

AUTISM – PROBLEMS AND ETIOLOGY

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Abstract: *Infantile autism is a development disorder, with onset before the age of 3, which prevents the normal person to understand social relationships and learn the teaching methods, used in general education. Autism syndrome is characterized by playing trite, lack of answers to the emotions of others, lack of communication skills, resistance to change. Early intervention in the form of rapid diagnosis, followed by the application of therapeutic and educational appropriate programmes can lead to significant results in all areas of child development: language-communication, cognitive, social, self-serving etc., aiming at maximizing the independence of the person with autism.*

Keywords: *autism, disorder, communication, networking, intervention*

Rezumat: *Autismul infantil este o tulburare de dezvoltare, cu debut înainte de vârsta de 3 ani, care împiedică persoana să comunice obișnuit, să înțeleagă relațiile sociale și să învețe prin metodele didactice utilizate în general în procesul de învățământ. Sindromul autist se caracterizează prin joc stereotip, lipsa de răspunsuri la emoțiile altora, lipsa de abilități de comunicare, rezistența la schimbare. Intervenția timpurie constând în diagnosticarea rapidă, urmată de aplicarea unor programe terapeutice și educaționale adecvate, poate conduce la rezultate semnificative în toate ariile de dezvoltare ale copilului: limbaj-comunicare, cognitivă, socializare, autoservire etc., având ca finalitate maximizarea independenței persoanei cu autism.*

Cuvinte cheie: *autism, tulburare, comunicare, relaționare, intervenție*

INTRODUCTION

Autism syndrome is progressive during the second year of life and becomes evident towards the age of 2-3, when alterations of interactions leading to social isolation can be observed. The child manifests refusals, avoids the eye contact, has no facial expression or he/she does not change his/her mimicry according to the situation and has no tonico-postural dialogue.

A child with autism does not seek social contacts, does not try to draw the attention upon himself/herself, does not imitate the others. He/she does not share pleasure and interest. At best, the other is used as a part of himself/herself (take the adult's hand). His/her

eyes seem blank, distant.

The language does not occur at the usual age and the absence of the language is not replaced by any attempt of communication gesture or mimicry. When language occurs, some particular features can be observed: the delay in the onset, there are certain immediate or delayed deviations (repeating as an echo what the interlocutor has just said), a particular quantity chant, jerky, a reversal of pronouns (pronoun use "you" to call himself), the syntax remains poor, delayed, expressing emotions (joy, pleasure, surprise, anger) is most often absent. Although the level of understanding of language is usually superior to that of expression, however, anomalies are observed: the child understands simple orders especially, concrete words, orders to carry out a simple task. Do not understand abstract words, jokes. Bizarre reactions and restriction of interests, reactions of apparent aggression or anger may occur when the environment changes (alteration of a mobile, changing the normal route, the absence of toys, changing the view), or a surprise (sudden noise, the arrival of foreign).

These manifestations of anger, despair or afraid may occur as a response to frustration, or a prohibition of adult pusher attempted to make contact. Using the rituals, apparently emptied of symbolic significance, dominate daily life requiring a pace of life with the immutable and robotic.

Points of interest are restricted and stereotypic: idiosyncrasy repetitive and stereotyped motor (beatings and torsion hand, swinging, walking on foot peaks, whirled like a top, complex movements of the body), use of certain objects (stones, wire, pieces of toys), or changed items (a car wheel whirled forever), interest for a limited aspect of the objects (eg, the smell associated with a trailing behaviour, attraction to vibration or noise that reproduces indefinitely).

As regards the motor and sensory modulation, a hypo - or hyperactivity to sensory stimuli can be observed: the child lets the objects fall down, he/she swing, claps, spins, make noises with his mouth, the throat etc. There is a frequent indifference to the world of sound, especially in social noise (the child does not respond when called) and an interest in noise and sonority; they feel attracted to certain noises (vacuum cleaner, running water, music or songs, rustling paper).

Some noise can in turn cause reactions of fear, panic, anger, especially when they capture the child autism.

This curious thing may also occur in the taste field (the child has food customs, likes certain tastes), visual field (he/she feels attracted to a particular colour, brilliance, form, reflex). Motricity may be limited, the child looking heavy, inert, with no motor initiative. Or on the contrary, he/she may appear restless, moving ceaselessly, with unusual or bizarre motor irregularities. The game does not exist or exists in reduced limits "as if". Regarding the intellectual function in children with autism, they often have low performance levels, with heterogeneous profiles. Overall video and storage space performance is better than the judging skills.

A child with autism acquires less information and knowledge of the environment than a normal child. A normal child begins to speak between 1,5 and 2 years, almost without any help from the parents or brothers/sisters. He/she learns about the 6 new words a day and has a vocabulary of over 10,000 words before reaching the age of 6 years. A child with autism can get to speak much later and will have a poor language and reduced social skills, if she/he will not benefit from therapy. A child with autism cannot place himself in another person's shoes, he/she has difficulties in acting (as the planning and the execution of deeds are disrupted) and has problems with sensory perception (as the child manifests either hypersensitivity or hyposensitivity in some areas of perception).

THEORIES ON THE AUTISM SYNDROME

In addressing autism syndrome, the most obvious problems are manifested in the sphere of the factors that may be involved and in the development of plausible explanations about the autism mechanisms.

The main theories that are at the basis of autism are the organogenetic theories, psychogenetic theories, behavioural theories.

Organogenetic theories

According to these theories, autism is the result of an organic dysfunction of biochemical nature or due to an insufficient development of the brain. This theory gains more and more supporters and is based on the difficulties of attention and perceptual learning present in the children with autism.

However, this theory is still uncertain and, even if it proves to be true, it leaves open the question whether the involvement of organic origin is genetic or traumatic. Research done have not yet ruled out a genetic cause for autism. What was deleted is the possibility of transmission linked to sex or a genetically altered character. If you have found a genetic cause, it will have a recessive character, the withdrawal of illegal sex. Given that function of the brain is a major factor in autism, it is likely to be caused by physical trauma or some other physical environmental factors that were present at birth or shortly after birth. For example, it was found that a large percentage of parents of children with the autism syndrome came into contact on a regular basis with chemicals which may have altered the child's early

physical prenatal or postnatal environment. All present explanations of autism are purely theoretical and uncertain. Much more data is needed, verified by practice, before anyone can pronounce definitively on the cause of this severe disease. All the theories mentioned above are shared to a lesser or greater extent, by various specialists.

Autism syndrome manifestations, the development and use of methods to overcome some characteristic difficulties are currently of great importance for specialists than the theories on the causes.

Psychogenetic theories were formulated in the 50's, a period in which there were no means of researching the central nervous system. According to the psychogenetic theories, autism is an expression of the withdrawal of the subject from what was perceived cold, hostile and punitive in the environment. Psychogenetic assumption has been made in three ways (Muresan, 2004, p.17):

- autism could develop only on a psychogenic bases;
- there are two types of autism: a combination of organic and other conditions caused by psychogenic factors;
- autism is the result of an accident organically combined with an innate psychogenic stress.

According to this theory, parents of children with autism would be marked by certain personality traits, thus, the mother is seen as cold in the emotional, distant from the child, interacting with it only for the physical needs of the child, the father is also distant closed in itself and intolerant towards child.

As more cases were identified, even the observation of these cases seems to contradict this early interpretation. Currently accepting psychogenic explanation is in decline in the specialists' community. Often, the parents of children with the autism syndrome are affectionate and warm in the relationships with the others. Moreover, some children with the autism syndrome manifest affectionate interactions with others.

Behavioural Theories

The supporters of these theories consider the origin of the problems of the child being of external nature. They do not accept that the disorder or the emotional conflict lays at the basis of the autism manifestations.

Behavioural theories argue that autism is nothing but a series of learned behaviours, formed by a series of random rewards and maintained by the context of reward and punishment that act in the present.

Under these conditions, autism is a special and atypical repertoire of behavioural excesses (crisis anger, etc. self-stimulation.) which the child had learned through interaction with his/her environment.

This is a broader view than the psychogenic theory because it does not reduce the parent – child interaction; on the contrary, it involves more than the environment which provides the child's development.

Behavioural theory has proved to be inadequate to fully explain the issue of autism. It is hard to imagine such an environment to produce a result so disastrous.

Certainly, there is no clear evidence of an environment so severe in the history of most cases of autism. Behavioural theory assumes that the original autism syndrome children have behavioural repertoire of ordinary children, and that only after a number of environmental consequences, on good behaviour, the repertoire autism. However, taking into account the parent-child interactions, and knowing how early autism behaviour can occur, a point of view seems more reasonable to be, now that stimulating and offered the child syndrome autism from its no different, typically, those of normal children, while responses to the same stimuli and learning the same consequences are certainly different. Currently, there are few academics who argue that autism can be reduced to environmental factors. Generally, theorists argue that a child with autism must have an innate deficiency, which makes them unable to learn normally in the environment.

CONCLUSIONS

Those mentioned above reveal that in producing autism more factors may compete, coming from any of the three directions: organogenetic theories, psychogenic theories and behavioural theories, and on the other hand, it may occur when a single harmful factor intervene, which is of a certain complexity, entailing a large number of anomalies in the structural or psychological field.

The inability to exactly specify the etiology factors brings about the assumption of the involvement of certain cases that are typical for other categories of deficiencies. Among these, there are the infectious-contagious diseases, trauma during pregnancy and birth, hereditary causes, abnormalities of the brain that can be encountered in 1/3 people with autism syndrome. As a result of these cases, it is assumed that in 1/3 of the people with autism syndrome, other affections can also be encountered, such as meningitis, encephalitis, water on the brain, epilepsy, and the presence of such associated disabilities complicate even more the elucidation of the autism specific.

To avoid these difficulties and in order to get a more plausible explanation, it is necessary to take into account any possible etiological factor, and any theory that can even partially help explaining autism and the associated disorders.

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