

## **Autism Spectrum Disorder (TSA)**

### **Definition, General Characterization**

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**Abstract:** By its very etiology, Autism Spectrum Disorder (TSA) is characterized by a myriad of factors involved (from genetic factors to environmental factors), but to date, the exact causes of the disorder are not known. Until a few decades ago, the Autism Spectrum Disorder was not the object of intense research, due to the small number of known cases. With the passage of time, through the prism of published books presenting the case law of the disorder, autism became known, however, until the acceptance that autism is a life disorder and the child with ASD will go through the entire biological cycle going through adolescence and reaching adulthood, a few more decades would pass. Although neurological disorders are the basis of Autistic Spectrum Disorder and genetic causes also play an important role, without validating the research, the diagnosis will have as a pattern the behavioral criteria.

**Keywords:** autism; risk factors; manifestations; technology; theories; symptoms and manifestations; behavioral disorders

Definition of term: The term autism was first introduced in 1911 by the Swiss psychiatrist Paul Eugen Bleuler to describe how to be in the world of schizophrenics, which addresses two main aspects, loss of contact with reality, manifested through social withdrawal, indifference. and affective disinterest, having a partial or total preponderance of inner life, explaining that the imaginary world of the schizophrenic becomes that of reality.

Leo Kanner, psychiatrist of America, resumed the term in 1943, designating the term as an autonomous childhood illness whose signs remind of those attributed by E.

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Bleuler to schizophrenic autism. It sometimes appears even from the first year of life of the child, the disease being expressed by the impossibility of establishing normal relationships with the surroundings, indifference, behavioral stereotypes and strange and hermetic language.

The psychoanalytic clinic, by analogy, used the term autism to define an early stage in the development of newborns, characterized by the break-up of the outside world and the exclusive concern of infants for internal living.

Risk factors: To date, the exact causes of the onset of this disorder have not been discovered, and several risk factors have been identified. The researchers could not prove that it is transmitted by heredity or the existence of a dominant genetic character, but confirmed the existence of a higher number of autistic children among those who come from parents of old age or those who are the first born of a family.

Regarding risk factors, the most relevant are:

- Environmental factors: There are a variety of non-specific factors, such as the age of parents at the time of conception, low birth weight, fetal exposure to valproate, treatment used for epilepsy and manic episodes, traumatic birth trauma, trauma mother's mental health during pregnancy.
- Genetic and physiological factors: The hereditary character of this disorder has varied, throughout the thymus, from 37% to 90% in studies based on the rate of agreement between twins. Currently, 15% of the investigated cases appear to be associated with a known genetic mutation, with variants or de novo mutations in the genes, genetic mutations occurring in the egg or sperm that would not be mutations inherited from parents, which are essential in development. brain. However, the association of autism with a known genetic mutation does not seem to have the necessary intensity in terms of hereditary character.

From the etiological point of view, three distinct categories of theories have been elaborated that can explain autism.

1. Organic theories

This theory considers that autism is due to organic dysfunctions, biochemical in nature or insufficient development of brain structure.

2. Psychogenic theories

He describes autism as a psychological withdrawal from anything they perceive as hostile, cold, or punitive.

3. Behavioral theories

He considers that childhood autism is born as a learned behavior, formed by the use of the inadequate reward and punishment system, incidentally.

## **Symptoms and Manifestations**

### **Language and Communication**

- Low interest in language acquisition;
- Do not respond to voice commands;
- They have a delayed reaction to hearing their own name;
- Poor pronunciation;
- Repeat sounds or syllables;
- Inversion of the sounds in the word;
- I do not use words of connection;
- Substitute one word with another close in meaning or utility;
- The phenomenon of schooling is present;
- Speech is economical;
- Lack of intonation;
- Poor vocabulary;
- Voice disorders;
- Non-verbal communication is deficient;
- Does not use personal pronoun in person I.

**Socio-Affective Interaction**

- Low level of social interaction;
- I do not share emotions;
- I do not smile as a reaction to another smile;
- He does not seek to be taken in his arms;
- Not recognized in the mirror;
- It does not want integration into social groups, but isolation;
- It manifests interest in objects, it attaches to them;
- Poor or non-existent eye contact;
- Does not initiate games, is not interested in participating in group games;
- Regardless;
- Indifference to the presence or absence of parents;
- They can be violent;
- Perceptual aberrations - sensitivity to light noises, lack of reaction to loud noises;
- Lack of empathy;
- Resistance to physical pain.

**Stereotypes- Action and Behavioral Disorders**

- Self-destruction and self-destruction;
- Walking on the peaks;
- Preference for one dish, one toy;
- Wheel spinning;
- The constant look of an object;
- Specific order of things, their arrangement according to a certain criterion;
- Persistence in a certain activity;

- Screaming and crying as a form of communication;
- Autostimulation;
- Spin on the spot without getting dizzy;
- Need for reduced sleep;
- Frequent change of provision.

Use of technology in recovering children with autism spectrum disorders Technology, with all its related equipment, tablet, phone, television, interactive whiteboard, can be an ally in the fight against autism or it can be an enemy. Lately, a new form of autism has developed due to the excessive use of IT devices, virtual autism.

Devices are integrated into therapy due to the technological evolution and the fact that most forms of recovery tend to bring people with autism as close to the reality of today. In the therapy sessions, the technology helps the therapist to capture the attention, for the acquisition of valuable information through interactive games, short films or illustrated stories, such as speech, counting, animals, means of transport, fruits and vegetables, but time must be managed, 4 -5 minutes, in order not to make the child dependent on this technology. It can also be used as a form of reward, under the supervision of an adult to select games or other forms of recreation.

Special applications for children with TSA have not yet been developed in Romanian, but any of the usual games can be used and adapted or explained, many of them having a real success in the recovery process. Within an association from Galați, ABA therapy is supported by technology, using interactive boards with which children are very pleased to work, observing a rapid acquisition of items and knowledge, this technology going in parallel with the methods and traditional materials, cards, chips, boards, completing them and giving them greater passage and viability in front of children.

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