone".

These behaviour manifests in the preference of ASD children to play alone, avoiding interaction with peers and others around them. these children tend to be self-isolation, further isolating them from social interactions.

Slow Response

From the parents' perspective, the sub-theme of slow response was reflected in two categories, which is children often did not respond to social cues and struggled to answer even simple questions. Parent R5 provided an example of this issue by stating:

> *"My aunt said, why she call her from behind, she doesn't turn around or look back, she doesn't even turn around when being pat".*

Poor Eye Contact

From the parents' perspective, the sub-theme of poor eye contact was evident through categories such as avoiding eye contact with others and struggling to maintain eye contact during interactions. Parent R5 noted it is hard to get eye contact from the child:

> *"No responds, it's hard to get her to have eye contact".*

Theme 2: Emotional Regulation Difficulties

From parents' perspective, the second theme identified is emotional regulation difficulties. This theme encompasses the sub-themes "anger outbursts", contributed by parent only, where children with ASD frequently experience intense anger outbursts, which are sudden and extreme reactions to perceived frustrations or disruptions. Next is "meltdowns", this characterized by prolonged and intense emotional episodes often triggered by minor changes or unmet needs. All sub-themes will be elaborated with the interview quotes as follows:

Anger Outburst

From the parents' perspective, the sub-theme of anger outbursts was categories by children becoming easily angered and having difficulty controlling their emotions during such episodes. Parent R1 shared an instance where his child becomes angry and withdrawn when disciplined:

> *"He will get angry easily, if you know sometimes, he did something, then I will say 'Jefri, no', then he will angry and quiet".*

Parent R2 highlighted the difficulty in controlling his child's anger, noting extreme reactions to even minor corrections:

> *"Some of the behavior, she has anger issues, it's hard to control, even if we nagging her a little, she gets angry, and then starts throwing things, there's even shouting".*

This lack of emotional regulation often leads to outbursts involving yelling and throwing objects. These children may react intensely to minor frustrations or perceived slights, leading to episodes of uncontrollable anger.

Meltdowns

From the perspectives of parents, the sub-theme of temper tantrums was characterized by children becoming easily frustrated and displaying a bad temper during challenging situations. Parent R3 recalled that her child used to get easily frustrated, particularly due to communication barriers:

> *"He's easily frustrated, we don't know what he wants".*

This frustration often stemmed from the child's inability to express needs and desires effectively. Parent R4 described the severity of these tantrums, stating:

> *"He keeps on beating me, beating my husband and also the maid, he has a very bad tantrum. You know, we can actually stop on the highway because he's having a tantrum"*

Theme 3: Self-Regulation Difficulties

From parents' perspective, the third theme identified from interviews is self-regulation difficulties, the sub-themes under this category include "obsessive interest", where children exhibit intense focus on specific topics or activities, often to the exclusion of other interests. Additionally, parents also agree that many children "struggle to routine changes", showing significant distress when their daily routines are disrupted. Lastly, "hypersensitivity" is common for parents too, with children exhibiting heightened sensitivity to sensory stimuli such as sounds, lights, or textures. All sub-themes will be elaborated with the interview quotes as follows:

Obsessive Interest

From the perspectives of parents, the sub-theme of obsessive interest was characterized by heightened excitement and a strong fixation on specific objects or topics of interest. Parent R1 described instances where his child exhibits heightened excitement, leading to disruptive behaviours:

> *"Just sometimes when he gets too excited, he will shout a bit, actually he is playful la".*

He also noted his child's playful nature and tendency to explore his environment impulsively:

> *"Just so playful, sometimes he walks, then he sees, what is this [gesture like touching something]".*

Furthermore, parent R3 observed that once his child becomes fixated on something, he becomes resistant to change or moving away from the object of interest, he added:

> *"Once he likes something, he just wants to see them, and don't want to go anywhere".*

These behaviour highlights the challenge of managing obsessive interests in ASD children, which can interfere with their ability to engage in therapeutic activities and other aspects of daily life. It also making it difficult for them to focus on other activities or transitions.

Struggle to Routine Changes

From the perspectives of parents, the sub-theme of struggle with routine changes was categorised in children finding it hard to accept changes and showing resistance to adapting to a new ET teacher. Parent R4 highlighting his child's difficulty in coping with deviations from expected routines:

> *"We have to follow his routine, for example, if let's say we go to walk, and then we are supposed to go back home, but we didn't, so he just gets angry".*

Parent R2 also emphasizing the significant emotional impact routine changes can have on the child, by saying:

> *"If something unexpected comes up, even something small like a change in the breakfast menu, it can throw her off completely".*

These statement underscores the rigidity in daily schedules that ASD children often adhere to and the subsequent emotional outburst when these routines are altered. These children also struggle with changes in routine, often reacting negatively to new or unexpected situations

Hypersensitivity

From the perspectives of parents, the sub-theme of hypersensitivity was reflected in children overreacting to unfamiliar situations and being easily frightened by unexpected stimuli. Parent R4 illustrated this challenge stating:

> *"When he goes to a certain new place, he gets really scared and cry".*

Parent R5 explained that their child experiences extreme distress from loud noises:

> *"My child gets extremely overwhelmed by loud noises; even something as simple as the vacuum cleaner running can make him cover his ears and start crying".*

Hypersensitivity in ASD children often manifest as heightened reactions to new or unfamiliar environments. Furthermore, hypersensitivity to sensory stimuli, such as loud noises, can trigger strong emotional reactions.

Theme 4: Behavioral Issues

From parents' perspective, the fourth main theme identified is behavioral issues, this theme includes several specific sub-themes like "low sitting tolerance" where children struggle to

remain seated for extended periods, affecting their ability to participate in activities. Another challenge is “difficulty to concentrate” which impacts their attention and focus on tasks. Additionally, many children exhibit issues with “unable to follow instructions”, making it hard for them to comply with directions or complete tasks. All sub-themes will be elaborated with the interview quotes as follows:

Low Sitting Tolerance

From the parents’ perspective, the sub-theme of low sitting tolerance was evident in children being unable to remain seated for extended periods. Parent R1 noted the difficulty his child has with sitting still:

> *“Can't sit still, sit for five minutes and he gets up”.*

This restlessness is a common issue, affecting the child’s ability to engage in activities for extended periods. Parent R5 noted this issue stating:

> *“She can't sit still, walk here and there, other people also feeling tired when look at her like that”.*

Children with low sitting tolerance often struggle to remain seated for extended periods, which can hinder their participation in structured activities and learning environments.

Difficult to Concentrate

From the parents’ perspective, the sub-theme of difficulty concentrating was categorised in children’s inability to focus during class and their tendency to rush through tasks without careful attention. Parent R2 shared that during one-on-one tuition sessions, his child struggles to concentrate and tends to rush through tasks:

> *“One-one-one tuition, the teacher says she is hard to focus, and she's the type to do things quickly”.*

Additionally, parent R2 described how his child's attention frequently lapses, leading to disruptive behaviours such as lying down during lessons:

> *“She lost focus, she will sit down or lie down, the teacher told her to write, she just lie down”.*

Parent R3 observed that prolonged interactions often result in a lack of response from her child:

> *“If you talk to him longer, then he won't respond to you anymore”.*

This indicates a limited attention span and difficulty in sustaining engagement over time, making it difficult for them to focus on other activities or transitions. They also find it difficult to concentrate, which affects their learning and task completion.

Unable to Follow Instructions

From the perspectives of parents, the sub-theme of inability to follow instructions was categorised in children struggling to dress themselves according to instructions and requiring additional assistance to complete tasks. Parent R5 shared that her child struggles with tasks:

> *"When helping her putting on her shirt, I ask her to tuck the hand inside, she is unable to do so, I need help her 100% of the whole process"*

Parent R3 added that his child struggles to follow simple instructions, saying:

> *"Even with simple instructions like 'put your toys away,' he often gets distracted or doesn't understand what to do without constant guidance".*

This challenge often manifests in difficulties understanding and executing simple directives, which can hinder the child's independence and participation in various activities. Following instructions can be particularly challenging, requiring repeated prompts and assistance.

Discussions

One of the themes that emerged from the interviews is the social communication difficulties experienced by autistic children. Recent research findings also confirm and highlight the diverse range of communication challenges in individuals with ASD throughout their lives, indicate many children with ASD encounter both difficulties and strengths across various aspects of language (Maksimović et al., 2023; Nitzan et al., 2023; Vogindroukas et al., 2022). This lack of clarity can lead to frustration and isolation, as other children may be reluctant to interact due to the communication barrier. However, a narrative analysis explored how children with ASD described their experiences in response to these vignettes, revealing frequent feelings of isolation in social interactions, although their typically developing peers generally preferred engaging with children with ASD, assuming that their intentions were positive, the peers' limited understanding of ASD and lack of social skills to foster more positive interactions sometimes led to unintentional exclusion (Yi & Siu, 2021). The challenge in eliciting responses from ASD children, even during direct interactions, further complicates effective communication and engagement, making it difficult for caregivers and educators to connect with the children.

Parents consistently observed that their children exhibited slow or absent responses when addressed. This lack of response can lead to misunderstandings and hinder the development of social relationships, as others may perceive the child as unengaged or uninterested. Previous study also show a positive link between delayed response and ASD children (Zapparrata et al., 2023), the findings generalized slowing could be a domain-wide feature of ASD, potentially impacting social, language, and motor development. Children with ASD often exhibit poor eye contact, and it is also the most reliably replicated early predictor of ASD (Syriopoulou-Delli & Gkiolnta, 2022). Eye contact is a crucial nonverbal cue for social interaction, helping to build connections and convey emotions, and higher order social-cognitive abilities like theory of mind (Stephenson et al., 2021). In addition, ASD is characterized by social and communication problems attributable to cognitive deficits, mainly theory of mind (Premack & Woodruff, 1978) deficits. Due to these deficits in theory of mind and empathy, social interaction is restricted, as is understanding other people's feelings, mainly complex ones, and their actions (Chaidi & Drigas, 2020).

The findings from this study reveal significant emotional challenges faced by children with ASD in Malaysia. Based on Goleman (1996) emotional intelligence theory, challenges with emotion regulation can lead to difficulties in managing emotional responses among children with ASD, potentially resulting in explosive anger or tantrums when they experience feelings of overwhelm or frustration. The findings in this section also similar to what been discussed by Clifford et al. (2022) and Costescu et al. (2024), where there is a positive association between ASD and emotional dysregulation. A study conducted examination anger outburst in ASD children and highlights that anger outbursts are prevalent in this population and contribute distinctively to functional impairment (Townsend et al., 2022). This evidence supported this theme in the present study of the participant sharing an incident where her child had a severe tantrum in the car, causing the family to stop on the highway. Another literature review supported the findings of this study was conducted by Mallise et al. (2020) who found substantial evidence indicating that certain temperament traits are linked with ASD in childhood. Addressing these emotional regulation challenges is essential for enhancing the well-being and social integration of children with ASD.

The analysis of interview data highlighted several self-regulation difficulties experienced by children with ASD. Parents noted that children with ASD often exhibit obsessive interests, focusing intensely on specific objects or activities. ASD individuals may spend up to 20% of their time engaged in repetitive physical actions, face challenges in transitioning between activities, and often require specific accommodations for their areas of special interest, which can substantially influence how they interact with their surroundings (Bodfish et al., 2022).

Due to their heightened sensory sensitivity, ASD individuals may be more attuned to subtle environmental changes, increasing their vulnerability to sensory overload and stress (Collis et al., 2022), As a result, they may find changes and uncertainty particularly uncomfortable. Following familiar routines or rituals can help restore a sense of predictability in an otherwise unpredictable environment, reducing feelings of fear and anxiety. Emerging research on intolerance of uncertainty and anxiety highlights a connection between sensory arousal and these emotional responses (Lau et al., 2020; MacLennan et al., 2020).

ASD individuals may be more sensitive to minor sensory changes, leading to emotional overwhelm and heightened anxiety as they navigate uncertain environments (Moore et al., 2021; Williams et al., 2021). In daily life, they may need additional support during transitions, such as between school activities, as well as reassurance to help them anticipate changes. Research on self-regulation in students with ASD indicates that their difficulties with regulation are linked to broader functional and developmental dysregulation (Charitaki et al., 2021). Hence, it requiring careful planning and gradual exposure to new experiences.

Difficulty concentrating was another common issue. Parents observed that their children found it hard to maintain focus on tasks, easily becoming distracted. This lack of concentration affects their ability to complete tasks and engage in activities that require sustained attention, further complicating their learning and social interactions. Tsai et al. (2020) point out that inattention is associated with symptoms of ASD from both caregiver and clinician's perspective. Additionally, parents highlighted their children's struggles with following instructions. Simple tasks such as following daily routines often required extensive assistance. LaBrot et al. (2021) agree that children with ASD are more likely to disobey parental instructions and behave disruptively as a result. This inability to follow instructions not only hinders their independence but also places additional demands on caregivers and teachers.

Limitation

Despite the significance of the study, it nonetheless has potential limitations. This study has a potential methodological limitation that needs to be addressed. The study is limited in its generalizability and transferability due to the niche and small sample size. Hence, the end product of this study is limited to this small sample of autistic children only, rather than predicting future behavior or generalization with other cohorts of children. Furthermore, the subjective nature of qualitative research inherently limits the ability to predict outcomes or establish causality. The aim of this research is to explore and understand, rather than to generalize or quantify. As Merriam (2009) highlights, qualitative findings are often limited in transferability and should be interpreted within the context in which they were studied.

Conclusions

This study contributes to the growing body of research on autism by addressing the gaps in understanding its impact on social-emotional needs and challenges in children with ASD. Significant research gap also has been addressed by contributing to the limited qualitative studies on autistic children. In conclusion, social-emotional competence is crucial for the inclusion of ASD children in mainstream education. By enhancing these skills, students may engage better with peers and educators, reducing the stigma associated with autism. Therefore, interventions aimed at enhancing social-emotional competence should be prioritized to improve the quality of life and future prospects for ASD children in Malaysia.

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