

Social integration of the autistic child through physical activity

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Abstract

The psychomotor activities are an important component of the educative programs, as coordinated motion helps in the motor recovery of the child with autism spectrum disorder, and also in acquiring social and emotional balance. A complex physiotherapy program combined with motor games, applied to autistic children, favors the knowledge of the body and the optimal integration in the social environment, both through exercises and through the relational attitude maintained by the therapist.

Keywords: autism, psychomotricity, integration, social environment

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1. Introduction

It is common knowledge that autistic people encounter difficulties in social interaction, expressive communication, reception, and especially at the personal level, where they display repetitive, stereotypical patterns, and limited interest in few activities. Along the years, researchers have considered various factors - genetic, hereditary, neuropsychological, or medical conditions – in order to establish a precise cause of autism, but the agents that trigger this autism spectrum disorder have not been clearly established yet. It is generally accepted that autism is caused by certain abnormalities in the brain's functioning and structure, but it has not been scientifically proved what exactly causes this disorder. Various studies assert that autism is not related to the child's rearing up to moment of diagnosis.

Autistic children may also depict deficiencies at the level of:

muscular strength, coordination, static and dynamic balance;

acquiring motor and utility basis skills;

sensory-motor functions;

fine motor skills and relaxation skills.

Motor activities represent a significant part of the educational programmes, as motion helps the autistic children not only at the motor level, but also at the emotional and social ones. Their well-being may increase if the foundation of all development areas are laid during early childhood. A complex physiotherapy programme may help these children both through exercise and through the relationship attitude of the physiotherapist, who encourages the child to know his own body, to relate to other people and thus to get integrated in the social environment.

Autistic disorder, also known as infantile autism, is the best known pervasive development disorder. It is also termed as Kanner syndrome or infantile psychosis.

Along the years, many authors have attempted to provide a definition as complex as possible for infantile autism. Thus, Frederickson and Graham (1999) considers that "infantile autism is characterised by the early start (before 3 years of age) of certain deviations or disorders which affect at least three areas of development: language, social interaction and fine and gross motor skills".

Therefore, there is an inability to initiate and develop social relationships, to express interest and, in many instances, emotion. The child diagnosed with autism displays the inability to use language and communication (either verbal or non-verbal), and, at the same time, this blocking is also associated with a stereotypical behaviour which includes a repetitive and restrictive behavioural repertoire (Romanian Journal of Psychiatry, 2003).

Autism severely affects the mental, emotional and communicational skills of a person. An autistic child may be placed in different points of the wide autistic spectrum. At the highest end, a child may seem almost normal, displaying only a few autistic traits. For example, s/he may be a quiet child, with just a few friends and a few awkward habits. S/he may even not be diagnosed as autistic until later on in life. At the lowest end of the spectrum, a child may be described as malfunctional: s/he may display defective communication, s/he may refuse socializing, s/he may not initiate any actions or activities. This autistic type needs cognitive, social and psycho-motor recovery therapy.

For a long time, autism has been unjustly considered a form of infantile schizophrenia; however, this hypothesis has been completely debunked. Nevertheless, if one considers that social and language development are not affected in early childhood in the case of the earliest stages of infantile schizophrenia (which rarely sets out before puberty), then one may affirm that psychosis is not an adequate term for autism. The child does not deform reality, as s/he does not even construct it.

Autism represents an individual's inability to establish natural relationships with other members of his/ her community. Leo Kanner presents a series of definitive traits for diagnosing infantile autism (Leo Kanner, 1943, as cited in Racu, Verza & Racu, 2012).

the child's profound impossibility to develop social relations with the parents or with adults in general;

inability to understand abstract language and development deviations in this direction;

resistance to stimuli;

absence of skills based on mimicry;

isolation and reclusion;

the exacerbation of some movements, which become ritual, stereotypical, iterative and obsessive behavioural patterns;

absence of imagination during games;

the existence of some disorders at the level of verbal, non-verbal and para-verbal communication;

prevalence of the mechanic memory.

(E. Verza as cited in Popovici & Racu, 2012) classifies autism-specific disorders in:

language and communication difficulties;

discontinuity in development and learning;

perceptive and relational deficiencies;

acting and behavioural disorders;

dysfunctions of the psychic traits and functions.

Questions such as "Why..?" "Where is...?" "What if...?" do not exist in the vocabulary of the autistic children. Playfulness and games do not enter spontaneously their universe. The constant notice of some aspects such as: lack of personal identity, absence of affective contacts, acceptance for the inanimate environment in the daily life (manifested through profound attachment for objects), rigidity in action and thinking, makes us state that a therapeutic intervention is required.

2. Clinical Description

It inducts progressively during the second year of life, and becomes obvious towards the age of 2 or 3. At this moment, alteration of social interaction leading to isolation is noted. The child refuses visual contact, has no facial expression or mimic in accordance with the situation, nor postural dialogue.

Language does not occur at the usual age, and there is no communication through gesticulation either. A first form of language depicts several particularities: immediate or belated echolalia (echoing what the interlocutor has just uttered), specific monotonous and staccato prosody, inversion of pronouns (you or he to denote oneself), deficient syntax and total or partial lack of expressing emotions (joy, pleasure, surprise, anger). (Diagnostic and Statistical Manual of Mental Disorder, 2003)

In the case of an autistic child, the reactions of anguish, aggressiveness or apparent anger may be triggered by changes of the environment (e.g. deviation from his/her usual route, absence of a toy), but also by surprises (being offered an object that produces an unexpected noise, the arrival of a stranger, etc.). These manifestations of anger, anguish or desperation may also be the result of the frustration caused by an interdiction or by the insistence of the adult to establish contact. The habits or rituals, apparently depleted of any symbolic significance,

dominate day by day life, which thus acquires a framework of robotic and immutable existence. The autistic child's focal points are limited and stereotypical whereas his/her motor habits may seem rather bizarre (Ghergut, 2013).

- stereotypical and repetitive motor mannerism (beating, hand torsion, swinging, tip-toeing, spinning, complex body motion);

 - using certain objects (rocks, wires, toys);

- abnormal behaviour during games (e.g. the wheel of a toy car is spun for tens of minutes, even hours);

- interest for a certain aspect of some objects (e.g. the smell associated with a sniff-like behaviour, interest in vibrating things or noises which s/he may endlessly reproduce).

In what sensory and motor modulation is concerned, either hypo- or hyperactivity may be observed at the level of the sensorial stimuli. Thus, the child may:

 - drop down objects;

 - swing;

 - clap;

 - spin;

 - produce noise from their mouth or throat, suck their tongue, etc.

They are often completely indifferent to some sounds, especially social sounds – e.g. the child does not react when called, and they present an interest for particular sounds (the vacuum, water flow, music, paper rustle). Other noises may trigger reactions such as: startle, panic, anger, especially when they take the autistic child by surprise.

3. The Adaptation to the Social Environment

The autistic child present enormous difficulties in learning with the help of the others and is incapable of imitating the game or the acting person in accordance with the environment or social requisition. Another defining trait of autism is the difficulty to understand and engage in social interaction. Small children who suffer from this disorder may often cling mechanically to a certain adult, or they can treat adults as interchangeable. The young people who suffer from autistic spectrum disorder may passively engage in social interaction, expecting from the others to respond to various requirements in certain ways. The autistic children do not know how to use non-verbal behaviour, such as:

 - looking in the eyes

 - verbal expression

 - body positions or gestures, in order to regulate interaction or social communication.

On the other hand, the autistic children have difficulties in expressing his/her wishes, and also in sharing their experiences with others. Therefore, they are not looking forward to spontaneously sharing their joys, interests and achievements.

As a rule, the autistic children are not familiar with the requisitions of the social game, which is the reason why they rarely involve in social games with other partners. They do not know how to play, how to role-play or how to imitate. There are more types of interaction in a game, therefore, the autistic child may play with other children, but without effectively intervening in their game, or s/he may seem completely indifferent at the presence of the others. They may use the same playground or their mates' objects without interacting. They also depict major difficulties if involved in a game activity with toys. They show no interest in touching or holding toys: either they introduce them in their mouth, or they swing, shake or hit them. Thus, the

game they play is not functional. Individuals with autistic disorder display behavioural patterns, and limited, stereotypical and repetitive preoccupations and activities (APA, 2003).

More often than not, the autistic child will cling to such stereotypical behaviour all his life. The stereotypical motion is either that of the hands (clapping, fingers fluttering) or the entire body (swinging, bending, and balancing). They may also swing back and forth or jump up and down on an airbed, or spin endlessly around.

There is also a preoccupation for routine and non-functional rituals, or the irrational insistence to walk the exact same path every day (e.g. when taken to the recovery centre).

The autistic children may also be fond of inanimate objects (e.g. a piece of lanyard, a rubber band, a sponge or a piece of paper). Usually, non-verbal skills are more developed in their case.

3.1. Main Argument

The social and intellectual deficiencies of the individuals with autistic spectrum disorder become obvious as soon as they enter the organised educational environment, when they display difficulties in establishing mutual social relationships, and also in performing abstract mental operations and/ or speaking. In most of the cases, the diagnostic is associated with moderate intellectual disability (IQ 35-50). About 75% of the children with autistic spectrum disorder have a certain degree of cognitive retard. The cognitive skills profile is usually unequal, irrespective of their general intelligence level.

Many autistic children who function at a high level in what language reception is concerned may present obvious difficulties in expressing themselves with adequate vocabulary. Various non-specific symptoms and neurological signs may also be observed in the case of autistic spectrum disorder (e.g. primitive reflexes, the late development of the manual dominant). The autistic child, especially if s/he is hypertonic, appears as an active, independent and voluntary child, especially in the first year of life.

3.2. Findings

The symptoms may be present along the entire life, but they may also be improved through proper intervention and adequate care (ABA therapy, speech therapy, TEACH, physiotherapy, motor games and activities).

Social integration is consolidated with the acceptance and acknowledgement of the individual's integrity, potential, values and common rights. Today, the educational system must promote the true integration of the child with special needs, and the acknowledgement of this inclusion as part of the equity politics and not merely as the placement of the individual within a special group.

The psycho-motor dimension is an optimal way of non-verbal communication in the social environment for the child with special needs. It is recognised that any child coordinates his motor activity in accordance with the mental image of the perceived act. Psycho-motor therapy facilitates, through its integrated programmes, the education of the individual, aiming at knowing one's own body and at the identification of the self.

4. Conclusions

An effective physical and cognitive recovery programme meant to ameliorate the autistic symptomatology must be made of therapies based on motion. Kinesiotherapy/ Physiotherapy fulfils the following functions:

- improves muscular strength and resistance;
- increases the ability to make effort;

- improves coordination, control and balance of the body;
- corrects the posture of the body;
- develops articular mobility;
- re-educates the breathing functions;
- stimulates sensitivity;
- sustain social interactions.

4.1. Recommendations

In order to attain the aforementioned objectives, the following measures are recommended: motion games intended to activate the motor skills; games leading to formation of perceptive-motor behaviour of the corporal scheme, laterality, orientation-organisation-structuring; games which develop manual skills and the formation of the basic gestures.

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