Understanding the world of the child with autism

Introduction

Before we are able to help and support children with autism we, as parents and professionals, need to have a thorough understanding of the world the child is living in, which we will discover is very different from our own. If we cannot begin to explore and understand the ways in which children with autism react to the world around them, then our support may be at best limited, but at worst may inadvertently make their experiences more severe.

When presented with a young child with autism, whether in the home or in an early years setting, we may be presented with a child that has no reason to communicate with us, to play with us, to react to our verbal and non-verbal communication or to accept or even desire any physical contact with us. If a young child falls over and bangs his/her head, then we would generally react by rushing to pick them up, hugging them, drying their tears, comforting them and attempting to calm them down. A young child with autism may make little or no response to the bump on the head and only begin screaming when we pick them up. This unusual response can be disconcerting if we are unfamiliar with children with autism.

To enable increased understanding this chapter will begin to unravel the somewhat different world of the child with autism. Looking at the effects of the triad of impairments and exploring each component separately will help to inform our knowledge and will hopefully support and inform future practice. The area of sensory difficulties will also be considered separately. It may be that the scenarios and short case studies sound familiar to those readers who work with young children with autism, but the supplementary information will hopefully then offer further enlightenment, supporting future progress for the children and the way we work and play with them.
Key areas of difficulty

Reflecting back to the triad of impairments identified in Chapter 1 reminds us of the three key areas of difficulty experienced by children with autism:

- social interaction;
- social communication;
- imagination.

These difficulties are usually accompanied by repetitive and stereotypical behaviours. It should also be remembered that not all children will necessarily experience all the difficulties discussed and those difficulties that are experienced by some, or many, children will vary in their severity from mild to severe. As with all young children, those with autism should be considered as individual children first and foremost who need support in some areas of their development.

The family and their coping strategies should also be considered as they will have a significant impact on the child. The family will have already identified the key areas of difficulty for their own child and will have most likely developed very effective strategies to respond to these. This information will be crucial to the early years practitioner as consistency of approach between home and setting will benefit the child considerably. To introduce separate and contradictory strategies will confuse a child that specifically needs routine and familiarity. For an effective partnership with the parents this two-way sharing of information should be a natural part of our process of provision.

Social interaction

Looking back at the list of eight behaviours relating to social interaction, given in Chapter 1, already gives us a basic understanding of the areas a child with autism may have particular difficulty with. From only a few weeks old, babies begin to relate to, and interact with, their environment. They show increasing interest in exploring the rattle they are given and begin a process of exploration with it, touching it, dropping it, licking it, chewing it and shaking it. This is the early developmental process of making sense of the world around. Babies also begin a process enabling them to interpret facial expression. They begin to respond specifically to their mother’s face and to sense or ‘read’ her feelings, whether they be sad or happy. This will make the baby react in a similar
way to the mother’s expression. Language and gestures are their bases for feeling secure and safe. If the mother looks very unhappy babies will often respond by crying. If mother looks happy and is chatting to the baby, then the baby will respond by kicking its legs, waving its arms, smiling and gurgling back. This is the beginning of the development of the basic skills of social interaction, and all long before verbal communication develops which further enhances this important interaction between humans that we all value and probably take for granted.

We can probably all recall incidences in an early years setting where a young child is about to embark on a little mischief-making. They may well glance at us first to see if we are looking, and to assess whether to proceed or not. Often a rather stern look will be sufficient to deter them. Through reading our facial expression they know we will be displeased if they proceed and they will be aware of possible consequences they may incur. In a similar situation the child with autism would simply not look at us in the first place. As they are unable to interpret facial expression or even the tone and intonation of verbal interactions, they would see no purpose in looking at us. They may also not be aware of the fact that the intended activity would be deemed as inappropriate or unacceptable in any way.

An additional problem for some children with autism is the inability to interpret emotions or feelings, so the sound of another child crying may cause them a feeling of pleasure and they may become excited and laugh loudly. The fact that the crying child is distressed is not within their comprehension. Unfortunately, this in turn can lead to inappropriate behaviour as they may discover that by pinching a child the result will be that they cry, thus giving them a pleasurable reward. As with any skill or behaviour a young child develops, if they are positively rewarded they are likely to repeat the behaviour unless an alternative behaviour can be established.

In young babies and children, the inability to communicate with the mother is contradictory to all expected bonding processes and can create distance between them if an alternative method of establishing a close relationship is not found. The young child with autism will not be unduly concerned by this lack of bonding as he/she will not have a need to establish such a relationship, but for the mother (and the father) it can be particularly stressful. This could result in their questioning their abilities as a parent, or worse, considering they are a failure as parents. Those parents amongst us will be able to recall the feelings experienced when we went to collect our youngsters from a childminder or nursery – the pleasure on their face, the running towards us with their arms outstretched. This may not be possible for the parent of a child with autism.
The lack of desire to communicate or interact with any other being will also affect the young child in playing with others, either adults or children. By the age of 3 or 4, parallel play (playing alongside another child) is commonplace, and co-operative play (playing interactively with another child) will usually develop. The child with autism will be likely to have developed their own rigid patterns of play that eliminate participation with others, such as lining up cars in exactly the same order over and over again. This child will see no pleasure to be gained from involving another child (or adult) and this question would never arise for them. The desire to play with others simply does not exist. However, playing skills can be developed. This kind of situation can create problems with siblings which would need addressing within the home, but can also be supported by the early years setting.

The lack of desire to play with a wide range of toys and games will also clearly have implications for developing new and progressive skills. For young children, exploring and playing with toys and games presents them with challenges and problems that they need to work out; the accomplishment gives satisfaction, enhances confidence and self-esteem, and motivates the child to continue developing his/her skills. Skills across all developmental areas can progress through constantly exploring the environment and can be further supported by appropriate and timely intervention by an adult to move the child gradually on to the next level. So if a child with autism demonstrates rigid play patterns and does not want to interact with others, then his/her opportunities for developmental progression are clearly compromised. The gap between a young child and his/her peers will widen over the years unless appropriate and meaningful intervention in provided.

Family traditions such as birthdays, religious festivals and celebrations can also be problematic for children and their families as the child with autism may be totally disinterested in the attention received (or not), the celebratory meal, the unusual number of people in the house, the noise level and/or the presents. Celebrating in a church or mosque could also be difficult for the child with autism. The whole event may go unnoticed by the child, or conversely have a severely negative effect resulting in them being very distressed and anxious, evident by screaming, head-banging, rocking, swaying, hand-flapping or similar defensive-type behaviours. To a degree these situations can generally be resolved in resourceful and considerate families but major problems can arise. However, if the situation is resolved by celebrating a low-key and quiet day, then any other children in the family may feel resentful at missing out on the expected frenzy and excitement of the occasion.
Due to the lack of need for interaction with others, the child with autism may resist physical contact with others. The usual cuddling and sharing of a storybook may be of no interest to them unless the book is a part of the child’s rigid behaviours. With either adults or other children in the setting, or within the home situation, this could again cause difficulties as others may wish to show the child a book or something in the book which is subsequently ignored. Most children will soon realize this and will simply cease trying, but this is a shame as sharing such an experience should be a pleasurable experience for both parties. Resourceful practitioners and parents can generally overcome such difficulties.

Young children generally enjoy being cuddled, participating in rough and tumble games or football, but if a child with autism feels extreme tactile sensitivity then such experiences can be painful or even excruciating. Even a simple hug could be out of the question and should thus be avoided. Sadly, adults with autism have reported that they were aware they loved some people in their lives but could not understand why this was and admitted even to avoiding handshakes as they were simply too painful. Clearly, once children with autism are able to communicate, either verbally or non-verbally, they can inform us of such issues. Sensory issues will be further explored later in this chapter.

Social interaction is normally further developed through eye contact, so this may help to explain why children with autism avoid eye contact or glance out of the side or corner of their eye. First, they do not wish to interact and, secondly, the experience may be confusing as they may not understand any verbal interaction that follows. Therefore it may be easier to simply avoid the situation.

Although children with autism may not be able to understand someone else’s emotions and feelings they do have feelings, and emotions of their own. Despite living in ‘a world of their own’, that world contains senses, feelings and emotions that we should be aware of. As they become older, children realise they are different and can become very sensitive to the reactions of others. Through a desire to want to participate a child may join in a ‘follow the leader’ type game but then become confused when the leader changes the actions. If other children laugh or comment, it is then easier to withdraw from the situation and resist trying on another occasion.
Case Study 4.1 highlights the nature of the social interaction difficulties of a young child with autism in an early years setting. Jason has clearly been diagnosed with moderate to severe autism and is still at a stage where it is very difficult for practitioners to work with him, due to his lack of interest in any form of interaction, to begin developing his skills and moving him forwards progressively. At this point possible strategies will not be explored, but they will be developed in Chapter 6 when highlighting ways of providing for children with autism. What should be remembered at this stage is that resourceful and well-trained staff will be able to respond to Jason’s needs and will be able to provide appropriately to support his future development. Whether all early years settings could accommodate his needs could be an issue for debate. In some areas of the country Jason would attend a special early years unit or school, but in some counties, and with increasing inclusion, more early years settings may be expected to respond to the needs of a child with similar difficulties to Jason.
Social communication

Similarly, reflecting back to Chapter 1, we already have a list of behaviours typically indicative of those experienced by children with autism in the area of social communication.

Children with autism may not develop useful speech at all but remain mute. Some will be able to master a signing system to be used in place of speech, whilst others may not. Some, however, will develop limited speech and language skills, whilst others will develop virtually complete speech and language. Any acquired speech will generally be delayed. So, again, we see that the degree of difficulty in this area will vary from child to child. In addition, and perhaps somewhat more frustrating for parents and families, is the fact that some children may appear to be developing language appropriately and then words may slowly disappear from their vocabulary at the time of regression into the more complex world of autism. For the child with a vocabulary of say, 20 or 30 words, to be able to communicate verbally with those around them and then for the verbalizations to disappear can create a very difficult time for families. To hear your child calling you mummy or daddy is a wonderful feeling, but to be given that pleasure only for it to be removed at a later stage can affect families significantly. Our roles as parents and/or professionals will be to identify, hopefully with the support of a speech and language therapist, ways of moving the child forward from their current, individual stage of development.

The issue of access to speech and language therapy is currently, and has been for many years, an issue of concern to many early years settings. Generally provided by the health department, speech and language therapy will vary according to the type of setting requesting such support, the geographical location and the availability of services in the local authority. Special schools, nurseries, units and classes may be fortunate enough to have their own, or at least a shared, speech and language therapist who attends part time to work with the children and discusses with staff any planned interventions to be used in their absence. Day nurseries, pre-schools groups, nursery schools and classes are more likely to have difficulty in securing the input of a speech and language therapist for a variety of reasons including:

- issues related to funding and budgets – should education or health pay for the service, or if the setting is private should they buy-in such services?

- availability of speech and language therapists – traditionally there have been insufficient available speech and language therapists to fill posts.
It would be hoped that the revised, multidisciplinary Early Years Development and Childcare Partnerships within each county would be able to address such issues and bring an end to a situation that I am aware of that has been ongoing for at least 15 years.

Due to the lack of desire to interact, the young child with autism may not perceive a need to communicate in a verbal manner. Therefore, there would be no reason to learn spoken language. Children with autism may point to something they want, such as a drink or a toy, but will rarely point to show an adult or another child something of interest. The two areas of social interaction and social communication are therefore inextricably linked.

In cases where some speech does develop it may be repetitive, echolalic, unusual and have a monotonous or unusual tone and/or intonation. I have experienced situations where young children with autism have developed echolalic speech (repeating a section of a sentence back to the speaker) but the parents have been so delighted that some speech has appeared that they find it difficult to accept when they are told the speech uttered is meaningless. If a mother asks her child ‘Do you want a biscuit?’ and the child replies ‘Want a biscuit’, the parent might interpret this as the child confirming a definite response to the question. In reality the child is simply repeating back the last part of the sentence. There is no evidence to indicate the child has any understanding of the sentence or had, in fact responded to it. It is more likely that the child with autism has heard others responding to questions and assumes some response is necessary. Not understanding the question or how to respond appropriately he/she simply regurgitates some of the sentence and feels that a satisfactory response has been made. The child may feel they are communicating but it is not an effective, meaningful use of speech and language skills.

Children with autism that have difficulties interpreting and making sense of language spoken to them may easily be confused if a person directs conversation towards them. To avoid further confusion some children may react by resorting to stimulatory behaviour such as hand-flapping or covering their eyes or ears, or simply removing themselves from the situation to avoid potential difficulty. As the child becomes older this can clearly create difficulties, as such actions could be interpreted as the child being rude or ignorant, whilst in reality it is a situation-avoidance technique.

The covering of the eyes or ears has always intrigued me, particularly the eyes. The only conclusion I came to whilst working with young children with autism was that this was their attempt to avoid becoming involved with the conversation. By covering the eyes they could try to ignore the fact I was directing speech towards them and, similarly, if they covered their ears this was to stop hearing the communication, thus removing the need for involvement. These suggestions, however, are my own views and are not substantiated by research or other findings.
Some children with autism will develop at least some speech, but the speech may be produced in either an unusual or very monotonous tone, making it difficult to understand or sound interesting. However, this lack of interest is not something that bears significance to the child, only the listener. The speech may also appear disjointed or lacking in flow, with pauses at various points in a sentence. For those working in early years settings and parents alike, this may make it difficult to understand what the child is saying. The additional lack of intonation, from which we derive extra meaning, may further confuse us. To the child with autism, the important point is to utter the words needed. The tone, intonation and interest qualities are irrelevant.

The fact that those with autism invariably fail to interpret facial expression and gestures results in them tending not to use them themselves. If they have no purpose when listening to other people then where is the need to use them yourself when speaking? Again, this can make listening to an autistic child or adult more difficult and parents and practitioners will need to learn to concentrate fully in order to respond appropriately. If the child does not receive appropriate responses to his/her attempts at speech, the result could be that they cease trying.

Due to the repetitive and stereotypical behaviours demonstrated by many children with autism, any speech that develops may be centred on these behaviours, resulting in long, inappropriate and one-sided conversations when the child regurgitates all he/she knows about his/her favourite topic. This can be tedious and at times embarrassing, as the family could be at a social event where such topics are not a part of the conversations taking place. However, the child or adult with autism may simply want to be a part of this conversation that is taking place around him/her and thus interrupt and launch off on their history of perhaps, Thomas the Tank Engine. To interrupt or try to stop them may cause them considerable stress and anxiety, resulting in unacceptable behaviours, so potential difficulties here are evident. Continuing on the inappropriate nature of some verbalizations, some children with autism may learn certain phrases to use at home or in the early years setting but not have an understanding of the meaning attached to them. This could result in them responding to a question such as ‘would you like a drink now?’ with ‘can I leave the table please?’ Again, they may be aware that conversation is a two-way process and understand that a question requires a response. Failing to understand the question asked, it is easier to just repeat a known sentence and hope that is sufficient to satisfy the questioner. It is also indicative of a lack of ability appropriately to transfer language learnt in one situation to another situation.

Other children with autism may be unable to understand the conversational process and not really be able to participate appropriately. A child may
interrupt someone else who is in the middle of a discussion on books recently read, with, ‘the weather’s been fine, hasn’t it?’ Again, this indicates an awareness of the fact that you need to participate in conversations, which can be a pleasant experience, but being unaware of the protocol of conversation that requires we wait until a suitable point before we commence speaking and follow the topic of conversation.

Another difficulty experienced by many children with autism is that of understanding speech in a literal sense only. If we pause to think how many familiar sayings and idioms we use every day, and are now accepted language, we can begin to appreciate how difficult this must be for them. This is further compounded by local dialects and variations, which give us different sayings and phrases in different parts of the country. A useful example of this happened personally some few years ago. My partner asked, when I was washing up, ‘Do you want a lift with that?’ I replied ‘A lift with what? Where am I going?’ Confusion ensued until I was able to clarify exactly what he was saying to me. I had not heard this phrase before which in my terminology would be ‘Do you want a hand with that?’ This same principle would apply to children with autism. Examples of phrases regularly used as a part of everyday life which could confuse a child with autism considerably, would include:

- ‘Get your skates on’ meaning: ‘hurry up’;
- ‘Pull your socks up!’ meaning: ‘try harder’;
- ‘Jump in the bath’ meaning ‘Get in the bath’ (not jump up and down in the bath);
- ‘You’re a little angel’ meaning: ‘You’re a good boy/girl’;
- ‘Let’s have a butcher’s’ meaning: ‘Let me have a look’.

Parents and practitioners should therefore be careful of the terminology they use in daily life, to avoid possible confusing situations. In a similar vein, children with autism can have great difficulty understanding and interpreting the meaning and purpose of jokes or innuendos in conversation.

Many young children with autism can be encouraged to successfully use alternative methods of communication such as Makaton or Picture Exchange Communication System (PECS). This relieves the pressure created by the inability to converse verbally, as it replaces the verbal element with the use of a sign or pictorial symbol. Many parents have reported that by using such a system the ability to communicate with their child, and for their child to initiate communication with them, has been restored, giving all parties involved
great pleasure and satisfaction. Children with autism using Makaton or PECS successfully within both the home and the early years setting can become far less involved in their own ‘world’ and more an active participant in the world around them. Makaton and PECS will be discussed in more detail in Chapter 5.

Perhaps one of the most useful experiences I have encountered when researching autism has been listening to the words of adults with autism reflecting on their own childhood. Such, now famous, authors as Temple Grandin and Donna Williams are classic examples and I have always felt that I had learnt considerably more from hearing them speak or reading their works than I could from spending a week researching. With specific relation to social communication, hearing Temple Grandin speak increased my understanding of the difficulties experienced by both children and adults. As a world renowned cattle-ranch designer who has gained a PhD, Temple speaks in a slightly monotonous tone and comments that even now in middle age she finds social conversation difficult. She is unable to work out when it is, or is not, appropriate to enter a conversation and often waits so long that the topic of conversation has moved on, causing her some frustration. In a busy social gathering she also has extreme difficulty tuning into one conversation when many other conversations are going on around her. She has to consciously block out some noises and sounds in order to be able to concentrate on one conversation. For this reason she avoids using public telephones in airport lounges as there is a cacophony of background noise and sounds such as planes taking off and landing, public announcements and groups of people holding any number of conversations. It can be so difficult that she cannot hear what the person is saying. This is also related to her heightened sense of hearing, which will be explored later in this chapter. Specifically relating to her early speech development, Temple Grandin recalls:

_Not being able to speak was utter frustration. If adults spoke to me directly I could understand everything they said, but I could not get my words out. It was like a big stutter … If the therapist pushed too hard I threw a tantrum, and if she did not intrude far enough no progress was made. My mother and teachers wondered why I screamed. Screaming was the only way I could communicate. Often I would logically think to myself, ‘I am going to scream now because I want to tell somebody I don’t want to do something’. (Internet 8)_

This short extract is significant in helping parents and practitioners to appreciate how it feels to be operating in a world without the ability to speak but with the ability to understand everyone else’s speech. Clearly there are implications for practice for parents and practitioners alike.
As with Case study 4.1 offered earlier in this chapter, strategies to support Emma will be explored in Chapter 6. At this stage it is more important to give the preceding discussion some reality by placing the situation in an early years setting. Again, it should be noted that experienced and resourceful practitioners and parents would be able to respond appropriately to Emma’s difficulties.

Imagination

The bulleted list in Chapter 1 gave us a starting point for discussions around difficulties of imagination experienced by children with autism. Seach (1998) succinctly summarizes the complexity of this area:
An impairment in thought and imagination extends to every area of their thinking, language and behaviour. The repetitive and obsessive behaviours can dominate their daily activities and have profound effects on their family and those who work with them. Changes in routine can cause the child distress because they are dependent on routines as a way of understanding the world … It is probably this aspect of the disorder which most profoundly affects how children with ASD are managed both at home and at school. (p. 6)

Play patterns for children with autism tend to be rigid, stereotypical and repetitive, and suggestions for extending this form of play may be strongly resisted. Emma, who was offered in Case study 4.2, would only build with her own bricks. She would take them out of her bag, line them up in a set order, then begin to place one on top of the other. As her fine motor skills improved and became more refined, she would insist that each was squarely seated before attempting to add the next. If when the tower was completed she noticed one was slightly askew, she would place them all quietly back in her bag and repeat the whole process again. Suggestions that she could simply take the tower apart and rebuild it without replacing them in her bag were ignored. If she was encouraged to add one more brick to her collection she would decline, simply, but firmly, saying ‘No’. At one point the practitioner attempted to add another brick to her bag without her noticing. This had serious repercussions. She not only spotted the extra brick immediately that she picked her bag up (she always took it off and placed it beside her when she had her drink and snack), presumably from the added weight, but she tipped her bag out onto the nearest table, picked up the offending brick and hurled it across the room, screaming ‘No’ at the top of her voice. It was clearly very difficult to move Emma away from this rigid behaviour and set pattern of building bricks. If someone demonstrated to her the building of a similar tower but with the bricks in a different order or with an extra brick, she would watch but then become agitated and knock it down. The only other activities Emma engaged in were puzzles – the same puzzles approached in the same way every time – and, interestingly, the sand tray, wherein she would fill up either of the two small buckets with sand and empty them out on her hand, repeating this process over and over. However, she was happy to spend a three-hour session rotating these activities in a routinely rigid manner.

The routine manner of Emma’s activities and play are typical of the need for structure and repetition that children with autism need in a world that otherwise is totally confusing. By placing a routine order to events there is security from the chaos. Routines in early years settings are particularly supportive of this difficulty because children will learn the routine and become
able to rely on the safety of the known programme of events. Difficulties arise further when routines are broken or disturbed in any way and children with autism should be prepared for changes that are known to be coming in the future. Visits by an outsider can upset routine, as can trips out and even walks to the nearby park. If the room layout is changed to accommodate a new activity, this could also create anxiety and confusion as it upsets the ‘normality’ these children rely on so heavily. If the running order of the session is altered, perhaps due to the arrival of the annual photographer, then repercussions may occur. The list goes on and on. Perhaps one of the easiest to accommodate is the child’s need to drink from the same cup that is used at home, in which case parents could be asked to purchase a spare to be left at the setting for Emma’s use.

The resistance to change and need for repetition and familiarity can also extend to food and drink. Children with autism will invariably refuse to try new foods and may have eliminated many items from their diet, sometimes resulting in a very restrictive diet that lacks goodness, vitamins and nourishment, to say nothing of taste. The possible oversensitivity to taste may also affect this area for children with autism as they may be physically sick if a particular food combination or texture is placed in their mouth. Some children with autism will check sandwiches and other foods before placing them in their mouths to ensure the contents are familiar and acceptable. Some children will reject any food combinations such as sandwiches but may eat the components separately.

Such problems can become over-demanding for the family and create many difficulties, such as when shopping for a new bed, the child may have to touch every piece of furniture in the shop and may be resistant to entering in the first place, as it is unfamiliar. If the child will only go into one local supermarket, he/she may only allow the parents to proceed in exactly the same order, going round and insisting that certain items are purchased whether they are needed or not. The impact of such problems is considerable. The above mentioned need to touch all the furniture when moving around a room is evidence of ritualistic behaviour which often accompanies the need for routine and sameness in the life of a child with autism.

A young child with autism may have the ability to see in a picture or object, an unusual aspect that many of us would not otherwise register. This is often linked to other unusual behaviours such as the special liking for one set of toys. A young boy I worked with had a fascination for anything with wheels. Any trains, cars, lorries and other vehicles that he could spot, he would need to explore and possibly involve in his rigid play patterns.
mother had to ensure he was always on reins in his pushchair as he had been known to suddenly fall to the ground to explore the wheels of a passing pushchair or child’s tricycle. There are clear indications for concerns by the mother as she stated: ‘What on earth will I do when he’s too big for the pushchair?’ At the same time he could identify the quality of ‘roundness’ in a whole range of objects in a room or within a picture. They were the only aspects he would generally focus on. He once picked up a soft teddy bear and having turned it around and upside down a few times he stared intently at the facial features. Whilst observing this for the first time I considered many interesting possibilities:

- Was he beginning to extend his restricted play objects to include soft toys or teddy bears? If so, there were implications to introduce other items to him over time.
- Was he learning that inanimate objects were safe to give eye contact to as they would not demand anything of him?
- Was the texture of the fur appealing to him? Again, additional opportunities were coming to mind for future activities with him.

In reality, however, after he repeated the activity several times over the next few days, I became convinced that he had identified the roundness of the bear’s eyes and had become fixated with them.

Also allied to social interaction difficulties, children with autism may have difficulties appreciating the perspectives of other people, but this area of difficulty is also linked to lack of imaginative skills. More able children with autism, at the Asperger’s syndrome end of the spectrum, may have a more reasonable grasp of someone else’s point of view. Within their own lives children with autism consider other people as largely irrelevant so there is no need to be aware of or understand their perspectives and views or to try to understand what they are doing and why. This is also connected to the need for sameness, security and routine as they can only deal with aspects of life that make some sense to them. Familiarity could be threatened by the uncertainty of someone’s actions, so for the child with autism it is easier to be unconcerned about other people’s actions and intentions.
Case study 4.3 is offered solely to place the preceding discussions in a real situation that any practitioner could be facing, and suggestions for working with James will be explored in Chapter 6. Similarly, although initially it may appear to be an almost impossible situation to have to cope with, experienced and knowledgeable practitioners and parents will be able to respond appropriately to James’s needs.

Other behaviours associated with autism

Children with autism may also display one or more of the following behaviours:

- unusual body movements such as walking on tiptoes, flapping hands (as if excited), rocking and swaying;
- head-banging, self-biting or other self-injurious behaviour— to the point of causing significant injury;
- unusual special interests such as knitting or mathematical calculations.

James was admitted to the nursery class attached to the local primary school. Having been recently diagnosed with autism (moderate) the nursery nurse assigned to work with him has observed the following behaviours that she is particularly concerned about, as she is unsure how to provide for his needs, enabling her to move him forwards developmentally:

- James will only play with cars and has a set routine to his play. Any attempts to play with him have resulted in displays of anxiety and stress from James, who generally gets up and moves away.
- James never walks around the room but runs on tiptoe with his hands flapping in front of him, resembling an excited toddler.
- Doors of any kind fascinate James. On vehicles, in pictures and around the room. He shows more fixated interest if he can open and close them which he will do repeatedly and noisily, laughing at the same time.
- He will play with the doll’s house but only if he first throws all the people and furniture (unless it has doors) onto the floor. He then repetitively opens and shuts the doors, laughing loudly.
- He shows no interest in any other activities within the playroom. The only time he will touch anything else is when he is exploring it to see if it has a door. Doors govern all his actions and activities.

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Children with autism who grow up with a special interest may develop exceptional skills in this area despite having severe difficulties in other areas of their development. These skills develop to such a high level of perfection that they would be beyond the capabilities of most people. Such individuals are referred to as *autistic savants*, but they are in the minority. An example is Stephen Wiltshire who has severe learning difficulties in all other areas but can reproduce pencil and watercolour images of buildings with extraordinary brilliance. To see his work is to observe superb artistic quality and when it is considered that he may only see a building for a few minutes and then recall it from memory at a later juncture, the extraordinary nature of this talent becomes evident. Other common savant abilities lie in music and mathematical calculations.

**Sensory difficulties**

Many children with autism react to sensory stimulation in one of two ways. Either they are oversensitive or undersensitive. This can affect any or all of the sensory areas of touch, vision, hearing, taste and smell. In many cases they develop the ability to block out sounds they do not wish to hear, perhaps for reasons connected with the pitch of the sound being too painful. Whilst research is still taking place in this area, the evidence to date is now building into a considerable and viable explanation for many autistic behaviours, and is also being linked to abnormal development in the brain. Gillingham (1995) explores this area in depth and offers the following insights into the impact of this area of development:

*According to individuals with autism, their disability is linked directly to the senses. They describe how the touch of another human being can be excruciating, smells can be overpowering, hearing can hurt, sight that is distorted, and tastes that may be too strong. The world of the person with autism can be a world of pain. The development of the autistic personality is their method of coping with the pain.* (p. 12)

Gillingham continues to offer ‘A Sensory Theory of Autism’ in which she claims that people with autism find ways to deal with the pain they experience and that the behaviours we see as unusual or odd are in fact their way of coping with the ‘pain’ of the world around them. She claims that those with autism can produce extra endorphins (biochemicals produced in the brain) by repeating certain behaviours, such as hand-flapping, rocking, covering eyes or ears and so on. The resulting extra endorphins enable the person to create a protective barrier from the pain and effectively block it out. In addition, those with autism develop the ability to overload their senses totally and as a result are able to ‘shut down’ the sensory system (Gillingham, 1995). This can be
achieved through activities such as staring at fluorescent lights and spinning round and round without appearing to become giddy, and head-banging.

Temple Grandin’s writing of her experiences as a child with autism substantiates this theory as she explains how she screamed when she could not speak, would hate Sundays as she had to wear her best clothes for church and found them scratchy, ‘like sandpaper’, and even now, as an adult, has to block out some of her senses selectively in order to cope (Internet 8).

If we reflect back to some of the examples of behaviours demonstrated by young children with autism in this chapter, we can see that sensory explanations do make a good deal of sense. However, we should remain cautious until further and more conclusive research evidence is available.

What can be agreed is that children with autism may demonstrate extremes of sensitivity to the following:

- over/undersensitive hearing – can hear a fire-engine siren before anyone else can;
- oversensitive to or distracted by visual stimuli – such as patterns on curtains or fluorescent lighting;
- over/undersensitive to touch – paper may feel like sandpaper;
- oversensitive to foods and food textures – may not be able to cope with strong or extreme flavours or may be resistant to a variety of flavours tastes and textures.

Considering auditory and visual stimuli is important for early years practitioners as settings are generally well lit, brightly coloured, decorated with colourful displays and busy with sound, all of which can create significant difficulties for children with autism. Clearly, the sensory theory has further implications both for parents and practitioners, which will be further explored in Chapter 6 when we begin to develop ways in which we can support children with autism in the home and the early years setting.

Summary

Throughout this chapter the key areas of difficulty have been examined individually to identify the difficulties experienced by the young child with autism. Combined with the additional reference to the newer sensory theory of autism the real world of the child with autism, has been explored and discussed. The implications for parents and practitioners are considerable, as without this knowledge I would reiterate my concern that individuals may be compounding a child’s difficulties when they in fact consider they are helping
the child to move forwards and develop new skills. If parents and practitioners are not fully aware of the many ways in which children with autism can behave, then they cannot ensure their provision is appropriate and meeting the child’s needs. For example, we can understand that the sudden flapping of hands and jumping up and down is not simply an unusual behaviour but the way a child copes with a situation that he/she feels is threatening, confusing or creating pain. With this heightened awareness and knowledge of the world of the autistic child it is hoped that parents and practitioners will be better placed to cope with and provide effectively for individual needs. Ways in which we can adapt our provision and strategies to support children with autism will be explored in a subsequent chapter.

**Key issues**

- Parents and practitioners need to have considerable knowledge of the effects of autism on the children they support in order to provide effectively.

- This raises issues of training, access to training and therefore funding, as all early years practitioners should have access to such training and information.

- The issues of access to and equity of access to speech and language therapy services should be resolved.

- With appropriate knowledge early years practitioners can respond to the individual needs of young children with autism.

**Some suggestions for discussion**

- **Item 1**
  In the light of information gathered from this chapter, reflect on Case study 4.1 of Jason. As a staff consider ways in which you could provide for Jason’s needs.

- **Item 2**
  Consider a child you are currently working with or have worked with in the past and list the key behaviours they demonstrated in the areas of: social interaction, social communication, imagination. Identify any changes you may have made to your provision in the light of new knowledge gained from reading this chapter.

- **Item 3**
  Reflect on the training needs of staff within your setting with regard to providing for children with autism. If it is considered that additional training is needed, try to identify ways to proceed.
Suggested further reading