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# Characteristics of autism

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CHARACTERISTICS OF AUTISM

by

Linda B. Schink

A RESEARCH PAPER

SUBMITTED IN PARTIAL FULFILLMENT

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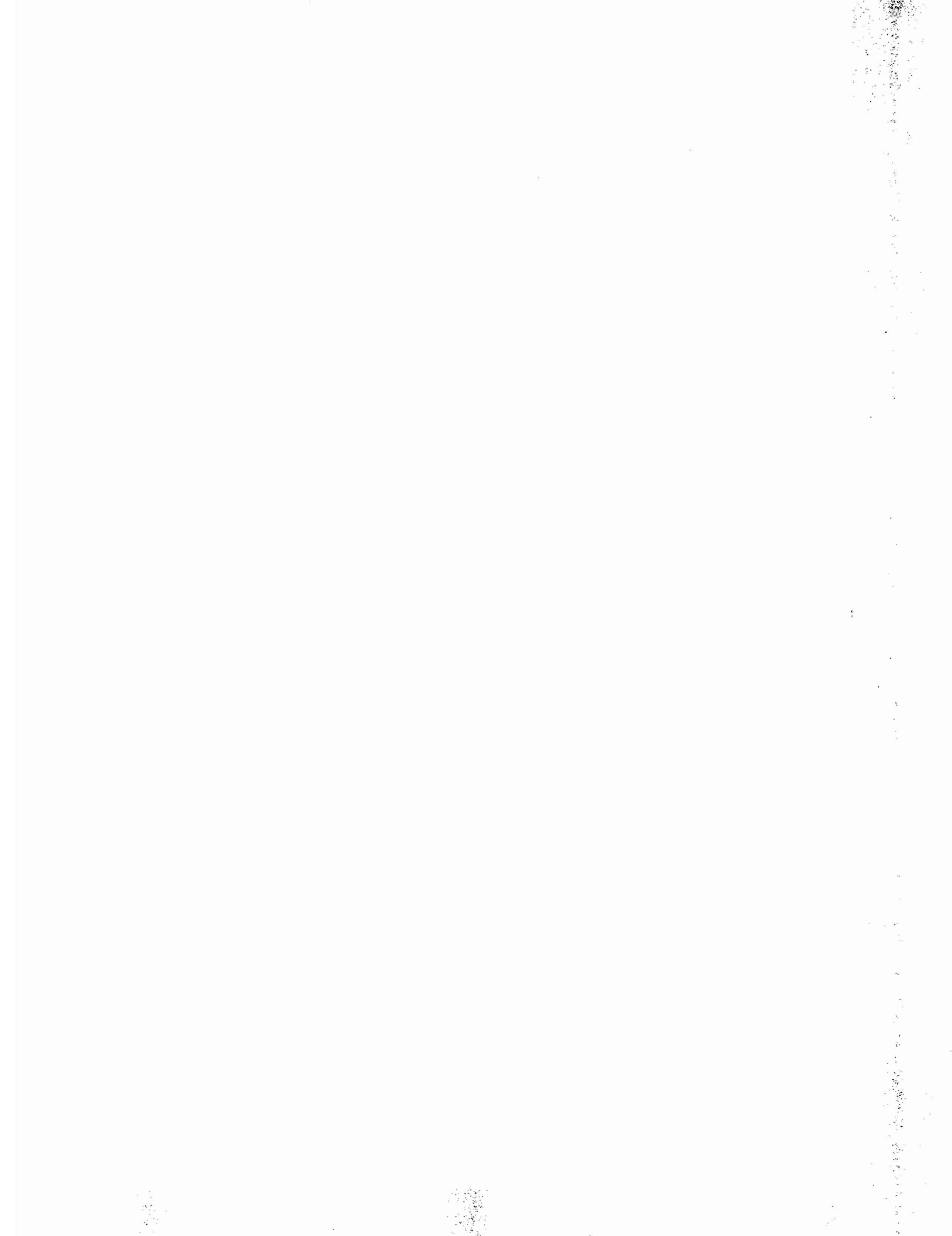
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## CHAPTER I

### Introduction

To any other child, the dismantled doll is of no use. But to Austin, the doll can easily be transformed into a magical tapping instrument that will allow him to withdraw into a world of his own. With every rhythmic tap of the doll against the table, Austin slips deeper into his own world. Austin's world does not respond to the problems and stress of everyday life.

"Watching a child endlessly biting his own hand, or hypnotically spinning an ashtray, or blankly staring at a piece of dust for hours, or screaming like a wounded animal when you approach him, or endlessly slapping his own face or finger-painting his own feces, all the while staring right through you, is frightening" (Delacato, 1974, p. 1).

This was the response of child psychiatrist, Dr. Leo Kanner, in 1943 when he first described the actions of an autistic child. An autistic child often ignores the world. He is often repulsed by human contact. The autistic child will not listen or often cannot talk to peers or allow them to touch him. Sometimes the child refuses to look at another person. His only delight and gratification appears to come from his own self-stimulatory behavior.

The syndrome of autism has resulted in an enormous amount of literature in the assessment, diagnosis, educational treatment and research, reviews and studies. The books, papers, articles and other efforts over the last forty-seven years, have resulted in autism having its own national and local organizations, international and national newsletters, and even its own journal.

In recent years there has been an increased interest in public awareness regarding autistic individuals. Interest has also been focused on autism due to the recent popularity of the 1989 box-office hit, Rain Man. The movie realistically featured an autistic man coping with today's world.

### Purpose of Study

The purpose of this research paper was to delineate the characteristics of autism and to investigate what techniques can be used successfully to help autistic children achieve their potential.



## Scope and Limitations

The writer has limited the research to autistic children from birth through early childhood to the age of ten. The writer reviewed information on the following topics: the history of autism, the criteria for autism, diagnostic procedures, curriculum and parental stress in parenting an autistic child.

## Definitions

Many terms have been used in an effort to describe children with autism or autistic-like behavior. The most common include:

<u>Early intervention:</u>	The intervention of children between the ages of birth to 3.
<u>Echolalic speech:</u>	The production of words that are an exact or partial copy of those originally spoken by another person.
<u>Gaze aversion:</u>	Failure to establish eye contact with others.
<u>Muteness:</u>	No oral language.
<u>Ritualistic behaviors:</u>	Profound resistance to change in the environment.

<u>Self-stimulatory behavior:</u>	Manipulation of hands or fingers in front of eyes, repetitive meaningless vocalizations, body rocking.
<u>Sensory dysfunction:</u>	Inability to see or hear environmental events.
<u>Social reinforcers:</u>	Forms of praise, hugs, food, stickers.
<u>Social withdrawal:</u>	Failure to form relationships.

### Summary

This paper explored the research to determine the characteristics of autism. An autistic child often prefers objects to people. He is always alone, locked up inside himself. This is the behavioral pattern common to the autistic child. However, there are many more characteristics of autism attributed to the autistic child.

This study focused on autistic children from birth to ten years of age. Definitions were provided for ease of understanding technical terms relating to autism. Chapter II reviews the research on the autistic syndrome.

## CHAPTER II

### Review of Research

Although autism has been researched extensively, at the present time it is still considered a complicated enigma. "The National Society for Autistic Children defines autism as 'a severely incapacitating lifelong developmental disability which typically appears during the first three years of life'" (Paget and Bracken, 1983, p. 388). Autism occurs by itself or in association with other disorders that affect function of the brain, or central nervous system. Autism inhibits exact understanding of what a person sees, hears, or senses. It presents severe problems in acquiring learning skills, communication skills and appropriate behavior.

### History and Background of Autism

It is possible that autistic children have always existed. However, it has only been in the last twenty-five years that autistic children have been named as a group and distinguished from other severely mentally handicapped children. In 1799, a wild boy was found in Avenyon by a French doctor

named Itard. The boy had been found wandering in the woods. He often exhibited bizarre behavior and had frequent outbursts. It was thought that this was the result of having been isolated from humans at an early age (Wing, 1976). Many doctors today would have viewed the child as having autistic symptoms. In 1919, an American psychologist, Witmer, wrote an article about a very unusual boy. The child was two years and seven months old and his behavior was very deviant. For example, he often was withdrawn and violent and paid more attention to objects than to people. The child was fascinated by music and had a passion for a routine of sameness. The child was unable to express his needs except by screaming. With special help and individual teaching over a long period of time, the boy was able to compensate for his handicaps. The child would now be described as being autistic (Wing, 1976).

The term autism was first used by Kanner, a child psychiatrist, to delineate children who were very withdrawn and who had extreme problems in developing language skills. Kanner noted that these children did not bond to their mothers and had other abnormalities not found in most other children their age. By 1943, Kanner had observed eleven children whose behavior had certain common features. He published an article, "Autistic Disturbances of Affective Contact," describing these children and stated that their condition presented an unusual disorder. The following year, he gave the name early

infantile autism to the disorder (Morgan, 1981). The term "autism" comes from the Greek word autos, meaning self.

Kanner outlined five major symptoms as composing the syndrome of early infantile autism. Morgan (1981) stated these symptoms as:

1. The child's inability to relate in the ordinary way to people and to situations from the beginning of life.
2. An anxiously obsessive desire for the maintenance of sameness.
3. The failure of autistic children to use language for the purpose of communication.
4. A fascination for objects and their ability to handle them with dexterity.
5. Good cognitive potentialities of these children as inferred from the extraordinary skills they demonstrated in certain isolated areas (p. 11).

Other professionals have contributed to the research of autism.

Schopler, a psychologist, founded TEACH (the Treatment and Education of Autistic and related Communication-Handicapped Children program) at the University of North Carolina (Green, 1986). The first statewide program for treatment of children with autism was TEACH. Another breakthrough in

autism came with the founding of the National Society of Autistic Children. This institution helped to introduce the autistic child to the public. These efforts regarding the autistic syndrome have resulted in a vast amount of literature within the professional field. Most professionals concerned with autism still agree with Kanners' theory that autism is a distinct behavioral syndrome. Many also now accept the major symptoms described by Kanner as well as adding other symptoms to the syndrome.

Children with the autistic syndrome are found throughout the world in families of all racial, ethnic and social backgrounds. "The cause, or causes, of autism in children are, as yet, unknown, and there are no neat tests which can be used to make the diagnosis" (Wing, 1972, p. 4). To make an adequate diagnosis of autism, the doctor needs to ask the parents about the child's behavior from birth. The diagnosis is dependent upon certain characteristics which present a unique style of behavior.

A neurological theory as to the cause of autism is often suggested by the fact that about one-third of all autistic children also have other disorders of the brain or central nervous system. The problem of understanding and using language, as well as some autistic children's coordination problems, also indicate physical causes as the etiology of autism. As with any medical topic, there are many various views as to the causes of autism.

Autism in the past has been linked to psychological theories. One theory states that autistic children are normal when they are born, but their emotional development is disturbed because of the manner in which they have been raised by parents. This is how the term "refrigerator mother" came into being. This phrase is given to the mother who shows little or no compassion to her child. Some doctors believe that a lack of a mother's responsiveness to her baby can account for the cause of autistic disturbances in the child.

Another speculation is that parents of the autistic child were more educated and of higher intelligence. Because of this, they did not pay attention to their autistic child or cater to his special needs, causing the child to sink further and further into his own isolated world. It has been suggested that few doctors support the theory of emotional causes, as scientific study has not shown autism is caused by any factors in the child's environment. Although it is generally accepted that while parents do not cause autism, their attitudes and skills ultimately influence an autistic child's progress.

Infantile autism is thought of as a syndrome which has a variety of disorders rather than a single causing agent. It has been suggested that the autistic syndrome could result from some combination of genetic, developmental, metabolic and/or infectious insults. The acceptance of this theory allows researchers to submit a complete list of disorders associated with

autism rather than searching for an exclusive etiological agent (Ciaranello, Vandenberg and Anders, 1982).

### Characteristics of Autism

Although the characteristics of autism are of much interest, there are also many other problems and aspects of and relating to autism that are frequently researched and studied. It is interesting to note that autistic children tend to demonstrate severe disturbances in social skills and demands in the environment. It does not matter how advanced an autistic child is, or how reasonably he functions, he will still lack some form of social ability. Because of all these problems, the autistic child has a remarkable difficulty in mixing with other children socially. Due to all of these setbacks, the autistic child demonstrates severe disturbances in social skills.

Accordingly, it is because so many people are affected with autism that make the characteristics so significant to study. Autism occurs at a rate of approximately 4-5 of every 10,000 births and is 4 times more common in boys than girls (Dalton and Howell, 1989). Autistic children show wide variations in performance on various tests. "Only 20 percent of the children identified as autistic obtain scores above 70 on intelligence tests, 20 percent obtain scores



between 50 and 70, and 60 percent have scores below 50" (Paget and Bracken, 1983, p. 388).

As a result of every fifth child out of 10,000 having autistic behaviors, it is not amazing that there has been a sudden rise in the research of autism in the past several years. However, it is not the overwhelming statistics alone that make autism significant to research. Most of all, it is the compelling need for physicians and parents of the autistic child to understand what makes an autistic child unique. "Kanner emphasizes that the children simply do not look retarded. He has frequently commented on the strikingly intelligent physiognomies of autistic children" (Rimland, 1964,p. 10). Autistic children usually are very handsome and beautiful in appearance. However, they often appear to be not interested in the environment and absorbed in something else.

As medical tests for autism do not exist, physicians and behavioral specialists base their diagnosis on observing the autistic child's behavior. Parents are asked to describe their child's behavior from birth. The symptoms of autism usually appear early in the autistic child's life. Parents may acknowledge the symptoms or realize their significance only in retrospect. In many cases, the parents, when questioned, can trace the beginning of the autistic symptoms back to early infancy. However, some parents reported apparently normal development up to eighteen to twenty-four months of age

before any symptoms appeared. It is very rare for symptoms to appear after thirty months of age.

"Early childhood psychosis (infantile autism) and later childhood or adolescent psychosis (childhood schizophrenia) or, according to DSM-III, childhood onset pervasive developmental disorder form two groups that can be differentiated on an objective basis" (Kauffman, 1989,p. 75).

The most frequent way to distinguish the difference between infantile autism and childhood onset of pervasive development disorders is the age of onset (Wing and Attwood, 1987). According to Kauffman (1989), the Diagnostic and Statistical Manual (DSM-III) established the following criteria for infantile autism:

1. The onset of the disorder is prior to 30 months of age.
2. The child presents a pervasive lack of responsiveness to other people.
3. The child displays gross deficits in language development.
4. The child exhibits peculiar speech patterns (for example, echolalia, metaphorical language, reversal of pronouns) if speech is present.

5. The child displays bizarre responses (for example, resistance to change, peculiar interest in or attachments to objects).
6. The child displays complete absence of delusions or hallucinations, characteristic of schizophrenia.

Within the criteria presented by the DSM-III for autism, a distinct set of characteristics can be observed to further distinguish the autistic child.

One of the first characteristics observed when dealing with the autistic child is his aloofness and social withdrawal in avoiding interaction with others. The child may avoid others or become upset if interaction is forced. The child is aloof or unaware of what an adult is doing. He or she almost never responds or initiates contact with an adult or peers. Only the most persistent attempts to get the child to interact seem to have any effect.

During the first few months of an autistic child's life, the parents may view the child as healthy and attractive. However, he may soon begin to show signs that suggest he is different from the normal infant. Instead of cuddling when being picked up by a mother, the child may go limp or stiffen. Sometimes the infant may try to show aggressiveness and dislike of being picked up by banging his head against the mother's body. An autistic infant often does not have any need for companionship or social stimulation. This is

often very disturbing for parents to realize that an autistic infant may prefer rocking in his crib to being held. In addition, parents may find him bouncing his head against the mattress, ignoring the presence of anyone else who may be in the room.

Some autistic infants are unresponsive to human contact. They prefer being alone and doing their own ritual over and over in the same manner. At the age of two, the autistic child's lack of social responsiveness is more obvious. Often a child may appear deaf, even though his hearing is quite normal. The child will not make eye contact and will not be responsive to the sound of voices. Language is often delayed or absent (Peterson, 1987).

The young autistic child will often look at or walk through people as though they are not there. He will not come when he is called. The child will not listen when he is spoken to, and as a result, he may pull away if someone touches him. Accordingly, the autistic child cannot be comforted. He does not react to verbal or non-verbal cues, such as facial expression. Quite often the child does not exhibit desirable emotional responses such as crying, smiling, or laughing. He seems to lack the ability to make distinctions between animate and inanimate environments. Quite often, the autistic child will treat people as objects. He will not seek help from others, even if he is possibly hurt. The child seems caught in a world of his own without any

awareness of his surroundings, which only contributes to his isolation.

However, sometimes the child will respond to an adult who understands his handicaps and is trained to break through the barriers this handicap creates. It is then possible to see that the autistic child can sometimes have normal emotions. However, the emotions may be shown in very immature ways.

Another characteristic of the autistic child is his avoidance of eye contact. Eyes play an important part in our daily communication with others. Normal individuals look at each other's eyes, even if only for brief periods during social interactions. A lack of eye contact is sometimes understood as inattention or unwillingness to engage into an interpersonal relationship. An autistic child often displays withdrawal symptoms by gaze aversion, or failure to establish eye contact with others. Autistic children are often described as looking beyond other people. They very rarely focus on people and often gaze indirectly at objects. It is common practice for the child to use peripheral vision or not look at any item in particular.

Autistic children are sometimes thought of as being quite strange acting, as they do not focus on faces. Hutt and Hutt (Kauffman, 1989), studied the avoidance of eye contact by autistic children. They believe gaze aversion by autistic children make adults feel ill at ease and shut out. It also has the function of appeasing or inhibiting the interaction of other children. However,

it is the impression of Bettelheim (1967) that autistic children look at only what is important to them. Therefore, even the most distant object, if important, may be very clear to them.

Language and communication disorders are seen as another major characteristic of the autistic syndrome. Autistic children show various levels of impaired or delayed language acquisition and comprehension. Many authors noted that autistic children do not seem to recognize the function of language which serves to inform others (Cohen, 1988).

It appears to be difficult for autistic children to develop appropriate turn-taking roles in communicating with others. Autistic children often interrupt a speaker inappropriately. Some autistic children may be mute and possess no oral language while others show echolalia. For instance, a child may repeat phrases or quote conversations heard previously without any indication that the words contain meaning. "Echolalia is one of the most interesting and frustrating symptoms associated with autism" (Lovaas, 1977, p. 180). Often a parent or professional is presented with the problem that a child repeats everything that is said. Echolalia is very difficult to extinguish. The autistic child must be taught to discriminate between those words he is supposed to imitate and those he is not. Autistic children may also show signs

of immature grammar, abnormal vocalizations, psychotic speech, pronoun reversals, and the inability to use abstract terms (Koegel, 1982).

As stated, severe language deficits are associated and seen as a major criteria for the autistic syndrome. "Fifty percent of autistic children never develop useful speech, and there are characteristic abnormalities in the speech patterns of those who do learn to speak" (Dalton & Howell, 1989, p. 92). In very severe autistic children, meaningful speech may not be used at all. The child may only make infantile squeals, weird or animal-like sounds, complex noises approximating speech, or may show persistent, bizarre use of some recognizable words or phrases.

Often, in nonverbal communication, the child is generally unable to express needs or desires non-verbally and cannot understand the nonverbal communication of others. A severe autistic child may only use bizarre or peculiar gestures which have no apparent meaning, and show no awareness of the meaning associated with the gestures or facial expressions of others. Autistic children who develop useful language by the age of five can have a much better outcome than those children who do not acquire verbal communication. "Rutter found evidence of a basic cognitive deficit in autism involving impaired language, sequencing, abstracting, and coding function generally, as well as specific abnormalities in language function and usage

which appears to be characteristic of the autistic syndrome" (Paget & Bracken, 1983, p. 389).

Another characteristic of the autistic child is his socially embarrassing and difficult behavior. Because in autism there is little understanding of words, the autistic child sometimes behaves in ways that are socially unacceptable. For example, the autistic child who learns to talk does not understand that some topics or words are better left unsaid. He may repeat words that are not mentioned in polite society. It is not unusual for the autistic child to suddenly scream for no apparent reason in public places. He will scream as long and as loudly as he would at home.

A moderate autistic child may show definite signs of inappropriate types of emotional responses. Reactions may be quite inhibited or excessive and unrelated to the situation. The child may grimace, laugh loudly or become aggressive, even though no apparent emotion producing objects or events are present. Severe autistic children's responses are seldom appropriate to the situation. Once a child exhibits certain behavior, it is difficult to change the behavior. The child may show widely different emotions when nothing has changed to produce the emotions.

The autistic child may have violent temper tantrums during which he will become very destructive or self-aggressive. This self-destructive behavior



can include the demolition of toys, the use of excretion to mark on walls, and even the display of abusive behavior toward himself and others. This self-abusive behavior can be seen when the child is confronted with disturbing situations. The abuse itself includes pinching, biting, scratching, and even sometimes the slapping of himself with an object or head-banging. When the child becomes severely self-aggressive, parents are often afraid that the health of their child or even their lives may be in danger. The child can never be left unsupervised. His environment must be protected from his destructiveness as he himself must be protected from the risks he tends to run. The child has no fear. He might dash out into traffic because he has no concept of danger.

"Some mothers of the more active autistic children have graphically described the feeling that they have a cuckoo in the nest, or a challenging child who makes incessant demands, has frightening temper tantrums if thwarted in any way, but who gives nothing in return and seems oblivious of the existence of anyone but himself" (Wing, 1976). All of these problems make it difficult to bring the autistic child into society without his parents being socially rejected or subject to often great embarrassment.

Yet another component of autism would be the repetitive behavior autistic children display. A definite pattern of repetitive movements or rituals can be seen when a person looks at the autistic child. These movements are

the trademarks of autism. The rituals are developed in order for the child to control reality. By practicing these movements, the child becomes less frightened of reality and can adjust himself to the environment (O'Gorman, 1970). Stereotyped body movements such as twirling objects, rocking, whirling, or hand waving for extended periods of time are common. Markedly restricted repertoire of activities and interests, according to Gillberg (1989), are manifested by the following:

1. Persistent preoccupation with parts of objects or attachments to unusual objects.
2. Marked distress over changes in trivial aspects of environment, e.g., when an object is moved from a usual position.
3. Unreasonable insistence on following routines in precise detail, e.g., insisting that exactly the same route always be followed when shopping.
4. Markedly restricted range of interests and a preoccupation with one narrow interest, e.g., interested only in lining up objects, rather than playing with objects (p. 554).

Autistic children are often preoccupied with the smelling, tasting, or feeling of objects more for the sensation than for normal exploration or use of the objects. Fascination with shiny objects or lights is also often seen in autistic children. Objects that spin offer a special attraction and a child may

to be from an object. A resistance to change can also apply to food. Although the autistic child usually has good eating habits, he can experience periods when he must have the same meal three times a day, or tantrums will occur. Since the autistic child cannot cope with change, it is difficult to place him in a new or unfamiliar environment. Even the addition of a new family member, or a moved desk, can affect the child in a negative way. Autistic children usually prefer to go through life without altering their daily routine.

Another symptom of autistic children is their lack of imagination and imaginative play. They do not usually play pretend games alone, or engage in play with other children. They prefer to take a passive part in play and allow other children to manipulate them. It is extremely difficult for an autistic child to imitate another person's actions and to build on this imitation in a creative way. Perhaps they do not play in the regular way because their language is limited by their handicaps in relating to people in language. Toys are treated more as objects than played with imaginatively. Very often, a minor aspect of objects or people is selected for attention, rather than the whole part. For example, a bracelet a person is wearing would be important to the autistic child rather than the person, or a wheel to spin rather than playing with the entire car would catch the attention of the child.

## Intellectual and Neurological Aspects of Autism

Another characteristic of autism is the display of abnormal intellectual and neurological functioning of the brain. "The current acceptance of autism as a biologically based developmental disorder is accompanied by recognition of cognitive impairment as a core component of the disorder. Most researchers agree that autism and mental retardation often exist, but no resolution has been reached regarding which cognitive dysfunctions set autism apart from mental retardation. Most autistic children are retarded, but most retarded children are not autistic. Among the cognitive dysfunctions proposed as specific to autism are a basic deficit in sensorimotor integration, an impairment in handling symbols" (Morgan, 1988, p. 264). Autism is a more complex, less predictable, and more severe developmental disorder than mental retardation.

The majority of autistic children have mental retardation, although the extent of retardation often varies. Approximately sixty percent of the autistic children have Intelligence Quotient's (IQ) below fifty (Paget, 1983). Wechsler defined intelligence as "the overall capacity of the individual to understand and cope with the world around him" (Morgan, 1981, p. 36). To accept this general definition of intelligence, one must agree that most autistic children are intellectually retarded, as most have major deficits in understanding and coping

with their environment. Some studies have shown a low level of abstract or symbolic reasoning ability, while rote memory skills are often quite normal. Although many children with autism are mentally retarded and have no language skills, there are some with excellent language skills who have IQ's in the gifted and genius range. Some of the children have amazing isolated skills. Quite often, some autistic children may be able to assemble complex puzzles, multiply as quickly as a pocket calculator, or read the daily paper with expression, but with no understanding of what has been read. "Such splinter skills often wind up giving the impression from where you are standing, that a superior intelligence only needs to be discovered," said Petty, a neurologist at the University of California (Green, 1986, p. 2). Many autistic children have advanced visual spatial abilities that make them wizards at jigsaw puzzles and maps and give them a keen sense of where they are.

Many autistic children love music and rhythmic sounds. These special skills and talents appear in different measures and degrees in the children. Sometimes a certain note of the piano will mesmerize an autistic child.

Finally, in addition to intellectual impairment, neurological disorders often exist. Although autism has often been diagnosed in the absence of evidence of known neurological dysfunction, the preponderance of evidence now suggests that autism may involve neurological disorder. Computed

Tomography (CT) scans of the brains of nine healthy, high functioning autistic men showed several possible defects (Jacobson, LeCouteur, Howlin, & Rutter, 1988). CT scans of autistic subjects, in this study, showed enlargement of the third ventricle. Researchers state that this may indicate abnormalities in nearby brain pathways of brain messengers. In addition, abnormal levels of the chemicals, serotonin and noradrenalin, have been found to be present and linked to autism (Jacobson, et. al., 1988). It has been suggested that the symptoms of autism are expressive of some physical dysfunction within the central nervous system which remains to be characterized.

As stated, autism is one of the most severe behavioral disorders of childhood with a very complex developmental pattern. It is frequently easy for parents to become discouraged trying to raise an autistic child. With very young autistic children, mothers are consumed with unrelenting caretaking demands and concern for the physical welfare of the child who shows no sense of danger. Parents and siblings are likely to experience difficulties living with an autistic child. Sometimes, parents may also find themselves confronting the difficult issue of institutionalization of the autistic child.

It is important for professionals to try to help parents not to become discouraged. It is acknowledged that successful intervention requires a meaningful parent-professional partnership. "The major efforts of clinicians,

educators, and researchers with parents of autistic children have been designed to help them do better by their autistic child and only secondarily and incidentally to help them achieve greater satisfaction in their own personal lives" (Milgram & Alzil, 1988, p. 415).

Autistic children generally progress at a very slow rate. Skills to be learned have to be repeated again and again in order for the child to comprehend. Tasks have to be broken down into very simple steps. Rutter and Schopler (1978) indicated experimental work by DeMeyer, Churchill, and Coss has shown that withdrawal and pathological behaviors increase when children are given tasks which are too difficult for them.

### Educational Programs for the Autistic Child

Autistic children benefit from highly structured educational programs that meet individual needs. Educational programs that stress social and language skills have proven most effective. Some studies have found that minimal verbal autistic children have increased oral language skills after participating in simultaneous sign and speech training (Yoder & Layton, 1988). Signing with non-verbal autistic children is important, as it provides a new method of communication and can help to improve the child's interaction

in other areas including behavior control, attention, and peer relations.

"Autistic children pose a variety of complex management problems that have responded to behavior modification techniques (Weitz, 1981, p. 13). These procedures are used to reinforce desirable behavior in autistic children. Social reinforcers such as praise, stickers, and food are used to increase appropriate behavior.

While the majority of autistic children are very handicapped in learning, many can begin to learn basic skills and desirable social behavior in an appropriate educational program. "Autistic children can benefit from opportunities to interact positively with normally developing children" (Lord & Hopkins, 1986, p. 259).

In conclusion, autistic children learn best if the curriculum is structured and consistent. It is important that everyone who works with the child strive for consistency in their approach with the child.



## CHAPTER III

### Summary and Conclusion

The purpose of this paper was to review and present information about the characteristics of autism. Information was obtained on the following subjects: terms relating to autism, history and background of autism, characteristics of autism, and educational programs for the autistic child.

### Conclusions

Autism, as a distinct type of childhood disorder, has been defined since 1942. The early theory of autism as an emotional disturbance, caused by parents, has been discarded by nearly all professionals. Current research findings often suggest the cause of autism is a disorder of brain function.

Kanner (1943) labeled the disorder. However, other professionals have expanded the initial criterion. The etiology of autism has not been discovered. Autism is thought of as an illness, not defined by its origin, but by a collection of associated symptoms or characteristics. The syndrome is defined behaviorally.

The autistic child is very unique. Autistic children present a special challenge to everyone who works with them. As most autistic children do not engage in meaningful interaction, working with such a child can be quite frustrating for anyone who does not have an understanding of the syndrome.

From the author's review of the literature, it was found that there are distinct characteristics or sometimes bizarre behaviors defining autism. In addition to their unique behaviors, children with autism are usually very handsome and attractive. Their attractive features often make their bizarre behavior appear even stranger.

Research into the syndrome has resulted in an enormous amount of literature. Various studies have expanded the definition of autism. The diagnosis of autism no longer leads to life in an institution for a child. New treatment and early intervention techniques offer hope of improvement for virtually all children. Children with autism need a great deal of training and assistance because the syndrome is so severely disabling. The early identification of autism is rapidly expanding. Also, the emergence of parent organizations has greatly increased awareness of autism.

The author has concluded that there are great differences among children with autism. An array of these differences suggests a uniqueness which varies from child to child. However, there are many common

characteristics attributed to the autistic child. Professionals who understand the behavioral characteristics of autism are better equipped to develop techniques and procedures to help the autistic child develop beyond earlier expectations. American special education aims to teach children with autism the functional skills they need to become active members of their family and community. The language, communication, self-care, vocational, and social leisure skills that make up an individual child's curriculum should be carefully selected according to developmental and ecological considerations for the child.

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