AUTISM
— Recent Perspectives —*

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Abstract: Transition in theory regarding the formative factors of autism is first reviewed along with discussion of recent diagnostic criteria. Points of note in diagnosis and treatment are then presented dividing development into the stages of: 1) early infancy, 2) late infancy, 3) childhood (elementary school age), and 4) puberty/adolescence. Lastly, the possible directions of future research on autism are discussed incorporating the authors views on this perspective.

Key words: Autism; Developmental disorder; Early diagnosis; Early intervention; Life cycle

Introduction

Today, use of the abbreviated term of autism has become a common practice in speaking of infantile autism, in reference to recognition that the disorder is not a phenomenon peculiar to childhood, but is a mental disorder which persists through life. In this respect, the disorder will be referred to as autism in this paper.

Among the various mental disorders with onset in early infancy, autism is a grave disorder with pervasive effects over broad areas of mental development in children. Today, the disorder is captured not as a psychotic or emotional disorder, but as a developmental disorder arising from functional disorders strongly associated with biological maturation of the central nervous system. Developmental disorder, in this context, is characterized as that having some functional disorder of the central nervous system as its cause, with onset in early infancy, persistence through the years, and with neither cure nor fluctuations in the pathological picture such as the states of remission or exacerbation seen in psychosis. The disorder is not only manifested in infancy or childhood, but persistence of various forms of handicaps are often seen into adulthood.

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Historical Transitions in the Concept of Autism

The concept of autism was first advocated by L. Kanner, who referred to the disorder as early infantile autism. Because he believed the disorder could be an early onset form of schizophrenia, autism was regarded as a disorder closely associated with schizophrenia in the early years. Subsequently, accompanying gradual surge of the psychogenetic approach, there followed a period in which active psychotherapy was undertaken for autism. However, therapeutic outcomes never approached the level of initial expectations. Later on, advocacy of the cognitive deficit theory by M. Rutter and the London school of thought in the 1960s became a large turning point. This was the big turnaround from the psychogenetic theory to the cerebral (functional) disturbance theory. The former belief that subjects became autistic due to psychological factors which was manifested by various characteristic behaviors was replaced by understanding that disorder of the cerebral function (primarily the function of integrating various stimuli with perception) gave rise to disturbances in development of language and cognition, which in turn resulted in insufficiencies in sustaining interpersonal relationships. In other words, the existence of language-cognition disorders arising from some cerebral dysfunction became recognized as the basis upon which subjects consequently became autistic. This has been the dominant theory to date internationally, and autism has been captured as a developmental disorder since its advocacy. However, recently, it has come to be pointed out that the association between the language-cognition disturbance seen in autism and disturbance in sociability (autistic tendencies) is not that simple, focusing attention on the aspect of sociability disturbance. In other words, it may be said that we are approaching the stage in which issues such as how human language and cognitive capabilities are acquired in the first place, and how socio-emotional development is associated with the process must be brought to light.

Diagnosis of Autism

1. International diagnostic standards

Diagnoses of psychiatric disturbances in children must be made from a developmental perspective, with ample consideration being paid to difference in the manifestation of symptoms according to age.

According to current international diagnostic standards, the following 4 points are raised as the characteristics of autism: 1) qualitative disturbance of social interaction: characterized by unresponsiveness to approaches, or treatment of people as if they were objects, 2) qualitative disturbance of verbal/nonverbal communication and creative activities: difficulty is encountered not only in verbal communication, but also in body language, 3) existence of clear limitations in actions or interests, and 4) age of onset below 3. Here, qualitative disturbance denotes disturbances beyond the expectable range judging from the child's developmental age, which cannot be explained by simple delay in development.

2. Early diagnosis of autism

The point at which early diagnosis of autism is possible is still a primary topic of debate today for which no prevailing theory is available. However, capturing the developmental characteristics of children diagnosed as autism retrospectively in infancy or early childhood is a relatively easy matter, which has brought to light a number of characteristics. In infancy, lack of response to being coddled, having been an easy child not demanding active attention, absence of people-shyness, no following, no imitative behavior such as hand play, peekaboo, or waving goodbye, and no pointing behavior have been pointed out as behavior characteristics in many autistic children. Consequently, following up on infants displaying such characteristics becomes an important initiative. However, no definitive conclusions have been drawn regarding whether behavior peculiar to autism (characteristics unseen in other disorders with the potential of becoming potent weapons in diagnosing autism) can be noted in infancy or early childhood.

An important consideration regarding capture of the behavior characteristics of such infants is that they should not merely be regarded phenomenologically, but that attention must also be paid to the backdrop of interpersonal exchange in which the behavior characteristic was noted. Aspects of infant development must always be captured dynamically as the product of mutual interaction between caregiver and child. It is such analysis that gradually bring to light the way in which the infant generates behavior in intimate association with the state of being of the caregiver or other family members.

Points of Note in Diagnosis and Therapy at Different Stages of Development

1. Early infancy

The primary objective in early intervention for autism lies in how early favorable caregiver-child interaction can be fostered, and in how the factors inhibiting caregiver-child interaction, on the verge of disintegration, may be clarified and removed to reactivate the relationship. Such factors may lie primarily with the child (biological factors giving rise to cerebral dysfunction or temperament characteristics), the caregiver or members of the family (psychosocial factors impeding smooth child-rearing), or as mutually interactive factors, and are far from simple.

At this stage, effort is directed toward promoting active caregiver-child interaction. It is essential to provide support in ways allowing for the caregiver and child to experience having fun together through play geared toward elevating somato-motor sensations for fostering attachment behavior in the child, i.e., for the child to become emotionally attached to the caregiver. For caregivers exhibiting strong bewilderment in child-rearing, it is necessary for the therapist to step in by interpreting the child's reactions for the caregiver or assisting in play, enabling the caregiver to sensitively understand her child's emotional responses. In doing so, children are approached with respect to their modes of directing interest, behavior rhythm, and speed of response. Clarifying the causative factors giving rise to the caregivers anxiety and providing appropriate support is particularly crucial at this stage, and success or failure in this regard is critical to the point of deciding the

course of the child's subsequent development.

Encouraging caregiver-child participation in day-care programs at this stage for the purpose of promoting caregiver-child interaction is an option, but one that must be exercised with caution, as unwarranted impatience in placing such children in child-oriented group rearing environments can impede development of the caregiver-child relationship.

2. Late infancy

This is the period in which most symptoms of the syndrome become manifest, making diagnosis relatively straight forward.

The important point in therapeutic approach at this time is persistence in helping to steadily deepen the caregiver-child relationship fostered in early infancy. It is only when the growth of such favorable relations between caregiver and child is apparent that instruction relative to everyday life practices starting with independence in taking care of oneself can be carried out with ease. Such instruction to autistic children requires great patience and time. Starting from readily accomplished tasks, subjects are guided step-by-step along a gentle gradient of increasing difficulty, with infinite patience. Opportunities for group nursing or training are provided at this stage to gradually acclimatize the child to group life. However, a large drawback associated with this move is that even when the autistic child is exhibiting gradual changes for the better, the established pace of education is given precedence over individual development within the framework of the current educational system, which also makes it very easy for parents to be misguided into giving their children tasks for which they are not yet prepared.

3. Childhood (elementary school age)

School age is a relative calm period, with some settling seen in terms of behavior compared to infancy. Learning tasks are tackled well. However, this is also the time at which imbalance in different aspects of learning becomes manifest, so that peculiar disabilities in the academic context may rise to the foreground despite considerable improvement in interpersonal relations. Quite often, diagnosis of learning disabilities are made at this time. A point needing strong emphasis is that although not to discount the importance of learning in any way, autistic children being highly sensitive individuals prone to emotional injury, priorities must be set so that strong enforcement of academic instruction does not result in loss of previously acquired adaptive capabilities to daily life stemming from emotional confusion. Care should be taken to stay away from instruction geared toward drawing quick results.

4. Puberty/adolescence

Autistics will encounter the developmental hurdles of puberty/adolescence in the same manner as all other children. The reactions they exhibit are multifarious, and symptoms suggestive of psychosomatic disease, neurosis, and psychosis are often seen. The individuals level of intellectual development is associated with differences in the mode of reaction, as are the developmental level of self-consciousness and life history. Because autism is characterized by great individual

disparity at this stage, care must be taken to refrain from resorting to uniform judgments.

In providing therapeutic support, the use of pharmacological agents for symptomatic therapy is an option which should be exercised as required. However, a particularly important point at this time is that the psychological changes experienced through infancy are said to reappear during this period. In other words, more than a few cases will exhibit rapid regression coming to exhibit behavior such as outright displays of affection and dependence upon their parents, or other such behavior quite removed from their norm up to that point. Regression during this period should be captured as being indispensable, and firmly embracing their approach and absorbing their anxiety is crucial. At the same time, consideration must be paid to needs arising from their age-appropriate psychological facets, and approaches must be made with great patience and persistence.

5. Points of importance relative to all stages of development

Regardless of age, the most important point to be kept in mind is recognition that it is not dislike of people which prompts autistics to avoid people, but their over-sensitivity to others which renders approach into a fearful and difficult experience. When they become capable of feeling at ease close to people they trust, they will come to gradually reveal more of themselves. Under such circumstances, it is hoped that therapists will always keep in mind exactly what the autistics are going through in making such approaches, and with infinite consideration for their feelings, work with them as if they were speaking their minds for them. When this happens, they will become capable of feeling the joy of being understood, enabling them to harbor feelings of trust in another person, and through that individual, come to build up gradual contact with society.

Conclusion

Recent studies on autism have revealed that attachment behavior is an entity which can also be noted in autistic children. Previously, it had been thought that difficulty in formation of attachment was a principal characteristic of the disorder itself. Based on this revelation, problems in the quality of their attachment behavior, and how far the behavior characteristics believed to have been characteristic of autism can be improved by promotion of attachment have now become the issues calling for clarification.

The autistic syndrome is not something which materializes together at any given time. The behavior characteristics comprising the syndrome are only formed gradually accompanying the changes occurring successively over time. This means that we need to clarify the process through which the autistic syndrome is formed when interpersonal exchange is disrupted, and furthermore, the process through which conditions build up toward the formation of disturbance in language cognition. Work on clarifying what sort of therapeutic intervention at which stage will result in transformation or diminution of such behavior characteristics will be the next step. Clarification of such aspects should in turn shed light on the extent to which problem behavior can be prevented by restoration of interpersonal

exchange, and if such preventive measures are in fact possible, by which stage it is desirable to intervene therapeutically.

It is possible to determine whether the various disturbances pointed out through evaluation of how far disabilities can be diminished or removed by early therapeutic intervention, are in fact permanent or not. This should then enable confirmation of whether it is truly impossible for autistics to acquire any of the psychological functions believed to be fundamentally associated with the disorder of autism. And should such approaches reveal that their acquisition of such functions are in fact a possibility, it could even denote a starting point leading to reconstruction of the causative factors of autism.

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