



AUTISTIC CHILD AS AN ALIEN

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An autistic child has its own world, the boundaries of which are urgently protected. Attempts to intervene are reacted to with anxiety, hysteria, and sometimes aggression. It does not explain its strange behavior, does not apologize, does not cry when it harms itself, does not seek comfort in adults. It ignores the peers or runs away from them. The specificity of the functioning of a child with autism makes it very difficult to understand and its education is a difficult challenge for parents.

Syndrome of autism occurs before birth, however, its symptoms may be unnoticeable for months or even years. Most often they occur before the age of 36 months, 3-5 times more often for boys. Symptoms of autism are retardation or developmental disorders, but the axial symptom is a lack of response to the presence of other people in the environment and their emotional expression. The child does not care about its own comfort and does not signal his needs. Typical mimetic behavior and early stages of speech development are also disappearing. The child does not make eye contact and does not exhibit adequate facial expressions or gestures. At the same time, there is a movement stereotype, a desire to change the environment, persistent attention to individual elements or objects, such as smell.

Diagnosis of autism is based on clinical evaluation of symptoms, because modern science does not have any laboratory or genetic testing that could detect this disorder before its symptoms appear. Generally, children are 2 to 3 years old when the number of symptoms is sufficient to diagnose.

Autism occurs in many forms, often with varying characteristics. Despite many attempts to classify, there was no system that would significantly differentiate the existing subtypes. It is quite common for people with autism to use "poorly functioning" and "well functioning" terms. However, most autistic children are in the middle of this spectrum - relatively well functioning in certain ranges and at the same time weak in others.

How autistic children see the world

Children with autism, like all other children, vary in the degree of intellectual development, motor skills and socialization. The link between them is deep isolation and sense of separateness. Incorrect functioning of the analyzers causes their perception of world to see it distorted, illogical, threatening and even painful for them. Having such a subjectively difficult reception of reality, the child does not understand the reaction of the environment, human behavior, the language of gestures, sometimes also speech. Their consciousness did not develop a correct picture of reality, because the disorder appeared too early for these memories to be encoded.

Staying in such an unknowable and non-understandable environment is a source of discomfort, anxiety and frustration for a child with autism. It prevents the child from taking steps to understand reality and focusing on its own development. In order to survive, the child tries to reduce its anxiety and avoid unpleasant sensations by using overly aggressive defense mechanisms and by rejecting stimuli. These behaviors are manifestations of abnormalities in the functioning of the perceptual-motor system. Their observation and analysis provide insights into existing disorders and allow for subjective perception of reality. They make it possible to understand the specificities of the functioning of particular children and to undertake effective therapeutic work.

Cognitive disorders

In the development of the nervous system senses of touch, taste and smell are formed at the earliest. Usually they are preferred by children with autism.

The sense of touch informs about things outside our body (touching with hands, mouth) and the sensations coming from the inside of the body (such as the awareness of the body parts or the tension of the muscles). Touch sensations mean getting familiar with the unknown. Touching new things and tangible knowledge of



them reduces the fear of them. Touch sensory disorders may occur in the form of hypersensitivity, decreased sensitivity, or so called internal disturbance. All these forms of disorders lead to the blockage of tactile cognitive activities, which closes the path of conceptual development. This is because visual feedback information can not be integrated with tactile, realistic and three dimensional features. And this is the basis for the creation of concepts, ie mental representation (Olechnowicz 2004). Touch sensory disorders also make it impossible to meet the basic need - contact. This is described by Tempie Grandin (1995, p. 26): "As for touch stimuli, I and many autistic children are in a hopeless situation. Our bodies call for contact with people, but when it comes to it, we retreat with pain and embarrassment. I desperately wanted to be loved - hugged. At the same time I avoided touch. I ran, though I did not want to. "

Many children with autism suffer pain, for example by hitting a hard object, pinching or biting certain parts of the body. These self-delivered experiences are subject to control - the child can decide on their own intensity and duration. Their goal is to jam other experience, more difficult to bear. This type of behavior is also common among people with undisturbed development. After traumatic experiences (such as the death of a loved one), they reduce difficult emotions by, for example, hitting the head, tugging the hair ... In people with typical development, these behaviors are temporary and disappear, while children with autism develop them into habits.

Autistic children experience a number of very unpleasant internal sensations, which appear without a definite cause. I have observed swelling of the face (mostly at the root of the nose) and mouth, rapid appearance of thick stain on the teeth, facial stains (white blotches, red spots), often accompanied by screams or crying. The reaction to these symptoms has always been some form of self-aggravation: kneading the face and head, jerking cheeks, hitting head or hands into hard surfaces. The immediate relief in such situations requires giving the child a strong compression head massage. However, this autistic defense leads to significant impaired sensory perceptions, and consequently to developmental disorders (including children with orphaned disease, numerous disorders and handicaps resulting from the onset of the inflow of stimuli).

Children with autism can function improperly with senses of taste and smell. Disorders in these areas take the form of hypersensitivity, reduced sensitivity or internal disturbances. It manifests itself by avoiding certain sensations or persistent search, causing problems with nutrition. Children avoid many foods by restricting themselves to a monotonous diet based on few products. By choosing food, they are guided not only by taste and smell, but also by its consistency and appearance. Quite often eat inedible products. I knew a four-year-old boy, who had been stubbornly eating small pieces of paper, candle pencils, erasers and clumps of dust, with relatively poor tolerance of edible products.

Sight has the widest range of senses and is the most used sensory channel. Visual perception disorders, resulting from abnormal sensitivity, can be relatively quickly diagnosed based on observation of specific visual behaviors of a child. However, children with autism often also have other neurological disorders. There are so-called, photographic vision, characterized by lack of visual control of an object. With one look, children can capture complex images. Their eye organ works in these cases correctly, the brain registers what was passed to the central part of the visual receptor analyzer, but without the conscious, analyzing recognition of the object. This is the manner of seeing things of talented artist Steven Wiltshire described by Oliver Sacks (1999, Olechnowicz 2004). He transferred the previously seen architectural objects with all the details to the paper. He drew objects, starting from the bottom of the sheet, without focusing, effort and excitement, "copying" his memorial film.

Other visual perception disorders are fragmentary or analytical vision, that is, the perception of individual elements without the ability to synthesize them. The child sees the eyes, nose, mouth, but does not see the face as a whole. It does not know the next time whether they are the same eyes and nose, because it does not recognize the face, does not read its expression.

In addition, children with autism often have limited gaze. They stare at one specific stimulus and do not control the surroundings looking around. In many cases, they also have a problem with the simultaneous acceptance of two or more receptors. If they look, they avoid touching; When they touch, they look away. Simultaneous reception of stimuli from both analyzers is too difficult for the child because it overloads the sensitive nervous system.

The hearing system consists of: the external ear, the auditory canal and the inner ear, closely related to



the organ of balance. It is therefore advisable to simultaneously analyze hearing and sense of balance. With hearing hypersensitivity, a child tolerates his or her sounds well - even very loud ones, but avoids sounds from other sources. They are afraid of them and can cut off from them. The illustration of auditory hypersensitivity is Grandin's statement (1995, p. 13): "The pain that permeated my head when the siren sound reached me was unbearable. Even as I plugged my ears, the sharp sound came in - then I threw myself on the floor and started screaming."

The world of a child with reduced auditory sensitivity is too quiet, so one may try to revive it by producing sounds such as screams and bangs, and focusing on independent auditory stimuli (preferably vibrating loudspeakers like a washing machine or vacuum cleaner). Some children are constantly hearing certain sounds. Sometimes they focus on the sensations of their own body, listen to the heartbeat or work the digestive system. They swing their heads or their whole body, sometimes taking strange positions from the point of view of gravity.

Difficulties in empathy development

Empathy is the ability of emotional coexistence. This is the channel of communication between people which is disabled in autistic children. They can not perceive the experience of another person or guess its reaction in a particular situation (Olechnowicz 2004). The cause of this condition is neurophysiological and affects disorders in the mirror neuronal area. The study of well-functioning adults with autism proves that their greatest disability is the lack of empathy. However, disturbances in the mirror neurons do not prevent the development of emotional life. Working with autistic children I watched their emotions turn into feelings. All the children I knew had created attachment to their mothers. They distinguished her from other people, reacted with joy, sometimes hugging. They often presented a differentiated attitude towards peers and adults. To some they were sympathetic, others were avoided. They were able to call the basic emotional states seen in pictures (static images), and sometimes responded appropriately to the emotional state of loved ones. They enjoyed the praise and often revealed their own sense of humor. These behaviors demonstrate that children with autism have individual emotional potential and that their emotional life exists and can develop in diverse forms. Perhaps the empathetic channel of autistic children and adults can not always be closed?

Fear as a dominating feeling

Due to disturbed perception children with autism are constantly confused. They are afraid of many things, phenomena, stimuli and are completely helpless when exposed to them. In the early stages of their life they can not feel the sense of security from their parents. In a state of fear, they rescue themselves by escape. However, it is an escape from themselves, to nowhere, and as such does not reduce anxiety. Anxiety increased vigilance, increases sensitivity of the senses, and general agitation. Feeling anxiety inhibits cognitive development and self-development.

Children with autism often suffer from habituation. Copeland writes (1995, p. 38): "It seemed to me that Ania was possessed by the devil: She was swinging in the chair, crying and wailing as usual, without a single tear, and they seemed to be the moans of the damned. Then it turned out that she was afraid of the bush. It stood outside the window and swung in the wind."

How autistic children try to help themselves

As a result of neurological damage, the processes of perception in children with autism do not go well. The world they experience consists of moving and changing visual illusions, coming from all over the world, and people whose faces are constantly changing. They do not understand the world around them and give up trying to understand and communicate. But they have huge energy potential and they have to do something about it, use it somehow. They work out different forms of behavior that try to maintain the body in relative balance.

Autostimulation is most often found, as Olechnowicz points out (2004, p. 33), to find the sense of balance. It takes a variety of forms. Its mildest form is the swinging which helps to relieve tension and at the same time is a "source of pleasure as a" continuation of "swaying in the prenatal period." Another common form of stimulation is jumping on the toes in place. Some children are balancing on the edges of furniture, accepting different poses or performing complex movements such as spinning around their own axes, while



autostimulation is generally absent, apart from contact. Many children after autostimulating behaviors are more receptive to contact with the environment. However, if autostimulation takes too long, it becomes a habit of fixation on these sensations and closes the possibility of receiving other stimuli.

The children with autism are self-treated in very diverse forms. They may have the form of obsessive asking the same questions, doing certain things (eg closing and opening doors) or demanding specific actions.

One seven-year-old boy, who was able to read and write, asked for several times to read the inscriptions contained on fruit jelly packaging (jelly composition, taste and preparation). He always listened carefully to the text read, asked additional questions, demanded to read the selected passages again. Fixations, as Grandin wrote (1995, p. 81), "reduced excitement and calmed me down. They also led to constructive actions and helped in the communication process. Fixing on compulsory speaking allowed the frustrations go and overcome solitude. That is why fighting with them is silly."

Autoaggression is the most violent form of autostimulation and can lead to serious injury. Most often, it is a drowning mechanism designed to suppress other, more distressing experiences. Autoaggression goes into habitual behavior, especially in children with mental retardation.

Strong emotional effects (screaming, demolition, throwing) occur when the child reaches a level of excitement that it can not control. Such explosions have a self-aggravating mechanism - the child can not control or suppress them. Often they are a kind of cry for help. The only effective form of assistance is to immobilize the child from the back by the tutor. Such a system does not force visual contact and provides well tolerated tactile sensations through the back (Olechnowicz 2004).

Spreading. The child with autism wants to act and control the world of objects, so sometimes it stubbornly throws everything it has at hand and demolishes the environment. It can not act on purpose like this. Still, these forms of activity have a specific purpose: they give rise to energy and they allow the discharge of tension, clear the field of vision from the excess of stimuli, they are finally an expression of the lack of sense of the integrity in one's own self. These behaviors are not intentional malice or manifestation of aggression, Thanks to them the child experiences expansion and expresses its need for liberation, "going out". These actions also help to maintain a relative balance and protect against violent affective reactions.

Behavior reducing anxiety. The most common defensive behavior against fear is hiding, which instinctive reaction to the threat, also typical for animals. The child is looking for a hide where it will cut off from the environment and will feel the soothing, tightening effect of the tight room. Therefore, the hiding places are small, narrow and dark. The most common are the cabinets, corners, furniture, boxes, blankets and mattresses under which one can hide. Hiding is spontaneous. It strengthens the sense of security and is a source of joy. It seems appropriate to allow the child to stay in the hideout for as long as it needs. It is worth giving it a message that it is expected any time it wishes to go out. As Olechnowicz points out (2004, p. 48): "The autistic child behaves as if it was mentally unborn, and its autopsy dictates it to repeat the process as if it was born again, on its own initiative, back to the world."

Therapy and education for children with autism

The child with autism wants to get in touch and communicate, and at the same time actively opposes to it. This is because the sensations and emotions of the contact over reach the possibility of weak and easily fatigued nervous system. It is therefore important to be able to draw the attention of the child and maintain it - without overwhelming its nervous system.

A good beginning of therapy is observation. Not only does it provide a thorough understanding of the child, its deficits, strengths, defense mechanisms and corrective actions, but also tones it with the presence of the therapist, his or her appearance, smell and voice. Observation also creates an equivalence system: nobody is dominant. The therapist, knowing the child, can reflect the behavior of the child or gradually integrate into its favorite activities, such as arranging the blocks. This is important therapeutic, even if it is "just" a reflection of children's activities. Over time, one should strive for actions like "this time only me, and next time only you", ie alternating blocks. This activity is already a dialogue, agreement on the motor level. It develops the child's initiative, gives it the sense of responsibility, the "leadership role", and the ability to decide how long the interaction lasts, so that the child's actions are safe and it decides how to manage the contact.

Therapeutic observation also gives the child the feeling that it is important.

An important role of therapy is to trigger the activity of the child and its initiative for spontaneous cognitive activities and help to overcome the sense of helplessness and resignation. Almost every activity of a child



can be given a form of play - by name, acceptance or participation. Such therapy reduces the level of anxiety and at least partially satisfies the need for safety. It also builds positive self-esteem of the child through messages: you are important, I watch you, I do what you want,

Education is the next stage in working with an autistic child. It requires some maturity and readiness from a student who must master the ability to cooperate and participate in a task. The process of education is easier for the child if this process has a predetermined, clear and predictable structure. It is a good idea to discuss the course and present it on the didactic board before class. The child knows what to do in what order and how long. It can also check the current aspect of the lesson on an ad-hoc basis. Such control reduces its anxiety and facilitates its active participation in the lesson.

The lesson should be an important event for the child, which brings it tangible benefits: it teaches, strengthens its sense of security, builds positive self-esteem. At that time, the activities mobilize the child to cognitive effort, make it work in contact and in agreement with the teacher. If these important items are missing, running a lesson is very difficult.

In common opinion working with a child with autism is very difficult. Teacher-therapist must face often unintelligible, illogical, aggressive behavior. He or she may be bitten, pushed, beaten. Often, in spite of the sincerest desire, he or she can not make contact with the child. And though one wants - one can not help. We lose energy, burn up, become helpless to the challenge.

However, it may be different. The human child is the most helpless being for the longest period of time among animals. It will not survive without an adult caregiver. And autistic child? Sometimes even with such help it barely survives. It is difficult to know and understand. A little like an alien from another planet. But it wants contact, compassion, sense of security, belonging. And it cries for it. We just have to understand this cry. One does that by observing the child, gaining knowledge about it and the substance of the disorder. When one has enough knowledge, one can try to feel the child's position. This will give us an idea of the actual situation and will allow one to conduct therapy to receive feedback messages. Initially, it is only a brief look, touch permission - but they are indicatives of the effectiveness of the therapy and the reward for the therapist. They give energy for further work and conviction about its purpose. Working with an autistic child, somehow we save it. And the awareness of this fact is a source of unmatched professional satisfaction.

Parents of autistic children

Children with autism put very difficult challenges to their parents. They behave differently than all other children, they are difficult to master, sometimes it seems impossible to understand them. They require constant and intensive care. At the same time they do not provide gratification in the form of attachment, satisfaction and pride in the achievements of development. Parents are constantly tired and frustrated looking for help. They want to believe that they have done everything for their child. They are in constant search for wonderful therapies. They often use irrational forms of "help," and in the absence of efficiency they keep looking further ... They engage all available resources, time, family, professional and social life. As a result, they are increasingly tired, tormented, hopeless, collapsed. Such a situation must in consequence lead to burn out. How to remedy this? The answer requires a broader, separate study. However, it is worth pointing out that one has to start with oneself. Give oneself the right to feel the emotions. They are a natural consequence of reality. One should not blame oneself or seek responsibility outside. We should understand that emotional experiences are psychological rule. They concern all parents who came to raise a child with a disability. One needs to take a rational action towards the correct diagnosis of the child. Use expert support, but also trust one's intuition. Know one's child, understand, accept and love it. Build relationships. Take care of the quality of one's own life, because parents and children are the system of connected vessels.

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Bibliography

1. Copeland J., Z miłości do Ani, Fundacja Synapsis, Warszawa 1995.
2. Delacato C. H., Dziwne niepojęte. Autystyczne dziecko, Fundacja Synapsis, Warszawa 1995.
3. Doman G., Jak postępować z dzieckiem z uszkodzeniem mózgu, Protekst, Poznań 1996.



4. Grandin T., Scarano M. M., Byłam dzieckiem autystycznym, PWiN, Warszawa 1995.
5. Hart Ch. A., Przewodnik dla rodziców dzieci autystycznych, Fundacja Wojtki Wadowskiego, Łódź 1996.
6. Olechnowicz H., Jaskiniowcy zagubieni w XXI wieku, Wydawnictwo Szkolne i Pedagogiczne, Warszawa 1999.
7. Olechnowicz H., Wokół autyzmu. Fakty, skojarzenia, refleksje, Wydawnictwo Szkolne i Pedagogiczne, Warszawa 2004.
8. Orwid M., Pietruszewski K., Psychiatria dzieci i młodzieży, Collegium Medicum UJ, Kraków 1996.
9. Sacks O., Mężczyzna, który pomylił swoją żonę z kapeluszem, Wydawnictwo Zysk i S-ka, Poznań 1985.
10. Zoller D., Gdybym mógł z wami rozmawiać, Fundacja Synapsis, Warszawa 1994.