

**The communication Difficulties,
Child with Autism Spectrum Disorders:
An Article Review**



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Summary:

Communication disorders in the autistic child are among the central and basic disorders that negatively affect the manifestations of normal development and social interaction. Many studies have indicated that this category does not have the ability to communicate linguistically, and does not develop its skills, and for this reason many research centers and specialized health institutions strive to develop the necessary communication skills that help this category express their needs and interact with their community. In despite of this, such type of disorder is marked by a lot of ambiguities, whether in the causes of its infection, the methods of diagnosis and treatment. However, the developments that have been achieved during the last twenty years have contributed in increasing our understanding of autism and have led to more efforts and academic research to address this pathological phenomenon and understand its causes.

Keywords: communication; Autism; Disorders; skills; Academic Research.

Introduction

Like other mental disorders, autism is one of the most common developmental disabilities that affect the psychological and social developments of children since their early childhood. Child psychology is one of the primary diagnostic symptoms of autism as impairment in communication with others. As should be clear, educating autistic children is a challenging task for parents and is a professional process that requires effort and energy.

1. Definition of Autism Spectrum Disorder

Autism Spectrum Disorder (ASD) refers to a neurodevelopmental disability that involves impairments in social interactions and communication. Autism is a term used to describe a developmental disorder, characterized as a deficiency in perception, and isolating the child from his surroundings. According to the American Autism Association (2013), Autism is defined as "a complex developmental disability that occurs during the early years and the ability to relate to others. It is a neurodegenerative disorder that affects the functioning of the brain". (p. 203)

Catherine and Sarah (2006) defined autism as a life-long incapacity, in this respect they wrote:

"Autism is a disorder that affects children in the first three years of life, and it is defined by a pattern of qualitative in reciprocal social relationship and repetitive interest behaviors It has been found throughout the world in families of all racial, and social backgrounds." (p.1)

Moreover, Kanner (1943: 245), an Austrian child psychiatric described autism as "extreme aloneness, and explained as disturbance comes from the noise or motion that intrudes itself." In addition, autism is one of the difficult disabilities that is scientifically known as a disorder Functional brain science did not reach to determine its causes and it appears during the early years of the handicapped children. It is known as a deficiency and a delay in the social and cognitive development and in their interactions with others.

2. The Different Names of Autism

It should be noted that, autism has many types. Despite the diversity with which the disorder is expressed, all children and adolescents with autism have the difficulties and disturbances in social interactions, especially in constructing mutual understandings and problems in verbal and non-verbal communication, and also the imagination disorders.

2.1. Pervasive Developmental Disorder

It refers to a set of disorders characterized by slowed or deviant development in many areas (hence the term "invasive"). It's about an official term of classification systems, which is also synonymous with the name "autism spectrum disorder". Pervasive Developmental Disorder-Not Otherwise Specified (henceforth PDD-NOS) is used to describe those children who have just few

autistic qualities without, however, meeting the diagnostic criteria for "autism disorder tick" or "Asperger syndrome."¹

2.2. Autistic Disorder

It is an official name of autism in the systems of diagnostic classification themes. Characteristics of the disorder can range from very severe autism to intellectual disability due to a milder autism in people normally, even very intelligent.²

2.3. Asperger's Syndrome

It is the same as autistic disorder, but without any delay in the language acquisition developmental process, cognition or hearing autonomy before the age of 3; synonymous with autism in children without intellectual disability.³

3. History of Autism Spectrum Disorder

As far as history is concerned, autism is not a new mental illness that touches children in the early stages of their childhood. Affected Individuals have demonstrated the characteristics associated with Autism Spectrum Disorders (ASD) for thousands of years. Long ago, children born with autism probably suffered the same fate experienced by babies born with any mental disabilities. Children seen as defective were abandoned in remote areas and left there to die (Kirk, Gallagher, & Anastasiow, 1993)⁴. The term autism was first introduced by the Swiss psychiatrist Eugen Bleuler in 1911, in order to describe specific symptoms of schizophrenia patients. The term autism is derived from the Greek word *autos*, which means "self". In 1943, the American child psychiatrist Leo Kanner, was the first to describe the behavioral similarities in 11 children. Some of the behaviors these children shared were 'desire of aloneness' and an 'anxiously obsessive desire for the maintenance of sameness', which are still part of the criteria to diagnose. Much of what Kanner described about those children's characteristics form the basic description of individuals who have what is now termed classic autism.

Autism is a syndrome that is defined by behaviours and natural history, rather than by etiology or pathology (Rutter & Schopler, 1986). Although etiology is unknown in many cases, the results of numerous biological and epidemiological studies have resulted in two etiological principles of autism. First, as expected in a

1 - Peter VERMEULEN, Steven DEGRIECK " Mon enfant est autiste » Un guide pour parents, enseignants et soignants. Trad et adapt française par kathleen poppe
3e éd-De Boeck Supérieur s.a., 2020 ,P 18-20

2 -IBID, P20

3 -IBID , P 20

4 - Harris & Haflin-ch. "Historical Perspectives and Etiology of Autism Spectrum Disorders".chapter 2,P 46.

syndrome that is defined only by its clinical features, there are many etiologies. Second, the etiologies of autism are organic and not psychosocial. (Folstein & Rutter, 1988)¹

Kanner (1943) considered autism as a genetically driven condition. He also observed that parents of some of his patients were successful in academic and vocational realms. Kanner suggested that autism, through a congenital condition could be influenced by parenting. This led to the belief (which persisted for some time) that autism was caused by inappropriate parenting. In particular, those who espoused the psychoanalytic theory of the time came to believe that parents, particularly their child-rearing methods, were the main causes of autism.²

In 1908, even before Kanner began to study this group of children, a special educator in Vienna, Theodor Heller, was describing children who apparently had typical early development but then regressed severely as exhibited by ¹their lack of language and interest in others. In addition to social withdrawal, children with "Heller's dementia infants" are engaged in bizarre and perseverative, or repetitious, motor behaviors as well as sensory avoidance. (Viikovev, Weinberger & Chipman, 1948). Today, Heller's syndrome is synonymous with what some view as a type of autism called childhood dis integrative disorder (CDD). (Maihotra & Gupta, 1999).³

Until the 1970s, autism was considered a form of schizophrenia. In the first and second editions of the DSM (American Psychiatric Association, 1952, 1968), only the term "childhood schizophrenia" was used to describe children with autism. It has become abundantly clear in further research that although young children with autism suffer in many other areas of their development, their behavior is very different from what is observed in the psychotic disorders of later childhood or teenage years (Kolvin, 1971; for a review, see Cohen & Volkmar, 1997).⁴

4. Symptoms of Autism Spectrum Disorder

Autism usually remains unnoticed until the age of 24-30 months, However, signs and symptoms of autism spectrum disorder (henceforth ASD) are often noticeable as early as infancy (Scheuermann & Webber, 2002). Symptoms are often evident in the following aspects:

1 - Rutter, M., & Schopler, E. (1986). "Autism and pervasive developmental disorders: Concepts and diagnostic issues". Rutter, H. Tuma, & I. Lann(Eds.). New York: Guilford Press.

2 - Sam Goldstein Jack A. Naglieri Sally Ozonoff. (2009). "Assessment of Autism spectrum disorders". New York, www.guilford.com. P 3

3 - Harris & Hafllin-ch. "Historical Perspectives and Etiology of Autism Spectrum Disorders".chapter 2. P 50

4 - Sam Goldstein Jack A. Naglieri Sally Ozonoff. (2009). "Assessment of Autism spectrum disorders". A Division of Guilford Publications, Inc. New York. www.guilford.com. P 4

Symptoms of autism spectrum disorder (ASD) vary from one child to another, but, in general, they fall into three areas, namely social impairment, Echolalia as a form of communication, repetitive and stereotyped behaviors. Children with ASD do not follow typical patterns when developing social and communication skills. Parents are usually the first to notice unusual behaviors in their children. Often, certain behaviors often become more noticeable when comparing children of the same age. In some cases, children with ASD may seem different very early in their development. Even before their first birthday, some babies become overly focused on certain objects, rarely make eye contact, and fail to engage in typical back-and-forth play and babbling with their parents. Other children may develop normally until the second or even third year of life, but then they start to lose interest in others and become silent, withdrawn, or indifferent to social signals. Hence the loss or reversal of normal development is called regression and occurs in some children with ASD.¹

3.1. Social Impairment

The degree of social impairment for those with ASD varies considerably from individual to individual. The primary social impairments associated with ASD include difficulty in interacting with peers, problems in using and interpreting nonverbal communication skills, and limited imitation of other people's actions, movements and sounds. Children with ASD often have difficulty in making friends and may not appear interested in doing so. They seem to lack the intuition needed to recognize and understand how others feel and react, as they may not be willing to react to others' feelings and actions. For example, a child with ASD may face complexities in playing a game or sharing a toy with another child. Besides, they are also likely to use few gestures when communicating and exhibit fewer facial expressions than average.²

4.1. Echolalia as a Form of Communication

Among the most exciting of new ideas in communication is the connection of echolalia with the communicative process. Two major researchers within this area of inquiry, Schuler and Prizant, have contributed to an admirable overview of this work (cf. Chapter 8). Although Kanner (1943) has meticulously described many types of echolalia and speculated on its probable function and what it told us about autism, this work was not pursued through much of the following four decades. Instead, echolalia was seen as a self-stimulatory behavior to be

1 - A Parent's Guide to Autism Spectrum Disorder. (2011) Department of Health and Human services national institutes of Health NIH. P 1.

2 - Natalia Poliakova & Alison Palkhivala. (2008). "Social Impairment in Children with Autism Spectrum Disorder".P 50.

eliminated so that more appropriate forms of language could be acquired.¹ Two types of echolalia have been described. The first is called immediate echolalia which is the most common language abnormality in autism (Hingtgen & Bryson, 1972). It was previously viewed as non-functional and occurs when the child does not understand the speech of others, but attempts to maintain social contact.²

4.2. Repetitive and Stereotyped Behaviors

Repetitive and stereotyped behaviors (RSB) are early diagnostic features of ASD. However, few studies have systematically examined the context and functions of RSB in young children with ASD. This study examined five object placement triggers, a dichotomous regulation measure, and nine function categories of RSB demonstrated by children with ASD and aged between 18 and 24 months as this study has led to empirical observations of RSB in young children with ASD (Bryson et al., 2007, Watt, Wetherby, Barber, & Morgan, in press; Werner, Dawson, Munson, & Osterling, 2005; Wetherby et al., 2004). Impairments in social interaction and communication may be the main traditional hallmarks of early identification of ASD. Albeit less attention has been directed to the third diagnostic domain, many aspects of RSB remain relatively unexplored in young children, including the potential underlying triggers and functions of these behaviors. Hence, this research gap leaves fundamental questions regarding the phenomenology of RSB in ASD unanswered. (Lewis & Bodfish, 1998)³

4. Diagnosis of Autism Disorder

Diagnosis is the primary tool for determining appropriate intervention methods for a child with autism. The earlier diagnosis is made in the child's life, the more effective the intervention process will have on the behavior of the child, and his interaction with others. The diagnosis of autism disorder is still one of the biggest problems that researchers and workers in the field of childhood problems face. Research has found that autism spectrum is difficult since there is not a biological marker to diagnose the disorder yet.

Relevant studies have begun to emerge in the research literature assessing the reliability and stability of autism diagnoses made during the early preschool years. Experienced clinical investigators have demonstrated that an accurate diagnosis of autism can be made in the second and third years of child's life. However, accuracy depends on the completion of a comprehensive; interdisciplinary assessment, one that includes the use of standardized diagnostic

1 - Eric Schopler & Gary B. Mesibov. (1985). "Communication problems in Autism". North Carolina School of Medicine Chapel Hill. P 8.

2 - Hingtgen, J. N., & Bryson, C. Q. (1972). Recent developments in the study of early childhood psychoses: Infantile autism, childhood schizophrenia, and related disorders. *Schizophrenia Bulletin*. P 8-54.

3 - Angela B. Barber.(2008). "The Context of Repetitive and Stereotyped Behaviors in Young Children with Autism Spectrum Disorders" :Florida State University Libraries. P.2-3.

instruments in conjunction with clinical expertise (Charman & Baird, 2002). Nonetheless, even among experienced clinicians and investigators, false positive and false negative diagnoses are sometimes made...¹

Therefore, the deficiency in linguistic development and social behavior is defined as the main symptom to diagnose ASD. Parents who are concerned about their child's development early on often seek professional advice and diagnosis at this stage (Siegel, Pliner, Eschler, & Elliott, 1988). In order to make a diagnosis on the autism spectrum, clinicians generally rely on diagnostic instruments, mainly on both child observation and parent-report measures. However, these two instruments are not ideally suited to the task of identifying these disorders in young children.

Regarding adults, ASD needs to be comprehensive with other different disorders, like attention deficit hyperactivity disorder (ADHD). Moreover, understanding a correct diagnosis at different points in the development can help identify strengths to communicate. However, professionals should rely on reliable methods to make parents notice the exceptional cases their kids are, and providing families with support, and treatment to help them joining specialized centers with professional coaches. In brief, although there have been a number of screening and diagnostic instruments to facilitate ASDs diagnosis, a comprehensive evaluation for suspected ASDs should be performed. Such evaluations include a developmental history, parental interview, thorough physical examinations, clinical observations, developmental evaluations, assessment of the child's strengths and weaknesses, and assessment of the family functioning. (Taryadi & Kurniawan, 2018)²

5. Social Interaction

One of the characteristics of the child development with autism ASD is the lack of communication development. In fact, the regular complaint raised by parents when they take their children to autism therapist is a communication barrier. Communication barrier causes a difficulty in children learning and their behaviour seems to be uncontrolled. The stage of communication is not running smoothly in child with ASD. Furthermore, the communication environment is an important factor to get the outcome in gaining the bonding with ASD child. In addition to the communication barrier, social mutualism has also become one of the main weaknesses of an autistic child. Some researchers have shown that the improvement of the stage of communication by improving collective attention

1 - Dianne Zager & Lawrence Erlbaum. (2005). "Autism Spectrum Disorders Identification, Education, and Treatment". P 15.

2 - Stephen I. Deutsch & Maria R. Urbano. (2011). "Autism Spectrum disorders: the role of Genetics in diagnosis and Treatment". Printed in Groatia. P 9.

and movement will release the behaviour of ASD child communication. (Taryadi & Kurniawan, 2018)

The autistic disorder or autistic spectrum is a psychiatric disorder related to the child's development whether at the level of language use, social, or behavioral development which would cause this group of children to have developmental disabilities as well as not being able to live happily. In addition, their interpersonal relationships would be an unnatural one-way interaction. Their social behaviours and feelings may not be appropriate for their ages, mostly in the lower level of their ages. They do not pay their attention to the surrounding things as well as their family members. (Penkae Limsila: 2002). Thus, the social interaction is very important since human beings live in various social groups as they support and relate with one another. During their childhood, human beings seek to make friends to play with, learn, and participate in diverse activities. When they become adults, they want their friends to think and work with them. The autistic children should obtain these things in order to alleviate their inappropriate behaviors so that they would be able to live comfortably with the others in society (sawitree, 2013). However, the process by which individuals influence each other is through a series of mutual behaviors, thoughts, and feelings that lead to changing their behavior and achieving their goals, Gillson (2012) defines social interaction as the skills that emanate from the child and communicate with others, participate in social activities, make new friends.

Social interaction is the process of sharing experiences and relationships with others in a given social environment. It is through symbolic communicative actions that are either verbal, such as speech, or non-verbal, such as gestures, facial expressions and other body movements. Consequently, a successful language communication requires many skills that an individual should require during his developmental stages and this is referred to as the beginnings of language communication in children, which are imitation skill, recognition, and understanding. (Nasr, 2001: 9).

Concerning the importance of social interaction for children, Giddens (2002), writes that "socialization is the process by which the unprotected child gradually becomes a self-conscious and informed person who has acquired the skills required by the culture in which he was born". (76). In particular, the development of the social interaction of children within the framework of kindergarten can be achieved by means of organized activities, aiming at acquainting children with others and fostering trust among them. Also, the main goals of the activities are the development of their communication, cooperation and the promotion of cooperative problem solving, which is achieved by the aid of the educator. (Vairinou, 2008)

Conclusion

Autism has become a major widespread health problem disorder that is considered as one of the most serious neurodevelopmental disorders. This is due to the ambiguity that characterizes its causes, methods of diagnosis, or even treatment approaches in order to understand what autism is. Indeed, early intervention is the only way to reduce the symptoms of autism by consulting multiple professional, and many educational programs. To summarize, the present study was devoted to highlight the importance of communicative skills in general and to explore the extent to which specialists need to take care of children with autism. Moreover, the role of education in enhancing communicative abilities of this social category has been addressed throughout this paper. As a final note, it is not yet possible to answer the question: "What is the best way to teach individuals with autism?"

Bibliographical References

- A Parent's Guide to Autism Spectrum Disorder.** (2011). Department of Health and Human services national institutes of Health NIH.
- Barber, A.-B.** (2008). The Context of Repetitive and Stereotyped Behaviors in Young Children with Autism Spectrum Disorders. Florida State University Libraries.
- Skoufou, A.** (2019). Social Interaction of Preschool Children with Autism Spectrum Disorders (ASD) - Characteristics and Educational Approaches: The University of Patras.
- Zager, D.** (Ed.). (2005). **Autism spectrum disorders: Identification, education, and treatment** (3rd ed.). Lawrence Erlbaum Associate
- Schopler, E. & Mesibov, G.-B.** (1985). Communication Problems in Autism. North Carolina School of Medicine Chapel Hill.
- Heflin, L.-J.** (2007). Historical Perspectives and Etiology of Autism Spectrum Disorders. *Effective Instructional Practices*. Upper Saddle River, NJ: Pearson Education Inc.
- Hingtgen, J. N., & Bryson, C. Q.** (1972). Recent Developments in the Study of Early Childhood Psychoses: Infantile Autism, Childhood Schizophrenia, and Related Disorders. *Psychology: Schizophrenia Bulletin*.
- Poliakova, N. & Palkhivala, A.** (2008). Social Impairment in Children with Autism Spectrum Disorder. Canadian Council on Learning's Early Childhood Learning Knowledge Centre.
- Rutter, M. & Schopler, E.** (1986). Autism and pervasive developmental disorders: Concepts and diagnostic issues. In M. Rutter, H. Tuma, & I. Lann (Eds.), *Assessment, diagnosis, and classification in child and adolescent psychiatry*. New York: Guilford Press.
- Goldstein, S., Naglieri, J. & Ozonoff, S. (2009). *Assessment of Autism Spectrum Disorders*. NY: Guilford Publications.
- Runcharoen, S. (2013). The Development of Social Interaction of Children with Autism in Inclusive Classrooms. The University of Education Khon Kaen.
- Stephen I. D. & Urbano, M.-R. (2011). Autism Spectrum disorders: the role of Genetics in diagnosis and Treatment. Printed in Croatia.

Taryadi, K-I. (2017). The Improvement of Autism Spectrum Disorders Child Communication Ability with PECS Method Multimedia Augmented Reality based. Journal of Physics: Conference Series, Series. 947

Charman, T. & Stone, W. (2006). Social and Communication Development in Autism Spectrum Disorders. NY: Guilford press.

Vermeulen, P. & Degrieck, S. (2020). "Mon enfant est autiste » Un guide pour parents, enseignants et soignants. Trad et adapt française par kathleen poppe 3e éd-De Boeck Supérieur s.a., P 18-20.
