
To Cettina, my wife.

EMIDIO TRIBULATO

**CHILDREN TO BE SET
FREE A CHALLENGE TO AU-
TISM**

Copyright 2020 - Emidio Tribulato

98168 - Messina - Viale annunciata 72.

Published by 'Centro Studi Logos' ODV

Via Principe Tommaso 2 - 98121 Messina

E-mail: postmaster@cslogos.it

Website: www.cslogos.it

ISBN: 978-1-71665-075-8

Summary

Foreword 11

1 19

Autistic isolation 19

 Masking and dissimulation 40

 Autonomous attempts to get out of autism 41

 The causes 42

 The difficulty in accepting environmental causes.57

 The evolution of autistic closure 60

2 65

Emotions and feelings 65

 The regulation of emotions 68

 Emotions in autism..... 70

Anxiety and distress 79

 The apparent brilliance..... 95

Fears and terror	97
Anger and rage	107
Some suggestions	110
Aggression and self-harm	111
Self-harm	115
Some suggestions	116
Sadness	118
3	125
Sensory disorders	125
The view	127
Hearing	129
Some suggestions	138
Smell and taste	140
Touch and pain	145
Some suggestions	153
4	157
Thought, communication and language	157
Thought and conception	157

The consequences.....	171
Communication and language.....	171
Comprehension disorders.....	182
Some suggestions.....	192
5.....	197
Relationships and social interactions	197
Possible causes	204
Empathy	204
The difficulties present in adults	205
Difficulties on the part of individuals with autism	224
Some suggestions.....	229
When to return to education.....	254
Sexuality and love relationships.....	255
The relationship with the school	259
School environments.....	268
Integration in the school environment.....	271
Some suggestions.....	273

The objectives	274
The relationship with objects	277
The relationship with electronic instruments	280
The relationship with animals	282
6.....	285
Some relevant disorders	285
Sleep disorders	285
Some suggestions	287
Stereotypies	293
The causes	299
Some suggestions	304
Motor disorders	307
Sphincter control disorders	310
Attention disorders	312
The excessive pursuit of immutability and order...	317
Some suggestions	321
BIBLIOGRAPHY	323

Foreword

Autistic syndrome is, without a doubt, one of the most divisive and confusing pathologies. There is division among specialists as to which symptoms are essential to make this diagnosis; there is division as to the causes of this pathology and, above all, there is division as to which therapies are most suitable and effective. The endless discussions, even acute ones, have involved the various health organisations and then spread to the public. Unfortunately, these disputes have left parents perplexed and unsure as to how to consider the serious disorders present in their children and as to what are the best and most effective interventions to be implemented in order to tackle and if possible defeat this pathology, which is so elusive and difficult to understand.

In fact, individuals with autism symptoms present anomalies and paradoxical features that continually surprise us (Frith, 2019, p. 3)

Some of them, on the most common tests, turn out to be mentally retarded, while others, with the same diagnosis¹, have such meticulous and precise knowledge on subjects of interest to them; they have ideas and perform such complex calculations that they astound us and make us think we are in the presence of genius people. In some cases we tend to see them as robots, as their physical beauty and intellectual abilities contrast with their enormous emotional and relational difficulties (Frith, 2019, p. 37). Instead, at other times or in other children with the same diagnosis, we see a solid and deep attachment with people who can understand, accept, above all, respect them.

The same happens with places: some people seem to be indifferent to the place they are in, for others this is not the case at all. Says Grandin, (2011), a woman with autism: "Returning to a place where something pleasant happened or looking at an object associated with positive emotions helps us relive those pleasant feelings". This makes it clear how, in many of these children, the physical environment is also important for their psychological well-being or discomfort, as any environment can recall experiences in their souls, which have been experienced, in some cases with joy and pleasure, while in other cases have caused them anguish and terror.

Sometimes they are described as if they were aliens from a distant galaxy, who by chance or adventure happe-

¹ Special talents have been found in about 10% of autistic individuals.

ned upon our earth and move into our homes and schools (Frith, 2019, p. 3). And instead, when the improvement of the living environment and an effective relationship manage to change their inner world for the better, one discovers their wonderful humanity, made up of acute sensitivity and intense emotionality, which is eager for closeness and tenderness, just as it is with all other children. In short, discovers their deep and warm desire to communicate, exchange and joyfully offer the many potentialities of their minds and hearts

On many occasions we adults resent and get nervous when we discover them closed and defended, as if behind an invisible wall that seems to allow no contact with the most intimate part of their personality. Even worse, we often observe them looking vacantly not at people but 'through' people (Frith, 2019, p. 8), so much so that they seem not to listen to anything we say, only to discover, at other times and on other occasions, that they have not only listened carefully to our words but that they remember them perfectly and give them the right meaning and weight.

It is often repeated that these children are not capable of assessing the intentions behind the behaviour of others. This, however, contradicts the many experiences we have had, both with developmental children and with adults suffering from such disorders. We have been able to observe many times how these intensely bond with all people by whom they feel fully welcomed, understood and accepted, while they turn away and reject, as is logical and natural, people who are nervous, anxious, restless or who

have difficulty in knowing how to listen with empathy to their problems and accept their needs

Another of the many oddities can be seen at the sensory level. Some of them seem to have a hypersensitivity to certain sound, olfactory, visual or painful stimuli. Others, or the same ones, on the contrary, seem to have a much reduced sensitivity on other occasions and in other situations, compared to that present in normal subjects, so much so that they can bear, without complaining at all, distinctly repulsive odours or very intense, unpleasant and even painful sensations.

Regarding the severity of this pathology over time, some of them seem to fit perfectly into the definition of individuals with autism when they are young but not when they grow up. Others, on the contrary, as children do not show symptomatology that makes them fall under this pathology, which is the case as adults (Frith, 2019, p. 82).

Moreover it is not difficult to make a long list of symptoms, often very serious, present in these subjects, yet the parameters that are analysed, in order to highlight whether or not there is a cerebral or organic lesion, are frequently negative: genetic tests, metabolic investigations, MRI, electroencephalogram, blood values, everything or almost everything appears normal in them (Mazzone, 2015, p. 60).

Another surprising feature is the observation that no two autistic children are the same: one is different from the other, not only in the severity of their symptoms, but also in the way they express them. So much so that in Cam-

berwell's study (cited by Frith, 2019) the author notes and describes at least three types of autism, substantially different from each other, which he calls: '*The reserved*', '*The passive*' and '*The strange*' (Frith, 2019, p. 80).

- *The reserved one*: he is a child withdrawn into himself: he does not respond to social approaches or language, refuses to be cuddled, does not use eye contact, does not seek comfort when in pain, remains focused for hours on a computer game, but refuses to play with other children
- *The passive*: this is a child who indifferently accepts social approaches from others, does as he is told, is very condescending, can talk and always answers questions willingly and with complete sincerity. Unfortunately, he is often the victim of mockery or bullying. He does not seem aware that he can receive help from his teachers and parents, he has a good-natured behaviour, however, if there is a change in his daily routine, this change may provoke violent emotional responses, with uncontrolled crying or fits of rage.
- *The strange one*: he is a child who likes to be with others. He loves to touch and be touched, enjoys being cuddled even by strangers, so much so that he goes out to meet strangers and is not afraid to ask them what he needs. He is a child who chatters constantly, asks repetitive questions, but does not notice when his own behaviour becomes inappropriate and unpleasant in the eyes of others (Frith, 2019, pp. 80-81). Therefore, today, when the In-

ternet allows easy contact through various social networks, he constantly sends requests for friendship and seeks moments of dialogue even with unknown people.

These three categories are already significantly different from each other, however, those who have experience and attend these children on a daily basis, could easily add many more or could be puzzled to realise that a child placed in one group may find himself at a different time, for example when his inner world has improved or when he relates to other people, in another group.

We think that in order to understand these and many other oddities present in these children, and above all to prevent and treat them properly, it is not enough to observe and list the contradictory and peculiar symptoms that they manifest and then try to correct or eliminate them, putting in place a whole series of enabling and rehabilitative therapies. Instead, we believe that something very different, albeit more challenging, is needed: it is necessary to discover, acknowledge and commit oneself to improving what lives, stirs and pulsates in the hearts and minds of these children.

Therefore, we need to get to know their inner experiences very well, their needs, their anguished fears, the reasons for their anger and outbursts of rage, their limitations and difficulties, and last but not least, we need to be able to recognise and value their abilities. Which are many, but are as if frozen inside them.

We have a duty to do this in order to modify and adapt to their needs the environment in which they spend their daily lives, i.e. the family in which they live, the school where they spend many hours of the day, the gymnasium they attend, but also all the other places in which they have the opportunity to have social encounters. We must do all this in order to make these places, and above all the people with whom they come into contact on a daily basis, appropriate to their most real and profound needs and requirements.

Only under these conditions can we hope to overcome the challenge to this serious and insidious disease. In this case we will realise that these children are ready and willing to break down the walls they had built around them, at an early, particular time in their lives, to defend themselves from unbearable suffering. At the same time, we will become aware of their possibilities and capabilities in establishing effective relationships, both with adults and with peers, with characteristics similar, if not perfectly equal, to those we consider 'normal'. At the same time, we will see the many, varied symptoms that had arisen as a defence against suffering, but also as a consequence of their sad isolation, melt away like snow in the sun.

Ultimately, it is only when we succeed and relate to these children as they expect that we will realise not their limitations, but their potential and capabilities

Our chosen path will therefore start from the inner world in which these children are immersed on a daily basis. We will therefore analyse the emotions in their souls, the feelings they experience. We will try to discover and clarify

their needs and desires, the behaviours and environmental conditions that make them suffer and distress, but also those that make them rejoice and calm. We will do this by using the experiences of the many scholars who have dealt with them, but also of people with autism who have managed to improve their condition so much that they are able to describe in detail their experiences and, above all, their feelings. In order to better understand children with this condition, we will also treasure their stories and drawings in which their inner world reveals itself more clearly.

Ultimately, these pages are meant to be a guide for family members and caregivers who wish to know the thoughts, emotions and feelings behind the symptoms, so as to respond better and more correctly to the indispensable affective-relational needs of these children

1

Autistic isolation

In order to access the inner world of children with autistic disorders and understand it better, it is essential to begin by examining the most important and serious symptom, which is then the one that gives this pathology its name: *autism*. A symptom that, as we shall see, becomes in turn the primary cause of their severe psychic malaise and all the other signs that accompany it.

Autistic isolation is a condition that entails absolute self-referentiality, denial of everything that is different from oneself or relates to others, partial or total closure to the outside world and, in the most severe cases, even to stimuli from within one's own mind and body

The need to shut oneself in and distance oneself from the external environment is not only characteristic of children with this pathology. This desire or need, which sometimes translates into specific behaviour, is also found, albeit in a slight, partial and momentary way, in normal children of all ages, when they react by shutting themselves in and isolating themselves for some time, because of some serious injustice they have suffered or because of the impact on their psyche of an excessively stressful, frustrating or traumatising environment.

In children who present various psychological problems, as a defence reaction, it is not uncommon to feel the need

and necessity to distance themselves, at least in their imagination, from their living environment. These minors, in their stories and drawings, frequently glimpse the need to detach themselves physically and psychologically from their home, from their parents and relatives, from their usual living environment, in order to escape excessively frustrating and oppressive environmental situations that cause them considerable discomfort or unbearable suffering.

Some of these children imagine, for example, escaping into some woodland and, in that natural environment, full of serenity and peace, finding a little house where they can take refuge on their own, only to be eventually adopted by another, quieter, less confrontational, more joyful, more relaxed and helpful adult couple. Others dream of isolating themselves with their friends or a pet in a place of their own, where only positive elements of joy, light, warmth and protection predominate. Figures 1-2.



Figure1 - Escape to a warm and bright place.

The comment on the drawing made by seven-year-old Cettina², whose parents often quarrelled, is very revealing both of her needs that were not being met in her family, and of the need to escape from the distressing reality in which she was living to take refuge in an imaginary world where light, protection and warmth predominated.

Escape to the House of the Sun³

"Once upon a time there was a sun that talked to the flowers and told them beautiful things:

² Although the cases reported are real, all the names are imaginary.

³ All titles in the children's stories were given by the author.

"What are you doing

"We're playing with the sea and we saw a little boat thrown out of the sea, then we picked it up and took it home to repair it. When it was OK, we all played together: the sun, the flowers, the sea and the little boat'.

One day the little boat ran away to the sun's house and then the sun told all his friends. The little boat ran away to the house of the sun, because she was not well at home. His friends then also went to the house of the sun, locked the door, had a party and they all slept at the house of the sun'.

If we interpret this touching tale, we notice how it fully reveals Cettina's feelings, thoughts and desires

The little girl, after the traumatic experience of her parents' conflict and then separation, notices that there are some people who sail at ease in the immense sea of life, while others, for various reasons, in this case the conflict between the parents and the mother's personality traits, are severely damaged, so much so that they are estranged from life (*we saw a little boat being thrown overboard*). Fortunately some good people (*the flowers*), heal their wounds, but the little girl, despite being better off, after what she has suffered in her family and thus in real life, rather than return to confront the serious difficulties in which she found herself in the past, would prefer to escape and take refuge in a warm, bright but unreal world. It is natural that in that enchanted world the child does not want to be alone. She therefore only takes her friends with

her but excludes all other people (*they have locked the door*).



Figure2 - Seeking a more welcoming environment.

There are similar needs in this second story.

A house in the country

"Once upon a time there was a little boy who lived alone in a house in the country. One day he decided to decorate it by putting pots with flowers. He mowed the lawn and saw birds flying in the sky. One day the local inhabitants went to the child's house, dined there and finally complimented him on the house he had. He lived alone, because everyone made fun of him. He went to bed and dreamt of a family: he regretted living alone. He dreamt of a very rich family, consisting of father, mother, brother

and sister. He heard a knock and it was a family that wanted to take him in. They were good, they bought a bit of everything, they were always cheerful'.

Michele, in his search for a serene, welcoming and peaceful environment, excludes his family, believing them incapable of giving him what he needs. Initially, the solution he finds is to live alone in a house in the country, in order to have the serenity, peace, welcome and tenderness he was looking for. He soon realises, however, that an idyllic environment, but lacking in family warmth, is insufficient for him. So he found a new family, an ideal family, who welcomed him, giving him everything his heart had been waiting for.

Even in adults within the sphere of normality, the need to escape from the world, at least partially, is often present. Therefore, some of them, in order to get away from the conflicts, traumas, tensions and stresses, present in their living environment, flee, with various motivations. Some abandon the life they had lived until then to retreat to some convent, not only because they have a religious vocation but also out of a need for serenity and peace; others go to distant countries or places, in search of a simpler, less anxiety-provoking and stressful environment. There are others who, as in the Hikikomori syndrome, shut themselves up in their rooms, in the company only of their computer or some video-game, and refuse all outside contact, even with their own family members. There are also many people who try to exclude from their lives and social contacts certain categories of individuals whom they judge to be trouble and suffering. Thus, they do not want to deal with the female sex (*misogyny*) or the male

sex, when they feel that one of the two sexes has been the cause of serious disappointments, frustrations or bitterness; they want to keep away from non-EU nationals, when they think they have been the cause of their work problems; they do not want to have any relationship with people of Roma ethnicity, because they are afraid of their behaviour, and so on. Other times this escape from reality is implemented through the use of alcohol or drugs, which, at least momentarily, take the subject away from their psychological problems and inner suffering.

However, without us sometimes realising it, closures, all closures, if they initially bring a sense of greater peace, protection and security, in time tend to worsen our psychic condition, since they deprive us of all the experiences we could have had and did not have, of all the relationships, friendships and affections we could have had and which we have voluntarily renounced. But above all, closures give rise in our souls, like poisonous mushrooms, to unpleasant negative emotions, which accentuate our suspicions, our fears, increase our aggressiveness and irritability, and exacerbate the bad mood that already oppresses us.

Well, even in very young children, when they are unable to cope with situations that are too painful for them to feel, an instinctive need for defence sets in motion, which pushes them to distance themselves from people and their surroundings, inserting something between them and the others like a wall or rather a psychological barrier, which they hope will isolate them, defend them and protect them from emotions that are too intense and painful for their fragile psyche to bear. By closing in on themselves, as in a cocoon, through detachment from the world around them,

these little ones try to achieve anaesthesia of feelings and emotions, so as to prevent excessively painful stimuli from the external environment reaching their consciousness.

The various people with autism, who have had the opportunity to describe this closed condition, use different words and images but with very similar content.

One of our adult patients with symptoms of autism, Luigi, often liked to draw two seemingly distant and different elements: a tree and a wall and, in his stories, described strange and unusual relationships between one and the other

The tree and the wall

"Once upon a time there was a tree and a wall. The tree had leaves, it was planted underground. Farmers had planted it. It made flowers, there were people who had planted the tree and made the wall".

Therapist's question: "Why did they build the wall?"

Answer: "People had made the wall to make the tree beautiful. They were masons. One day the tree was no longer there and had withered and they threw away the leaves. The people were sad because the tree was no longer there, while the wall was still there".

If we try to interpret this strange and unusual tale, we realise that there are some interesting elements

- ❖ The first is symbolised by *the tree planted underground*. This condition of the tree lying under the ground makes one think of what happens when children establish an extreme autistic type of closure. Of course this tree is at first vital and full of flowers but then withers and dies. Which is then the condition in which the child finds himself when he remains in a condition of autism: a social and relational death.
- ❖ The second element is *the wall* built by the people "*to make the tree beautiful*". So the wall was put there as if to protect the tree from negative elements. This wall, this protection, instead remains there firmly. This condition closely resembles what happens to children with autistic disorders, in whom their ego (*the well-tree that made flowers*) gradually tends to decay and die, while the defences they had put in place (*the wall*) remain firmly in place.
- ❖ The third element: *sadness*, is equally interesting. "*People were sad because the tree was no longer there*". This sadness is basically that which we find in the parents and in the people who relate to these children, but it is above all that which we find in the child himself, who finds himself isolated and excluded from civil society and from that relational condition that is capable of

providing human beings with development, vitality and joy

Morello (2016, p. 28), another young man suffering from autistic disorders, who had managed to graduate in Humanities and Pedagogical Sciences from the University of Padua, described his emotions, memories and thoughts in his book "Macchia, autobiography of an autistic person" using a computer. In this autobiography, using poetic language rich in emotional components, he describes this condition of closure to the outside world as follows: "Glass dome above frozen lagoon is autism closed in on itself"

In this concise description, we find some basic elements of this pathology:

- ❖ *The glass dome.* This is the protection that should be able to keep out all negative situations that may come from the outside world. This type of closure, while allowing the subject to observe what is going on outside, nevertheless prevents him from interacting, if only minimally, with the outside world
- ❖ *The frozen lagoon.* The glass dome covers a very cold, desolate and sad reality: a frozen lagoon, in which the predominant element is evidently the lack of human warmth and affection
- ❖ *Closed in on oneself.* This is the condition in which the person with autism lives: closure within the self.

The author himself (Morello, 2016, p. 18), on another page of his book, represents this inner need of his to alienate himself from reality and enclose himself in his glass dome:

My home was my prison. I preferred to stay and lose myself in my room. I would let myself be enveloped by the music. The room then dissolved into an enchanted space. There were many animals, the lion would circle around me. The sheep jumped over my head: I felt as if I were in a colourful garden (...) I was free of the world, free of needs. Dad's voice then shook me: "What are you always doing alone in your room?" he said. "Come and show yourself" and the enchantment vanished. Reality would fall away and only the continuous gesture of rubbing my fingers together to master the anxiety would remain.

In this second description, the images, always very warm, allegorical and poetic, are multiple.

- ❖ *The home.* A prison in which the person with autistic disorder voluntarily locks himself up.
- ❖ *The room, dissolves into an enchanted space.* The child who has chosen autistic closure tries to find in his own home and in his own room - in this case with the help of music - a place and moments that allow him to estrange himself from the real world in order to discover, in his own unreal but enchanted space, the longed-for psychological condition, made of freedom, light, warmth, harmony, serenity and peace.

- ❖ *The external intervention.* This intervention is judged as inappropriate because it brings back and forces young Morello to face a sad, anxious and fearful reality, which he tries to diminish and fight, using a stereotype: finger rubbing.

A woman with autism: Temple Grandin, (2011, p. 42), a graduate in animal science from the University of Illinois and herself a professor of animal science, describes her mental state of autistic closure using the simile of glass panels:

While I was trapped between the glass panels, it was almost impossible to communicate through them. Being autistic is like being trapped in this way. The glass doors symbolised my feelings of detachment from other people and helped me cope with the isolation

Grandin uses *glass panels* as a simile of the autistic condition. This symbol is similar to the one used by Morello. Hence, not an opaque wall, but transparent glass panels that, while protecting one from the outside world, allow one to look outside if one wishes, yet without experiencing and suffering any particular emotion. However, the author points out how this condition is also a trap from which it is difficult to escape

The author herself (2011, p. 49) also speaks, like Morello, of the search for a trance-like and enchanted situation when she was able to cut herself off from the world: "When I was left alone, I often went into a kind of trance, as if hypnotised. While in a trance I would cut myself off from the images and sounds that surrounded me'.

Donna Williams (2013, p. 11) another woman who suffered from autism, had found other strategies as a child to escape from reality and lose herself in her own enchanted inner world:

I discovered that the air is full of dots. If I looked into the void there were dots. People would pass me by, obstructing my magical vision of nothingness. I would stand in front of them. They would protest. My attention was firmly fixed on the desire to be lost in those dots and I ignored the protest, looking straight through the obstruction with a calm, softened expression of being lost in those dots.

And again (Williams, 2013, p.11):

I eventually managed to lose myself in whatever I wanted - in the drawings, on the wallpaper or the carpet, in a sound that repeated endlessly, in the dull noise I got, tapping my chin repeatedly; even people were no longer a problem. Their words became a confused babble, their voices a pattern of sounds. I could look through them until I disappeared and then, later, I felt that I had lost myself in them

The author explains how she felt in that particular psychological situation that she herself sought

In this hypnotic state I could grasp the depth of the simplest things; everything was reduced to colours, rhythms and sensations. This state of mind gave me a comfort I could find nowhere else, to that same degree (Williams, 2013, p. 63).

Again the same author (Williams, 2013, p. 11):

When I was awake, I would relentlessly chase the dream: I would stand in front of the light shining in front of the window, next to my cot, and furiously rub my eyes. There they were! The shining, vaporous colours moving through the white". "Stop it!" came the relentless bitching. I continued joyfully. "Slap!

In this author's descriptions there are numerous elements of considerable interest in understanding the mental condition present in autistic closure:

- ❖ In the meantime, there is a desire and a willingness to get away from reality, judged as sad and bleak, in order to lose oneself in sensations that give certainty and pleasure, even if they are very basic, simple and poor emotions.
- ❖ There is a description of the means used to achieve this: *'I eventually managed to lose myself in whatever I wanted - in the drawings, on the wall-paper, on the carpet, in a sound that repeated itself endlessly, in the dull noise I obtained by repeatedly tapping my chin'.*
- ❖ The irritation and annoyance she felt at the presence of people and their words around her are evident: *"...even people were no longer a problem. Their words became a confused babble, their voices a pattern of sounds'*

- ❖ Emphasis is placed on the comfort she felt in this condition: *'This state of mind gave me a comfort I could find nowhere else, to that same degree'*
- ❖ The reactions of others, who usually try to bring back to reality individuals who close themselves off in their autistic world, are not always adequate, even if they are not as brutal and violent as those Williams' mother used: slaps.

The author saw the cause of her isolation in her fear of experiencing negative emotions that would cause her considerable fear and suffering. In another passage she says (Williams, 2013, p. 24):

People think of reality as a kind of security to lean on. And yet, even as a child, I remember finding my only reliable security in losing all awareness of things that are generally considered real. Hence: It was definitely some uncontrollable inner resistance that prevented me from entering the world, in general (Williams, 2013, p. 24).

Regarding the voluntariness or otherwise of this behaviour, for Williams, (2013, p. 45): "Although the feeling that created the loss of myself occurred, most of the time, out of my control, I found that I could surrender to it or fight it".

We have said that this tendency to escape from a reality perceived as too frustrating or painful is also present in many children and adults. However, this instinctive, but also sometimes desired and sought-after decision to flee from reality, to find refuge in a world of one's own, when

it occurs in very young children, has much more dramatic, serious and destabilising consequences than those that may be experienced by boys or adults (Bettelheim, 2001, p. 12)

And this for several reasons.

1. *Very young children lack the capacity for homeostasis and the efficient defences present in the ego of children and adults.*

For these reasons, they react to emotional pain without any filter and, therefore, in a much more intense and immediate way.

2. *Very young children possess minimal knowledge of the world in which they find themselves living and have a fragile and immature psychic development.*

Therefore, when they flee, for whatever reason, from an environment perceived as intolerable, they withdraw from the world even before their humanity can really come to light. In this condition they cannot find in themselves anything other than their poor, unstable and fragile reality of the moment. They certainly cannot hope to find, even if only in their imagination, somewhere else, in another home or another family, that serenity, that peace and warmth that they seek and that are indispensable to their healthy development. Which, on the other hand older children and, even better, adults can do.

3. *The personality of the human being is only structured and expanded through fruitful and constant contact with others (Bettelheim, 2001, p. 64).*

Early childhood is nothing more than a gradual process of reality construction. Awareness of it arises gradually, through countless positive experiences that come from the child's living environment (Winnicott, 1973, p. 136), so the maturation and enrichment of the human being's personality, which will take place in stages, is brought about mainly through dialogue and relationships with others. It is only from positive relationships with the loved ones we have beside us that we can obtain the serenity, attention, care and dialogue necessary to develop all human capacities, genetically present. For this reason, when very young children instinctively withdraw from reality to close in on themselves, their ego will no longer have the chance to grow and develop normally and harmoniously, and will therefore be forced to remain not only immature but also very fragile and in the grip of the most disparate emotions.

Recall Morello (2016, p. 13):

When I was a child, I didn't think about my own things and I don't think I ever understood the difference between my own and other people's things. When I was little, I thought I didn't exist; I thought I was Mum's tail and I didn't understand her constant insistence that I do things my own way.

For these reasons, these children, who have shut themselves away in their inner world, will have considerable difficulty in dealing with both internal and external emotions

and feelings at all times. Not being able to develop normal communication and socialisation skills, they will have difficulty in loving and being loved, they will be inadequate in welcoming and being welcomed, they will have considerable problems in developing their communicative, imaginative, intellectual and cognitive capacities in a balanced and harmonious manner, it will be difficult for them to modulate their sensory input correctly, they will have difficulty putting their ideas and thoughts in order.

For Bettelheim (2001, p. 32):

Once the child has stopped even communicating with others, his or her ego is impoverished: this is to an even greater extent the longer his or her autism lasts and the less developed his or her personality was at the time this communication block occurred.

Also for Franciosi (2017, p. 41):

Experiences of reciprocity, early in life, foster the development and integration of the systems deputed to the processing and modulation of emotions and lay the foundations for the child's future ability to connect and tune in with other human beings.

And De Rosa (2014, p. 74):

All this I have written to indicate and to illustrate that autism is not just a condition: it is itself a trauma. Any limitation that reduces our ability to deal with reality alienates us from life and thus becomes a terror of death.

4. *The constant state of immaturity, in which children live locked in their autism, prevents the development of those compensatory and defence mechanisms that are present in more mature individuals.*

For this reason, these children will be easy prey to sadness and anguish, they will be forced to succumb to anxieties and fears, which will be able to expand in their ego, without encountering effective and mature defences. Therefore, instability, chaos and confusion can easily develop in their minds. Ultimately, these children, blocked and limited in their affective and mental development to primitive levels, will tend to react in an unusual, excessive and disproportionate manner, whenever they are forced to face new and different experiences, sensations and emotions that, to us adults, may appear simple and banal or with modest and acceptable charges of anxiety and frustration. Finally, both psychic fragility and emotional insecurity will be accentuated in them.

5. *Since in the most severe cases the withdrawal from reality can affect everything and everyone, these little ones will have almost no reaction to their surroundings.*

Under such conditions, they will also try to avoid taking action, since doing something might result in negative reactions from the surrounding environment. Furthermore, as Bettelheim (2001, p. 31) says, if these children think that what happens, for some reason, may be their fault, the more they believe that they themselves are responsible for events that generate unpleasant effects, the less they will

act, while their insecurity and psychic instability will increase

6. *For families, the absence or inadequacy of appropriate emotional responses in their children will be a very distressing and frustrating experience*

Parents miss the joy and gratification that come from the emotional relationships they establish with their children. The kisses, caresses, hugs and words of love that children often address to their parents are, for the latter, a source of gratification, pleasure and joy and serve to maintain and strengthen the bond between them (Bowlby, 1988). This, in turn, will serve to improve parent-child communication, effectively counterbalancing the effort and worries involved in raising them. When, unfortunately, an escape from these fundamental relationships is implemented on the part of the children, a consequential relational difficulty may arise in the parents, while the real and deep dialogue, due to the accentuation of anxiety and worries, will tend to worsen in both quantity and quality.

Ultimately, as children close in on themselves, their psychological problems, rather than diminishing, will increase, as distrust, anxiety and fear of any stimulus from outside but also from inside their minds and bodies will grow in them. On the contrary, if there had initially been normal growth, the closure that these children are forced to adopt will tend to gradually impoverish and deconstruct their fragile and immature personalities, so that even if they had already acquired some form of language or some other competence, for example, in the field of personal and social autonomy, due to the severe deficit in their affective-

relational development that has been established and being victims of regressive processes, they will risk losing these competences as well.

Bettelheim (2001, p. 57) describes very well this unproductive circle in which the small child is caught up

A deeply distressed person may try to find a minimum of security by first reducing his contact with a world that distresses him too much. In more serious cases, he may avoid such contact altogether, losing all confidence in his own possibilities of dealing with other human beings. If his withdrawal is not only temporary, the subject may be caught in a vicious circle in which anguish leads him to withdraw from reality and isolation induces in him even greater anguish and thus, ultimately, even greater withdrawal. At this point it no longer makes much difference whether the anguish is provoked by real or imaginary dangers or by internal psychic processes.

Per Franciosi (2017, p. 18):

On the other hand, it is daily in the eyes of experts, clinicians and parents alike, how emotional dysregulation is one of the phenomena that best describes the autistic experience and how important a role maladaptive emotional responses and emotional disturbances play in the life and mental health of people with autism.

This detachment and closure to the outside world, but also this alteration and fragility of the ego, can occur in different forms and severity.

In some cases, as in the case of Marco, a three-year-old boy, who still did not speak, there was intense fear and distrust, resulting in distancing and defensive attitudes not only towards all strangers but also towards schoolmates, teachers and even his father and grandparents. All that remained in him was a bond, a clearly pathological and symbiotic attachment to the mother figure. This, although not a beloved figure at the time, represented for the little one his only possible and partial anchor of salvation, to which he clung to defend himself and find a minimum of emotional control, against the fears and terrifying emotions that gripped him. He therefore physically clung to her, in the presence of other people, refusing to be left on the nursery school premises and in any other place but his home

In these cases, Marco, even if poorly, still had some possibility of reacting to the environment, through his requests and refusals and, if not satisfied, also through his manifestations of anger, since he was able to link his distress and his consequent reactivity and aggressiveness with the outside world, with which he remained in contact, even if only partially. On the other hand, in children with more severe symptoms of autism, this detachment may concern all people, including parents who are only 'used' to achieve their own purposes and essential needs, such as eating, drinking or being clean.

Masking and concealment

Some individuals with autism, while not abandoning the autistic closure, manage to conceal their inner reality and use, like masquerades, behaviours that they think will be

more effective or socially better accepted. Williams (2013, p. 129), for example, used two different characters over time: Carol and Willie. These two characters had different characteristics: Carol embodied the escape from fears, while Willie was the outward embodiment of fighting fears.

In some of our patients, we were also able to observe the same intent to mask their autistic condition, presenting themselves, in their relations with others, with attitudes that very well concealed their true inner reality. These patients managed to present themselves as cheerful, smiling and, above all, very sociable children or young people. Exactly the opposite of what one would expect from individuals with autism. Others presented themselves as authoritative and self-confident, as if they were mature and responsible people, when in fact they were psychologically very small, fragile and helpless. These disguises sometimes manage to mislead operators, leading them to make diagnoses of them that have nothing to do with autism.

Autonomous attempts to get out of autism

Because of the remarkable cerebral plasticity, just as there is always the possibility of regression to lower levels of cognitive, emotional and affective development, so too there is, for these subjects, the possibility of progressively reaching higher levels of relational, emotional and intellectual capacities. Thus there remains in them, even if latent, the capacity to regain that serenity, confidence, maturity and balance momentarily lost.

In some cases, as in Williams, (2013, p. 52) the impetus to try to get out of the autistic condition was provided by the challenge she had intimately engaged with her mother and older brother, who seemed to revel in her pathology:

I would have been happy to 'let it go' and retreat into my own world, had I not been sure that my mother and older brother seemed to flourish on my diversity and inability to keep up. My hatred and sense of injustice were the force that drove me to prove them wrong.

The causes

What could have gone wrong? What in the first months of life could have forced these children to make, we do not know how instinctively or voluntarily, such a dramatic and radical choice?

Our experience has taught us that the events that may have negatively affected, disturbing dialogue, communication and ultimately the relationship between the child and the outside world, represented by his or her parents and family, may be different. Not only that, but they can add up to one another, since a single cause is not always enough to force the child towards closure and, therefore, towards those consequences of which we spoke above.

- 1. In some cases, the intimate dialogue between the child and its living environment may have been negatively affected due to one or more stressful and difficult situations.*

His or her parents and family members may have been negatively affected due to pressing economic needs; due to excessive and prolonged work commitments; due to marital or family conflicts; due to serious difficulties at work; due to the need to cope with the stresses present in any separation or divorce. Other distinctly negative environmental situations may have arisen from one's own or some family member's illness, from mournful events that have befallen the family, and so on.

William (2011, p. 36), reports on the serious intra-familial conflicts in which she had, despite herself, been involved: "At home the war was constantly raging around me". And again (Williams, 2013, p. 15):

Tensions tended to explode, my father humiliated and mistreated my mother, she humiliated and mistreated me. Both of them had found escape routes and made use of them for years, leaving behind more total destruction than I could have ever made appear in my little magical world.

AND further (Williams, 2013, p. 15): "The family was definitely split in half, in a spiral fall that would plunge it headlong into the hellish abyss".

It is evident how the family environment described by Williams, is exactly the opposite of how it should be, in order to allow a normal growth of a small child. The latter would need a calm environment, without the presence of excessive anxieties and fears and with the support of parents who, loving each other, also loved her. Winnicott (1973, p. 130) is lapidary when he states:

Nowadays we talk a lot about maladjusted children: but maladjusted children are such because the world failed to adapt properly to them at the beginning and during the early days.

We can compare this condition to what can so often happen to one who is engaged in work. If this person, for whatever reason, is prey to fatigue, if a thousand disturbing thoughts disturb his mind, it will be difficult for him to concentrate on what he should be doing and what he could have done well, if he had not been so overwhelmed by fatigue, stress and worries. Ultimately, people who are victims of conflict or excessive stress, although possessing good qualities and abilities, are unable to perform their tasks properly due to certain contingencies. In these cases, the discomfort, disesteem and guilt that one feels at realising that one is not adequately fulfilling one's commitments worsen the psychological condition of such persons, so that the difficulties tend to be accentuated.

2. *A psychological disorder of a certain importance, present in the psyche of the adults who care for them, may have heavily affected the relationship with the children.*

In these cases, due to one of the many psychological disorders that may be present in the psyche of adults, they may have difficulty in fully understanding the needs, experiences and problems of minors, but above all they may have difficulty in responding in a serene, adequate and balanced manner to their psychological needs and to their legitimate emotional and affective demands. Among other things, in many cases psychological disorders, even if they

are not serious, can entail problems precisely in the field of communication, which is essential in establishing a relational relationship with young children that allows their ego to form, grow and develop harmoniously. Not only mothers can suffer from these problems, but also fathers, both parents or grandparents, when it is they who have the greatest responsibility for caring for children, baby sitters, nursery nurses in the nurseries attended by children, and so on.

3. *The lack of or inadequate experience required for the proper handling of a small child can have a negative impact on adults' interpersonal skills*

Says Winnicott (1973, p. 59):

But even mothers have to learn from experience to be maternal. In my opinion, they should approach the problem from this point of view: experience teaches. Approaching it another way and believing that they have to study in books how to become perfect mothers from the beginning, they are wrong.

This situation, uncommon in traditional families, has become commonplace in this historical period, due to the lack of transmission of experience and knowledge concerning childcare from one generation to the next. This situation is caused by the significant drop in birth rates, the spread of increasingly smaller families with no younger siblings with whom to train, but also and above all by the frequent delegation of childcare, to which parents are now forced. Such unpreparedness may accentuate the anxiety inherent in caring tasks, making it difficult to have a pea-

ceful dialogue and relationship with their children. Therefore, these parents may find it difficult to establish a true and firm emotional and affective bond with their children, as well as a deep and effective dialogue.

4. *They may have been adversely affected by the indications that often come from a consumerist, hyper-liberal and egocentric society such as ours.*

We know that many societies of the western world, substantially based on production, profit and economy, judge as the reason for the success and fulfilment of adults, not maternity or paternity, not the pleasure and joy of caring for and educating children, but the search for their own fulfilment, mainly or exclusively in the professional, working, economic and social fields, together with the search, sometimes unregulated, for very simple, poor and banal joys and pleasures. Therefore, in this type of society, the attentions and commitments of adults are mainly directed and focused on different and often conflicting objectives and issues, compared to those required to correctly perform the role of a parent or in any case an educator.

The account of nine-year-old Dario, who presented psychological problems that manifested themselves mainly in school learning, clearly highlights the state of mind present in children whose parents are absent for work reasons.

The fish and the crab

"Once upon a time there was a fish that swam night and day, was sad and lonely and was looking for friends. One day the fish found a crab that was in danger because there was a moray eel that was eating it. The fish ran towards the moray eel and chased it away. Immediately the crab ran to save the fish. From that day on, the fish was no longer alone because it stayed with the crab'.

Therapist's question: *"Why was the fish alone?"*.

Answer: *"The fish was only because the parents were always working"*.

5. *Sufferings, anxieties and fears caused by organic illnesses from which the child has suffered or still suffers may have negatively affected the relationship between the child and his or her environment.*

Organic problems have psychological implications, both on the child and his or her family, that cannot and should not be overlooked. Suffering from an illness means 'being sick'. Almost always this 'being ill' does not only concern the body but also the psyche of the subject and the people around him. One feels ill because of the illness from which one suffers, one feels ill because of the condition of helplessness and because of the limitations resulting from the illness, one feels ill because of all the examinations, medical and surgical therapies or, worse, hospitalisation one has to endure. Unfortunately, the psychological fragility of children, especially very young ones, but also that of their families, is often overlooked. We forget that every

pathology and every medical act, which have some traumatic component, can involve suffering and therefore psychological damage. It is not difficult therefore that, as a consequence of these organic problems, the need to escape from an excessively frustrating and painful reality may arise in some children, especially in those who are psychologically more fragile.

6. *Another concomitant cause may be the increasingly widespread use of delegation in education and care*

It is well known how the management of small children, by means of crèches, baby sitters or being placed with grandparents for an excessive amount of time, can cause a condition of fragility in the little human being that is forming, who instead, especially in the first years of life, would need to live, grow and develop alongside his parents, in a stable, comfortable, warm and serene family nest. This fragility, added to other stressful or traumatic situations, can also contribute to inducing serious suffering which, in turn, can push the little one to close in on himself.

7. *There is another condition that we consider no less important than the others, which is related to an inadequate relational style*

The way one behaves towards young children is not only influenced by the characteristics of personality, gender and the reality of the moment, but is also conditioned by one's life experiences. Therefore, when study, apprenticeships and work and professional

commitments shape adults' dialogue and interpersonal skills, a great deal of value and space will inevitably be given to the characteristics that are most useful in these fields: such as vivacity, grit, determination, strength, resourcefulness.

These characteristics are very different, indeed opposite, to those required in caring for and relating to a young child. Care and relationship that require instead calm, sweet, tender and delicate behaviour, together with a lot of patience and remarkable communication and empathic skills.

8. *Organic and genetic causes*

With regard to possible organic or genetic causes, now often indicated as the prevalent if not the only possible causes of autism, we believe that certainly not all children are born with the same sensitivity, so each one may resist and react to the environment differently. Therefore, the ability to resist stress, frustration or trauma may certainly also depend on genetic or organic components.

However, the experiences we have had over time confirm that environmental factors, psychological and relational, are clearly predominant in the emergence of the various psychological disorders present in childhood. Thus when negative environmental elements exceed a certain threshold, even a child who possesses an excellent genetic make-up and is free of organic problems will inevitably be involved in psychological mechanisms that can alter, to a greater or lesser degree, his behaviour, emotions and inner experiences.

There are many authors who emphasise environmental components in the emergence of psychological disorders.

Per Osterrieth (1965, p.16):

It is perhaps useful to remember that, in reality, organism and environment are in continuous interaction, and that, depending on the characteristics of the environment, certain hereditary tendencies will not only be permitted but favoured, materialising in aptitudes or character traits; others will be inhibited, and will only appear in an altered form; others, finally, will never be stimulated and concomitant reactions will never occur.

And again the same author (Osterrieth, 1965, p.19):

In short, whatever the importance and weight of hereditary factors, man is not only conditioned by them: he is equally so by the conditions in which he lives and in which his development took place.

Also from Osterrieth (1965, p. 18)

It is underestimated that most of the time it is not diseases but predispositions to certain diseases rather than others that are transmitted. A greater or lesser sensitivity to psychic trauma is transmitted rather than psychic disorders or illnesses. This is also because even in true twins there is no uniform behaviour, so that several attitudes and character traits are found in the individual because they have been encouraged by the environment, while others have been constantly inhibited.

For Ackerman (1970, p. 69): "Heredity sets limits to the potential development of personality, but it is social experience that gives it concrete form".

Per De Ajuriaguerra (1993, p. 116):

There are undoubtedly patterns characteristic of each species, transmitted hereditarily, that manifest themselves in equivalent forms in a group of individuals of the same species. But patterns may be activated by the environment, by tactile, visual, auditory stimuli, etc., or modified by the absence or qualitatively or quantitatively inadequate action of environmental inputs.

Bowlby (1988, p. 22) states:

The point of view I advocate, as you will see, is based on the belief that a large part of mental disorders and unhappiness are due to environmental influences that we are able to intervene in and modify. And further: Whether a child is serene and secure or unhappy and out of harmony with society depends largely on whether or not the early care they received was adequate.

And again the same author (Bowlby, 1988, p. 58)

We know that today the central task of developmental psychiatry is precisely to study the endless interaction between the inner and outer worlds and the way in which one constantly influences the other, not only during childhood, but also during adolescence and adult life. It has become evident that events within the family during

childhood and adolescence play an important role in determining whether or not a person will grow up mentally healthy.

In this regard, we must also recall the observations and studies by Imbasciati, Dabrassi and Cena (2007, p. 4):

We know that brain maturation is related to experience and that this begins to be experienced as early as the foetus. It is experience that regulates the micromorphological and functional development of the brain.

The authors themselves add (Imbasciati, Dabrassi and Cena, 2007, p. 7):

It was long believed, and some still believe, that the maturation of nerve tissue, as found morphologically and physiologically, depends exclusively on the realisation of the genetic programme concerning the morpho-functional completion of all bodily organs, which would therefore also affect the brain, which would thus be 'completed' gradually, before and after birth, in the first few months. The mind would arise co yes from the biologically predetermined maturation of the brain. On the contrary, it has been shown that maturation is a process that only takes place if there is experience: not only that, but that the quality of the experience determines the type of maturation. (...) Animal studies have long shown that cortical histological architecture is related to the type of learning to which the animal has been subjected. More modern techniques, including neuro-imaging methods (PET), show, even in humans, that it is the experience that is acquired, i.e. the ty-

pe of learning achieved, that conditions so-called neural maturation.

For Benedetti (2020, p. 43):

On the other hand, there are children and their families who find obstacles and difficulties in following their developmental path, so that they are 'delayed' in their expected path, or sometimes 'deviated' from the path considered 'normal', or common. I have the impression that dealing with 'autism' and the theories that have been constructed to 'explain' it has long prevented us from seeing these children in their development and the factors that could and can hinder it.

Unfortunately, as Osterrieth (1965, p. 10) well says:

The fatalistic notion of heredity easily encourages one to refrain from any effort at education and any attempt to change the environment in which the child grows up; it constitutes, as someone said, an imposing pillow of pedagogical laziness.

With regard specifically to autistic disorders, there are numerous reasons why relational and environmental issues are very important in the emergence and evolution over time of this psychic disorder.

1. Symptoms very similar to those present in children with autism are evidenced in many animals whenever their living environment is unsuitable for their psychological needs. Says Grandin (2011, p.95) who used to work as a veterinarian: "*In zoos,*

animals kept in bare concrete cages become bored and often develop abnormal behaviours such as rocking and walking in small strides or zigzagging. Young beasts placed alone in such environments suffer permanent damage and exhibit bizarre autistic-like behaviour, becoming overly excitable and displaying self-injurious behaviour, hyperactivity and disturbed social relationships". And again the same author (Grandin, 2011, p. 95): "Puppy dogs reared in bare concrete kennels become very agitated when they hear a noise. Their brain waves continue to show signs of excitability even after six months that they have been removed from the concrete kennel and housed on a farm".

2. The symptoms present in this pathology are too diverse and conflicting to be attributed, in a prevalent manner, to organic or genetic causes, while they are consistent with the presence of a psychic upheaval that constantly alters the emotional vita of these minors. The behaviour manifested by them is, after all, directly and easily connected to their severe suffering but also to the various strategies and defences they deploy to try to limit, contain and if possible eliminate this suffering. For these reasons, since family and social environments, inner realities, as well as individuals are different from one another, the psychological disorders of these children are expressed differently, through a considerable range of symptoms, which are sometimes conflicting.

3. The variability in the positive or negative sense of the symptoms, in relation to the people with whom these children relate, the circumstances they face and the places they frequent, is too frequent and remarkable to infer that this occurs by chance.
4. In many children, the specific symptoms of autism are so mild that they often blur and are confused not only with those present in many other psychic pathologies, but also with the manifestations and behaviours we find in subjects that fall within the normal range. And it is for this reason that, sometimes for years, diagnoses remain doubtful or controversial, just as the percentages of cases of individuals with autistic disorders are doubtful and controversial.
5. Certain characteristics of this pathology, such as resistance to change, stereotyped behaviour, the need for stability and many others, can easily be evidenced in many normal people when they are faced with situations of great tension and stress.
6. The increase in the frequency of this, as of all other psychic pathologies, which has occurred in recent decades in the general population, contrasts with genetic or organic causes, while it can be very well explained by the considerable work, social and family changes that have taken place in our society over the same period. Just think of the decrease in the number of hours spent by parents with their children, the considerable increase in separations, divorces and marital conflicts. Think of

the invasion of the mass media into family life and the stressful situations experienced by parents when both are busy at work

7. However, the most important reason that leads us to think of a clear prevalence of environmental problems, in the birth and evolution of this pathology, derives from the observation of a rapid, remarkable improvement in all the symptoms of autism whenever there is an improvement in the living environment of children with autistic disorders. On the contrary, when after having improved, they find themselves again victims of a frustrating, traumatic or otherwise unsuitable relational environment for their affective-relational needs, the worsening that follows is consequential and easily predictable. Williams (2013, p. 56), relates a moving episode of complete closure in the aftermath of her mother's severe violence: *"At the table I was looking at a plate full of colours, a knife and fork clutched in my hands. I looked across the plate full of colours and everything dissolved. A pair of hands disturbed my vision: a silver knife, a silver fork were cutting through my colours. There was a piece of something at the end of the silver fork. It sat there, motionless. My gaze followed that little piece of colour through the fork to a hand. Startled, I let my eyes follow the hand to an arm, joined to a face. Finally, my gaze fell on the eyes, which returned it to me with infinite despair. It was my father'.*

The difficulty in accepting environmental causes.

We know, however, that the approach that emphasises environmental causes in the emergence and evolution of autistic syndromes is little accepted at this time. There are several reasons for this.

For parents and family members.

1. On the part of parents and family members, accepting the environmental causes means that the relationship with their child, at least for a certain period of time, was not the happiest, as the child was made to lack, even unintentionally, something it absolutely needed so that its personality could develop peacefully and well.
2. It also means that his first signs of distress were probably not correctly interpreted and therefore the family or the health professionals did not remedy them quickly and, above all, not in the most appropriate and correct way.
3. For parents and other family members, accepting this approach means involving themselves directly, to the extent of reorganising their personal, marital, work and family life to make it as appropriate as possible to the needs of the child with problems. This is certainly a difficult, tiring and painful task. For it is necessary to commit oneself, day after day, to profoundly changing the living environment in which the child with autism problems is immersed. In so-

me cases, this means decisively addressing and resolving any marital conflicts that may be present, or relating with the child for a much longer and, above all, much better than before, listening fully to his or her needs, so as to respond to the needs he or she manifests with the necessary affection, gentleness and inner availability.

4. Accepting this orientation towards the problems of children with autistic symptoms may also entail committing oneself to address and modify for the better, if not all, many of the psychological dysfunctions or disorders present in one's own psyche, if one thinks that they have influenced or may still negatively influence the delicate relationship with one's child.

For the political and social environment.

1. Also with regard to the political and social environment, to accept that a large part of the causes of autism stems from the failure to give every little human being that comes into the world the minimum conditions, suitable for his or her psychological development, is to admit that society, as a whole, has failed in its main purpose. Because it has failed to form functional families in which cooperation and mutual understanding, dialogue and listening, have succeeded in creating a warm, safe, welcoming and serene nest around every child that comes into the world.

These are indispensable characteristics for the growth of every little human being.

2. It is also difficult to admit on a political level that society as a whole has failed to eliminate many stressful and traumatic situations in the lives of many families. For example, it has failed to prevent men and women from being forced to run from one place to another, from one occupation to another, from one commitment to another, in order to have enough to live with dignity. Nor has this society managed to cope with and curb all the false needs, induced, if not actually dictated, by the financial world, using today's prevailing consumerism.
3. Moreover, accepting this thesis makes clear all the shortcomings of a society that has failed to create conditions in which parents have sufficient time and availability to listen, talk and play with their children, so as to ensure that every child who comes into the world has the constant and serene physical and emotional closeness of at least one of its parents.
4. Accepting this thesis means that present-day societies in the Western world have not been able to form functional families, capable of prioritising educational and training functions over work and professional commitments.
5. Equally important is the issue of preparation for the specific task of father and mother. Accep-

ting this thesis means that society as a whole has failed to train and prepare men and women who have the necessary qualities to face, the most appropriate way, the difficult and delicate maternal and paternal task. Therefore, the social environment has not helped parents, and especially mothers, who are the figures most involved in the affective-relational growth of their children, to mature and develop in their souls and in their behaviour the indispensable duties to give timely, effective and correct answers to their children, especially in the first years of life. This is a remarkably delicate period for normal psychological growth.

6. Finally, the environmental approach to the problems of autism, in this historical period, is opposed, if not clearly rejected, because a society that emphasises profit, consumption and ruthless competition, needs efficient individuals stretched to the limit in producing and consuming, rather than people who have the time and willingness to care for their young.

The evolution of autistic closure

The evolution in a positive sense of autistic withdrawal is made easier and more complete or more difficult and partial, in accordance with multiple conditions: the depth and severity of the autistic withdrawal; the age of the child, but above all, the ability and willingness to get involved of the persons are close to this child, so as to

commit themselves to substantially change the living environment in which the child moves and relates.

As far as the behaviour of family members is concerned, once they are clear about the diagnosis made on their child, in some cases it is the parents themselves, without any external help or indication, who implement a more appropriate, dialoguing, affectionate, attentive and sponsi-ble relational modality, capable of bringing a child with clear signs of autism back to normal.

Federico's five-year-old mother is an example of this. The woman, aware of the presence of clear symptoms of autism in her son, confirmed, among other things, by a child psychiatrist, acted promptly and, above all, personally to give her child, by means of particularly sweet and tender attitudes and care, the tranquillity and serenity that Federico had momentarily lost and which he absolutely needed, so that he could return to trusting others and the world and thus abandon his autistic closure and resume his affective-relational growth, momentarily interrupted.

In just a few years, without having her son undergo any kind of habilitative or rehabilitative therapy, this mother was able to achieve such marked and complete improvements that when she came to us to confirm or deny the diagnosis that had been made years ago for her child, not having observed any symptoms of the previous pathology, nor any other significant psychological disorders, we sent her and her son home, without taking them in and therefore without intervening in any way. We gave the mother only one piece of advice: continue to behave with Federico, as she had done up to that moment.

We don't know how many cases like Federico's are, since it is rare for a parent to go to a specialist to get confirmation that a problem has been resolved, but we fear that there are not many. Unfortunately, we think that other types of behaviour are more frequent

1. The denial of environmental causes.

Many parents tend to deny to themselves and to others that, over a certain period, even a very short one, for one or more reasons, such a negative and difficult relational environment was created around the child, that it led to closure. In such cases, it seems much easier for family members to blame what has happened on external elements, of a genetic or organic nature, such as having given the child the prescribed vaccinations or unsuitable food. This denial can affect the parents, who are as if they were saying to themselves: "My son was born this way, he has this handicap that makes us all suffer, but we can do no more than try to mitigate his problematic behaviour and improve his poor social, relational, intellectual and cognitive capacities, using all the types of educational and re-educational therapies that we know or that are indicated to us by specialists".

The denial of the presence of a possible environmental problem often also involves the society in which we live. It is as if this proclaims loudly: "Even if we do not know what happens and why it happens, the causes of autism must necessarily be genetic or organic. The living environment certainly has no influence on the pathology of these children, and those who claim otherwise only want to blame their parents and family members, especially mo-

thers. Therefore, society only has to activate the social and health services, in order to assist these subjects, from the cradle to the grave, trying to improve their incurable deficits by using the educational and rehabilitative therapies that, at that particular moment, appear most valid and appropriate". However: "To still think that the affective dimension necessarily calls into question a blaming of mothers is to misunderstand the developments of science in the evolutionary sphere and to evade the effort of revising pathologies on the basis of new knowledge" (Di Renzo M. Bianchi F. di Castelbianco, 2012).

2. *Blame the child.*

An even worse way of dealing with the problem is to blame the child himself, judging him as bad, capricious and boring, as well as stupid. A child who likes to make his parents and all adults who have anything to do with him despair, a child who does not want to grow, does not want to learn, does not want to obey. A child who on many occasions: at home, at school, at the pizzeria or at parties, loves to embarrass the people who care for him

Fortunately, there are more responsible and attentive parents who, flanked by a sensitive operator attentive to the psychological problems of these children, manage to establish a special relationship with their children, made up of great acceptance and deep respect for their inner reality. When these two conditions become concrete, children with autistic disorders are quickly able to do away with those archaic defences, represented by walls, doors or domes, that they had put in place to defend themselves against the world and are ready to begin a rapid journey of

affective and emotional growth that can lead them to full normality.

We therefore believe that the time has come to face reality and no longer bury our heads in the sand. For it is only by having as our primary objective not the fight against individual symptoms, but the alleviation of the severe inner suffering that exists in children with this pathology, by means of an effective relationship with them, that we have a chance to profoundly affect their malaise, giving the children themselves concrete hope of harmonious development.

Moreover, once society as a whole has a clear understanding of the reasons that force them to isolate themselves and defend themselves from others and the world, using the most archaic and unproductive defences, it will be possible to implement a series of activities aimed at preventing, in a rational and incisive manner, this devastating pathology. We cannot, in fact, underestimate the fact that autism, although manifesting itself in various forms, is increasingly tormenting the children affected, but also their families, with intense and prolonged suffering. And finally, how can we disregard or underestimate the necessary expenditure that weighs heavily on the budgets of states, since, according to the National Autism Observatory, in Italy today it is thought that as many as one child in seventy-seven could be defined as a child with autistic syndrome

2

Emotions and feelings

The first and most important consequence of this closing in on oneself, alienating oneself from reality, concerns the difficult control and proper management of emotions and feelings.

When we talk about children with autism, we rarely talk about their feelings, but also about the feelings of those who are close to them: parents, family members, babysitters, teachers and other caregivers. Yet it is precisely the emotions and feelings of those around them that are the essential elements that condition, limit or alter the thoughts, actions and behaviour of these individuals or, on the contrary, can improve their condition

Therefore, if we want to understand, and then help these children to adequately develop all their intellectual, affective and relational potential, so that they can better interact, communicate and understand, it is essential to be able to understand their emotions and feelings. In the same

way, it is necessary to analyse and understand the emotions and feelings of the people close to them or who care for them, in order to help them change their behaviour and attitudes so that they are adapted to the real needs of the children.

Emotions are complex phenomena, deeply connected to every aspect of human experience, since they are present in every act or behaviour we perform, just as they are present in every thought processed by our mind. Our daily lives are imbued with feelings and emotions that influence our behaviour, our thoughts and our every action (Cerulo 2014). Emotions are systems of interpersonal communication as a response to precise behaviour by others and serve the survival and reproduction of the species (Decety, 2012, p.29). They are regulated in order to enable us to respond in a balanced, flexible and socially appropriate manner to the demands we receive from the people, institutions and groups with whom we relate (Franciosi, 2017, p. 37)

Emotions include joy, interest, surprise, passion, falling in love, compassion, but also fear, anxiety, distress, contempt, anger, rage, aggression, disgust, irritation, shame, guilt and so on. Emotions are fundamental to fully experiencing every event in our lives, so much so that without them, even if we possessed a keen intelligence, we could not connect with other people. we would resemble living *zombies* (Zattoni and Gillini, 2014, p. 47). Moreover, they are essential for memorisation and attention, in decision-making processes, for so valuable in learning and in selecting the right choices for ourselves and others (Sander, 2014, p. 101).

As Oliverio (2014, p. 23) writes:

What we now know about the relationship between emotion and reason tells us that affections and emotions are an integral part of the learning and training process: affectivity, in fact, can facilitate or inhibit, accelerate or retard cognitive function and make the activity of knowledge a tool for dealing with and solving problems in communicating with others. Learning does not depend only on acquisitions linked to the external world, but is mediated by the inner world of the learner, his or her emotions and affections.

Ultimately, both children and adults, in order to learn and memorise effectively, need to have developed a number of fundamental skills: good self-confidence, an adequate knowledge of one's own feelings and a mastery of emotional states. Ultimately, they need to possess a good inner balance (Oliverio, 2014, p. 18).

Emotions can be triggered by real stimuli, to which the individual reacts through a conscious process, or by memories of past events, either conscious or buried in the unconscious, which are processed by the subject (Tronconi, 2014, p. 41). The individual's responses arise from an awareness of his or her own emotional state, which makes it possible to initiate the evaluation of the event in order to determine its nature. This aims to regulate the quality and intensity of the most appropriate and adequate emotional reaction. At the same time, the autonomic nervous system will be activated, with bodily reactions that will enable the organism to react quickly and well, so as to deal with the situation that has arisen. For the response to be appropria-

te, facial and postural expressions and tone of voice will also be modified, so that the people with whom one relates receive a series of appropriate verbal and non-verbal communicative messages (Sander, 2014, p. 96).

It was thought that the area involved in emotions was the amygdala, but later it was seen that several cortical regions participate in the regulation of emotions, which form like a large brain network that activates and cooperates in emotional events, each making its own contribution.

As for feelings, these are less intense but much more lasting affective resonances than emotions. Through feelings, the subject experiences their own subjective states and aspects of the external world (Galimberti, 2006, vol. 3 p. 445). Feelings are hate and love, pleasure and pain; a sense of inner fullness or emptiness; contentment and sadness; hope and despair; distrust and resentment.

The regulation of emotions

The emotional mind is a powerful knowledge system. The monitoring and regulation of emotional states, in order to activate, suppress or adapt them, are fundamental for the global understanding of ourselves and others, for our well-being, but above all for knowing how to regulate every moment of our social, affective and relational lives. Our mind, if not particularly altered, is able to perform these controls and correctly modulate the emotions and internal experiences we experience, so that we can adapt well to the various situations we have to face in life (Franciosi, 2017, p. 36).

Emotions and feelings, just as they can support, regulate and help individuals in their interpersonal relationships, enabling them to have spontaneous and appropriate reactions to others, if they are not in good balance they can counteract, limit, alter, slow down but also block, thoughts, actions and behaviour. The consequence of this is that extreme feelings, emotions that become too intense or last too long, undermine our stability and our social and relational capacity (Oliverio, 2014, p. 18)

Per Ayan (2016, p. 85):

The way we react to certain impulses and the strategies we choose for regulating our emotions are not so much the result of willpower as the result of patterns and habits learnt in childhood and momentary circumstances.

The regulation of emotional states is a very complex and delicate activity, so much so that it can easily be disturbed by stressful or traumatic situations and events that we experience, or have experienced in the past. So-called *emotional intelligence* refers precisely to the ability to control one's own and others' feelings and emotions, to distinguish between them and to use this information to guide one's thoughts and actions (Oliverio, 2014, p. 24). When this regulatory activity does not occur or occurs abnormally, the resulting *emotional dysregulation* can severely alter both the individual's inner life and the social interactions he or she attempts to engage in.

Emotional dysregulation occurs when a state of generalised tension is amplified to such an extent that self-regulatory functions are impaired. Therefore, rational

thinking becomes inaccessible, with the consequence that automatic, reflex reactions prevail

Emotions in autism

The presence of emotional dysregulation is evident in all minors and adults who present and suffer from psychological disorders. In these we often find inconsistency between reactions, goals, modes of expression and the demands of the social environment. This alteration is much more severe in children and adults with autistic disorders, in whom it manifests itself along a *continuum* of phenomena from the mildest to the most intense. Thus, one can go from mild mood swings to explosive behaviour due to emotional, cognitive and sensory overload. Furious fits of rage, sudden panic, out-of-control excitement, self- and hetero-aggressive manifestations, shouting, decomposed attitudes and even running away are possible. These and other abnormal emotional reactions occur for motives that, to an outside observer, may seem very trivial, but this is not the case at all (Franciosi, 2017, p. 22)

In fact, in individuals with autism spectrum disorders, the nervous system is constantly challenged due to the continuous bombardment of sensory, emotional, cognitive and social stimuli, which have the potential effect of disorganising it, and it is from this internal disorganisation that these strange and excessive manifestations arise.

Although we have certainly all experienced both emotions and feelings more than once in our lives, what characterises the emotions of individuals with autistic disorders is not the quality of the emotions but their intensity

and severity. They show remarkable sensitivity to any emotional experience, but are closed to any logical reasoning (Brauner A., and Brauner F., 2007, p. 36). These persons, when they are able to report them, tell, for instance, of an intense and irrepressible anger, even if short-lived, such as that present in young children. They speak of a world that they feel insecure and threatening, which causes them numerous moments of anguish and terror. They report intense painful stimuli that they cannot master, oppressive smells, chaos and confusion in their minds, but also frequent episodes of estrangement from reality. De Rosa (2014, p. 24) recalls: "I was very distressed, very angry, often in the grip of a great anxiety that I could not communicate"

Per Franciosi (2017, p. 20):

People with autism live intensely on the present level. Their inner landscape is characterised by amplifications: intense fears, endless sadness, furious anger, absorbing thoughts, outsized excitements. They are constantly exposed to high levels of internal tension, which manifests itself in many forms: reactivity to minor frustrations, resistance to change, obsessiveness, compulsive behaviour, rigid and inflexible thinking, a tendency to perseveration, rigid adherence to rituals, acute crises of anxiety provoked by unforeseen events, and anxiety manifested when faced with the impossibility of immediately bringing things back to order. Fear, in certain cases, turns into phobic terror, resulting in sudden and frequent mood swings.

Dysregulation in individuals with autism symptoms is evident from the lack of gradualness, which characterises

the emotional responses of these individuals (Williams, 2013, p. 121).

Deficits in emotional regulation processes can lead to seemingly purposeless, disorganised, disoriented behaviour but also to avoidance, flight, oppositional behaviour, sudden changes in affective tone, mood instability, inappropriate responses, difficulty in maintaining a stable emotional response, expressive rigidity, motor hyperactivity, muscle tension, postural and vocal changes but also increased repetitive actions (Franciosi, 2017, p. 23).

By Giuseppe, an almost teenage boy with Asperger's syndrome, whom we followed over time, this intimate and personal world in which he tried to survive with great effort, was described as 'hell'. To our request to better clarify what he meant by this terrible word, he only added that it was better for us and our mental equilibrium to avoid explaining the term he had used

Unfortunately, the documentation we have on this 'hell' from other children and adults with the same syndrome, is remarkably substantial and proves him right. These often upsetting and intense negative emotions, which are present in individuals with autism symptoms, can easily be seen in their drawings and stories, which highlight a severely confused and disordered, unstable and fearful, harsh and cruel inner world. Figures 3-4-5-6-7. A world that at times manages to unsettle the thoughts, actions and desires of these children. A world that makes many moments of their lives remarkably painful and painful

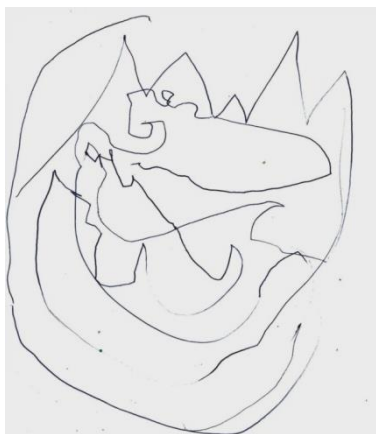


Figure3 - Chaotic scribbling of a child with autism symptoms.



Figure 4 - Disorderly and chaotic drawing of a child with autism symptoms.



Figure5 - Human being with aggressive and violent attitude.



Figure 6- Another drawing of a child with autism symptoms: the sky is under the tree!



Figure 7- Unusual tree design.

Williams, (2013, p. 46) states that she is certain that she has and experiences emotions and feelings, but notes her difficulty in communicating them correctly to others. For the author herself, what characterises autism is precisely emotional dysregulation.

The author writes (Williams, 2013, p. 174)

I believe that autism is the condition in which what does not function properly is a type of mechanism that controls emotionality, so that a normal brain, in a relatively normal body, cannot express itself with the depth of which it would otherwise be capable.

Grandin (2011, p. 96) another woman with high-functioning autism, describes her own emotions as follows: "Some people believe that people with autism have no emotions. I do have them, but they are more like the emotions of a child than those of an adult".

And then he adds (Grandin, 2011, p.98):

My emotions are simpler than those of most people. I do not know what complex emotions are in a human relationship. I only understand simple emotions, like fear, anger, joy, sadness.

On the same subject, the author states (Grandin, 2011, p. 100): "In autistic children, the tendency to rapid emotional changes is quite frequent at a successful age va, where they sometimes present the emotional patterns of a small child".

Emotions in these subjects are very close to those of a small child, precisely because their psychic and affective development has not had the chance to evolve normally, so it is as if blocked and frozen in the first months of life. However, as their inner world improves, their emotional and affective maturity grows rapidly, so much so that they reveal themselves to be desirous of affection, attention and closeness, which they manifest by means of explicit, tender and delicate behaviour, but also by words of gratitude, towards those who are willing to understand and listen to them and demonstrate with deeds, and certainly not only with words, that they respect their emotional needs.

The most obvious example of this came from Giuseppe, of whom we spoke above, who, as his severe anxiety and inner tension improved, almost in every session, in order to continue to feel the joy of speaking and being heard, he would propose to me and his parents that he would like to have me at his home: on his name day, on his birthday or even just for a simple walk

The boy himself gave a moving account in which he emphasised his need and desire to have his old doctor whom he called 'Doc' always with him:

An old mobile phone for a friend

"Once upon a time there was an old mobile phone called Doc. It had problems turning on because the battery was bad. A 20-25 year old boy found it and started to repair it and then started programming it. Only then the boy forgot where he had put it. He didn't find it, but eventually found it, but it was no longer functional because the

charge had run out. Since it was the last phone in the world of that type and all the chargers were destroyed, at some point he remembered what a good friend of his had taught him before he was exiled, namely, that he could recover CPU and ram from another phone. That phone woke up and was faster and said: "What did you do to me?" and he said: "I modified you to save your life". And the phone replied: 'Thank you very much at last'. And they lived happily ever after'

The interpretation of this tale is not difficult. The boy perceives the old doctor who follows him as one of the few people who understands him and puts him at ease. Therefore, this person has become important to him, so important that he would like to rejuvenate him to make him live longer, just as one might do with an old mobile phone by upgrading its essential components

In the drawings made by individuals with autism, we hardly ever find the classic elements present in the drawings of normal children: little houses with flowering balconies, shining suns, trees, swings and children playing in the middle of the meadow. When they are unable to control their severe inner drives, only chaotic scribbles are present, but if their inner world is a little more serene and controlled, the observer can easily discern in their drawings a deformed and altered inner reality, due to the intense emotional drives present in their psyche. A reality in which confusion and anguish, terror and aggression, fears and violence predominate.

Thus, stereotypical elements with tragic content are present: ships sinking with all their occupants, murderous ro-

bots and monsters, children pushed by dragons into the ravine, blood, mutilation, excrement, death and acts of unmotivated cruelty. The same happens in their stories which, apart from their violent and tragic content, often appear broken and confused and, in some cases, unintelligible. However, as we shall see later on, when these children manage to acquire a good inner serenity, their stories, although always full of strange and dramatic situations or paralysing and terrifying thoughts, become more comprehensible, linear and with some element of optimism.

Once we have ascertained that the child with autism symptoms not only has emotions but that these are much more intense and involving than those present in normal children, let us now examine what emotions they most frequently experience.

Anxiety and distress

We know that anxiety can be physiologically present in all normal people of all ages. More rare is anxiety in which somatic manifestations are present, sometimes particularly conspicuous, such as a sense of chest tightness (Galimberti, 2006, p. 130). It is equally well known that these two emotions tend to be accentuated in children and adults psychological disorders. Indeed, their severity is often directly proportional to the intensity of these disorders. Consequently, the subject's ego is continually stimulated to use one or more defence mechanisms to try to manage and contain them

Little attention is paid instead to the fact that these two emotions are among the most important emotional com-

ponents present in individuals with autism spectrum disorders. In these, the episodes of anguish are so severe and constant that Rodríguez, quoted by Bettelheim (2001, p. 43), said: "I think that the intensity of the autistic child's anguish is quite similar to that caused by the imminence of death".

Grandin (2011, p. 122), too, is no different:

The lighter anxiety attacks urged me to write pages and pages in my diary, while the more severe ones paralysed me and made me want to stay at home, for fear of having an attack in public.

And again the author herself (Grandin, 2011, p. 70)

Since puberty I had experienced constant fears and anxieties, accompanied by strong panic attacks, which occurred at varying intervals from a few weeks to several months. My life was based on avoiding situations that could trigger a panic attack.

Morello (2016, p. 59), a young man with autism, writes: "I want to venture to talk about continuous, unnatural dearth of anxiety in the sea moved by violent swarms of sounds from an early age".

De Rosa (2014, p. 16) describes the anguish he felt as follows

The anguish itself remained locked inside me because I had no way to communicate it. I remember that when this anguish reached its limit, I would open a drawer in the

kitchen, take the spoons and run into the living room to drop them on the floor. The sound of the metal of the spoons on the marble floor was loud, disjointed, sinister, eerie. I had found a sound, or perhaps at a lower level a noise, that expressed and communicated my anguish like a word.

And Franciosi (2017, p. 20): "The anxiety alert level is always just around the corner, ready to flood the person even in the absence of environmental demands".

In individuals with autism symptoms, anxiety can arise for important reasons such as those described by De Rosa (2014, p. 50)

And when I lose you (referring to parents) I go into a kind of panic because I go back to the great trauma of my childhood, when I understood nothing of the world around me, could make nothing of myself understood and lived totally at the mercy of the incomprehensible.

Grandin (2011, p. 67) writes

In my work I am able to handle new situations, but from time to time I panic if things go wrong (...) if I am not prepared for a new situation, especially when I travel abroad where I do not know the language and cannot communicate.

However, the reasons that can trigger anxiety can be strange and seemingly futile

De Rosa (2014, p. 72) recounts:

When I was a child, this anxiety manifested itself, for example, in the emotional crises I suffered on the street when there was a turnaround. My parents learnt that if you went for a walk, then you had to get back to your starting point with a wide loop. I simply couldn't go back the way I came, because I would fall to the ground crying and screaming

In subjects with symptoms of autism, all the types of anxiety that we know are present. The distinguishing feature, in comparison with normal subjects or those with mild psychological disorders, is the severity, whereby anxiety often escalates to anxiety and panic attacks. Another characteristic is the frequency, so that anxiety is almost a constant in the lives of these people.

But what does it mean for these children, adolescents or adults with such a condition to live with such severe and constant anxiety

1. Severe and constant anxiety limits all the individual's capabilities.

Anxiety is a barrier to social participation. When one is prey to intense anxiety, it is difficult to talk, to explain, to understand. It is equally difficult to plan something (Morrello, 2016, p. 195). Therefore, for the sufferer, it is difficult, if not impossible, to cope adequately with every activity that is proposed or required. It does not matter whether it is of a school, family, social or work-related nature. These difficulties are most evident in occupations

that require discernment, control and attention, such as relating to someone, listening, speaking, reasoning and learning. Thus, severe anxiety can not only impede the learning of language but, even when it is present, can alter its form and content. Likewise, it can impede the learning of reading, writing and the various cultural contents that are offered.

We had an example of this some time ago when Luisa, nine-year-old girl diagnosed with dyslexia, was sent to our centre for specific therapy. Her mother was separated from her husband and prevented her daughter from seeing her father, as she considered him to be a bad person. However, the child had a great desire to meet and be close to this man. Luisa presented not only considerable difficulties in reading and writing, which were practically absent, but also significant psychological disorders that manifested themselves in verbal and behavioural mannerisms, shyness, fears and phobias, the presence of childish behaviour, and nightmares. After a few months, the mother reported to us the satisfaction of the teachers, who had noted with joy and amazement that the child had finally begun to read and write. Given the success we had achieved with Luisa, in the following months the same teachers sent us other children who had difficulties with reading and writing, certain that our particular methodology for treating the problems of learning disorders would be successful in those cases too.

Well, in Luisa's programme there was no time devoted to learning to read and write! The only activities in which the child was involved consisted of participating with

pleasure and joy in the games she proposed and listening to her problems

As anxiety is particularly severe in children with autism spectrum disorders, their words, when present, their reasoning and their behaviour are dictated more by the impulse of the moment than by a calm and objective reasoning of reality. For this reason errors and inconsistencies are frequent and this worsens the relationship they establish with people in the family, social or school environment; this also leads to a worsening of self-esteem

2. *Severe anxiety prevents attention from remaining for the time needed to perform some more complex activities, such as drawing*

In some cases, when children with symptoms of autism, in which considerable anxiety is present, are asked to draw a picture, we find that they are only able to doodle. Figures 8 and 9.

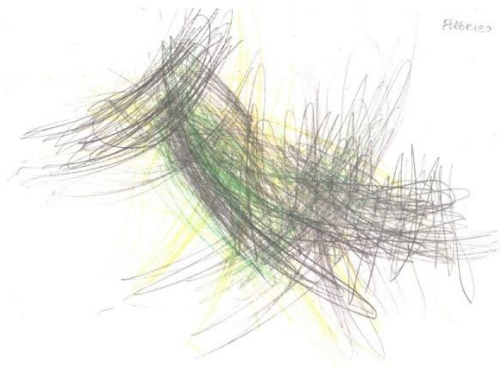


Figure 8- Severe anxiety allows only scribbles to be produced.

It is only when their inner anxiety diminishes that they are able to put their thoughts and emotions in order, so that they can better control their fine motor skills.

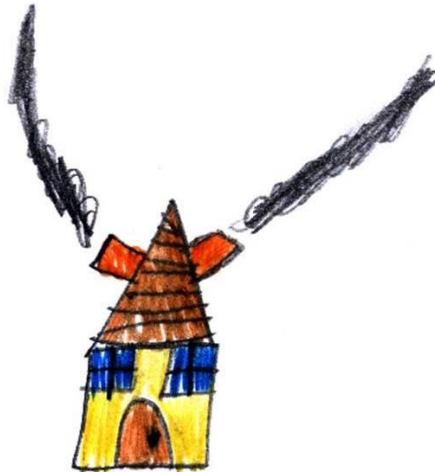


Figure 9- The same child, being more serene, is better able to express his inner experiences.

Morello (2016, p.27), a young man with autism, describes his difficulties due to anxiety as follows:

My limitation lies in the anxiety of too often having to mirror myself in doubt and suspicion. Anxiety is falling into disconnection from myself. The most paralysing element for me is the lack of perception of meaning.

This is why we believe it is absolutely useless and misleading to subject such children to intellectual or cognitive tests, as the results would certainly be polluted by the presence of this emotion. So that if a child shows a failure,

one can in no way be certain that he lacks the ability to complete the task. His failure could have been caused not only by a lack of motivation, but also by a high level of anxiety due to his problems at the time

An example of what we have said can be seen in Antonino, a ten-year-old boy with high-functioning autism, who, as is often the case in this pathology, had focused his attention at that time on one particular subject: cars. Therefore initially, in the free drawing he liked to do, when his anxiety was considerable, he could barely draw a part of a car. Already after a few minutes, tired and stressed from trying to activate his attention on his chosen subject for a noticeably long time, he would stop, exhausted, without being able to complete the drawing.

Only after some time, as his general psychological state improved and he was better able to control the anxiety that pervaded his mind, was he able to complete, in the same session, the drawing he had set out to do. Figures 10-11-12.

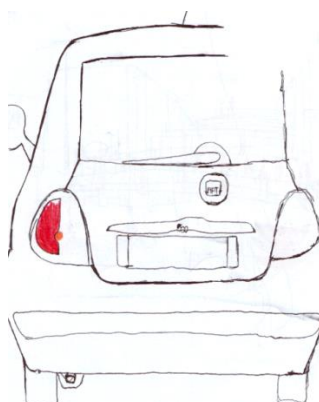


Figure 10 - Drawing very incomplete due to considerable anxiety.

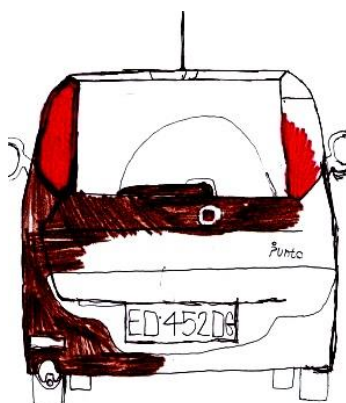


Figure 11- Improving anxiety allows the child to improve the drawing by colouring a part of it.



Figure 12- Only a considerable decrease in anxiety allows the child to complete and colour the subject he wanted to draw.

3. Severe anxiety impairs language and communication

Communication and language skills are closely linked to inner serenity and thus to the presence or absence of anxiety. We have an example of this in the two accounts by Francesco, a nine-year-old boy with Asperger's syndrome. As can be seen, initially, when anxiety was considerable, the child's language appeared broken, frenetic, unclear and very repetitive.

The elephant and the parrot

"Once upon a time there was an elephant who had been abandoned by a young boy. He was without parents and decided to go to a master who was not there. His name was Bernardo. "This house is really in a mess," thought the little elephant. Bernardo was hunting, but the little elephant didn't know it, he went to look and walked and didn't find him, he came back and didn't find him. "Who knows where he is? He is hunting. We'd better go back," said the little elephant. The parents were not there. The little elephant goes all over the city again, but finds no one. He goes home, waits, waits, but Bernard does not return. The little elephant is getting bored, he hears the clock but Bernardo doesn't come back. "How long will he be?" He goes again to check all over the city. He goes to where they sell elephants and they ask him if he wants to be bought to make a drum skin'.

Little elephant: "Isn't my father there?"

Salesman "Where is he?"

Little elephant: "I don't know!"

Salesman: "Then you must be sold because you have no parents, you will be forced..."

Little elephant: "'When am I coming home?" (He wants to come back, poor thing!).

While he waits, a parrot asks him: "Why are you here?"

Elefantino: "My parents wanted to sell me".

Parrot: "I am intelligent".

Little elephant: "Why?"

Parrot: "Why do they have to sell you".

Little elephant: *"I want to leave, I don't like it".*

Parrot: *'He is handsome'.*

Little elephant: *"No, shut up, you ugly parrot, or I'll whip you, I've told you a billion times! Will you shut up?"*

Parrot: *"I can't".*

Little elephant: *"Can I come out?"*

Parrot: *"You have to go there. If you want to leave, ask the judge. We have to train you".*

Little elephant: *"When am I going home?"*

Parrot: *"Never again because there is a bar".*

Little elephant: *"But my father is waiting for me!"*

Parrot: *"Why didn't you say so before? We have to train you and take you to the zoo".*

Little elephant: *"What does that mean?"*

Parrot: *"We must whip you and send you to the circus. But since you are an elephant, why are you here? You cannot escape, handcuffs and away forever. We'll plug your mouth so you can't talk anymore".*

Little elephant: *"I want to go, you meathead! Why can't I go?"*

Parrot: *"There is the signal".*

Little elephant: *"He is not here. How I long to go home. What shall we do?"*

Parrot: *"We will not feed you and since you are an ugly elephant we will have to train you",*

Little elephant: *"What am I going to do? I must go home, I must drink".*

Parrot: *"Then drink the soup".*

Little elephant: *"I don't drink soup".*

Parrot: *"What about water?"*

Little elephant: *"It's my favourite food".*

Parrot: *"It's not food, it's drink".*

The story continues with the same structural features and themes.

The organisation and structure of the story appeared different a year later, when Francesco's psychological condition had clearly improved. The theme was certainly grim and there were still some repetitions, but the reduced anxiety allowed the child to execute a much more agile, comprehensible, coherent and linear narrative.

A scary ghost

"Once upon a time there was a ghost who was very scary and every night he came to scare people. These people couldn't sleep and had bad nightmares. They would think about what to do with this ghost: should we kill it or send it away? Then in the morning the people go to talk to the judge and ask him to make the ghost stay away and make the people calm. And he says: 'OK, I will send him away and that way he will never come back'. And finally the people can sleep in peace. But the postman rings one night and says that this ghost will never go away again. One day they hear creaking, then they hear the rustling of the wind and they hear many thunderstorms. At one point the ghost comes and goes over the stairs and the people hear footsteps and get scared and hide under the bed in terror. Then the ghost knocks and the people tremble with fear, he comes in and gives a very frightening laugh. Then

he hears the noises under the bed, he comes and opens the door and takes the people by the neck and chokes them. Then he takes them away, takes a knife with his hand and sticks it inside people's heads. Then he sticks the heads on the wall with nails and a hammer. After a while the ghost goes off into the village to scare more people. Then he knocks on the door and sees that there is no one there, so he leaves and sees someone approaching as a dark shadow and is frightened, but there is no more time to escape and so the ghost, in terror, tries to run away, but his legs are weak and he cannot escape. The shadow approaches, takes him with him and locks him in a trunk with a padlock. Then the ghost can no longer free himself, but he wants to get out because he is suffocating, because he cannot breathe inside the trunk. So he manages to free himself and goes to the devil's house and puts a knife inside a letter with writing on it. Then he leaves and goes back to his house, but he cannot open the door because it is locked. At a certain point a storm starts with thunderstorms and lightning destroying trees, which are then set on fire, but he can't get in anymore and doesn't know what to do. He slams the door a hundred times but cannot open it, but then he gets the idea of breaking through the glass so he can get inside the house. Then he goes to sleep; but he sees someone in the distance through the window, so he hides under the bed, because it could also be a monstrous creature. So he seals all the windows and locks all the shutters with a padlock so that he cannot get in. He puts the nails in and then seals everything with a hammer. Now he is safe. Then the monster comes again, but he can't get in. Then he leaves after a while and says: "Luckily he's gone". Then he goes to sleep. Then in the morning he has

breakfast and notices something is gone: his heads have disappeared. So he immediately runs to see where they are, but can't find them. So he has breakfast and then goes somewhere'.

4. Severe anxiety makes comprehension difficult or impossible.

Because individuals with symptoms of autism are constantly trying to limit, control and if possible repel the onslaught of this emotion, which is so overwhelming, difficult to manage and govern, it is difficult for them to correctly interpret heard or written words, as well as people's intentions, facial expressions, gestures and behaviour. It is equally difficult to interpret images seen, sounds heard, sensations felt. Consequently, simply listening to and, above all, correctly interpreting what an adult or peer says or asks is, for children with symptoms of autism, particularly arduous and distressing. Just as it is very complicated, if not impossible, to respond appropriately to the people with whom they relate, avoiding hurting them, annoying them or boring them with inappropriate, repetitive, insulting or inconsistent words or answers.

Consequently, living constantly in apprehension and alertness, these children find it difficult to judge reality with calm and objective eyes, giving everything and the many events in life their proper dimension and meaning

Therefore, since dangers, criticism and malicious behaviour can come from anything and anyone, it is easy for pathological impressions to arise in them of not being understood and accepted or of being constantly misjudged,

criticised, rejected and even persecuted. They therefore feel that they are constantly in danger from every event, even the most frequent and natural one, such as, in the case of Federico, a 17-year-old boy with Asperger's syndrome, rain. He recounted in these terms the fear he felt every time it rained: "The downpour terrifies me especially when I'm in bed. It is as if evil presences could come from under the bed and from the whole room, ready to assault and destroy me".

As attention and concentration abilities decline due to anxiety, performance in the cognitive sphere also falls. As a consequence of this, children with autistic symptoms tend to judge most situations in life as too big and relevant for their own abilities and possibilities, and thus there is a tendency for them to avoid them for fear of not being able to cope with them. Also because, when they do decide to cope with them, their efforts are made in such a convulsive, hasty and insecure manner that, from their mistakes, they become even more convinced of their incapacity.

For children in the grip of constant anxiety, even simply playing with peers can become impossible, because it means coordinating their words and behaviour with the reality of the moment but, above all, it means adapting and collaborating with others. Failing to do this frequently undermines any attempt at social integration and communication. Moreover, because their performance is erratic and non-harmonic, since it is influenced by the tension and emotions of the moment, their abilities are better in some situations and for some disciplines, but are lesser or totally absent at other times or in other disciplines.

The apparent brilliance

If the psychic alteration is not excessively intense, some children manage to create small, pleasant, gratifying niches in their minds in which they can excel (*islands of ability*), using the mental hyperactivation frequently present in their neuronal circuits. One then finds children and adults with autism who, to escape the anguish that oppresses them, play with numbers and enjoy solving puzzles, expressions and very complex mathematical theorems. Others like to remember and list the names and characteristics of exotic animals or other objects that have caught their imagination: for example, they know and can perfectly describe the characteristics of many dinosaurs, they can draw the entrances and exits of motorways in one or more regions of Italy, they are able to remember many car number plates, they know the names and can draw hundreds of musical instruments.

This mental creation of commitments, or islands if you like, in which to enjoy a modicum of pleasure and joy, is in reality only one of the many expedients they use to try to defend themselves from the anxiety, fears and many serious anxieties from which they suffer. Also because, when these remarkable performances are conspired by others and provoke astonishment, they have a chance to feel a pinch of gratification and inner pleasure.

When I attended classical high school as a student, there was a very peculiar and strange classmate in our class whom we, at the time, could not define, but who today would easily be diagnosed as suffering from Asperger's syndrome. This classmate would systematically isolate

himself, sitting alone in a desk at the edge of the class, never speaking to anyone, but also not responding when one of us spoke to him, except with a few simple mumbles or at most a few monosyllables.

When this particular schoolmate was questioned, his distress at having to speak in front of the teacher and the whole class was evident: he wrung his hands in anxiety and spoke with only a trace of a voice, in a hesitant and sing-songy manner. What appeared to be his only enjoyable pastime was writing numbers, equations and mathematical formulae in his notebook. They were particularly complex formulas and equations, as far as we, who were unfamiliar with mathematics, could understand. He wrote them down using minute, though neat handwriting, as if he were afraid to show their contents to others

Since we had a rather bungling maths teacher, when he wrote down certain formulae or theorems on the blackboard to explain them, while we dozed off, only Charles appeared attentive and remained tense, as if on alert. He looked at the blackboard out of the corner of his eye, but we all knew that nothing the professor wrote on it escaped his observation. In fact, every time the professor, whether out of carelessness or lack of preparation, made a mistake, he would, without ever speaking openly, fidgeting at his desk and emitting unmistakable whimpers, as if he were in acute pain from what he was forced to read or at most pointing with his finger, make it clear to the teacher that there was something wrong with the formulas and equations he had written on the blackboard. Every time this happened, the professor would panic: red in the face, sweating and trembling, he would immediately erase the

last numbers, then try, through various attempts, to double-check the whole process, to self-correct what he had previously written.

The poor teacher could only breathe easy when, looking at Carlo, he saw him, calm again, returning to his favourite occupation: writing down his expressions and mathematical formulae, much more complex than those he normally explained to us. Of course, this classmate, at least on our side, was not only not bullied in any way for his strange behaviour, but on the contrary, he was constantly courted, as he was our only lifeline when we had to face and solve some particularly difficult maths task

5. Severe anxiety disturbs moments of sleep and those dedicated to simple rest

Because of the nightmares and severe anxiety, these children are also deprived of the indispensable moments in which the body can relax and the mind can reorganise the experiences, sensations and emotions experienced during the day, eliminating the unimportant ones and fixing in the long-term memory only those most useful to the person. Also for this reason, living constantly in an emergency situation, these children find themselves in a condition of easy irritability and tiredness, but they are also more likely to exhibit oppositional, reactive and aggressive behaviour

Fears and terror

Fears, and in most severe forms, phobias and terror arising from the perception, sometimes real, most often only imaginary, of a threat to existence or biological integrity,

accompany almost all normal children. These emotions, especially in early childhood, are frequent and numerous due to immaturity and lack of experience with the world around small human beings. We also know that fears, both in quantity and severity, are more evident and numerous in children suffering from the most varied psychological problems: behavioural disorders, depression, hyperactivity, speech disorders, oppositional defiant behaviour, selective mutism and so on

What we would expect, and this is in fact what happens, is that fears are much more numerous, severe, constant and limiting precisely in children with symptoms of autism, whose psyche is particularly disturbed. As is the case for all people, there are also many *specific fears* in individuals with these problems, i.e. linked to certain environments, objects, people and souls them, which have caused them negative experiences; however, there are far more *non-specific fears*, which arise from stimuli linked to the considerable anxiety present in their inner world and to their lack of maturity that prevents them from correctly assessing events and people

In children presenting symptoms of autism, specific fears or phobias can arise from any reality: sometimes a small scratch on the arm is enough to trigger terror in them; at other times, a simple sound, a noise, a light, a voice, a glance, manage to provoke anguish in the soul of these very sensitive and psychologically fragile and vulnerable children.

It is difficult to enumerate all the fears and phobias present in them.

The mother of a child with autism listed several of them: "My son is afraid of noise, of the sea, of climbing stairs alone, of fireworks, of going out alone, of new events, of parties of classmates, of lively and noisy games, of confusion".

On the other hand, the fears of Federico, a seventeen-year-old teenager with Asperger's syndrome, are quite different, which he described in these terms: "I am afraid of heavy rain, of footsteps I hear in my house at night. I am afraid of graves, of coffins, of Halloween, of loud noises, of fireworks, of walking alone in the street because someone might follow me. I am also afraid that teachers will speak ill of me and of great heights'.

But one can be afraid, as in De Rosa (2014), of one's future when the parents would no longer be able to assist him. The same author also feared that his condition could worsen, forcing him to face a more severe form of autism

Even simple physical contact, being barely touched or caressed, can be cause for serious fear. Williams, (2013, p. 113) reports this kind of experience:

There was always something too overwhelming about yielding to physical contact. It was the threat of losing all sense of separation between me and the other person. Like being devoured and submerged by the tidal wave; the fear of contact was akin to the fear of death.

In the same woman (Williams, 2013, p. 17), fears of the stranger were also present, which she managed to limit with a pathological ruse of her own

Besides the wisps, my bed was completely surrounded and encased by small dots that I called stars, like some kind of mystical glass coffin. I learned later that they are actually particles of air, yet my vision was so hypersensitive that they often became a hypnotic foreground, while the rest of the world faded into the background. Looking through the stars and not at the stars, I could see them, and the rule was that I could not close my eyes, for they would leave me defenceless against the power of intruders who entered my room.

Reactions to fears are similar to those present in normal subjects, but as they are much more pronounced in children with symptoms of autism, they try to avoid in every way those places, situations, animals and people, considered threatening (*avoidance of the phobogenic event or object*).

As far as places concerned, their behaviour is very different depending on whether they are indoors with many other classmates or outdoors. In the first case, for example when they are in the classroom, fear may force them to remain isolated in a corner, managing to conquer the whole classroom space sometimes after weeks or months. The same children, outdoors, on the other hand, feel safer and freer, so they like to run even long distances. Moreover, if they find a place in which they feel comfortable, they want to keep it at any cost and defend it from possible 'intruders' (Brauner A. and Brauner F., 2007, pp. 66-67).

On the other hand, with regard to the aggressive reaction to a threat, unlike normal children who react according to the severity of the threat, when the closure to the outside

world is considerable, these children manage to isolate and sterilise their emotions and reactions, so much so that they seem impervious to any stimulus, even the most fearful, and show themselves to be hypotonic, apraxic and passive (Franciosi, 2017, p. 21). They therefore either do not react at all or merely engage in self-aggressive behaviour.

When, on the other hand, the autistic condition is minor, and they therefore think they have the possibility of opposing in some way the people who make them uncomfortable, accentuate their fears or threaten them, reactive and aggressive reactions are easier and more frequent. Ultimately, it is only when these children are better, so that the people around them have consistency and reality, that they can vent the anger in their souls towards them.

This behaviour sometimes frightens parents who had adapted to a child who was withdrawn and isolated but did not show any aggression and instead, when the child is better, they find themselves with a child who is more open and conversational but with more frequent reactive behaviour.

The closure that these children have imposed on themselves often does not allow them to distinguish *true, objective fears* from *false or subjective ones*. The reason for this is to be found in the persistent condition of affective and cognitive immaturity of these minors, which does not allow them to distinguish what comes from outside, from what arises from inside their minds, in the form of fantasies or even from their bodies, in the form of painful or annoying sensations. For this reason, there may be a lack

of fear for a real danger and, conversely, intense fear in the face of absolutely harmless situations, persons or objects.

Grandin (2011, p. 103), describes her fears as follows:

About thirty years ago, when I was moving in my world of visual door symbols, I became aware that fear was the main motivating factor. At the time, I did not realise that other people also experienced other important emotions. Since fear was my main emotion, it spilled over into all events that had any emotional significance.

And the author herself writes (Grandin, 2011, p. 97): "With puberty, fear became my main emotion. When the hormones began to activate, my whole life began to revolve around avoiding a panic attack".

De Clercq (2011, p. 45) reports one of his son's many fears: the fear of facing something unexpected:

For years I had to get up at night because Thomas would come to me asking what we were having for dinner the next day. Sometimes there was nothing to do but go down to the basement in the middle of the night with Thomas in my arms, pick up a can of soup and take it to his room. Then he would put the jar on the bedside table, look at it contentedly and say: 'Now I know what soup we are having tomorrow'. And he would fall asleep peacefully. What causes anxiety and fear in children with autism is above all unpredictability and uncertainty.

And again the author herself (De Clercq, 2011, pp. 37-38)

Thomas has always been very afraid of dogs. As a child, he would sometimes wake up at night frightened because he heard barking. Once awake, he could no longer fall asleep and his ears kept 'hurting' from the dogs' barking.

And Franciosi (2017, pp. 20-21):

Many children with autism assume avoidance postures to environmental demands that solicit too strong emotions, either in the active form (with aggressive, flight mode) or passive form (with withdrawal, blocking mode). In particular situations, when, for example, the child has to cope with minimal changes, or in the event of particular sensory stimulation, fears may also manifest themselves dramatically.

And De Rosa (2014, p. 74)

Autistics, therefore, must be consoled and defended from the terror that their own autism instils in them, and we cannot even imagine, I think, the terror that grips those who have failed to embark on a path of partial rehabilitation and have experienced for years the impossibility of breaking out of the prison of the incomprehensible. No wonder some of them scream in terror at the mere mention of being touched

In turn, Williams (2013, p. 13):

The more aware I became of the world around me, the more frightened I became. Others were my enemies, and a hand extended towards me was their weapon, with a few exceptions: my grandparents, my father and my Aunt Linda.

And Morello (2016, p. 15):

Time passed in an absolute vacuum. My life had no interest. The days were without games. I had so lo fear. Fear of moving, of picking up a toy, of being assaulted by a changing object.

Individuals with autism symptoms represent fears terrifyingly but also with little coherence or strange and unusual connections

Eight-year-old Peter commented on his drawing with these words: "There is a lot of rain. The child is all covered in blood because there is rain. There is the sun the clouds and the storm. The police shot the child". Figure 13

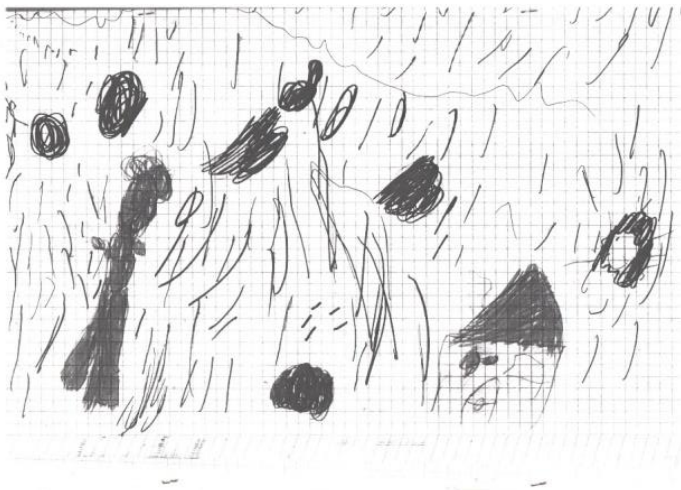


Figure 13- Fear, in this case, is rain and blood.

Another drawing by the same child read: "There was a monster that ate two children and they died" Figure 14.

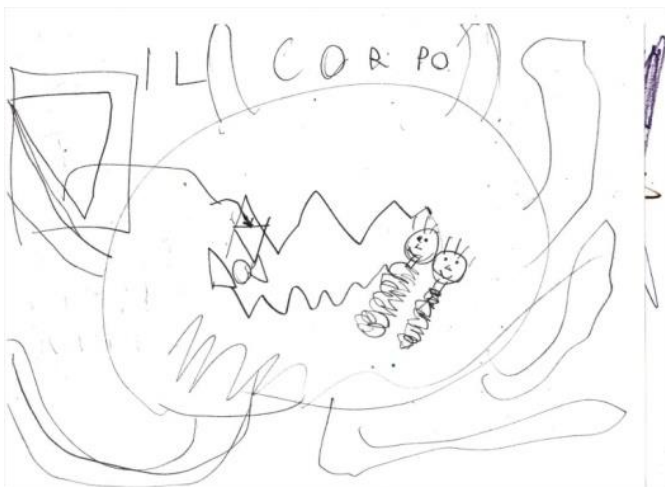


Figure 14- In this drawing, fear takes the form of a monster that ate two children.

Fears can have considerable consequences and heavily affect the relational and social life of these children, since these kinds of emotions, when they are very intense, force them to obstinately refuse to go to certain places or even simply to leave the house, to meet certain people, to attend school or sports activities, to eat certain foods, to take part in family celebrations, ceremonies, to walk down a street where there are simply tiles of a different colour, and so on. As a consequence of this, an inner suffering is often evident in the face of these children, which can be associated with constant whining vocalisations

Forcing them to face what creates fear in them or to frequent people or places that terrify them, with the intention of 'getting them used to it', not only does not improve their condition but makes it worse. Only if we manage to make

their inner world more serene and peaceful, through behaviour appropriate to their needs, can fears improve and even disappear

Anger and rage

Anger and choleric behaviour are primitive and universal emotions present all higher animals and all humans, whatever their age. These emotions are activated whenever the subject feels that he or she is being attacked, threatened or in some way disturbed. They are therefore instinctive defence mechanisms that nature has made available to every individual

Anger can manifest itself in offensive words or combative behaviour towards all those people who, for some reason, we judge guilty of having threatened us or of having seriously disturbed or offended us. However, when we feel it is not convenient to react towards those who have provoked our anger and rage, these emotions can be shifted to absolutely innocent objects, people and animals, which, in this case, become instruments for releasing the tension that had accumulated in our souls.

Anger and choleric behaviour have the characteristic of presenting themselves suddenly and overwhelmingly, but their duration is usually short, as the subject involved, after having discharged the inner tension that he/she had felt growing within him/herself, begins to calm down after a short time

The young child shows his anger by shouting, kicking, slapping, biting, abusive words, refusing to eat or expel-

ling urine and faeces. This may occur, for example, when he fears that he is not understood, loved or when he feels the risk of being removed, abandoned or that the parents will separate and thus there is a possibility of losing the presence or love of at least one of them. Anger and rage can also arise when the child suffers from punishments, reminders or reprimands that he or she feels are unjust. However, as the human being grows and matures, angry reactions and outbursts become less frequent, are more contained and are expressed in words rather than physical manifestations. These emotions can be present throughout an individual's life but are more frequent in people who have suffered a great deal.

Anger and rage, in individuals with autistic disorders, resemble those present in young children: they are frequent, are expressed in a blatant manner, are short-lived and, on superficial examination appear, at least in part, unmotivated

Grandin (2011, p. 97) reports some of her inner experiences in this regard: "When I get angry, it is like a summer storm: the anger is intense but, once I get over it, the emotion quickly fades away".

And again the author herself (Grandin, 2011, p.50)

I also had outbursts of anger when I got tired or was disturbed by excessive noise, such as trumpets at birthday parties. My behaviour was like a circuit breaker going off. One moment I was fine and calm, the next moment I was on the floor kicking and screaming like a madman". And then: "At a conference a man with autism

told me that he only felt three emotions: fear, sadness and anger. He never felt joy. He also said he had problems with the intensity of his emotions, which were fluctuating and sometimes indistinct, similar to what happened to perceptions with sensory confusion (Grandin, 2011, p. 100).

De Rosa (2014, pp. 98-99) felt anger when he made mistakes and lost when playing, when others treated him as stupid and as a small child, but also when they did not understand that his fidgeting, running or talking depended on his anxiety and thus concluded: "In short, it is not easy to be autistic in a world of non-autistic people".

When these emotions are represented through drawing, many pointed elements are evident in this, like arrows to be shot at those who hurt us or who we think have hurt us. Figure 15.



Figure 15- Many pointed elements to express anger and rage.

Some suggestions

The reasons for anger and rage are difficult to understand if one cannot place them in their life context. Children with symptoms of autism get angry mainly when they feel that others do not have the right attention and respect for their needs, for their exaggerated excitability and sensitivity, for their phobias, for their continuous and spasmodic search for places and moments of serenity and peace. And so they shout and despair when people raise their voices or force them to stay in a noisy environment or one that is full of dangers for them, which others do not see and judge in this way.

They get angry when others ask them to do or not to do a certain action, while a storm rages within them or when those around them make changes in the environment or in

the timing of daily occupations, without taking into account and respecting their need for stability and immutability of objects, schedules and events that ensure a minimum of certainty and serenity.

These children with autistic disorders also get angry when others restrict their interests, judged to be narrow and abnormal, or when they are reprimanded or called out for their games, stereotypes, habits and rituals, seemingly pointless, repetitive and purposeless.

Unfortunately, even in these particular children, when the anger ceases, something remains in their souls. What remains is suspicion, mistrust, resentment, animosity or disaffection towards those who, even without meaning to, have made them suffer and towards those who have not taken their needs and requirements into proper consideration, or towards people whose behaviour has not sought to lessen their discomfort, but rather has provoked or accentuated it.

Aggression and self-harm

All negative experiences experienced by human beings, such as stresses, traumas and deprivations, especially affective, but also material, provoke, on a psychological level, alterations and dysfunctions that stimulate intense feelings and behaviour of rebellion and bitterness, both towards individual persons, who in some way are believed to have been or are the cause of their suffering, and towards life and the world in general. This is especially true in the case of young children, who live in a very limited and restricted reality. When these suffer, they project their

aggression not only onto their parents and family members but also onto the world at large.

Therefore, one of the most frequent causes of the aggressiveness present in normal children and in individuals with psychological disorders, is caused by the suffering they undergo due to various environmental causes: Excessive limitations or frustrations of their desires and needs, injustices suffered, lack of parental presence and their physical and/or affective estrangement, insertion outside the family nest at an early age or in the absence of good psychological and affective maturity, lack of solicitude to their reminders and last but not least, the presence of trauma and guilt caused by the presence of conflicts in the family environment.

In these, and in many other situations in which the living environment does not suit their needs, aggressive manifestations signal the situation of distress and suffering in which the children find themselves. Aggressive manifestations also signal the need they have to seek revenge and retribution for what they have suffered.

In aggressive reactions, the subjective element is important. Therefore, the same action can be experienced differently depending on the personality characteristics and experiences of the moment. In children with autism spectrum disorders, aggression arises from the severe suffering in their souls due to the anxieties, phobias, anxieties and fears to which they have been constantly subjected, ever since they shut themselves away.

In that condition of extreme defence, any solicitation from the outside world, but also from the inside world, is frequently perceived as a serious threat to one's safety or life. Franciosi (2017, p. 17) describes the emotional dysregulation that occurs in children with autism *as follows*: "On a daily basis, we observe that children and adults with ASD react impulsively to emotional stimuli, through self/hetero-injurious behaviour, aggression, intense reactions to stress and overload, failing to use emotional regulation strategies that could be more adaptive and functional"

And since the most frequent urges come precisely from human beings who demand, demand and stimulate them to do or not to do certain actions or behaviours, the greatest aggression they feel is towards these but can be expressed towards anything and everything. However, this aggressiveness does not always explode and manifest itself. It is as if contained and frozen in children with a higher degree of autism and thus of closure. It is as if, in this particular condition, even this fundamental defensive drive is sterilised in order to avoid the triggering off of destructive actions and annihilation by the surrounding world.

Indeed, in some cases, in order to protect himself, the child assumes a seemingly conciliatory and smiling behaviour. As Williams says, (2013, p. 39): "I would paint a smile on my face and try to impersonate my version of happiness". Even some children cover their mother, their father and even strangers with kisses and hugs. However, these smiles and these gestures of love have no relational elements but only serve to protect themselves from the annihilation they fear may come from outside.

On the contrary, aggression manifests itself more frequently in children with mild autism, as they still maintain a certain connection to the outside world, or it is evident in children when their severe autistic condition improves. In the latter case, when their emotions begin to thaw, they can finally manifest outwardly the anger that has been brooding within their souls (Bettelheim, 2001, pp. 78-79). Ultimately, the autistic child's rebirth into life begins precisely with the unfreezing of aggression (Bettelheim, 2001, p. 42).

The aggressive manifestations of children with symptoms of autism are directed towards objects that are slammed against the walls or on the floor in an attempt to destroy them or on clothes that are torn; they may also manifest themselves towards parents, family members, caregivers and teachers, when they insist on some request that they fear may worsen their inner suffering, or towards all persons who, with their anxious, guilt-ridden, irritating behaviour exasperate them.

Even simply being physically approached can trigger aggression in these children.

Remember Williams, (2013, p. 60):

I began to draw stars everywhere and on everything. My mind had clearly gone back to when I was a child, although I now had the ability to violently defend myself if someone came too close to me. One day at school someone did it. I have no idea what they did or said, but they tried to come too close to me. I grabbed a chair and started to swivel it.

author herself (Williams, 2013, p. 75), explains very well one of the causes that stimulated her aggressive reaction: being touched!

But even so, I was not intentionally arrogant. These people had, without permission, tried to defraud me of my right to choose to be touched, even if it was only a tap on the shoulder for them. They were people who selfishly stole from me the sense of peace and security that, unlike them, I could not find in their version of 'everyday life'.

Self-harm

Self-injury is evident when the child turns aggression towards himself, so he bites his hands, arms or tongue, bangs his head against the wall, punches and slaps his face or legs, scratches his arms.

These manifestations that deeply disturb those who witness them can have various causes.

- ❖ By venting the frustrations they have suffered on themselves, these children can manifest their aggressivity without incurring punishment (Williams, 2013).
- ❖ Self-aggressiveness may arise due to abrupt orders received; in situations presenting a certain degree of anxiety caused by discomfort or suffering experienced, but also due to relational difficulties (Brauner A. and Brauner F., 2007, pp. 74-75).

- ❖ Self-aggression can manifest in the need and search for sensory stimulation. As Williams (2013, p. 54) puts it: "I was losing the ability to feel. My world may have been empty, but losing the ability to control it left me, mercilessly, in a kind of limbo in which any sensation or comfort was missing. I then began, like many other 'disturbed' people, to hurt myself in order to 'feel' something'.
- ❖ Finally, it could take the form of atonement, linked to guilt towards a good person towards whom these children exhibited unsuitable behaviour (Williams, 2013, p. 40).

Some suggestions

Since the self- or hetero-aggressiveness present in the soul of children with symptoms of autism cannot be erased, it needs to be managed in the most appropriate way with various measures, so that it is gradually eliminated from their souls.

- ❖ In the meantime, it is a good idea for operators to inform parents that their apparently calm and sometimes even affectionate child may harbour a certain amount of aggression within him or her, which may manifest itself in various forms as he or she begins to improve, to the extent that he or she is able to relate to the outside world.
- ❖ When these aggressive manifestations are directed at objects: a doll, a toy car, a model train, which

are destroyed with fury, it is not only good to let him do his thing, without at all expressing astonishment, dismay or disapproval, but rather to help him get rid of his long-suppressed aggression, which stifles his psychological development, by offering him other objects on which to vent his negative and destructive emotions.

- ❖ If, on the other hand, his need to vent his aggression is directed at some adult person, usually his mother, grandmother or teacher, more rarely his father, even in this case these manifestations should not be repressed but turned into a pleasant game in which they can participate together. A game in which adult and child engage in and even enjoy wrestling, using harmless tools, such as soft cushions. In this way, this negative emotion can be fully expressed without any sense of guilt or frustration arising in the child. Not only that: by doing this, he will perceive the adult as a person who has understood his needs and at the same time is working to help him get rid of this poisonous emotion that has been brooding in his soul. This will help him improve the negative image he had of human beings and the world in general.
- ❖ As far as self-aggressiveness is concerned, this will tend to disappear quickly as the child begins to trust his parents, family members and adults in general. It is therefore a good idea not to intervene in a violent or castrating manner, by blocking the child's arms or hands. On the contrary, self-destructive behaviour should be prevented by not

letting our incongruous behaviour cause fits of rage. If, in spite of all our efforts, self-damaging behaviour should still occur, we will use the power of our affectionate, serene and tender closeness to bring it under control

Sadness

This is one of the most frequent feelings in these children. It transpires from their faces, their eyes and their stories. Some more sensitive and attentive parents constantly sense signs of sadness in their child. Said one mother, referring to her son: "He seems to carry sadness with him for everything he does or says".

The account of Simone, a thirteen-year-old boy with Asperger's syndrome, gives us confirmation of this sad, as well as distraught, inner world.

After drawing (Figure 16) a little man in very dark colours, he does this story:



Figure 16 - The colours and the sad and perplexed expression of the little man reflect Simone's psychological condition.

A music-loving boy

This boy's name is Mattia. He is about thirty-two years old, he is very problematic, especially within his family, because his father was almost always absent. He had a love for metal music. He began to dress like an Emo to reflect what he had experienced in his family, so he dressed in black, to reflect his sadness and unsociability. Then he got into singing and managed to join a band that was being formed and played drums. They became the first Italian band known worldwide for their genre of music. From the fourth record onwards, his life starts to improve. She learns to be a happy person with herself. She falls in

love with the keyboard player, they get engaged and married. The guitarist in the band dies and the band breaks up and everyone goes their own way. He starts playing a music genre of his own and life goes on the right way and he even has a son'.

In this story, Simone sees himself as older than his age, but still with his autism problems, which he links to the lack of a father figure in his life. Not liking school, he sees his future as sad and antisocial. He imagines and dreams, however, of being a happy person with himself and thus falling in love and getting married. However, fate will continue to come against him and therefore his wife will die and he will return to live alone. The last sentence, however, is full of hope: *"He starts to play a music genre of his own and life will go right and he will also have a son"*.

The same boy, commenting on his drawing (Figure 17) in which a scarecrow was depicted, made this account with more optimistic elements.



Figure 17- A child of straw.

A child of straw

"Once upon a time there was a farmer, a very lonely man, he had a farm but he always wanted to have a child, but he had no wife. He tried to find a solution to have a child. He decided to take several burlap sacks and a kind of rubber ball to make the nose, two black ones for the hands; as clothes he used blue overalls. He began to pack the sacks with which he made the body, sewed them together, and then drilled two holes in the head to make the eyes and a hole for the mouth. Initially it was obvious that the puppet would never come to life, but he decided to keep it that way. But one night, thanks to his wish, the

puppet came to life and began to speak and feel love for his father. From that moment on, he had a person with whom he could live a happy life'.

If we interpret this tale, we notice how the theme of the father is prevalent. In the previous story, he said that his problems were due to an absent father. In this tale, however, he tries to imagine a father who is good and present towards his son. In fact, instead of an absent father there is a peasant, a simple man, poor, alone, but with a great desire to have a son. So much so that he builds it himself, using burlap sacks to be filled with straw. Unfortunately, however, this son built with straw is lifeless, just as Simone often felt: without emotions and without positive feelings. Fortunately, thanks to his father's love, a miracle takes place: this son comes to life, speaks and is full of love. Both father and son are now ready to face life with joy.

At other times, the sadness is as if hidden and camouflaged by apparently indifferent or giggling behaviour, which does not reflect these children's feelings at all, but which is carried out to please others and also to try to combat this painful feeling. Parents also notice in children with autism symptoms a difficulty in distracting themselves and letting go of negative thoughts and having positive thoughts and emotions instead (Franciosi, 2017, p. 30).

Ultimately, the emotional chaos that severely disrupts the neuronal circuits of these children's minds gives rise, either directly or as a result of one or more defence mechanisms that they put into play, to the variegated symptoms that we detect and with great difficulty try to catalogue, without however being able to make coherent sense

of them when we refuse to see them as expressions of a particularly disturbed psychic reality.

Since each individual is different from the other, and each external reality, with which each of these children is forced to deal, is different from the other in every moment of our lives, the manifestations of suffering present in children with autistic symptoms are never the same, although we can trace some common features.

3

Sensory disorders

The severe psychological malaise of children with autism symptoms is also evident, and could not be otherwise, in perceptual and sensory disturbances.

In some cases, the alteration of the psyche, due to the presence of such painful, intense and often upsetting emotions and feelings, can lead to the accentuation of stimuli coming from the outside world (*sensory over-response*), while at other times, the autistic condition blocks or limits sensory input, so that it reaches consciousness in a milder way or not at all (*sensory hypo-response*). In still other cases, these stimuli reach consciousness ambiguously or altered as to their meaning.

Thus, there may be an excessive and abnormal search for particular stimuli or, on the contrary, a clear rejection of, and therefore a distancing from, specific sensory experiences (Franciosi, 2017, p. 29). Consequently, abnormal reactions are easy, depending on the intensity and quality of the stimuli and the situations in which they are perceived.

Clearly, this makes it difficult for these children to maintain the attention and concentration necessary to process and utilise all the content they have read or heard correctly, and for their parents and carers, it is very problematic to link individual environmental stimuli to their reactions, which therefore appear strange, unusual and excessive.

The effects on learning and relationships are therefore considerable.

Notbohm (2015, pp. 25-26), thus describes the consequences of what she calls *sensory chaos*:

There is no escape. A child cannot be expected to absorb cognitive or social skills, or to 'behave well', if his or her experience of the environment is a constant bombardment of unpleasant sensations and nasty surprises. Our brains filter thousands of multisensory inputs (what we see, what we hear, smells, etc.) simultaneously. Yours does not. This traffic jam of signals constantly colliding in the brainstem can cause the equivalent of never-ending 'road rage'.

And De Rosa (2014, pp. 22-23):

When I was a child, it was surprising that I disliked settings with lots of children. Sensory perceptions were so strong as to be painful and I was overwhelmed by a cacata of disordered stimuli. Figuring it out would have been like completing a thousand-piece jigsaw puzzle while riding up and down on a rollercoaster.

And again the same author (De Rosa, 2014, p. 22):

For me, all situations in life were incomprehensible, even the most ordinary, everyday, repetitive ones. The same was true of my perceptions. If, for example, I registered the feeling of being hot, I did not understand that it was the consequence of having entered a very heated place with my scarf and coat.

Ultimately, a vicious circle is set in motion: suffering and disruption of the inner world lead to sensory disturbances and these, in turn, aggravate anxiety, fears and distress, making children even more unstable, irritable and confused.

The view

As far as vision is concerned, this can create problems of intense anxiety, as it can feed their fears. Especially unbearable for children with symptoms of autism are fluorescent lights that emit an annoying flickering, reflective surfaces, and objects that move rapidly or at irregular speeds (Notbohm, 2015, p. 48). The flashing of sirens mounted in ambulances, fire trucks or police cars causes these children considerable discomfort. Their incessant turning is unbearable for them, who live in an inner world in which there is constant tension, but also much instability, confusion and irritability (Notbohm, 2015, pp. 28-29). Some of them are also bothered by sunlight, which they perceive as too intense, so they are only comfortable in the half-light of their homes.

Says Morello (2016, p. 16): "Supermarkets are big places, full of light; but sometimes they offend. I remember one day with mum and dad and in my head something was disturbing: the lights were dancing. Annoyance'.

And Grandin (2011, p. 81): "An autistic man said he had difficulty looking people in the eye because his eyes never stand still". Again the same author (2011, p. 23): "I think in pictures. Words are like a second language for me. I translate words, both spoken and written, into colour films, complete with sound, which run like a videotape in my mind".

For Frith (2019, p. 131), in some people who have visual processing problems, vision may be the least reliable sense. Some of these children report having difficulty seeing the entire object, while they are only able to look at a small part of it at a time. So much so that some pass objects to be recognised in front of their eyes, as if in front of a scanner. Others use images to put their thoughts in order.

Some children with autism cannot remember faces as well as they can memorise buildings, streets or landscapes, so they have difficulty recognising people's faces. This strange characteristic may be due to the difficult relationship they have with human beings. Having little trust in them, they have no fear of them and have no desire to pay attention and memorise faces and expressions. On the contrary, as Morello (2016, p. 13) reminds us, the sight of the waters of a river flowing slowly before one's eyes is remembered because it brings a feeling of tranquillity and peace.

Hearing

As far as hearing is concerned, when normal very young children are left in their prams while their mothers chat in the company of friends and relatives who have come to visit them, they usually do not show any discomfort; on the contrary, for many of them, the chatter they hear around them soothes and reassures them that they sleep peacefully. Even when the children are awake, the words they hear do not disturb them at all, so much so that they warble briskly and quietly, as if they too wanted to participate in the talk of the grown-ups.

However, when family members or friends raise their tone of voice, or aggressively and irritatingly express their disagreement on the topic under discussion, if they are awake, they show fear by shrieking and crying, if they are asleep, they wake up with a start, shouting loudly. In short, even small children feel fear and annoyance, whether from loud noises or harsh, aggressive or otherwise over the top tones.

The same happens when they are older, two to three years old, and their parents take them to events organised for some patron saint's festival. If the band starts playing some marchetta with considerable impetus and fury or if the bursts of firecrackers and firework bombs that greet the exit of the patron saint from the church are above a certain threshold of tolerance, the little ones show fear and cry, clutching tightly at their father's or mother's neck,

At an even higher age, the alarm reaction occurs for more complex reasons. It is not the tone of voice that is im-

portant, but its content. For example, when teenagers witness their parents' quarrels, where they use harsh and aggressive tones to accuse or impose their opinion on the other person, they too, annoyed and frightened, are forced to retreat into their room, plug their ears or protect themselves by putting on headphones to cover their parents' harsh shouts and insults with their favourite loud music. In these cases, as is evident, the reasons for running away from certain sounds do not concern their intensity but it is the content of what is heard that frightens the children. Content that alerts them to the consequences, important to them, that the clash and conflict between parents could entail: the disruption of their families and the loss of the affection, protection and care of at least one parent.

Ultimately, all children, even perfectly normal ones, cannot stand harsh tones and loud noises, do not like shouting and confusion and do not cope with conflict situations. In all these cases, both fear and flight are behaviours that we can describe as physiological.

When psychological problems are present, the alarm and escape situations multiply, as the child's sensitivity and irritability are more pronounced, just as their emotionality is more pronounced, due to the anxiety, phobias, and gloomy, pessimistic thoughts in their minds. Therefore, these situations are much more frequent and vivid, compared to normal subjects.

Fear reactions in children with autistic disorders, resulting in nervous and flight crises, are considerably easier, more usual and more frequent, when compared both with young children and with subjects with mild to medium se-

verity psychic disorders. The reasons are easy to understand: in this severe psychic disorder, the subject's ego is often very immature, fragile and, above all, greatly disturbed by an altered inner reality.

This intimate world, which is particularly restless, anxious, unstable and irritated, keeps sufferers in a situation of continuous tension and considerable exasperating alarm. It is therefore very difficult for these children to handle excessive but also unusual sensory input correctly.

Some of the most disturbing sounds are the high-pitched, shrill ones produced by electric drills, blenders, saws and hoovers. These children also struggle with the echoes created in gyms and school toilets (Grandin, 2011, p. 74). Other noises that are unbearable for them, resulting in expressions of fear, if not outright terror, are those present at parties and family gatherings: name days, birthdays, weddings, as on these occasions the continuous intense noise adds to the confusion in the environment. In addition to the intensity of the noise and its characteristics, what may alarm children with symptoms of autism may stem from the fact that the noise experienced is not usual in a given situation. The meaning that a certain sound or noise takes on in their minds is therefore important (Brauner A. and Brauner F., 2007, p. 61).

Unfortunately, in our times, there can be many reasons for annoyance and fear due to noise: car horns and truck horns; the loudspeakers of hawkers extolling the goodness of their wares; the music 'blaring' from stereophonic equipment in many homes, as well as in many cars driven by young people who like to listen to the same music inside

their cars as in the discos they frequent; the noise of drills and jackhammers; the sirens of some anti-theft device, and so on.

In addition to this, there is no lack of reminders and reprimands from parents and teachers towards children with autistic symptoms, which should serve to shake them out of the torpor in which they are plunged, with the aim of calling them back to reality. This is especially when there is a need to do something, such as reading, writing or hurrying to go somewhere: "Hurry up! Get up! Wash yourself! Put your folder away! We have to go to school. Hurry up! Get dressed because we have to go out to see the doctor"; "Hurry up!". Reprimands are also present when children do not conform to social conventions and do not behave politely in their relations with others, so they do not greet, do not shake hands, nor are they willing to give a kiss or hug friends and family.

At other times, harsh and strong tones are used when parents do not want their child to persist in a certain type of bizarre or stereotypical behaviour: "Stop spinning that little wheel all the time!"; "Stop that obnoxious noise you always make!"; "Don't jump up and down on the floor like a kangaroo!"; "Stop doing the rounds in the room!".

The institutional places that are perceived with great fear by children with autistic disorders are those in which many turbulent peers are present: for example, classrooms, gyms and sports centres. It is these environments that frequently trigger their nervous breakdowns, due to the constant shouting of peers, accompanied by the incitement and harsh reprimands of teachers or coaches against those

who disrupt the lesson or are inattentive. In these situations, children with autism symptoms, who are particularly sensitive, frequently express their need for a minimum of serenity and peace with piercing whimpers or shrieks, while trying to hide in a corner of the classroom or school, protecting their ears with their fingers or with noise-cancelling headphones.

Remember Grandin (2011, p. 74):

When I was little, loud noises were also a problem for me; they were often as painful as a dentist's drill touching a nerve. They really hurt me. I was scared to death when I heard balloons bursting, because that sound, to my ears, was like an explosion. Gentle noises, which most people manage not to pay attention to, distract me vain. When I was at university, the sound of my roommate's hairdryer was to me like that of a jet taking off.

And Morello (2016, p. 28) with his peculiar, strange but also poetic language, describes the consequences of too many or too intense sounds in this way:

Too many sound waves overload the flow of concrete images; they leave fog, confusion. Fog and confusion urges loneliness. Solitude is a black lake. Thinking is solid boat sailing serenely within sea of life. Thinking immersed in mists and confusion solid block of frost ice.

Notbohm (2015, p. 49), the mother of a child with autism, confirms the annoyance her son felt from excessively loud, sharp, sudden, penetrating, intrusive noises: "The child with autism might hear things that are indistinguishable from the background noise."

shable to you, and this only exacerbates an already chaotic world with deafening dissonances".

And again the author herself (Notbohm, 2015, p. 49):

Sounds that are loud even for us, such as band music, the noise of a basketball game in the gym, a crowded bar, the hubbub of children on the playground and the sirens of emergency vehicles, are examples of everyday hustle and bustle that can cause physical pain.

Even sounds that we consider as normal, present in all homes, such as those produced by dishwashers, hair dryers or blenders can cause a lot of annoyance to these children.

As with any situation that children with autism symptoms are forced to face, things are never as straightforward and simple as one would like. Grandin (2011, p. 74) writes: "The specific types of sounds that create disturbance vary from person to person. A sound that causes pain to me might be pleasant to another child with autism". And again the same author (Grandin, 2011, p. 74): "Some are attracted to the thudding and lapping of water and sometimes spend hours flushing the toilet, while others may be terrified by this same noise because it sounds like the roar of Niagara Falls". And finally (Grandin, 2011, p. 78): "One woman said that she could not stand the sound of a baby crying, even though she wore a combination of ear-plugs and ear muffs". Evidently by this person, this specific signal of the child's suffering: crying, was felt and valued not only for its intensity but also for its specific meaning, linked to the child's suffering.

And we believe the same applies to many other sounds we hear. For Williams, (2013, p. 45): "The sound I, however, liked to hear was the sound of metal objects. Unfortunately for my mother, the doorbell in our house fell into this category and I spent hours obsessively ringing it".

However, children who have been diagnosed with severe autistic syndrome may appear to be hearing-impaired or totally deaf, as they sometimes seem indifferent even to loud sounds, so much so that they do not seem to hear their mother's cries that are calling them, just as they are absolutely indifferent to their parents' reproaches for some wrongdoing that they have carried out. Williams (2013, p. 13) reports that her parents tried to shake her by making sudden loud noises behind her back when she became estranged, locked in her own world, but got no response from her, "not even a blink of an eye", as the child, totally locked in her autism, was able to completely shut out the world outside her. Other times, however, children with symptoms of autism feel and become agitated by a delicate but unusual sound such as that of a candy being unwrapped.

Grandin (2011, p. 51), for her part, relates some methods she used to defend herself and exclude unbearable noises:

Rocking and spinning were other ways to shut out the world when I was overloaded with too much noise. Rocking served to calm me down. It was like taking an addictive drug, the more I did it, the more I felt like doing it. My mother and my teachers would stop me to get me back in touch with the rest of the world. I also loved spinning

around and rarely got dizzy. When I stopped, I liked the feeling of watching the room spin.

Brauner A. and Brauner F. (2007, p. 26) give an explanation that we also share for this different way of reacting to noise:

It does not seem far-fetched to postulate that there is a threshold of sensitivity that would contain the weaker sensations, while the stronger sensations would shatter against a complete, almost catatonic inhibition, equivalent perhaps to a hypnotic state that would act as a protective reflex.

These differences in the way they react to noises confirm that in subjects with autism symptoms, there is no specific anatomical alteration of the receptors that amplifies or reduces the sounds they hear. Instead, a different and particular way of perceiving, experiencing and managing all experiences, including sensorial ones, is present in them due to a particularly altered and disturbed mental and emotional substrate. Therefore, the same noise may be perceived in an accentuated or limited way depending on the multiple factors present in their mind at the time.

These children especially like the harmonic, sweet and gentle sounds of some music. These sounds usually have the power to soothe and relax them.

Says Morello (2016, pp. 30-31):

Music gives me great tranquillity. Anxiety falls behind the tepid vapour of light words, serene vibrations,

dictatorships of rhythm. I love the planet of music, it envelops with warmth, magic is born that chases away pangs of abnormal ills. Stain empties

In summary, we can say that children with autistic disorders:

1. More frequently than normal subjects, but also than those with non-severe psychological disorders, they show reactions of irritability, anxiety, fear or terror in the presence of intense, harsh, strange or unusual noises.
2. These manifestations of fear and the ensuing reactions, sometimes with intense nervous breakdowns, are more severe and noticeable and also occur at a significantly higher age than in normal children or children with non-serious psychological disorders.
3. However, the variability between children with the same diagnosis and in the same child can be considerable. Thus a noise of the same intensity may annoy a child, whereas the same noise in a child with severe autism, who in an attempt to defend himself has totally shut out the world around him, does not, at least apparently, provoke any reaction whatsoever.
4. These children love silence or particularly sweet and gentle music.

5. Finally, because sounds and noises are part of a personal and intimate psychological journey, reactions may also be different in children with autistic disorder of the same severity.

Some suggestions

- ❖ We have described the excessive sensitivity that children with autistic disorders often have to visual and auditory sensations. Unfortunately, many situations that for normal children and adults are occasions for joy and celebration can be experienced by them as torment and violence. For this reason, if we really want to respect their emotions and psychological needs, we must necessarily avoid having them participate in parties, meetings or concerts, where it is expected that the tone of voice, the intensity of sounds, noises or the presence of lights that are too intense or alternating, might annoy or frighten them.
- ❖ If we just can't help attending some party with our child, while the others are in the living room partying, let's protect our little one, making sure that he or she can play in a quiet room, together with a few helpful adults with whom a good relationship has been established.
- ❖ It is also a good idea, until the symptoms of autism have disappeared in children, to avoid letting them attend nursery school and school en-

vironments, especially kindergarten, if it is not possible to obtain from the school a quiet and peaceful room, just for them, in which they can carry out spontaneous Free Self-Directed Play activities with a dedicated teacher.

- ❖ We absolutely avoid using in the presence of children with autistic disorders those harsh and harsh tones, which unfortunately are often used today in disagreements between couples and in relationships with children, both because of the sensory impact that those themes might have on the child, and because of their emotional component, linked precisely to the fear that any conflict provokes
- ❖ As far as moments of relaxation, fun, pleasure and joy are concerned, these can certainly not be experienced in noisy environments and contexts, with lots of lights and especially with lots of people talking and fidgeting, especially if these are children.
- ❖ The use of noise-cancelling headphones can be helpful, but it is not decisive; a walk in a quiet, natural environment, such as a forest, is better. As De Rosa (2014, p. 35) writes: *"I need not to stress my fine perceptual abilities too much, so I hate noisy environments, with lots of lights and lots of people talking. Many of you I see also suffer these situations, but I suffer more, and I also lose communication skills. For a*

walk, therefore, better the muffled atmosphere of a forest than the chaos of a shopping centre'.

Smell and taste

With regard to smell and taste, a number of unusual preferences and exclusions are noted in children with autistic disorders.

For Grandin (2011, p. 180):

A rather large percentage of people with autism have a very acute sense of smell, and are overwhelmed by strong odours. I'm a little ashamed to admit it, but when I was a child, I liked to smell people like a dog. The smells of different people were interesting.

For Brauner A. and Brauner F. (2007, pp. 26-27):

Equally bizarre are the olfactory sensations: they (children with autistic disorders) sniff everything, feel attracted to a bad smell, inhale deeply into the freshly washed hair of a caregiver or go into meltdown as soon as they smell the scent of a particular cosmetic product.

Says Grandin (2011, p. 83): "Several autistics told me they remembered people by smell and one told me that he liked 'safe' smells, such as pots and pans, which he associated with his home".

Some of them like to smell and lick objects and materials that no child of their age or normal adult would

touch or smell, such as human or animal excrement. On the contrary they may not tolerate, so much so that they feel ill, aromas, fragrances and scents that are pleasant or imperceptible to most people (Notbohm, 2015, p. 53).

Still on the subject of smells and touch, Williams (2013, p. 13) relates that her grandmother smelled of camphor and wore coloured knits, through which she, as a child, would run her fingers. Therefore, even as an adult, the author chased away all the smells in her room with the scent of camphor and ran her fingers through the scraps of wool, which helped her to sleep peacefully.

Many of them are picky and selective in their food intake. They often eat only certain types of food, while they dislike tasting others, which are considered nauseating, whether because of the texture, smell, taste or even the terror they may feel towards unfamiliar foods. Notbohm (2015, p. 55) writes: "The result is that many children with autism or Asperger's are selective to a fault when it comes to eating, and sometimes limit themselves to consuming only a few foods".

Some of these children may dislike foods that are spicy, bitter, that have a different temperature than desired (too cold - too hot) or that have a texture that does not suit their taste (too soft or too hard, too smooth or too sticky).

Says Williams (2013, pp. 40-45)

Perhaps I lacked a sense of hunger or the need to go to the bathroom or sleep. Perhaps my need to remain one step away from full consciousness meant that my mind

also denied awareness of these needs; I certainly ignored the signs, feeling weak, anxious or irritable but always too busy to stop for these things.

Grandin (2011, p. 83) writes:

I, for example, hated anything gelatinous, such as puddings or undercooked egg whites. Many autistic children dislike crunchy foods because they make too much noise when they chew them.

On the contrary, reveals the same author, people with autism symptoms might put inappropriate objects in their mouths, such as soil, glue, coins, soap, or they might love the smell of urine, faeces, so that they purposely wet or dirty the bed. In these cases, too, there are obvious affective-relational links.

Remember Williams (2013, p. 12):

Then came also the fear of swallowing food. I only ate cream, jam, small children's food, fruit, salad leaves, apples and pieces of white bread (...) In reality I only ate the things that I liked to look at and feel, and that represented for me, more than anything else, pleasant associations. Rabbits eat salad. I loved fluffy rabbits. I used to eat salad. I liked looking through stained glass. The jam was like this; I liked the jam. Like other children, I liked dust. I ate soil and flowers and grass and bits of plastic.

This is not usual, but it should not appear too strange, since even in young children and psychologically disturbed individuals, who have suffered or still suffer from

emotional deficiencies or suffer from an environment unsuitable for their psycho-affective development, we find similar behaviour.

For example, Giulia, a young girl with medium-severe psychological problems, who for years had only fed herself with bottles and milk, from the age of nine onwards only accepted foods that were white: mozzarella, white bread, white peaches and so on.

However, in this field, as in all others, there are no absolute rules: Brauner A. and Brauner F. (2007, p. 78) say: "There are constant ups and downs, mostly linked to changes in the family or at the Centre". Furthermore, if there are some children who eat so little that they verge on anorexia, there are others who devour everything and more, with extreme gluttony, without having any qualms about the quality of what they eat

The fact that these children reject, or only partially accept, food that is lovingly cooked for them causes, especially in mothers, regret and fear of not being good parents (Mazzone, 2015, p. 33), at the same time accentuating their concern for the physical health of their children, who deprive themselves of food that is important for their growth.

In other cases, unfortunately, the problem clearly lies with the parents. While some children with symptoms of autism will eat anything, there are parents who, following theories that this condition is caused by the intake of certain foods, fight against their children's good appetites in

order to restrict them in the use of foods and products that they fear, or are convinced, may be harmful to them.

In this regard, it pains me to recall Salvatore, a boy with high-functioning autism, who had improved considerably, through the listening and attention we paid to him and to the narratives he liked to tell. To give the boy a sense of our friendship and closeness, at a certain time we had made a habit of enjoying, together with the other members of the team, a good cup of tea, accompanied by some biscuits. was very much appreciated by the boy. What was our astonishment when one day the mother and father came in to tell us that they were going to be away from the centre for a few minutes, and they realised the 'crime' that we workers were committing by offering their son some tea and biscuits.

Concerned about what was happening, they peremptorily asked us not to give their son any food unrelated to the particular diet he had been observing for a few days. A diet that had been recommended to them by a doctor, precisely to cure their son of autistic syndrome. Taking from his hand both the cup of tea that he was sipping with relish and the biscuits, they turned away, annoyed and frightened at the risk their son was running because of our imprudence.

That episode caused a significant deterioration in Salvatore's mental condition, so much so that afterwards, whenever he was brought to our centre, he would look around as if terrified and refuse to approach us.

Unfortunately, disregarding the psychological aspects in the interventions that are carried out on these children can make their condition much worse. In this case, how could Salvatore trust the world outside of him, when his parents, by their behaviour, day in and day out and on so many festive occasions, were pointing out to him that even in the tastiest food, such as a slice of cake or a good ice-cream, a serious risk could be hidden? On the other hand, how could he trust seemingly friendly people, as we had become for him, when he suddenly discovered, through his parents' alarmed reaction, that these people were offering him food that was very harmful to him?

Therefore, it is counterproductive to fight for children with autistic disorders to eat foods that we think are suitable for them, or, on the contrary, to force them not to enjoy dishes that they want and desire, thinking that they are harmful to them. To fight against their desires and tastes is to imply, even more, that the world is made up of bad people, who do not accept their needs and only like to harm them.

Even worse is the risk of accentuating in these children the belief that in all things, even in the most pleasant and tasty things, such as biscuits and other appetising foods, there can be serious pitfalls, capable of causing considerable harm, which evidently only accentuates their fears and mistrust.

Touch and pain

Our skin and mucous membranes have the ability to register an incredible amount of information from the outsi-

de world: from the light, pleasant touch of a caress, to the pain of a slap; from the warm warmth of milk sucked from a mother's breast, to the searing pain of a sunburn.

Through touch, in addition to temperature, we understand the intensity of the pressure exerted on our body, the presence of vibrations in the environment, we understand the texture of objects, we feel the difference between various types of surfaces: smooth, rough, slippery and so on.

Tactile sensations are intimately connected to the most primitive emotions: many young animals sense, through touch, the warmth of their mother, together with her tender and reassuring presence. Through body contact, the maternal gestures of licking, caressing and hugging make the cubs acquire the love and security of the world around them. It is above all through touch that the little human being enjoys the pleasure of sucking, along with the warm milk that comes from the soft mother's breast, which offers nourishment to its body, also the mother's affection, acceptance and love that mould and enrich its ego, making it ever more mature, healthy and strong. It is through touch that the child feels the reassuring presence and protection that the father is willing to offer him.

However, it is also through touch that the young of animals and humans notice the cold atmosphere that is created when their mother or father, for various reasons, do not have the right attention and care for them, or when their parents do not have the time or desire to play with them and do not embrace and kiss them with the warmth and tenderness they expect. And it is above all through touch that all animal and human babies sense the aggres-

siveness and violence of the environment in which they live.

There are many young children who dislike and feel intense discomfort with certain intimate contacts, such as being kissed and caressed, not only by strangers but sometimes also by family members, such as uncles or grandparents.

On the other hand, as Benedetti says (2020, pp. 60-61):

Reaction to the unfamiliar is a physiological manifestation in child development, phylogenetically useful for the defence of the species, with attachment to known people and distrust and estrangement from unfamiliar ones'.

This behaviour is accentuated in minors with even minor psychological disorders. They also withdraw not only from kisses and caresses, but sometimes do not even accept being touched by others. We can therefore well say that avoidance behaviour towards people, not only strangers but also family members, is linked both to the immaturity of the subjects and to the presence of some psychological problems.

The highest degree of reactivity is undoubtedly found in children with autistic disorders, who often withdraw and do not accept being hugged, kissed, caressed or simply touched, not only by strangers but also by their own parents, to the extent that they react with fits of anxiety, aggression or psychomotor agitation when this happens.

In these cases, their reactions are unusual and peculiar, since what they feel is not mediated by a mature, complex, integrated and serene personality as it is in a normal child of their age.

Williams (2013, p. 15), referring to her parents, recalls: "I never hugged them, nor was I ever hugged by them. I didn't like anyone coming too close to me or even touching me. I felt that every touch was pain and I was afraid!".

Moreover, since the general sensitivity of children with autistic disorders, due to considerable inner tension, is considerable, they may hate contact with some substances and love others. Therefore, many of them, while hating contact with another human body, love to rub their faces and bodies on the floor, curtains, furniture, chair covers and other objects.

As De Rosa (2014, p. 29) states: "Another characteristic of my autism, of which I seem to have become aware during those years, is the great tactile sensitivity that results in the real pleasure of touching certain things as well as the annoyance of touching others".

Remember Williams, (2013, p. 26)

But one day I found myself on a seat next to a big girl called Elisabeth. She was making a human person out of a cardboard cone and some paper. I was attracted by her hair, pulled back into a long plait: I ran my hand over that plait. She turned to look at me, I was startled by the

way her face was joined to her hair. I wanted to touch her hair, not her.

In children with symptoms of autism, in addition to people, the relationship of their skin to objects, fabrics, and liquids is peculiar: many of them, like toddlers, do not like to wash their hair, especially do not like shampoo, because it burns the eyes and is confusing; they do not accept certain items of underwear and new, tight clothes; they feel annoyance at zips and labels on clothes and jumpers; they often cannot stand elastic bands, seals in fabrics and uncomfortable clothing.

Many children with symptoms of autism desperately squirm and escape when their parents or worse, barbers or hairdressers want to cut their hair. The same can happen when their mother tries to brush their teeth or cut their nails. Furthermore, activities such as finger painting and playing with sand can produce more stress than fun in them (Notbohm, 2015, p. 52). Some of them, such as infants, do not seem to feel hot or cold, so their clothes often do not match the season and the present temperature (Brauner A., and Brauner F., 2007, p. 86). In these cases, the choice of clothing and the need to cover up a lot or to uncover themselves are linked more to their intimate psychological needs than to the temperature they perceive.

However, also in this field, as in so many other fields, there are no constant characteristics: every child with autism symptoms has his or her own phobias and intolerances, but also his or her own preferences, which are sometimes due to previous negative or positive experiences, other times to particular psychological paths that are abso-

lutely personal, whereby these intolerances or preferences arise from confused and unstable inner needs and issues, which manifest themselves at a particular time and with particular people.

For these reasons, even if these children, as is normally described, do not like any caresses, others, on the other hand, desire and want to be hugged and are happy when they are tickled. In this respect, it is noteworthy that some parents are not only not cold to their children but rather love to cuddle, kiss and caress them for a long time, and the latter seem to welcome the kisses and cuddles. However, in some cases, the feeling one gets from looking at their cuddles is that these parents have established a symbiotic relationship with these children and are therefore not active in developing their child's personality through a deeper, more varied and stimulating relationship. Other children with autism symptoms like to participate in hand-to-hand games with adults, especially with their father, even if they do so aggressively. This is not always accepted by parents, especially mothers, who judge these behaviours negatively.

For some of them, moreover, being touched in a certain way and only by certain people becomes, in some way, a relaxing or psychologically necessary compulsion for inner well-being but scarcely understood by the observer of these strange and unusual behaviours. For example, for De Rosa (2014, p. 80), the sensation that decreased his anxiety and allowed him to express his thoughts and ideas in writing, by means of the computer, was given by the contact of his father's hand on his shoulder.

For Grandin (2011, p. 91), a sensation that decreased her anxiety was instead that offered by a machine she called a 'squeezer'. The effects of this instrument she invented are described as follows:

In order to have feelings of gentleness, it is necessary to experience gentle physical well-being. When my nervous system learned to tolerate the soothing pressure of my squeezing machine, I found that this feeling of well-being made me a kinder, gentler person.

The author (Grandin, 2011, p. 69) also reports how other autistic children also benefited when they were squeezed in by something. Many parents told her that their children with autistic disorders liked to tuck themselves under mattresses, wrap themselves in blankets or wedge themselves in tight places when they wanted to seek greater serenity.

This trick discovered by Grandin (2011, p. 100), who did not accept being held in her mother's arms but preferred the paddles of a cold, mechanical device to them, makes us well understand how the problem of children with autism symptoms who do not accept being hugged, cuddled or simply touched is not neurological and does not concern the intensity of the sensation, but the qualities and characteristics of the people with whom they relate at that moment. In Dr. Grandin's case, the embrace that came from a person, her mother, towards whom she had no positive feelings, caused her fear; on the other hand, the same sensation that came from an affectively neutral object, such as the 'squeezer', could be welcome, indeed it caused her pleasant and relaxing emotions.

As far as cleanliness is concerned, opposite situations may coexist in children with the same diagnosis, whereby in some or in some periods there may be an almost total indifference to cleanliness, while in other or in other periods these children may present a maniacal care of their person.

Painful sensations

The same happens with painful sensations. Some children are frightened to death and react furiously when they are forced to sit in the dentist's chair; the same children, however, may appear insensitive to much more intense painful sensations (*sensory anaesthesia*), such as physical trauma, severe fractures or injuries caused by their self-injurious behaviour. In this regard, Williams (2013, pp. 26-27) describes why she left the special school in which she was placed:

I was told that a girl with cerebral palsy had hit me on the head with a rock. Maybe she had actually done it, but I was so careless about things that didn't interest or disturb me, that I didn't notice. He certainly hadn't hurt my feelings, physical or otherwise.

This way of reacting to contact has sometimes been judged as an innate perceptual disorder whereby in these subjects tactile sensations would be congenitally reduced, while in others they would be congenitally excessive (*congenital hypersensitivity or hyposensitivity to tactile sensations*). It is difficult to accept this explanation, since as we have seen, both hyposensitivity and hypersensitivity

can be found in the same children at different times, with different people and in different situations.

On the other hand, it is evident that children with symptoms of autism experience and feel each input from the outside world in a personal and particular way, based on their age, their experiences, their psychological characteristics, but above all they react according to their inner experiences at that particular moment. In practice, all sensory input is filtered and evaluated by many complex elements, often not clear even to the children themselves : their affective maturity, the greater or lesser relational development and therefore the greater or lesser maturity of their ego, the presence or absence of positive or negative emotions that they are experiencing at that particular moment, the type of defences put in place and above all the greater or lesser trust they feel towards the people with whom they are relating.

Some suggestions

- ❖ If we notice even a slight discomfort in a child with symptoms of autism, when we touch or even just touch them, out of respect for their sensitivities and fears, we must absolutely avoid forcing them to undergo unwanted caresses, kisses or even simple contact. Otherwise, towards those whom they do not really feel close and respectful of their needs and fears, they become clearly hostile, so much so that even the slightest contact may be perceived by them as unpleasant or even threatening. So we wait for him to start touching us (Grandin, 2011, p. 69),

we wait for him to let us know that he wants and needs our hugs, caresses or even kisses.

- ❖ During playtime, in order to avoid being, even unintentionally, in any way intrusive, we remain at a safe physical distance from the child, while offering him our reassuring presence and willingness to engage in understanding and dialogue. This distance must be maintained until we clearly notice that he desires, wants and seeks our physical contact. Only then can we approach him to exchange the affectionate gestures he seeks.
- ❖ If we manage to fully respect his needs and sensitivity, we will be delighted to realise that he too will gradually begin to have greater understanding of us, our needs and desires. It is evident that the acceptance of physical contacts will become much easier if we have succeeded in carrying out, together with our child with autism symptoms, an effective and constant relational journey, which has helped him to trust us, recognising us as understanding, reliable and friendly people.
- ❖ Concerning the discomfort caused by certain clothes and fabrics, Grandin (2011, p.74) offers us valuable advice: "Parents can avoid many problems with outbursts of anger, due to sensory discomfort, simply by making their children wear soft clothes that cover almost the entire body".

Says Williams (2013, p. 172)

Through trust, their interest in the 'world' can arise and, at first, this exploration should only take place in the terms they know, their own. Only once this has been firmly established can you remove the safety net slowly, piece by piece.

Ultimately, the author tells us that we cannot imagine having an effective relationship with these children if we do not follow their needs and desires, and this is the 'key' so often sought by practitioners and parents to be able to enter *their world* and allow them to trust *our world*. If, on the other hand, we try to adapt them to us, to our needs and desires, we will only push them to accentuate their closure.

Thought, communication and language

Thought and conception

Severe disturbances of emotions, feelings and sensations can lead to alterations in thinking and ideation in children with autistic disorders. Per Franciosi (2017, p. 44): 'Intense emotional states that exceed the personal tolerance window can generate disorganised thoughts and behaviour'.

When anxiety presents itself in a very intense and brutal manner, with frequent panic attacks and is accompanied by irrational fears, a feeling of general malaise and sometimes dizziness, sweating and heart palpitations, it has a paralysing effect on the affected person and produces confusion (Sullivan, 1962, p. 27).

Ultimately, when our mind is unable to put thoughts and internal and external experiences in order into a coherent whole, a more or less serious alteration of consciousness

ness itself arises (Galimberti, 2006, Vol. 1. p. 498), which can result in the loss of linearity, logicity and harmonic coordination of ideas and thoughts. The subject, in this condition, loses the ability to coherently order thoughts, feelings and emotions and consequently also loses the ability to understand even the simplest, ordinary, everyday situations (De Rosa, 2014, p. 22).

Individuals with symptoms of autism who have experienced these alterations in their thinking for some time or other report this painful experience in the following terms.

Grandin (2011, p. 65) writes: "The world of the non-verbal autistic person is chaotic and confusing". And again (Grandin, 2011, p. 66): "Imagine a state of hyperactivation in which one is pursued by a dangerous aggressor in a world of total chaos". And finally, the same author (Grandin, 2011, p. 83): "In people with severe sensory processing deficits, vision, hearing, and the other senses get mixed up, especially when the person is tired or upset".

Therese Joliffe, quoted by Grandin (2011, p. 84), states:

For an autistic person, reality is an interacting mass of events, people, places, sounds, and images that creates great confusion. Nothing seems to have defined boundaries, order or meaning. I spend a good part of my time simply trying to figure out the logic behind things. Predetermined routines, precise schedules and particular paths and rituals are all things that help me find order in an intolerably chaotic life.

Frith (2019, p. 214), reports the case of Jerri, diagnosed with autism by Kanner when he was five years old. According to Jerri, his childhood experiences could be summarised in the form of two predominant experiential states: confusion and terror. His inner world was a threatening one, dense with painful stimuli that could not be mastered, full of unbearable noises, oppressive smells. A world in which nothing seemed constant, everything was unpredictable and strange. Dogs were strange and terrible, it was a terrifying experience to be in primary school, because in his eyes it was pervaded by total confusion, he often felt as if he were falling to pieces. In all this terrifying chaos, this young man had only one pleasure: working with numbers.

Williams (2013, p. 74) found the world completely incomprehensible and had to constantly strive for meaning through her senses. The author recounts the episode of working in a fur factory in which she had just been hired and in which she was very busy. Her task was to insert eyelets into furs. Unfortunately, the woman, due to her confused and altered inner reality, had inserted these eyelets wherever she could, in every part of the furs: in the sleeves, in the collars, in the back. Thus creating millions of dollars' worth of damage to the owner!

In many subjects with autism of various ages who have come to our observation and whom we have followed over time, we have also observed unstable and excited thinking, which strays down side streets, in which ideational elements are arranged next to each other without purpose by assonance or by superficial associations of purely external relations. These alterations in ideational connections are

easily detectable in the stories and drawings of many children and young people with symptoms of autism.

An early example of these alterations in thinking and ideation can be found in a story by seven-year-old Michael.

A horse for the cowboy

"Once upon a time there was a cowboy who wanted a nice horse. The seller had a complimentary horse and he liked it was his. He saw it and took it. It was a red horse called Ferrari. He decided to enter a riding competition and participated. He rode and won. And everyone was happy and there was a shower of towels and the horse did a dance'.

Yet another incoherent tale from the same child:

Pinocchio and the Apple Tree

"There was Pinocchio who climbed the tree, picked more apples with a basket. He ate them and was no longer Geppetto's son, he was angry and he threw it away. Pinocchio was sad because he slept outside his house alone. The next day Geppetto fed him. Pinocchio's belly was as big as a balloon, he got a bellyache. He wanted a bath'.

Fortunately, this condition is not stable. When the severe inner tension subsides, the mind is able to regain good efficiency fairly quickly, so that it can control, connect and coordinate thoughts and ideas much better. This is demonstrated by this much more linear and coherent account by

Michael himself, at a time when he was more serene and relaxed, having just returned from his summer holidays:

Marco and mathematics

"Once upon a time there was a little boy called Marco. It was his first day at school. He started maths first. He was smart, good and knew multiplication tables. He sent a message to his friend Luigi to tell him the holidays were over. The teacher was about to start maths. How to do the 120. Simple says Marco: 1 hundred, 2 tens, and 0 units. Marco was super happy to have deserved that nine. He told his mum and dad and they all hugged him and said: "You did really well!"

An even more striking situation is found in ten-year-old Salvatore, this child with autistic disorders, who possessed coprolalic verbal language, initially presented a severely disturbed inner world, so much so that, when writing on the computer, his ability to organise thoughts and ideas was minimal:

Pooloneeeee

the one

Aaaaaaaaaaaaaaaaaaaaaa

a long day

ago I thought z

that someone like us

called the

their world

paolo you are a

ugly and evil

a slacker

a cheater

an ugly

coward of

clumsy

impastore.

Comedy

Teadraleritornell

Or writing.

However, the spontaneous sentences that Salvatore later managed to write as his inner experiences improved were less confused and better structured. However, as he was unable to use his imagination, he was only able to relate certain episodes from cartoons and films he had seen several times on TV:

ONCE UPON A TIME THERE WAS LITTLE RED
RIDING HOOD THAT

SOLD FRUIT IN THE FOREST WHERE HIS

GRANDMOTHER NAMED PINA.

TOTO' WAS A PRINCPE AND HIS FATHER WAS A
DUKE

THEN PAOLO VILLAGGIO COULD NOT GET OUT
OF THE

DOOR BUT CAME OUT OF THE BONNET.

WENT TO THE OFFICE TO COME IN AND DO HIS

CHORES AND THEN HE SAW SUPERMAN AND
TURNED INTO SUPERMAN.

THEN HE SEES THAT THERE'S A BEAR IN THE
LIFT AND HE GETS SCARED THEN THE BEAR
GRABS HIM WITH ALL ITS STRENGTH HE CLOSES
THE LIFT AND RIPS HIS CLOTHES OFF AND THEN
HE COMES OUT WITH HIS CLOTHES ALL TORN UP

The same child, three years after starting treatment, at a
time when his inner world had calmed down, was able to
write stories like this one:

A house to clean

*' I was close by and as I heard that whistle, that sound
coming from far away that sounded as if someone was
calling me, I turned my head but I didn't see it, so I looked
for the house and found it and wanted to go in but in the
middle there was a very big tree trunk all full of snow. I
tried to take it out with all my strength but I couldn't, so I
took a small tree but a little bit high, I tried to take the
tree out but it was too much effort, so I threw that tree and
I came close again to take it out with all my strength but
this time I was almost succeeding, while at first I wasn't
succeeding, then I succeeded but I was falling down. I*

held on and something was coming over my head, I moved and it came at me suddenly, I held it down because it was almost catching me in the butt, but then I held it down, I saw that there was a gully underneath and I threw it down and then I climbed up, I saw that it was closed and I opened it and I saw that the dirt had fallen off the bed as well. I also saw a bit of a mess, so I jumped in the dirt, saw something to clean it all up and swept it. Later when I finished, I realised it was a brush, I went and put it down and got hungry.

The differences between these three stories written by the same child at different times, but above all in the presence of different psychic conditions, more severe initially, much less so during the third story, show how the ability to put ideas and thoughts in order and to make the best use of imagination and fantasy are closely related to emotional and affective experiences. The initial considerable inner restlessness, present in the early writings, is reflected in disordered, incoherent, disconnected words and sentences, full of aggressive elements.

In the second story, the ideational disorder diminishes but the contents reflect his immediate reality: the films he saw on a daily basis, and therefore Salvatore fails to use personal elements from his imagination. This is instead found in the third story, which is considerably richer, more linear and coherent.

Another example of an inconsistent narrative is found in Lucia, an almost five-year-old girl:

The dog and the game

"One day the dog had gone to watch a game, but one stopped him. The seal was at the sea and the rabbit was in the woods. The rabbit went to look for the seal and said: "You had gone to Gioia" and he replied: "You had gone to Colla". One day the dog goes to watch the game. His father told him not to go. One day the bear's friend went to the game but left him behind. One mother had a baby girl, she was all grown up, she gave him a bath. Another mum put her to bed. She was always asleep.

The same girl told another, even more disjointed tale, in which the ideas are even more disconnected from each other

The scooter and the silver boat

"One day a scooter went with his silver boat and embarked. After a ride he returned home and went back to play with the little bells. But one day the evil crystal hat sailed to Los Angeles. He waved his orb and sailed. Until they sailed. There was one small problem: the snow was too strong. He decided to make it disappear by diving into the sea. He played a precious guitar. And the snow kept falling. He played loudly. He tried and tried and the snow disappeared. The poor hat disappeared and the bells rang.

Another example of inconsistent storytelling is that of seven-year-old Antonino:

A pole in Messina Centro

Once upon a time there was a pole. It was in Messina Centro. A gentleman had put it up. The pole was tall, with a small bulb. Near the pole it happened that (someone) kicked the pole and it did not fall. The same month that the world was born, the pole was born. He started firing bombs at the pole but it remained intact. The pole saw everything that was happening. People passing by saw it as beautiful and wanted to draw it'

In this child, his poorly linear and coherent thoughts also manifested themselves in his drawings. Figure 18.

We have another example of a drawing with inconsistent elements in Luigi. Figure 19.

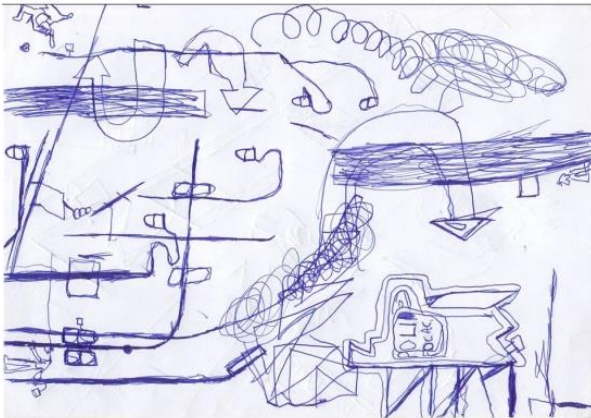
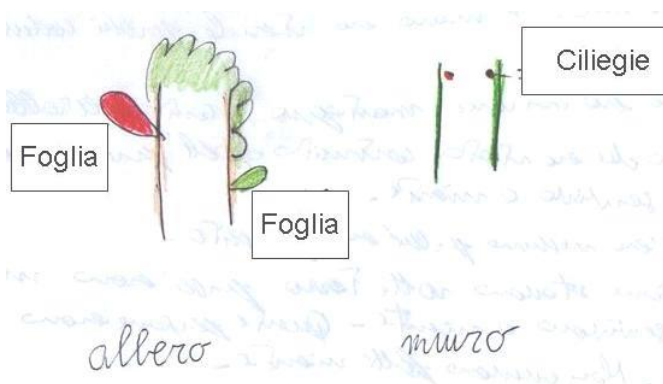


Figure 18- Another example of a drawing that reveals the confusion in the child's mind.



19- Example of poor critical skills: cherries are born no from the wall next to the tree!

After the same young man had executed this further strange and incomprehensible free drawing (Figure 20), we asked him about the meaning of the various strokes. His answers clearly show the confusion present in his mind at that moment.

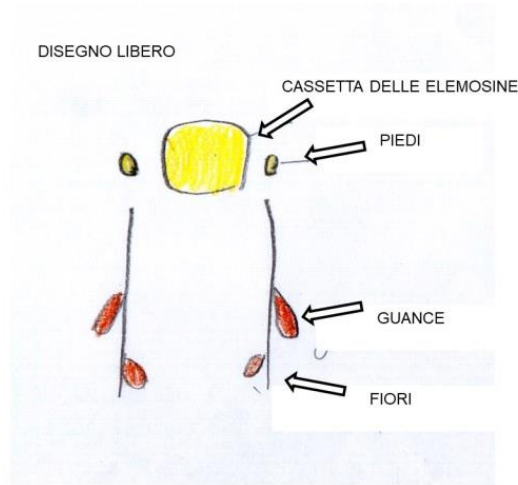


Figure 20 - Luigi's strangest drawing.

Just as in the stories, the improvements in the inner world of individuals with autism symptoms are also reflected in their graphic production.

The request made to Luigi in this case was: 'Draw a house'. The young man manages to draw a house to which he adds a tree. Although the house is missing windows and a door, there are no grossly inconsistent elements as in the previous drawing. Figure 21.



Figure 21- The improvement of the young person's inner world is reflected in this drawing.

It therefore seems little use to us to go looking for, identifying and listing the characteristic elements of autism, since the behaviours, the ideational, intellectual or motor skills, the many deficits that we can find in these children, are always closely related not only to a particular subject but above all reflect their psychic condition at that particular time and with that particular interlocutor. Ultimately, both the deficit elements and the positive characteristics that we find in children with autistic disorders are related to their psychological status

As De Clercq (2011, p. 31) puts it:

The difficult thing with children with autism is that you can never tell exactly where the problem lies. There is

no such thing as a typical characteristic. Take, for example, the aspect of imagination and play: there are children who have no imagination and no fantasy, but there are also children who can hardly tear themselves away from their fantasy world.

The consequences

When thinking is not very linear and coherent, the consequences are easy to imagine: the possibility of a life made up of study, work and normal social relationships becomes very problematic and, in the most severe cases, practically impossible, not least because this pathological condition tends to alienate peers who are puzzled and even bewildered not only by the behaviour of children with autism symptoms but also by their way of expressing and connecting words and thoughts.

Says Notbohm (2015, pp. 45-46):

Imagine riding the world's most adrenaline-fuelled roller coaster (...) Could you hold a meeting, teach a class, have a leisurely dinner, write the report and clean the house while having to endure the dizziness, the screams of the other occupants, the rush of the air, the unexpected drops and sudden changes of direction, the feeling of hair in your mouth and gnats in your teeth?

Communication and language

Communication skills are fundamental to human beings. In our highly developed society, the ability to communicate, whether through spoken language, images, sounds, si-

gns or assistive technologies, is fundamental. Language and communication allow us to establish an emotional contact with the people with whom we relate. Through the transmission of needs, feelings and emotions, social interaction and exchange are greatly facilitated. Communication skills also help in the acquisition of knowledge and culture, which are indispensable for civilised living and work, succeeding in stimulating the growth of the individual's personality and the harmonious, full and balanced development of his or her working and social skills.

When there is delay, lack or disability in language and one does not possess adequate means of expression, so that needs and desires remain unfulfilled, it will be difficult to learn from others and, consequently, one will have to suffer the consequences of a cultural poverty that limits social achievements and integration. One of the many negative effects is that, feeling small, incapable and also often marginalised, anger and frustration arise

For these reasons, the symptom that, more than any other, alarms the relatives of a child with symptoms of autism, so much so that it prompts them to seek the help of specialists, is certainly the lack or scarce presence of language at an age, two to three years, at which children usually develop verbal language, even if not fully and perfectly. There are many parents of children with autism who, at the first interview with the specialist, report that their child 'seems deaf', since not only does he not speak and does not seem to understand what is said to him, but he often does not realise that someone is talking to him or calling him (Vivanti and Sara, 2009)

As with all the other symptoms present in autism, in these children there is extreme variability in the richness and structuring of language and communication (D'Odorico, Fasolo and Gatta, 2010). Thus, verbal language may be completely lacking (*total mutism*); it may be present in a rudimentary manner; it may also be very rich, so much so as to manifest itself in complex sentences, through the use of a wide vocabulary. Even in some children there may be a more abundant and sophisticated vocabulary than that normally used by their peers. Despite this, communication is always impaired.

As Vivanti (2009) says:

Communicating with a person with Autistic Disorder can be difficult or impossible for different and apparently opposing reasons. At the two extremes of the continuum are, on the one hand, individuals who have never acquired language and do not respond and do not initiate any communicative exchange, and, on the other, individuals who continuously initiate conversations using a rich and formally appropriate vocabulary, but who are unable to flexibly adapt their communication to the interactive context, to maintain reciprocity and alternating turns in the communicative exchange and to correctly interpret all the communicative exchanges expressed by the interlocutor

The missing language

In the meantime, verbal language may be totally lacking or reduced to only the emission of short sounds, sometimes shrill, sometimes sing-songy. Between 20 % and 50 % of children with symptoms of autism do not acquire any

verbal language at all; another 25 % acquire a few words between 12 and 18 months and then undergo regression associated with the loss of verbal language (Vivanti and Sara, 2009).

What characterises these children, so much so as to reveal their inner world, which is considerably altered, disturbed, reluctant and distrustful, is that there is not even an attempt to compensate for the lack of verbal language by using alternative modes of communication, as occurs in the deaf child, through the use of gestures and mimicry. These communicative tools, when they appear, are excessive, inappropriate, unconventional, as well as difficult to interpret by the interlocutor. In other cases, non-verbal language appears in a banal, albeit functional, form, as when these children, needing something, simply lead the person by the hand to the desired object. For example, they take their mother to the fridge to get water when they are thirsty or to the bread drawer when they are hungry (*instrumental purpose of non-verbal communication*).

Children with autism symptoms also sometimes lack the main tool of child communication: the cry. This is a clear sign of a lack of trust in the human beings that Williams (2013) calls 'the world'. This is because these children do not believe that their crying can solicit attention and care from those around them, so when they cry, their crying stems more from an internal stimulus than from a desire to communicate their suffering and needs to others.

In some cases, there may be a *regression of language* already acquired. Parents, in these cases, notice that the child, who had already begun to use certain words or

small phrases, loses this ability, so that the words or phrases spoken gradually decrease, until they disappear altogether (*secondary mutism*). Language loss is closely linked to emotional factors. As Brauner A. and Brauner F. (2007, p. 37) put it:

For the establishment and loss of language, the role of emotional factors is much more relevant in the autistic child than in the normal child. The arrival of an educator that the child accepts can stimulate the onset of language, whereas its departure, and sometimes even that of a child from the same group, can halt its development and initiate regression.

The present language

Even when verbal communication is present, it has special characteristics:

1. Appears late

In some children with autistic disorders, verbal language appears at around four to five years of age and is often not preceded by lallation. This late appearance of language can be interpreted as a positive index, as it may highlight an overall improvement of the autistic symptomatology, however it does not indicate the disappearance of the autistic disorder, as various components, even important ones, of the underlying psychic pathology may remain.

2. *Conversation is compromised*

A marked impairment in the ability to initiate or sustain a conversation with others can be evidenced. In these cases, individuals with symptoms of autism are unable to take into account the intentions of the person with whom they are speaking and the context of the discourse.

Per Cottini (2014, p. 68):

Once again, it is the inability of autistic individuals to grasp what others are intending to communicate and to appreciate the mental states of others that conditions their communicative and relational possibilities.

For Williams (2013, p. 51) her real personality, whom she calls by her name: 'Woman', had not learnt to communicate even as an adult. So much so that all her immediate emotions still had to be denied or expressed in the form of a type of language not suitable for good communication. Language that others referred to as 'waffling', 'babble' or 'blabbering'.

3. *Abnormalities in speech melody may be present.*

This results in a strange and unusual diction that can sometimes be *sing-songy* (De Ajuriaguerra J., Marcelli D., 1986, p. 248), at other times *inexpressive, atonal and monotonous* (Frith, 2019, p. 138), because it lacks emotional tones, or *jarring*. In still other cases, there may be *mannersisms of speech*, whereby the child uses an artificial, non-spontaneous tone of voice when speaking, as if imitating a real character he or she knows or has seen on TV, in video

games or simply imagined. Sometimes it is a speaking with inflections and a tone that are not appropriate to one's age, so that, for example, although a small child tends to use the tone of voice of an adult or, on the contrary, although an adult, uses a tone and voice expressions similar to those of a small child.

4. *The use of a regular tone is missing.*

Children with symptoms of autism may have difficulty using a regular tone, so their voice may go from whispering to shouting, from low to high pitched sounds. In these cases, it is as if they cannot know what volume is needed to reach the listener and make themselves understood (Frith, 2019, p. 135).

5. *Mimicry and facial expressions are missing or may not be adequate.*

Both mimicry and facial expressions may be poor or inadequate for good communication. For example, there may be unmotivated outbursts of laughter, manifesting their inner uneasiness in situations that should concern them, such as when they see their parents arguing. This obviously does not help them to understand their interlocutors but also to empathise with them.

6. *Inadequate use of words and phrases.*

Often these children tend to use words and phrases in an inadequate, repetitive, eccentric, bizarre way or tend to invent new words (*presence of neo-language*) (De Ajuria-guerra and Marcelli, 1986, p. 248). Sometimes the word

used only indicates a part of the designated object. Moreover, the slightest association distorts the original meaning (Brauner A. and Brauner F. 2007, p. 31).

As Grandin (2011, p. 37) reports:

The autistic child often uses words inappropriately; sometimes these uses have a logical associative meaning, while at other times they do not. For example, an autistic child might say "dog" when he feels like going out. The word 'dog' is associated with leaving the house. In my case, I remember both logical and illogical word usage. When I was six years old, I learned to say 'incrimination'. I had no idea what it meant, but it sounded good when I said it, so I used this word as an exclamation whenever my kite fell to the ground.

Thus, if sometimes the use of words has a logical meaning, at other times it does not. This phenomenon is not typical of children with normal development, nor of those with a specific language disorder or those with mental retardation. This may indicate the difficulty that their mind, disrupted by uncontrollable and severe emotions, has in finding the correct word or sentence. In these cases, there may also be a lack of interest or need to share, with the listener, a broader context of interactions, in which both subjects, speaker and listener, are actively involved (Frith, 2019, p. 154). It is evident that, even in these cases, communicative interaction is compromised.

7. *Presence of echolalia and verbal stereotypies.*

In many cases, *echolalia* (speaking while echoing) is present, whereby children with symptoms of autism use whole sentences or blocks of words that they have heard from their parents, from TV characters or from video games and repeat them in the same verbal form and intonation, without a communicative character. Echolalia can be immediate, when the repetition of words or phrases occurs immediately after hearing, or *deferred*, when the repetition of words or phrases occurs at a distance.

This symptom characterises no less than three quarters of autistic children who speak. However, it is worth noting that echolalic manifestations are also found in normal children but at a very early age, between 18 and 36 months, when the little ones are still in the lalla phase and need to practise sounds and words. Echolalia in normal subjects disappears when they are able to repeat longer sentences and are able to use the pronoun 'I'.

This phenomenon, in children with symptoms of autism, can be explained by the inability to find appropriate words; by the lack of understanding of the use of words and thus the stereotyped use of language, without any particular communicative intent; by the presence of an inner unease that they try to alleviate through the use of repeated words (Cottini, 2014, p. 65); and finally by the lack of desire to communicate with others.

In addition to echolalia, *verbal stereotypies* may be present, in which the subject frequently repeats words or

phrases that are disconnected from the moment in which they are uttered and from the topic discussed at that time.

8. *Presence of grammatical errors.*

Another feature of language in children with symptoms of autism is their speaking in the third person, confusing 'You' with 'I', and avoiding the pronouns 'My' and 'Me'. These children say for example: "Would you like a biscuit? To say: "Will you give me a biscuit? Or: "Mommy, what do I want?" To say: "Mommy, feed me what I usually want". They talk about themselves using their name and 'yes' assent is rare.

This way of speaking may arise from their confused perception of their own identity but also from the presence in them of a still immature ego, like that of young children, in whom these errors are normally present.

9. *Presence of non-communicative language.*

There may be in children with symptoms of autism difficulty or impossibility in structuring real communication (*non-communicative language*), as words and/or gestures often serve only to obtain what is desired at the time or to push the other away and make him/her understand that he/she is not liked. In these cases, the pleasure of conversation with adults and peers is lacking.

Language in high-functioning autism

The language of children with high-functioning autism, on the other hand, can be fluent, grammatically correct

and complex, with an appropriate tone of voice. On the contrary, these children often use particularly polished and sophisticated phrases and expressions, as they love the precise definition of vocabulary (Frith, 2019, p. 161). This irritates their peers who use simpler, more immediate and often slang-like language.

However, these children also have difficulties in communication, as their understanding of language is overly fussy and precise, whereas the way peers understand and interpret language is more flexible (De Clercq, 2011, p. 74). Moreover, it is difficult for them to determine the right amount of information required in a particular communicative exchange. They sometimes repeat long lists of names of countries, state capitals, and presidents of various nations, without the slightest concern as to whether these lists are of interest to the person listening to them or not. This is why they find it difficult to maintain exchanges in conversation, as they tend to focus their attention on particular topics that they like at that moment but that do not interest others, which bores listeners.

In addition, their language is conditioned by inner tension and anxiety (Williams, 2013, p. 45). This leads them to generate utterances that are either unintelligible, because they are too vague, or boring, because they are overly rich in pedantic details.

Another characteristic described in individuals with high-functioning autism symptoms is that they fail to appreciate irony and tend to have a literal understanding of the words they hear or read, failing to grasp the various nuances of speech. Their way of expressing themselves

also appears verbose and pedantic. They often resort to pre-packaged sentences and their comments are perceived as inappropriate, crude or overly polite (Frith, 2019, p. 167).

As far as imagination is concerned, this is scarcely present in severe forms of autism but is well alive in mild forms or when there is an improvement in psychic conditions.

Comprehension disorders

One of the games that most gratifies mothers, which is also a way of letting others know of their little one's good or excellent comprehension skills when visiting friends and relatives, is to put the little one, who has just begun to stand up, in the centre of the group and ask him to point out all the people, but also all the objects he knows. Usually, to encourage the little one, the women start with the easiest questions: "Where is Mummy?". If the child points to her with his finger, applause immediately ensues, followed by other, gradually more difficult questions: "Where is daddy?", "Where is grandma?", "Where is aunt Adele", and so on for all the people he knows. As the child gets older, body parts and then objects are added to people and animals: "Where is your little nose?", "Where are your little eyes?", "Where is the dummy you love so much?".

This finger pointing is a sign of communication but also of understanding the names of objects and this, as a rule, appears in children between twelve and eighteen months. In children with symptoms of autism, unfortunately, this ability is missing or appears late. Often these children,

even though they know the name of the person or object they are asked to name, have no desire to name it because they are limited or totally blocked by fears and anxieties, so much so that, like many very shy and introverted children, they look away or hide somewhere when approached and asked. In addition to there being a real or in some cases an apparent lack of interest in other people's questions, there is also little engagement with the effect their answers may have on others (*non-communicative language*) (Frith, 2019, p.146).

Moreover, since children with autistic disorders try to ignore all stimuli from the outside world and do not wish to relate to human beings, when called by name, they respond much more rationally than other peers and the number of eye contacts and sociable smiles is low.

Among other things, it is very difficult to communicate with individuals displaying symptoms of autism, even if they have a fair degree of linguistic competence, since, even when they wish to engage in dialogue, they process the information they need to communicate too slowly and have difficulty attributing a correct meaning to what they hear (De Clercq, 2011, p. 67).

Moreover, these subjects have a difficult overview of reality. They tend to see the details and from this try to reconstruct the whole, whereas normal subjects do exactly the opposite: first they see the whole and then the details.

Says De Rosa (2014, p. 59):

We autistics, who lack the immediacy of the big picture, are instead fully engaged in mentally processing a large number of details in order to understand something and often with the anxiety of not doing it in time, before it happens that we have to act without having understood your neurotypical life situations that are often obscure mixtures of cascades of words, non-verbal communications and unspoken implicit meanings.

Consequently, they do not give adequate answers to people who relate to them. Moreover, since they tend to interpret words literally, they find it very difficult to understand the ambiguities of language and figurative expressions frequently used in everyday language (De Clercq, 2011, p. 100). Difficulties in comprehension manifest themselves above all in reading, whether it is they or others who read, so much so that they often do not understand bedtime stories read by their mother or father. Similarly, they have great difficulty in understanding teachers' explanations, either because of the speed at which they speak or because abstract concepts are difficult to understand (De Clercq, 2011, p. 71).

Even high-functioning children with autism often have difficulty in being able to grasp nuances, including humour, irony and sarcasm, as these abilities depend crucially on the ability to understand the intentions and attitudes of others, which is difficult for them. Since these children have a limited ability to attribute mental states to others, only with great effort can they learn to recognise the subtle or changing meanings that depend on the attitudes and

intentions of the people they are talking to at the time (Frith, 2019, p. 161).

Remember De Rosa (2014, p. 72):

The whole story of my life can also be seen as the path to escape the incomprehensible and to tear off fragments of meaning each day to compose into small pieces of understanding, to try to participate a little and not just be a sort of wreck at the mercy of the waves of life.

In this regard, Grandin (2011, p. 59) writes:

I was able to learn to speak because I was able to understand language, whereas low-functioning autistics may never learn to speak because their brains are unable to discriminate the sounds of language. And again the same author (Grandin, 2011, p. 62): When adults addressed me directly, I could understand what they were saying. But when they spoke to each other I heard a series of nonsense sounds.

Williams (2013, pp. 64-65) writes:

Everything I understood had to be deciphered, as if it had to go through a complicated checking procedure. Sometimes people had to repeat the same sentence to me several times because I listened to it one piece at a time and the way my mind had broken their sentence into segments left me with a strange and sometimes incomprehensible message (...) Similarly, my response to what people said to me was often delayed because my mind needed time to process what I had heard. The more stressed I was,

the worse things got (...) My world may have been full of loneliness, but it was always predictable and offered guarantees.

The causes

Frith (2019, p. 148), reminds us that language requires a wide range of capabilities:

- *Phonology* relates to the ability to process verbal sounds;
- *syntax* refers to the ability to follow the rules of grammar;
- *semantics* is related to the ability to create and understand meanings;
- *pragmatics*, relating to the ability to use language for the purpose of communication.

All these capacities require a good serenity and a good inner balance in order to be able to be expressed correctly, since all psychological problems of a certain importance, in some way or other, limit, alter or block one or more communicative capacities. This can be found in many language disorders: in selective mutism, stuttering, cases of hyperactivity, excessive shyness, disorders of language expression and reception, in many neuroses and especially in psychoses. In these and many other disorders in which the psychological components are important, it is difficult

to know how to listen, understand and correctly interpret the words and, above all, the thoughts and emotions of others, so as to enter into an appropriate dialogic relationship. Says Moro: 'Listening is difficult. One must manage to silence oneself, other distracting thoughts, and worries'. It is no coincidence that, in studies of developmental processes, language competence is closely associated with effective emotional regulation skills (Franciosi, 2017, p. 33)

In autism, comprehension difficulties are considerable due to the anxiety, tension, and often the difficulty in putting thoughts in order, present in this disorder. This makes it difficult, even to the point of blocking, the ability to trace the meanings of what is heard or read. At the same time, these psychic disorders make it difficult to find and organise the words to utter a completed sentence. The abnormal emotions from which these individuals suffer sometimes do not allow the articulation process to come into action, so that, in some of them, words echo in the brain, without being able to be pronounced (Williams, 2013, p. 179). The resulting frustration may lead to anger and nervous breakdowns, or it may remain unexpressed.

All subjects who have suffered and suffer from autism, such as Williams, Morello, De Rosa, Grandin, confirm these communication difficulties, due to the difficult relationship they had with others, with themselves, with their emotions and with their own strange and pathological thoughts, which made it difficult, blocked, mortified or altered their language.

Says Williams (2013, pp. 11-12):

Words were not a problem, but the expectations of others that I would respond were. This required me to understand what was said, but I was too happy to lose myself to accept being brought back by something as 'flat' as understanding.

Per Morello (2016, p. 17):

The most difficult test was speech. I could hear, but not speak. My dad insisted on playing with me, but I didn't feel like it. Blades of irritation pricked at my head. I would go up stained with discontent to my room and the adverse chain would loosen. Alone. I was fine and wanted nothing more. The word was anxiety. I preferred to shut myself off and not hear. People spoke over my head and I made myself invisible. Their voice was just sound that annoyed me. I felt like shouting: 'LEAVE ME IN PEACE'. Instead they would all ask me to speak and I would automatically repeat their words. Mum would despair. Grandma would try to console her. Dad could not understand and became irritated.

And again the author himself (Morello, 2016, p. 13): "Inside I knew words but only as sounds or as effects. Sometimes I wanted to say them but I could not find the right sense or time".

Morello (2016, p. 82) found himself much better at writing than at speaking, and he explains why: "Speaking is emotional. Writing loosens the knot of slow speech, which slowly lifts itself out of true autistic thinking". Moreover,

for the same author speech requires a lot of speed in processing words and sentences, whereas writing allows for more slowness; speech is supported by many non-verbal elements, such as facial expressions or tone of voice, writing consists only of words; dialogue presupposes an underlying relationship to the dialogue itself, writing does not, and is therefore less anxiety-provoking.

De Rosa (2014, p. 47):

I understand the language, but I need more time than is available in a verbal dialogue, or perhaps it would be better to say more calm, not to find myself in a pressing and somewhat anxiety-inducing, often blocking condition.

The same author (De Rosa, 2014, p. 47):

Of course, give me the keyboard of my computer, a relationship with an object that is infinitely less anxiety-provoking, give me also the calm of being able to type slowly with one finger, and I am back to owning the use of language. My problem is not language but the enormous complexity of the human relationship, made up of a huge amount of non-verbal stimuli that are exchanged at great speed and which moreover influence each other. But how do you find all the useful words on the fly, and even some useless ones in my opinion, within such a gigantic relational storm?

In summary, if we listen to those who present with this pathology, the causes of speech and communication disorders must necessarily be linked to many factors:

1. *To the immaturity of these children*

As often noted, many of the communication disorders present in children with autism symptoms are similar to those present in young children: such as echolalia, certain types of verbal stereotypies, speaking in the third person, and so on.

2. *In the presence of relevant psychological disorders.*

It is impossible to understand the strange anomalies in language and communication if one does not understand and accept that the symptoms that children with autism present do not arise from specific deficiencies in one or more areas deputed to language, but because of a particularly disturbed inner world, in which intense, upsetting and conflicting emotions reign supreme, which their fragile and immature Ego often cannot manage and control. These emotional disturbances are so intense and severe that they also disturb, to a greater or lesser degree, the areas and structures deputed to language production and comprehension, making attention, memorisation skills, the analysis of read or heard content, learning, the correct use of syntactic and grammatical rules, as well as all the other functions that are indispensable for good communication, deficient.

3. *To the bad relationship they have with themselves, others and the world around them.*

The presence of considerable distrust and low esteem, but also the considerable fear they feel towards the people

with whom they relate and the world outside themselves, stimulates them to reject, oppose or ignore, everything that comes from outside, be it sounds, words, ideas, thoughts or emotions, so much so that an emotional block can be created whenever they try to establish a dialogue with others.

Ultimately, language and communication difficulties, if they arise from serious difficulties that these subjects, as children, encounter in their first relationships with the outside world, in turn tend to worsen the relationship they have with themselves and with others. Not being able to converse with someone, does not allow them to increase their experience, makes it impossible for them to give free rein to their sufferings, their many fears, doubts, desires, communicating them to someone capable of listening, interest, understanding, affection and attention.

For these reasons, children with autistic disorders not only remain psychologically and affectively immature, but above all they are prevented from a healthy and balanced growth of their personality, which remains at the mercy of the worst emotions.

The consequences

The impossibility or considerable difficulty in implementing effective communication can be very frustrating and painful for these children. As De Rosa (2014, p. 23) says: "I autistic to you I may be strange, I understand that well, but you neurotypicals to me are disturbingly complicated".

Bettelheim (2001, p. 37) writes:

However, we do not doubt that in the child destined to become autistic, the development of language makes his psychic reality even more painful and thus leads him to turn destructively against his capacity for verbalised thought.

And Grandin (2011, p. 49):

I well remember the frustration, at the age of three, of not being able to speak. This was the cause of many angry outbursts. I understood what others were saying, but I could not get my words out.

But even the inability to put one's thoughts into words was for De Rosa (2014, p. 24) something very painful:

In the opposite direction, the situation was even more dramatic because I could not find any way to let others even glimpse what I was feeling, thinking, wishing. I could only hope that others would sense my needs and desires and, on their own, realise them

Some suggestions

- ❖ With regard to the ways in which to tackle such varied and complex problems concerning the language and communication of children with autistic disorders, also and above all in this field, we believe it is useless, if not counterproductive, to try to eliminate these serious deficiencies using educational tools, such as talking

a lot to these children or having them practise specific speech-language exercises, since, as we have said, many of these difficulties in comprehension and communication arise from the serious psychological malaise from which they suffer and in which they are constantly immersed, and not from specific hearing deficits or problems linked to real mental retardation.

- ❖ Since being able to analyse, memorise and organise thoughts and words requires a good inner serenity, when this is lacking, because the mind is pervaded by serious fears, anxieties, restlessness, excitement and disorder in the management of thoughts and emotions, it is first of all necessary to solve these psychic problems. This is in order to enable these children to listen, process, memorise and reproduce sounds and words in the most congruent and appropriate manner and context. For these reasons, it is our duty to focus on the child's inner problems and the family and social environment in which he or she lives, rather than on the lack or defects of language.
- ❖ To develop the language of these children, it is important to find someone who restores trust, esteem and interest in the world around them, so that they have the desire to establish relationships and thus communicate. This desire only arises in the child and develops if they wish to organise ideas, exchange thoughts and emotions, whether happy or sad, with someone they

trust, with someone they are perfectly comfortable with, with someone who loves them and whom they love (Notbohm, 2015, p. 63).

- ❖ It is also necessary to help parents offer their particular children what they are looking for and what they need: a serene, affectionate, warm environment, rich in understanding and understanding of their emotional needs. Ultimately, what parents should ask themselves every day is not so much whether their child speaks or how many words they say or whether they pronounce them well or badly, but rather how rich, happy, intense and warm the relationship is between them and their child with problems, but also how serene, joyful and welcoming the child's living environment is.
- ❖ Entrusting the task of language and communication development solely to educational or rehabilitative techniques and tools is not only insufficient but can accentuate and chronicle the problems of these particular children because, when the non-interference needs, which they absolutely need, are not respected, they tend to instinctively reject and oppose any indication or request that comes from outside and do not accept and experience as unjust and gratuitous violence being stimulated to do or not to do a certain action or to say or not to say a certain word or phrase.

Grandin (2011, p. 59) reminds us of this reality:

When my speech therapist used to take my chin and turn my face for me to look at her, she was able to forcefully pull me out of my private world; for other autistic people, however, forced eye contact can induce the opposite reaction, i.e. brain overload and complete closure.

Relationships and social interactions

One of the main symptoms that allow us to make a diagnosis of autism is the presence, in these children, of considerable difficulty in establishing and maintaining effective relationships, both with peers and adults. Ultimately, the normal processes of socialisation and integration are severely compromised in these children.

In this respect, in children with autistic disorders, many limitations and difficulties have been noted by scholars:

- Lack of proper attention to others and thus presence of deficiencies in social reciprocity, with inadequacy in recognising the emotions and feelings of others (Franciosi, 2017, p. 30).
- Insufficient interest in the initiatives of those close to them.

- Inability to establish effective relational and affective contacts with others: e.g. lack of or poor eye contact, which is important in being able to have a communicative bond with the other.
- Affective poverty and insufficient interest in family figures, with lack of reciprocity in cuddling and consequent inability to structure a solid and serene bond between the parents and the child with autism.
- Lack of adaptive, reparative and gratification functions towards caregivers or extreme dependence on family figures.
- Failure to respond to normal educational systems, whereby both reprimands and punishments do not take on a specific meaning for these children and do not achieve the desired results.
- Presence of autistic isolation, with a preference to remain alone, in a corner of their living environment. For example, if they are at home, they tend to hole up in their bedroom, away from siblings, parents and family life in general. If, on the other hand, these children with autism symptoms are at school, they seek refuge in a corner of the classroom or the playground while the other children study, talk or play with each other.
- Absence of imitative functions in the interpersonal relationships that these children manage to establish.

- Significant limitation of the will, with difficulty inhibiting impulsive, automatic responses and effectively controlling words, looks, but also motor and behavioural attitudes.
- Marked impairment in the use of non-verbal behaviour, such as direct gaze, mimic expression, body postures and gestures that serve and regulate social interaction.
- Lack of spontaneous seeking in sharing joys, interests and goals with others. For example, these children tend not to show others what they have done, do not draw the attention of others to objects that may be of interest to them or to something that has been drawn attention to.
- It is easy and frequent to make mistakes in interpreting the attitudes and behaviour of the people around them, whether minors or adults, resulting in frustration and discouragement when they try to establish a relationship.
- Presence of oppositional behaviour towards others' requests, especially if these involve sudden and unexpected changes.

Despite the fact that human beings are social animals and therefore cannot survive without interacting with others, it is easy to notice in these children a considerable mistrust, suspicion and fear all people; perceived by them as the cause of problems, anxiety, suffering and pain (Decety, 2012). So much so that they more readily accept or-

ders from a recorded voice than from a person (Brauner A. and Brauner F., 2007, p. 35). Just as they do not like human beings, they do not attach themselves to the objects that represent them. Therefore, not only do they not desire them, but they are so afraid of dolls and dolls that they either chase them away from them or violently attack them using some blunt object: clubs, rackets, sticks.

Remember Williams (2013, pp. 167-168):

Anne, in hysterics, screamed in terror as one of the specialists sat beside her on the bed trying to put a doll next to her, which terrified her even more. 'Ah the dolls, these symbols of normality,' I thought. These terrifying emblems of the fact that one should be comforted by other people and if that was not possible, one should at least be comforted by their effigies. The woman sitting on Anne's bed repeatedly shouted at her to stop, putting the doll back in its place every time Anne pushed it away.

Even if they do not participate in games with other children or adults, they not feel lonely (De Rosa, 2014, p. 15), as being around others causes them considerable discomfort, as they know from experience that human beings cannot give them what they need and desperately seek: a stable inner serenity.

However, as with all other symptoms present in persons with autism, relational and social integration problems are highly variable: they are not always all present in children who have been given this diagnosis; they do not always present with the same severity; they often differ according to the environment in which they find themselves; just as

they differ with regard to the people with whom these children relate.

This is why it is difficult to define how important this social and relational deficit should be for it to be considered a clear symptom of autism. Also because it is easy to see that every child who falls within the norm has his or her own way of dealing with and experiencing relationships. For some, dialogue, making friends, and establishing affective communication is easy and therefore they integrate quickly and well with both peers and adults; for others, who are more shy, reserved, insecure, and introverted, it is more difficult to do this. They therefore open up to dialogue and communion with both peers and adults more rarely and with more difficulty.

It should also be noted that the quality and quantity of relational abilities increase with age: they are minimal in infants and then gradually progress to adulthood. This does not occur or occurs much more slowly in children with autism spectrum disorders precisely because of the affective-relational immaturity that characterises them. In the most severe cases, these capacities seem to be frozen in the first months of human development, but this does not mean that they are absent.

We must also note that it is not only children with autism symptoms who have relational problems. Difficulties in entering into positive relationships with others, in maintaining and nurturing them, are present in all children with psychological disorders. They are evident in individuals who manifest psychomotor instability, behavioural disorders, depression, excessive shyness, selective mutism and

so on. Often these children, psychologically disturbed, sometimes only because of momentary, difficult family situations they are going through: parental separation, family conflicts, school difficulties or violence they have suffered, after an initial approach they are removed or pushed aside by their peers, because they are unable to participate, as they should, in dialogue, games, and the various activities organised by the group. Other times it is they themselves who, following negative experiences, do not even try to seek contact with peers.

On the contrary, the psychologically more serene, calm and joyful subjects are facilitated in making friends with everyone and manage to maintain and stabilise their affective relationships, improving them over time. For this reason, even with regard to this symptom we are in the presence of a *continuum*, ranging from an easy and fluid relational and social situation, characteristic of children in the normal range, to a relational situation with some difficulty, existing in subjects with mild psychological disorders, up to the severe or very severe situation evident in children with autism symptoms.

With regard to the tests that we use to quantify this, as well as the other symptoms of autism, the indications that these instruments give us on their presence or absence and, above all, on their severity, are not always reliable, since the relationships that each child establishes with the various adults: parents, teachers, educators or operators, are personal and therefore are different each time. Therefore, the answers that tests give on the presence and frequency of a particular behaviour, answers that then take

the form of a score that evaluates a particular symptom and its severity, can be discordant.

Nevertheless, it is not difficult to detect the existence of a clear psychic pathology when these social-relational difficulties are stable, important and severe. In these cases, we note, for example, that children with autistic disorders are incapable of establishing friendships or emotional ties. Moreover, these children constantly tend to isolate themselves, not to converse and not to participate in games organised by their peers or adults; they frequently do not look their interlocutors in the eye and withdraw not only from caresses and kisses but also from simple physical contact that may come from strangers or even from a family member. These children also appear indifferent to the reactions of distress, grief and pain present in others. In the most severe cases, when the child with autism symptoms has totally isolated himself from the outside world, there may be a total indifference so that they may even accept caresses and kisses, but they do so in a passive manner without any real affective and communicative participation.

It is worth pointing out, however, that some children, who have been given the same diagnosis, show, on the contrary, an excessive, even inappropriate relational and affective approach, not only towards their parents but also towards strangers, with affectionate and loving but nevertheless clearly disproportionate manifestations, so much so as to be considered over-dependent and 'clingy' children.

Possible causes

Empathy

One of the hypotheses that has been made to explain the presence of severe social and relational problems in these individuals concerns the congenital, possible lack of empathic abilities.

Empathy is that particular condition that individuals experience when they feel within themselves the emotions of another person for whom they choose the most appropriate verbal expressions, behaviour, mimicry and listening to engage in a relationship of acquaintance, friendship or, simply, of momentary mutual help and listening (Oliverio, 2014, pp. 22-23).

Empathy is of fundamental importance in relationships with others, because it allows us to know how another human being feels (Oliverio, 2014, p. 23). For these reasons, from an evolutionary point of view, the abilities to understand our neighbour, to recognise and share their emotions and needs are relevant for survival, adaptation and social life (Roganti and Ricci Bitti, 2011).

A distinction is made between *cognitive empathy*, which is the ability to adopt and understand the psychological perspective of other people, and *affective empathy*, which is the ability to experience emotional reactions as a result of observing the experiences of others (Aglioti and Avenanti, 2006). The areas that are activated for empathy when observing a person in pain are the insula, inner cin-

gulate cortex and periaqueductal grey matter (Decety, 2012).

Empathic abilities have also been linked to the functionality of mirror neurons, which have the task of mirroring the actions of others and preparing the observer to imitate their movements. These particular neurons are activated when we perform or observe an action directed at an object, whereby each observed act is simulated internally (Roganti and Ricci Bitti, 2011). This would recreate in the observer the experience of other people's emotions, as if he or she were experiencing them first-hand. This would allow emotions to be recognised and understood directly and without the need for explicit conceptual reasoning (Roganti and Ricci Bitti, 2011).

However, even though autism has been associated with a malfunction of mirror neurons, it is not certain that this syndrome is the result of a simple dysfunction of these particular neurons (Decety, 2012), as this mechanism can be influenced by higher contextual and evaluative information, processes and functions, whether the subjects are aware or not (Roganti and Ricci Bitti, 2011).

The difficulties present in adults

Unfortunately, in listing the shortcomings and limitations present in individuals with autism symptoms in the field of social relations and interactions, we often forget to highlight the limits, incapacabilities, serious difficulties and shortcomings, in understanding and supporting the problems of these children, present in the adults who care for them and who relate with them. The shortcomings and li-

mitations of us 'normal' adults are numerous and, unfortunately, make it difficult and, in some cases, prevent an adequate relational pathway to the needs and inner experiences of individuals with autistic disorders. It is therefore good to know them, in order to be able to face and overcome them.

1. *It is difficult to be aware of their inner world.*

Not always, both parents and teachers or other adults who relate to individuals with autistic disorders are aware of their severely altered, disturbed, unstable and often distress-filled inner world, which makes it difficult, if not impossible, for them to harmoniously implement, at the right times and in the right ways, those behaviours that make the relationship suitable and effective (De Rosa, 2014, p. 79)

This particularly disturbed world of theirs should advise us to establish special and specific relational methods for them. Instead, we subject them to educational interventions that are in no way suited to their particular needs. For example, we reprimand and reprimand them without this being at all helpful, or we demand from them, when their closure and immaturity are still severe, words, attitudes and behaviour that they cannot possibly display.

2. *It is difficult to accept the defences they put up.*

In normal children or children with non-serious psychological disorders, the defences used to communicate their suffering or to try to distance, mitigate or overcome it, are

well known but also somewhat expected, understood and accepted. For example, when normal children or children with non-serious psychological disorders communicate their negative emotions such as sadness, anxiety, aggressiveness and anger, using words, expressions and behaviours appropriate to their inner experiences, these emotions are correctly understood and interpreted by adults, who will try to respond with appropriate attitudes. Unfortunately, when individuals with autism spectrum disorders suffer, their expressions of pain or joy, as well as their wishes, are hardly understood and accepted. In fact, it is difficult for their defences and the methods they use to fight against the anxieties, fears, and insecurities that make them suffer to be understood and accepted, since these defences are very different, poorer and more primitive than those expressed by the children we are used to dealing with.

It is difficult, for example, to accept and understand strange and unusual symptoms such as immobility, partial or total estrangement from reality, severe reactions or seizures in conjunction with events that seem completely normal to our eyes and judgement. Similarly, it is difficult to accept their rejection of the slightest change, verbal and motor stereotypes and self-destructive behaviour. These attitudes are immediately labelled as serious behaviours to be eliminated as soon as possible and certainly not to be understood and accepted for what they are: signs of suffering or defences put in place to contain and manage serious and disturbing emotional experiences

De Rosa (2014, p. 33) writes:

If you and I were in the same room, sitting around a table for a meeting, after a while you would see me getting up, laughing, doing little jogs here and there around the room and, with one hand stretched between my mouth and my ear, telling stories to myself. It's just an inoffensive way of managing my emotions, but I assure you that most of you neurotypicals get anxious over behaviour that is deemed unusual, if not downright inconvenient.

Therefore, children with symptoms of autism are not seen as children who struggle at all times to push away or diminish the suffering or fears that oppress them, but as sometimes severely retarded subjects, at other times as strange, bizarre, stubborn, capricious and, in some cases, even aggressive children or adults. They are regarded as impossible to handle, as they can go into fits, scream and throw objects in their hands for the slightest thing. They are seen as children and adults who frequently exhibit disturbing behaviour, who like to resist every request made of them. All this, among other things, without there being, at least on the surface, a valid reason.

Parents, when they tell specialists about their child, are quick to report not one but a thousand complaints about their son: "We can no longer go out for pizza because Marco goes around the whole place with a fork or knife in his hand, banging his cheeks or people's tables and making us so ashamed. We can't visit any friends or relatives because he starts touching and sniffing the clothes and hands of the people present, making us very embarrassed. Doctor, it is impossible for us to go to the cinema or thea-

tre with him; he would have us thrown out after five minutes! As for the dentist's treatment, Marco doesn't even want to get out of the car when he realises we are taking him to this specialist. Let's not even talk about cleaning, doctor! Our son does not accept to wash his hands before lunch. What should we do? He also doesn't want his hair touched when we shower him, can we ever leave him with dirty hair?'. However, there are parents who, on the other hand, complain that their child just does not want to get out of the shower. Two boys we followed had found that the lukewarm water that sloshed and caressed their bodies succeeded in diminishing, as if it were a natural anxiolytic, the severe inner tension that pervaded their minds. Again, nothing really strange: this pleasurable experience, by the way, is what stimulates so many perfectly normal young people and adults to multiply the frequency and lengthen the time in which they remain in the shower, while experiencing the pleasant sensation of lukewarm water slipping and enveloping their bodies like a caress. However, this behaviour was not at all understood, and therefore not accepted, by their parents, who continually scolded them, complaining about the large consumption of hot water and the loss of time that these prolonged showers caused to their family ménage.

3. *It is difficult to understand the reasons for their oppositional attitudes.*

One of the reasons for clashes between adults and these subjects their oppositional behaviour.

On closer inspection, this tendency to oppose and thus reject the requests of others is not only characteristic of

children with autistic disorders. This behaviour is common to many children who also present much less severe psychological problems, just as it is also present in children who have a bad relationship with their parents or family members. It is therefore also present in children who are repressed, excessively reprimanded or coerced in their needs and desires, and is evident in children with Oppositional Defiant Disorder. In these cases, children not only oppose adult demands, but also rebel against them, as they perceive them as impositions: they therefore respond and react with swearing, threats, insults or aggressive behaviour. The same happens in children with behavioural disorders, easy irritability or psychomotor instability. It is as if they cannot perceive the needs and demands of others at all, so that, despite being reminded insistently by parents or teachers, they continue to do what suits them best at the time.

The fact that children with autistic disorders do not obey, do not accept, or simply do not seem to listen to adults' requests, causes irritation in the school environment among teachers who, when talking to parents complain about their children's behaviour and attitudes with phrases like these: "After all, what did I ask him? I did not force him to write or read, I never questioned him for fear that he would get anxious, I only begged him to sit in his desk and not to disturb. And instead? Instead I always find him standing between the desks or in the middle of the class, humming, mumbling incomprehensible words and playing with his paper handkerchief, while his support teacher does not know what to do. If, however rarely, she manages to get him to sit in his desk, he just drums with

his fingers, sticks out his tongue in a disgusting way, and makes those strange noises of his for hours, disturbing the lesson and setting a bad example to the other pupils as well'.

The therapists also complain about them: "How am I supposed to get him to learn verbal or mimic language if he doesn't even look at me and gets angry, screams and throws what he has in his hand on the wall, when I gently turn his head towards me to show him how to pronounce words or when I ask him to look me in the eye and open his mouth in a certain way?

It is difficult for us adults to be able to distinguish and understand what is the product of these children's will, from what is caused by the serious psychological disorder that conditions and constrains their will. Ultimately, often the first and most important problem for many parents, teachers and therapists is the failure to understand: "Why does the child not speak? Why does he stubbornly resist every request? Why does he go into fits, screams and frets over trifles? Why does he not want to be, I won't say hugged, but not even touched?" And so on. Says Morello (2016, p. 218): "I can only connect will and action when I feel secure. The possible sails in concrete seas if I find the serene course safe from emotional storms, but fear is always present".

Parents, family members, teachers and therapists often talk about these children as if they were perfectly free to do or not to do as they requested or desired. In reality, almost everything they do or do not do, and even what they

refuse or accept, is not up to them, but is strongly influenced by their pathology and how it manifests itself at that particular time and in that particular emotional situation. As Notbohm (2015, p. 62), mother of a child with autism, says: "Not wanting" or "not being able" are not interchangeable. 'Not wanting' implies premeditation, intentionality and therefore suggests deliberate behaviour. Not being able' excludes the possibility of choice and acknowledges the child's inability to do or not to do a certain action.

De Rosa (2014, p. 46) writes:

To understand my path and autism, it seems to me that the issue of will is central. I see that for you neurotypicals, willpower is an always available resource. You think about something, you decide to do it right away, you start doing it. For me, it is not like that. Sometimes my will gets stuck in a block and cannot come out. (...) When someone, for example, uses one of those conventional, synthetic words with me, like 'thank you', 'you're welcome' or 'bravo', a blockage of the will arises in me. I start to repeat the word that has been said to me, I repeat it over and over again as if caught in a "loop" in a repeating sequence in which I feel like a prisoner, from which I can almost never get out on my own, if there is no one there to help me'.

Even worse, some parents and practitioners see in these behaviours reprisals and tantrums on the part of the child, reprisals and tantrums not only not to be indulged but to be punished.

It is therefore good to become aware of the reasons that make it difficult for these children to accept requests, wherever they come from

- *In many cases, there is a lack of esteem and trust in human beings, who are considered, rightly or wrongly, to be the cause of their serious malaise.*

Their distrust in human beings is so intense and global that it also involves their parents. As you can clearly see from these two stories

Michele, an eight-year-old boy, draws a dolphin very well and then comments on it with a story. Figure 22

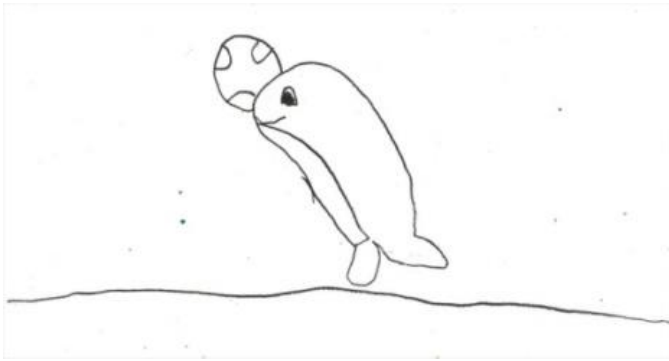


Figure 22 - A dolphin playing alone with a ball.

A dolphin playing with a ball

There is a blue dolphin who is always playing with the ball. He has fun playing with hoops. He has no instructor, he is in the middle of the sea. He is alone, becau-

se he has no one to play with him, but he is happy anyway. The others don't want to play with him because they think he is very playful. The others are serious. He always plays! If something is stolen from him, he is sad. When he does not play, he is unhappy. He always wants to be at home. He has no one. Daddy and Mommy are dead. A shark ate them. After they died, he had more fun, because he was happier.

If we try to interpret this story, we notice a number of very interesting and above all enlightening elements about what children with autistic disorders feel in their souls. First of all, there is in them a great desire for complete freedom. The dolphin, with whom Michele identifies, has no instructor and can therefore do whatever he wants. This full freedom he also gained from the fact that his ge nitors are dead. This misfortune, however, does not cause him any problems; on the contrary, it gives him the opportunity to have even more fun and be happier, because he is completely free.

As far as his relationship with his peers is concerned, things do not go at all well with them either: they do not want to play with him and even steal his things. The reason why his peers do not want to play with him deserves a separate note. Michele says: *"The others don't want to play with him because they think he is very playful. The others are serious"*. Usually children like to play and have fun so this exclusion refers to Michele's mode of play. A mode rejected by his peers because it is centred on his needs of the moment, as is the case with young children,

who do not take into account the wishes and needs of others

Even for eight-year-old Peter, human beings, including his parents, represented a limitation and not a resource

Commenting on a drawing made tells:

A hook in the eye

It was David who was being naughty and a dog threw a hook in his eye. He was hurt and a lot of blood came out. His belly was broken. His mum died and he was happy and went off dancing.

- *In other cases, it is not a question of distrust but of impossibility.*

The inner experiences of severely psychologically disturbed children, such as those in whom autistic disorders are present, are so confused, unstable and tense, that they often prevent us from understanding exactly what is being asked of them, but also why and why it is necessary to grant this request. It may happen, therefore, that dragged and immersed in their world, distressed by the fears, excitement and tension that pervade their minds, they have not had the chance to listen to and correctly evaluate our requests, or that they have filtered only parts of them, without being able to understand the whole context.

- *At other times, these children do not do what we ask because what we ask might increase their problems and suffering.*

Fears, anxiety and suffering are always lurking. Sometimes it takes little for them to go from a state of momentary and partial well-being, which they create by estranging themselves from reality, to be invaded again by anxiety and sadness. It may then be that our demands only increase their anxiety and suffering, causing an accentuation of physical and psychological discomfort, which are already at very high levels (Notbohm, 2015, pp. 62-63).

- *It may also happen that these children do not know the various steps of the process to be able to perform what we ask.*

It is not infrequent when our expectations are too high, compared to the capabilities that, at that moment, they can bring to bear. (Notbohm, 2015, p. 62-63).

- *Their opposition may stem from the fact that our request came at a particularly difficult time for them.*

For example, at a time when they are particularly upset or distressed about something, or are hungry, thirsty or too tired and stressed to be able to obey.

When, despite their refusal, we insist, threaten or, worse still, punish them, in the hope that they will decide to obey us 'without making a fuss', we are unwittingly worsening their inner world and, along with this, we are worsening the difficult relationship they have with us and, in general, with human beings and the reality inside and outside them. Put simply, disregarding their inner world worsens our re-

lationship with them, but also their psychic condition, since these behaviours of ours force children with autism symptoms to close themselves even more into their own world. It would be wiser to wait patiently for them to decide to act on our request, without ever pushing them abruptly and impatiently to do or not to do a certain action.

4. *It is difficult not to react in the usual way.*

Equally difficult is it for us adults to resist and keep under control certain behaviours that we implement almost automatically. If, for example, the child with autistic disorders does not speak, what can we do but overwhelm him with words and with verbal stimuli so that he acquires language as soon as possible, which is also the symbol of the achievement of normality? It is difficult for us to imagine that instead the ideal for him would be to feel, through silence, our attentive and affectionate presence, made up of listening to his suffering, his desires and his needs. It is difficult, ultimately, to accept and impose on us that silence, which can more easily allow us to listen and commune with him.

De Rosa (2014, pp. 65-66), in this regard, recalls the value of silence between him and his father:

In reality, the silence between two human beings teems with many small elements of a non-verbal communication that I would say is spiritual. I realised this in the long days I spent with my father walking in the mountains. He, knowing how challenging verbal dialogue is for me, was silent, becoming autistic like me. So for hours we

would walk alone the two of us in silence, surrounded by nature, now amidst grandiose views, now immersed in the woods, sometimes walking one behind the other and sometimes side by side, when the path permitted. At first, the silence seemed to create separation, as if we were each walking on our own, but this was only an initial, I would say external, superficial condition. With time, I began to perceive that what I was feeling in front of the beauty of nature, my father was also feeling within himself. The two of us were not experiencing the same feeling, but a single feeling, which is quite a different thing. We were entering the dimension of true empathy

Also for Morello (2016, p. 41):

Immersion in nature soothes anxiety: green meadow, good-looking rabbits, an operator's hand slowly pointing out the work to be done. Anxiety melts away.

5. *It is difficult for parents to cope with the stress these children cause.*

Unfortunately, many parents of children with symptoms of autism are considerably stressed, as they must on the one hand grieve for the presence of their child with problems, and on the other hand they must also deal with not one but a thousand difficulties related to the management of these, both when they are busy working outside the family, and during holidays and, above all, on the occasions when they are forced to appear in public. In these cases, when they simply cannot avoid the presence of their child with strangers, they are forced to suffer the reprimands of

the latter, who judge them to be uncaring and responsible parents, incapable of educating well.

This often leads to social isolation of the family. Among other things, mutual accusations may also arise between father and mother along the lines of: 'This happens because you are too permissive'. Or on the contrary: 'Our son behaves like this because you are too rigid and authoritarian. You ruined Marco because you did not know how to understand and accept him'. And so on.

6. *It is beyond difficult to accept that these are children to be liberated and not educated*

Not to mention when operators but also family members relate to them in a frequently educational manner. This behaviour, which is spontaneous and natural in adults when dealing with children, when dealing with children in whom autism symptoms are present is even more stimulated by their strange and unusual behaviour. How do we not ask to listen to what we say to a child who does not listen to us and turns away? How do we not scold a child who provokes criticism towards us from relatives, friends or teachers?

On these and many other occasions, these children clearly feel that they are 'wrong' or as Morello (2016) puts it, that they are like 'blots', totally inadequate for so-called 'civilised living'. There is nothing they do or do not do that is not noticed or harshly criticised by adults, who feel obliged to try to correct them, constantly giving suggestions, directions, judgements and sometimes even punishments with educational intent.

These adult behaviours, while worsening the low esteem these minors have for themselves, at the same time confirm their prejudice towards mankind, of whom they are afraid and from whom they do not expect attention and understanding. This forces them even more to close themselves off and defend themselves from every feeling, emotion or communication that comes from the outside world

7. *Many adults have great difficulty in protecting children with autistic disorders from situations that cause them pain.*

There are many objects, behaviours, places and situations that can cause these children discomfort, suffering, anxiety and fear. However, such situations are not always given attention, either by parents or by some of the professionals who care for these children. Both consciously and unconsciously, they would like these children to be able to behave according to their needs and desires but also to common social conveniences at all times. In short, they would like the behaviour of these children to be adapted to the environments they frequent: school, sports groups, associations, restaurants, parties, rehabilitation centre premises, without taking into account their abilities and possibilities.

For these reasons, many adults usually prefer to fight to the bitter end to try to get rid of their most obvious and disturbing symptoms, rather than patiently listen to their truest and deepest needs, putting themselves directly and personally at stake, in embarking on new and different paths that manage to meet the real needs these children

When we adults: parents, teachers and carers, force them to do unwanted activities or repress behaviour that is considered socially disturbing, without taking into account the enormous difficulties they have in dealing with their anxious and unstable inner world, more often than not, without meaning to and certainly without us being aware of it, we oblique them to remain constantly in a state of constant alarm and defence, which aggravates their anxieties, phobias and suffering.

The natural consequence of this is that mistrust, suspicion and rejection of human beings, instead of decreasing, as one would like, is accentuated. And this has an even more serious effect: in reality, through our incongruous behaviour, we risk rendering incurable a disease which, if it had been dealt with in the right way, could have been resolved and would have lost that aura of chronicity that still marks it with an indelible mark

8. *It is difficult for parents to see them as children whom they could care for directly.*

In some cases, parents perceive these children as different human beings, with whom it would be too difficult or impossible to enter into effective relationships.

The following episode can best explain this type of feeling that leads to unsuitable behaviour.

After playing with us for a long time, three-year-old Paolo rushed out of the playroom and ran down the corridor to the waiting room, where his father, sitting on the sofa, was waiting for the end of therapy by reading a ma-

gazine. The child, in order to joyfully manifest his momentarily regained serenity, started laughingly flapping his arms on the sofa right next to the parent who was sitting there. I was struck by the reaction of this father who, embarrassed and almost frightened by this particular approach cio, stood up abruptly, moving away from his son while, at the same time, looking at me, as if to say: 'How come Paul is here, when he should be with you doing the therapy? And above all: "What am I, in this situation, supposed to do?" The child, not fully satisfied, went round the room, once again to show his presence and joy. Even at this cheerful gesture of his, the father, not knowing what to do, first gently and then more and more fiercely tried to push him away from the waiting room and back to me, saying: "Go to the doctor, what are you doing here? Go! Go!'.

The man was not a bad father, but unfortunately, as is often the case with many parents, he felt that his son was different from any other child. Therefore only a specialist, as I was at the time, could deal with him. On the other hand, how can you live with a child who does not normally run happily into your arms, who does not greet you when you return from work, does not let you hug him, does not speak to you, perhaps does not even understand what you are saying to him, shouts at the slightest thing and does not show any signs of love for you?

Unfortunately, this image of children with symptoms of autism as beings too different from their parents, so that the latter could not provide the necessary care, stems not only from the type of symptoms they present, but also

from a certain culture that has developed around this pathology. A culture that tends to emphasise their diversity and therefore distinguishes the so-called 'normal' or 'neurotypical' subjects, as we tend to call them nowadays, from them: the neurologically or genetically very different 'autistics'. This is why, in this book of ours, we have tried to use the term 'children with autistic disorders' or 'children with symptoms of autism' to emphasise that these subjects are no different from us, the so-called 'normal' ones, except for the severity of their psychological disorders.

Not to mention the many operators who take care of them who, sometimes, both with their words and their behaviour, send deviant messages to parents like this: "We are the ones who know and can do something for this very special child of yours, so put your trust in our competence, giving us full and complete confidence. Just remember that the therapies we perform on the child start at eight thirty and end at twelve. So be punctual in bringing him to us and then taking him back'. Or even worse: "The bus from our rehabilitation centre passes by your house at eight thirty to pick up your child and will take him back at twelve. I recommend that someone be there at the appointed time to take him to the bus in the morning and pick him up at noon"

This type of message inserts into the parents' imagination a fundamentally flawed concept, namely that parents can only play a marginal role with regard to that child, while the fundamental task must be left to the specialised professionals. This, as we shall see, is not true at all.

Fortunately, in spite of all that we have said, we have been able to constantly note that, deep down in the hearts of these children, a flame of hope and desire shines and always remains burning, predisposing them to give trust, esteem and affection to those who manage to establish a warm, true, deep relationship with them, made up of listening and attention to their truest and deepest needs

Difficulties on the part of individuals with autism

People with autism spectrum disorders, when given the opportunity to express their thoughts, have given us valuable insights into the difficulties they face in dealing with others

- 1. They lament the loss of a sense of peace and security when they are forced to remain in contact with other human beings.*

Williams (2013, p. 177) reports that she refused all forms of contact because, in dealing with others, she felt defrauded of the sense of security she was able to obtain by losing herself and alienating herself in her autistic world, capable of excluding everything and everyone. A world made of colours, sounds, patterns and rhythms that gave her calm and tranquillity, as opposed to the real world in which contact with people caused her insecurity, anxiety and terror. Furthermore, she realised how her needs and wants were incompatible with those of other human beings (Williams, 2013, p. 77).

For Morello (2016, p. 204), solitude is also important because it gives serenity: "I float between persuasive voi-

ces and rhythms that envelop me. I dig into emotion and my fogs dissolve. I discover myself magical. Serene. There is much in common between solitude and magic". And again the same author (Morello, 2016, p. 204): "Then when I'm alone again, I go back to shut myself in my space to fly inside a dome of peace".

For this author (Morello, 2016, p. 205), a corner of his house, without noise or people, became an enchanted place of peace and serenity:

I return to the surface. I get out of the cuna and lie down on the sofa wrapped in pillows. I watch the mute TV, I shed my diving suit, and in the couch, my soft home cell, calm settles in. In the greedy succession of narrated images the stains disappear. At home the autism stains fade and do not exist. Peace follows.

Although there was a good relationship with his father, his father's presence created anxiety and discomfort for him because, like all adults, it stimulated him to do something he thought would be useful for him or the family.

2. *The proposals and choices, which others propose, cause or add anxiety in their minds.*

For these people it is very difficult and problematic to choose something from the various proposals we make. And this difficulty makes them anxious.

Says Morello (2016, pp. 217-218):

Even choosing what to eat for lunch is difficult. Mum asks, but the request confuses me. Difficult to give an immediate answer from inside my lake of autism. A lot of time people do not give me to make my choice. Quick pre-packaged answers then I give.

In this case, because of the excessive emotions that every choice provokes in these children, one of the reasons their considerable discomfort lies in the difficulty they have in quickly working out which of the various proposals is the most attractive. On the other hand, this difficulty is also present in all anxious people who, when forced to choose between various options, sometimes feel as if they are stuck.

3. *They feel uneasy about any physical contact.*

Another reason for discomfort arises in these children from the frequent need for physical contact that normal subjects have, who like to kiss, hug and caress each other. Contacts that these children do not want, however, as they cause them considerable anxiety:

Says Morello (2016, p. 159):

It is still a mystery to me why we shake hands when we meet. Pragmatic greeting, in my idea, not with strangers I would do, but only with people I like. Hands and anxiety for me connect, because when I get nervous, my hands shake more.

4. *They have difficulty dealing with the unexpected.*

Another reason for discomfort that these children have to face, in their relationship with others, stems from the considerable difficulty they have in coping with unexpected events, which, in reality, are difficult for everyone, but are more so for the elderly, for young children, for people who are not very mature or who have psychological problems. This difficulty is accentuated and causes much suffering for children with autistic disorders. It is therefore necessary for parents and other adults who look after these children to avoid as far as possible putting them in situations that are very difficult for them to cope with.

5. *They experience anxiety when communicating verbally.*

Another reason for discomfort in dealing with others stems from the difficulty these children present when they are forced into dialogue. In such cases, anxiety and fears increase considerably, so much so that their responses are not always adequate and coherent. The consequence of this is that verbal dialogue, rather than providing mutual pleasure and joy, becomes frustrating for both interlocutors, but especially for children with symptoms of autism, since in dialoguing with others they are invested by strong and painful emotions due, at times, to the presence of an intense fear of others' judgement, probably due to the immaturity and fragility of their personalities (Morello, 2016, p. 218).

6. *They cannot stand the constant, incessant demands of others*

These children cannot stand the constant demands that come from adults. Adults, precisely because of the role that they represent, would never stop advising, encouraging, but also rebuking and reprimanding, in order to educate these children to have more civilised, polite and appropriate attitudes and behaviour. In other cases, the adults' interventions are motivated by the need to snatch these minors from the closed condition in which they are immersed in order to bring them back to reality. Unfortunately, these and similar interventions put these children at a disadvantage and stimulate them to become even more closed in on themselves. As Morello (2016, p. 14) puts it: "I'm always fine around no one tells me what to do, what to say; (...) I walk together among people suspended in themselves who do not pay attention to me". And then: "Don't ask me to do, don't ask me to say, don't look at me strange, I collapse inside my hotel of nothing" (2016, p. 57)

7. *It is difficult for these children to understand the thoughts and emotions of others.*

Another problem arises in them when they try, unsuccessfully, to understand the thoughts of others, but especially what lies behind the thoughts: the emotions.

Says Williams (2013, p. 37):

I could understand another person's actions, particularly when they were 'extreme' but I found it difficult to interact with 'all the people' with their motivations and expectations, particularly if they had to do with giving and receiving.

To sum up, we can say that keeping away from normal people is caused not only by their empathic difficulty but also, and above all, by the considerable discomfort they feel whenever they are forced to relate to other human beings, be they minors or adults. Ultimately, in their eyes, one of their main problems is us 'normals'

Some suggestions

- ❖ *We always try to be very attentive to their inner suffering.*

The first thing we have to accept and make our own is that the suffering of children with autistic disorders, even if it is hidden or barely evident, pervades their souls down to their innermost fibres. It is a suffering that stems from the presence of anguished fears in them; it is a suffering made up of anxiety, fears and emotional and sensory chaos. Often conflicting impulses are also present in them that make them insecure about all their behaviour and therefore sometimes they appear aggressive, at other times tender and passive.

Suffering unfortunately also manifests itself through attitudes of anger, rage, suspicion and distrust in others, in the world and in oneself. It would therefore be indispensable for us adults, whenever we deal with one of these children, to set ourselves, as our first and foremost objective, to diminish this suffering and never to accentuate or exacerbate it. For this reason, in order to prevent the inner suffering of this particular child, it is necessary to find and apply the best strategies that manage to respect his or her inner experiences.

One of the many ways of achieving this can be to clearly identify everything that triggers crises, increased closure or outbursts of anger in him, so that they can be prevented by means of appropriate measures. For this reason it would be good to make, even if only mentally, three lists. In the first one we will put all the things, places, people or behaviour that please the child and can therefore offer him positive emotional experiences. In the second we will instead note all the people, places and behaviours, towards which our child's attitude is neutral, in the sense that he accepts them even though he does not feel pleasure or joy, so that his discomfort does not increase but neither does his well-being. In the third list, on the other hand, we will include all the places, situations, behaviours and words that he does not accept or rejects and which, as a result, make him nervous, irritated, aggravated. In short, this third list will include all the people he does not like to meet, the situations that put him in crisis, the places where he is uncomfortable or that accentuate his anxiety, the activities he does not accept, the words he cannot stand. Ultimately, everything that causes him restlessness, anger, sadness and closure.

The next step will be to eliminate, in everyday life, all situations, activities and places that he clearly rejects, in which it is assumed he will not be comfortable or which could accentuate his restlessness. We will then be very sparing in proposing to him people, places, or activities on the second list that communicates situations that are neutral for the child's well-being. Instead, we will try to experience with joy, together with him, all the activities, people and places that make him more serene, more cheerful, more open, more joyful and more confident. In conclu-

sion, we will try to offer him daily above all the people, situations and places that he experiences with pleasure and joy.

❖ *We speak little and only when strictly necessary.*

These children do not like to be inundated with words, because they have difficulty interpreting and experiencing them calmly, so words, and especially big, challenging speeches, confuse and unnerv them. De Clercq (2011, p. 24) says of her son: "Meanwhile, it seemed that words had a deleterious effect on Thomas. The more sentences were said to him, the more tense he became". The reason for this is easy to understand: due to the anxiety and turmoil in these children's minds, paying attention to words requires a great deal of effort from them, which they cannot sustain except for a short time, after which the words become a source of irritation and cause further anxiety. For this reason, when we adults are in their presence, we try to speak little and only when strictly necessary. Let us strive to speak slowly, softly and tenderly, without ever raising our voices or, even worse, shouting, but above all, rather than speaking, let us try to listen to every word, gesture, but also feeling or emotion that comes from them.

❖ *We change their living environment for the better.*

In order to change their living environment, we must necessarily behave appropriately and make appropriate and courageous choices, in which change is an essential component. If we fail to make changes, it will be impossible to

establish a solid and therapeutically effective relationship. Sometimes, for example, we will have to make an effort to improve the relationship and understanding with our spouse or cohabitee, so that the family environment is as serene as possible. To achieve this in some cases it will be indispensable to get help from a specialist through individual or couple psychotherapy.

At other times, we will have to have the courage and determination to change our relational and educational style for the better so as to make it, as far as possible, affectionate, calm and close to the needs and demands of these children. Ultimately, our every word, action or behaviour must tend to transform their distrust into trust, their insecurities into certainties, their anxieties and fears into pleasure and joy.

In other words, if we are clear in our minds about what is happening and what is present in the minds and hearts of children suffering from this pathology, our duty and task will essentially have to be to succeed in substantially changing the approach they had previously used to another one: closer, tender, sweet, cheerful and joyful, and then to implement the best and most useful methods to improve their living environment as much as possible and as quickly as possible, so that this positive change is reflected in their inner world.

❖ *We involve parents, family members and other educators in the therapy.*

Since behind these important signs of relational difficulties, there is so much mistrust, rejection but also insecurity

and fear of others, the commitment of all adults, and especially parents, is indispensable so that the negative feelings and emotions present in the souls of these children can be reduced and if possible eliminated. For this reason, the professionals who care for these children (doctors, neuropsychiatrists, psychologists and therapists) will have the task of systematically and constantly involving their parents, teachers and all the adults who, in some way, have a relationship with them.

Fortunately, some more sensitive and shrewd practitioners deal with parents through special training aimed at:

- Overcoming the trauma of the diagnosis and processing the resulting experiences.
- Reducing guilt.
- Reduce the stress caused by the child.
- Managing the child's school life, examinations and the various therapies to which he or she will be subjected.
- Addressing the important issue of 'after us'. In practice, of who and how will provide for the child with autism symptoms when the parents are no longer around (Gandione, Burdino, Vietti Ramus, 2010).

These interventions aimed at parents are certainly valid but they are not enough; there are others that we believe are more important.

One of the most necessary interventions should be to help parents learn how to establish an effective relation-

ship with their child, maintaining over time, with constancy and determination, a warm, joyful and tender relationship, made up of listening, sharing and participating in their child's problems and difficulties. The aim is to help these parents establish with their child who presents autistic type symptoms, that understanding, made up of trust, esteem and mutual acceptance that is indispensable for the child to be able to open up to others and to the world.

As Franciosi (2017, p. 50) puts it, it is essential that there is a harmonious relationship between the child with autism and his or her living environment that enhances, develops and sustains the child's internal homeostasis.

The same author writes (2017, pp. 10-11):

In terms of intervening on a complex system such as the human being, we have realised that intervening on maladaptive and problematic behaviour, without considering the underlying dysregulated affective process, is a limiting operation. Over time, we have encountered many children with autism who, by working for years with good habilitative methods, have developed skills and enhanced their levels of cognitive functionality, but who have continued to manifest maladaptive behaviour, to be unwilling and unmotivated, oppositional in the face of requests, irritable, in a state of perpetual alertness, and unable to handle the unexpected and tolerate frustrations.

Also for Bowlby (1988, p. 58):

For many years, sensitive clinicians have been aware that a person's state of mind appears profoundly different,

whether his or her intimate interpersonal relationships are warm and harmonious or tense, aggressive and anxious, or emotionally distant or even non-existent

❖ *Let us strive to establish a solid and empathetic bond with these children.*

Any progress in the relational field will be impossible if we fail to establish strong, intense bonds with these children, full of listening, tenderness and empathy.

For, as Zannantoni (2014) says:

In the rediscovery of a good, we can say empathic, interpersonal relationship, as on a luminous mirroring surface, the suffering person can build his own container of meaning and find thoughts and words to tell himself

Ultimately we will try in every way to build a bond of acceptance and love with these children, making Not-bohm's appeal our own (1973, p. 141):

Give your child unconditional love, a love that does not depend on report cards, clean hands or popularity. Give your child your wholehearted acceptance: acceptance of his frailties. As well as his abilities and virtues.

❖ *Let these minors feel our reassuring, serene, affectionate and respectful presence*

Respectful above all of their symptoms, which highlight the serious inner problems of which they are victims. Respectful of their efforts to limit or combat the suffering

and anguish by which they feel overwhelmed. Respectful of their limitations but also of their abilities and possibilities. In this way, we adults will show with deeds and not words that knowing their needs, wants and momentary limitations we understand and accept them with joy.

❖ *We play with them every day using Self-Directed Free Play (Tribulato E. 2013)*

Another suggestion we would like to , is to use for at least one hour a day a tool as old as mankind itself, even older, since before the appearance of man on earth it was already used by the pups of many animals: this precious tool is simply called *play*.

It is well known that play has many important functions and is very important for the psychological, social, relational, affective and intellectual growth of every child:

- ❖ is stimulating motor and intellectual development;
- ❖ is a tool for exploring and getting to know one's own body, that of others, objects, animals and the nature around us;
- ❖ is a privileged vehicle for communication and socialisation;
- ❖ is a means for the development of creativity and imagination;

- ❖ is a tool for getting to know emotions and feelings, one's own and those of others;
- ❖ has the ability to improve contact and control of one's emotions;
- ❖ is a training ground for personal and social autonomy;
- ❖ is an opportunity to strengthen the will;
- ❖ and is the best tool for creating and maintaining complicity, understanding, mutual emotional bonding, serenity, joy and pleasure between people.

For these reasons, by using *free play* in which children themselves, by mutual agreement, give each other rules and directions at all times, the youngest of human beings learn to explore, learn, communicate, socialise and become autonomous. Moreover, through what seems a banal, simple playful activity, children from all the world and from all generations, are able to understand, control and shape their own and others' emotions, so that they become capable of building social relationships that are not only pleasant but also effective, useful and lasting.

In short, children, through *free play*, manage, among other things, to build moments of sociability. These moments, in turn, will not only tend to improve their inner world, making it more relaxed, serene, confident, cheerful and optimistic, but will also help them in their affective and emotional growth.

Unfortunately, young children with autistic disorders are unable to use this type of play, since their affective-relational development is too immature and their inner world is excessively unstable, disturbed, insecure, fragile and restless, to allow them to engage in a playful activity, such as free play, that is usually performed in full collaboration and understanding with peers. Since these children are emotionally very closed and scarcely willing to mediate, to share toys, to be able to play imaginative games, even more so to accept the requests of others, they are unable to make themselves accepted by their peers, who expect their playmates to be able to understand the rules of the game, to be able to listen, to find agreement and to accept what is proposed by others.

Says De Clercq (2011, p. 25): 'Thomas did not care about the other children. He did not play together with them, if anything near them. It seemed as if they did not interest him completely'. And again the same author (De Clercq, 2011, p.23): "In the presence of other children, Thomas became immediately nervous and stressed and we, just as quickly, could no longer keep his behaviour under control".

Williams (2013, p. 35) gives an example of an abnormal way she approached peers to ask for their friendship:

Terry lived around the corner. She was older than me and Italian. I was eight years old, she was ten. I spied on her and she spied on me watching her. I didn't know how to make friends yet, so I would stand in front of her and say all the swear words I knew. Since my mother had a very rich vocabulary of expletives, I knew how to do it very

well. Eventually the little girl would stand up and chase me for several blocks. I would run away and come back the next day to start again. One day she caught me; she was about to 'smash my face in' when she decided to at least ask me why I had tormented her so constantly, for so long. "I wanted to be your friend," I blurted out furiously.

It is therefore a good idea to avoid these kinds of negative experiences, which would not only bring them no benefit, but could also worsen the psyche of these children, since they could also be followed by rejection and bullying attitudes from normal children, with a subsequent worsening of their self-esteem and their inner world, which is already considerably disturbed. On the other hand, there is no point in trying to teach them how to play with other children (De Clercq, 2011, p. 28), soon as they are serene and mature enough, they will do so without any teaching from us, otherwise, stimulating them to do something for which they are not psychologically ready, can only be harmful.

Consequently, individuals with autism symptoms are unable to acquire, through their relationship with other children, the valuable contributions offered by this activity, just as they are unable to enjoy the pleasure and joy of understanding, exchange and complicity. These are all things that make it possible to establish those affectionate reciprocal bonds that are fundamental in maintaining and growing in every human being a good relational capacity and a healthy psychic balance.

Similarly, it is counterproductive to think of implementing with these children a type of game in which the adult

discusses with them which rules to apply or, even worse, is the one to dictate the rules (*guided play*) because this behaviour would make them feel, once again, like misunderstood children, forced to do or not to do what others want or impose and not what they really need and desire.

The Free Self-Managed Game

If free play and guided play are impossible or of little use to these children, the same play activity is, on the other hand, perfectly usable when carried out together with adults, if the latter are able to take into account the inner reality of these particular subjects.

In particular, it is necessary to know and accept that in them there is a clear distrust and even fear of human beings and the world around them. Distrust and fear that forces them to be defensive rather than welcoming of ideas and interventions from outside. Distrust and fear that leads them to reject and oppose any request that comes from others, as it is judged by them as violent coercion and imposition (*indifference or opposition to games proposed by other children or adults*).

Moreover, the state of mental hyperactivity, of dysfunctionality in the management of emotions and thoughts, with which they are forced to deal at all times, does not allow them to listen with serenity and balance to the indications, needs and requirements of others, so as to regulate and harmonise their actions and behaviour with these. Therefore, every stimulus we give them to perform particular games or activities, which seem to us adults to be in-

teresting and educational, blocks them, makes them anxious, disturbs them.

It is also necessary to understand and accept that in the soul of individuals with autism symptoms there may be intense emotions that force them, especially when they are in a phase in which total closure is not present, to *play chaotic, aggressive and destructive games*. In such cases, if a nurturing and controlling attitude prevails in us, we would be inclined to reject this type of activity. However, taking into account their need to give vent to these negative emotions, unless the games proposed and implemented pose a real danger to them and others, our acceptance must also include this type of activity

It should also be borne in mind that the considerable anxiety from which they suffer forces them to use the same games for a long time (*endless games*) order to diminish it through repetitive behaviour. In these cases, if the adult consents to this need of theirs, without becoming tired and bored, he will soon discover how this momentary sacrifice of his was precious in allowing the child to start or resume the path of affective-relational growth that had been blocked or interrupted;

Adults must also pay attention to the difficulty these children have in dealing with frustration, so that they do not accept making mistakes or losing in the games they play. For this reason, at least initially, they must avoid this type of frustration by making sure that they can always win in every game they play with others.

In Free Self-Directed Play, the conduct and management of activities are completely entrusted to the child with problems. He/she can choose the type of game, its duration, and the ways in which to play it. He can also decide when and with which other game to replace the one that is no longer of interest to him at a given moment (Tribulato E., 2013, p.110)

How to experience Free Play

1. During the activity of Free Self-Directed Play our physical presence must never be felt as invasive and coercive. In the initial phase, if it is necessary, we must be able to remain in a corner, in silence, but with our soul attentive, available, affectionately close, until we sense that the child is willing to meet us and therefore seeks our collaboration in the activity or game undertaken.
2. To get the most out of it, it is necessary to allow oneself during play to have a deep, intimate and empathetic relationship with the child, remembering and thinking back to the joy and gratification we felt in our childhood when we had the chance to play with a playmate, or even better, with our own father or mother. Ultimately, returning to childhood for a few hours allows us adults to understand and participate more and better.
3. We accept and collaborate in his games, even if they may seem useless, silly, repetitive or tend

to manifest and express his aggressiveness or inner disorder that he would like to get rid of. We accept and collaborate in his games or activities without judging them and therefore without ever correcting or rebuking the child. It is not at all important what he does or does not do, but the way we manage to make him experience the pleasure and understanding that is created, between us and him, during play. This pleasure and this understanding, we have seen, are remarkably effective in making him more serene and calm but above all more trusting towards us. And since we in that moment represent the reality outside of him and therefore the world of which he was afraid and from which he had distanced himself, the trust and joy that he will feel towards us during those hours will be reflected in his personal and relational well-being and will allow him to open a breach in the wall of distrust that he had created to defend himself from suffering. This opening towards others and towards the world outside of him will be precious, since it will be able to free all the energies present in his Ego, so that they can be directed towards normal affective-relational growth, which will also have important positive repercussions on the cognitive and behavioural level.

4. We try to assume the simple role of friends and companions in play and adventure. And so we leave aside for a few hours the classic function of control and direction, which tends to spur,

criticise, rebuke and reprimand the child for any unsuitable behaviour or attitude. Let us therefore avoid phrases such as these: "Come, let's play with the toy train Santa brought you, but be careful how you handle it because it is delicate and could break"; "Don't bang the toy car on the wall, it could break and no longer work"; "If you want to build something, do it well and in an orderly manner!"; "We have played with puzzles, before taking another toy, let us put all the pieces back in their box". As we have already said, the educational function is not at all suitable for children with autistic spectrum disorders, so we will use it later and very gradually, only when the child has finally abandoned its closed condition.

5. In order to achieve good improvements, we gratify him, more with deeds than words, by willingly accepting to collaborate in his games, whatever they may be, even if they are repetitive, or we judge them to be absolutely silly, useless or even aggressive. In the same way, we will accept his behaviour, even if it may appear disturbing, strange, peculiar or not appropriate to his age.
6. Since these children prefer to use real objects in their games, rather like small children, we allow them to play with these rather than the usual plastic toys. And because they love music and soft sounds relax them, we also leave some musical instruments at their disposal.

Which games to participate in?

The answer to this question is simple: "To almost everyone" (Tribulato E. 2013, p.111). Unless they are sexual games, or games in which the child could actually do harm to himself or others, parents and educators must be able to participate in all activities and games implemented or proposed by the child.

The child's initiatives can be of various kinds and, especially in the initial phase, can also be very simple, banal and far removed from our conception of play, such as: pouring water from one container to another, constantly turning lights on and off, lining up a series of objects, placing cubes one at a time inside a container or conversely pouring all the objects in a container onto the ground, opening and closing an umbrella or turning it on the ground, making pieces of paper and then making them fly like so many butterflies from the balcony, and so on.

Says De Clercq, p. 20):

Thomas never played, at least not like the other children. He opened doors, closed them by slamming them shut, turned lights on and off, screwed caps and walked here and there holding a jar of tomato sauce, a frying pan and a wooden spoon.

In reality, the games present in children with symptoms of autism reflect their maturity and psychic reality. When the affective-relational development is modest and when the psyche of these children is pervaded by chaos, anxiety and fears, the games they are able to play, which are also

those that are able to relax them at that moment, are very simple and poor games like those described by the author. However, even these games that could be classified as stereotypes can become valuable to begin to relate well with the child, when we participate in them with joy, joking with him, laughing with him, imitating him, helping him, supporting him. It is this joyful participation that will succeed in transforming apparently silly and useless behaviour into a pleasant activity to do together. This will instil in the child what he really lacks: security, joy, trust in others, and finally, what is most important, the desire to establish a stable, secure, valuable bond outside himself, with the world around him

Some time ago I received a phone call from a support teacher at a high school. This good teacher wanted to carry out the technique of Free Self-Directed Play with the boy she was tutoring. However, the phone call was full of discouragement, for a very simple reason: the boy who had been assigned to her did not play any games in which he could participate. Not only that, but he also refused all the games she tried to offer him by looking at her aggressively and violently pushing her away with his hands. The only activity this boy did was to watch violent and aggressive videos on his tablet. This, unfortunately, was the very last thing the good teacher would have wanted the child to do. Well, our advice, which initially left her astonished and perplexed, was that she should also enjoy watching the videos chosen by the boy and participate in the joyful comments he made while playing. After a little over two months, she called me back enthusiastic about the important and stable improvements the boy had made, both

when he was with her and when he was in class or at home.

When and who should use Free Self-Directed Play.

Since age is important, the younger the subject the more easily and quickly a mental and emotional structure can be changed, the activity of Free Self-Directed Play should be carried out as early as possible. This living together with an adult, better if this adult is a parent, a gratifying and enjoyable activity, will allow the child to achieve greater inner serenity and greater openness and trust in others, in the world and in himself. This, in turn, will lead to considerable improvements with a gradual reduction and then disappearance of the severe symptoms present.

If, as we said before, Free Self-Directed Play can be performed by all adults who in some way relate to the child, this is a precious opportunity for parents, who will have the chance to establish or re-establish with their child that understanding, that dialogue, that meeting and that relationship of trust, which they longed for but which, however, they had not been able to implement and develop previously or which, for some reason, had been interrupted.

We have been able to ascertain that the effectiveness of this type of game, when conducted by parents, is clearly superior to when it is only used by a therapist or another adult, even a qualified one. We believe that this is due to three fundamental factors: the first concerns the instinctive need, present in every human being, be it child or teenager, to want to relate well especially with their parents. The second reason we see, which is just as important, is

that when parents apply this valuable therapeutic tool, their educational and relational style will gradually change, so that this method will continue to produce positive effects even outside the specific playtimes.

Conversely, if it is only specialists or educators who implement this type of therapy, the improvements they may achieve risk being frustrated by the parents' unsuitable behaviour. In addition, it is important for fathers and mothers to experience Free Self-Directed Play so that they get used to abandoning their educational role in favour of a relational one.

On the other hand, as we have said, the educational role implemented with regard to a child with autistic disorders is absolutely useless and counterproductive, as these children are to be liberated and not educated. Our task is therefore not to teach them anything but to free them from the anxieties that unsettle and shake their souls. It is necessary to free them from the fears that grip them and the lack of trust they have in human beings and the world they live in. It is essential to free them from overt or repressed aggression and the emotional and ideational dysfunctionality that can invade their minds, and finally, it is important to free them from the abnormal excitement they feel, which conditions their attention, actions and all learning.

Fabio, a three-and-a-half-year-old boy, came to our observation. He presented a difficult family situation: his parents had separated six months earlier. The father, who described himself as a stubborn, touchy, proud and nervous man, avoided seeing his son for fear of violent clashes with his ex-wife.

The parents had become aware of the child's problems during the last year. They had noticed that Fabio's psychological and cognitive growth had come to a standstill. Indeed, after the parents' separation, the child had lost the few words he used to speak in earlier times. The child presented discontinuous eye contact, persisted in some particular games, had hyperactive behaviour and tended to oppose every parental request. His restlessness increased considerably if he was with other children. Thus, when he was forced to participate in games with peers, he was intrusive, disturbing and aggressive, whereas he appeared more open to social interaction when he had the opportunity to relate to only one adult. The child also presented intense fears of animals and numerous behavioural disorders: he appeared disobedient, distractible, impulsive, nervous, irritable and grumpy. A better understanding with his mother was only present in the evening when, drinking milk from a baby bottle, he exchanged a few cuddles with his mother. The little one had been diagnosed with: "Generalised Developmental Disorder" and had been advised habilitative therapy.

Upon observation, his lack of attention to the outside world and the prevalence of inner impulses in his behaviour were evident. Linguistic production was limited to a few vocalisations and a few syllabic sounds that he repeated while shouting. The relationship with the operators was detached and almost absent.

These parents, despite the fact that we had invited them to make a personal commitment to self-managed Free Play for at least one hour a day, due to the mother's all-day job and the father's serious personality problems,

were unable to do what we had recommended. Follow-up visits to our centre were also rare, so much so that the child, more than a year after being taken in at our centre, showed no improvement.

In order to at least encourage the mother to involve herself in her son's therapy, we clearly told her that the child would not be able to attend primary school in that psychic condition. This finally induced the mother to follow our advice and relate to him for one hour a day through play. The improvements were so rapid and remarkable that even we, who believed in this type of therapy, were astonished: after about a month, the child began to pronounce various words, to which were soon added sentences, which became longer and more complex, but above all, as if by magic, the pleasure and joy of being able to relate to his mother and us, who were almost strangers to him, through play, was born.

Self-directed Free Play in children and adults with autism.

Children or adults with high-functioning autism often do not like to play, yet they like to tell and confide in others, either through words or through drawing or writing.

Sometimes they want to tell fantastic stories, even though they are often repetitive, violent and full of socially unacceptable terms concerning faeces and urine and the like (*coprolalic terms*). Well, this listening attentively and joyful participation in these stories, without making any particular comment or interpretation, is also therapy.

In other cases, adults with autism like to draw violent scenes, in which people die and then resurrect to die again, attacked by violent monsters or evil characters, seen on TV or in video games. Listening and participating in their stories, no matter if they are repetitive, cruel or full of coprolalia, also becomes therapy if we manage to avoid being bored or shocked and if we convey our affective closeness while listening.

It is also therapy to listen to their difficulties with teachers and classmates, just as it is therapy to walk with them, to better communicate their affection and to better listen to the emotions that these children manage to convey with their gestures and expressions.

❖ *We avoid categorical demands as far as possible.*

One of the many difficult changes we have to make in our relationship with these children is to avoid making categorical demands on them, or worse still, impositions, as these are perceived with considerable distress and suspicion. Often the demands we make are interpreted by them as harmful, since they tend to change that inner state and climate of uniformity and immobility that allows these children to acquire a certain tranquillity and security.

For this reason, and also because of the bad opinion they have of the world in general and of human beings in particular, these minors have a lot of difficulty in accepting, and therefore suffer, when others: parents, educators, teachers or rehabilitation technicians, ask them to do or not to do a certain action; to perform or not to perform a

certain behaviour; to say or not to say certain words or phrases. For example: "Say goodbye to Grandma"; "We have to leave, give Grandpa a kiss"; "Drink all your milk"; "Sit properly"; "Don't get up"; "Don't get dirty"; "Wash your hands" and so on. Such sensitive children perceive every request as gratuitous violence from those around them, because they feel that people who ask for something do not take their limitations and considerable emotional difficulties into account. Ultimately, they are not respecting the needs that are painfully present in their psyche.

This accentuates detachment and distrust in them, as they become even more convinced that others are bad and that the world as a whole is evil, unjust, overbearing and unfair to them.

❖ *We do not ask them to perform activities that we want but they do not like.*

This is the most difficult commitment to implement and maintain. It is almost inherent in us adults to be, with regard to children, educators who have the task of choosing and proposing what we think is useful, necessary, interesting or important for them. However, as far as children with autism symptoms are concerned, this is the most common, but also the most serious mistake: considering them to be psychologically normal but neurologically deficient in multiple capacities, to which they make up for with various stimuli and therapies. Instead, it is exactly the opposite. They are psychologically significantly disturbed but possess, at least in potency, normal capacities and qualities. One must not, therefore, ignore their inner world in which, as we have seen, fears and terrors, anxieties and

anxieties, mistrust and closeness rage. That is why any proposal that comes from outside, in the psychic condition in which they find themselves, is felt by them as an imposition and a serious indifference to the emotions from which they suffer

Ultimately, this type of approach, which underestimates their psychological needs and possibilities, risks accentuating distrust and repulsion towards the world and the people around them, and thus risks worsening their overall psychic condition, with a consequent accentuation of closure and estrangement from reality. If, on the other hand, we manage to respect these children's emotions to the full and without preclusion, we will very soon realise that in reality their basic capacities are not deficient but simply cannot be fully expressed, due to the presence of a particularly and seriously disturbed inner world.

Therefore, only later, when we have established a good relationship with them and when their emotions have normalised, can we begin to propose some game or activity that we think will amuse and interest them.

❖ *We wait for them to determine when and how to have physical contact with us.*

This behaviour is also difficult for the adult, especially for a parent or family member. However, it is a necessary behaviour to give a clear signal of respect for their feelings and needs. Like saying: "I am there. I am here next to you, but I have no intention of touching you or forcing you into a hug that you do not yet seek and that would make you suffer more. When our relationship is more ma-

ture and healthy, when you are available, my arms will be ready to open to welcome you with joy".

When to return to education

One of the most frequent remarks made to us, when explaining how to deal with these children: without correcting them, without making judgments, without giving precise indications as to what is right and what is wrong, what is good and what is bad, and therefore also as to how to behave and how not to behave, is that these children 'might grow up rude' and therefore might become wayward, spoilt or even violent children or adults. They could therefore become even more unmanageable than they are at present. Whereas, through normal educational interventions made up of rewards for every positive behaviour implemented, but also of reminders, reprimands and possible punishments for every behaviour or attitude that is not appropriate to civilised living, they could later become more polite and respectful adults.

It is not easy to make parents and educators understand and accept that a therapeutic relationship of an affective-relational type, which takes the child's experiences and emotions into the utmost account, is not a way of educating these children to behave badly and without any restraint. Instead, this type of relationship is the best tool at our disposal to improve their inner world, so that, as these children are more mature and serene, they can better use all their potential, including their will. Will that they can later use to be able to understand and accept normal and correct educational and training interventions.

Sexuality and love relationships

Young people with autism symptoms can have, and actually do have, sexual and amorous desires. They fall in love, have an interest in the opposite sex, become aroused by erotic pictures or drawings, and practise masturbation. However, when they try to establish relationships with the opposite sex, many important difficulties arise. In fact, when the sentimental or sexual encounter takes place with normal subjects, due to the numerous limitations and needs of these young people, a stable love relationship is difficult and often impossible, since their insecurity, their stereotypes, their fears and anxieties, their strange and unusual behaviour can rarely be understood and accepted by the other person.

Remember De Rosa (2014, p. 61):

Ever since my early adolescence I have yearned for femininity, a dimension to which I was intimately attracted, but towards which I had no strategy of approach and relationship, a strategy that, as already mentioned, I actually lacked towards the whole world.

The author himself (2014, p. 62) succinctly describes the characteristics of his *amorous* desires in these words: "I think it can be compared to the condition of a man in love locked in a prison cell while the beloved woman lives outside free".

De Rosa again (2014, p. 62):

During my adolescence I had, like everyone else, my crushes, my unrequited loves but with the added suffering of not being able to relate to my loved one, except in my very limited forms as an autistic person, forms that are not only limited but not always understandable and at times disturbing'.

Morello (2016, p. 145) includes amorous fantasies among the few things that brought him joy: "Flashes of joy are the dismantling of manias of sequences followed for years; allowing my closed oasis to be invaded by others' rules; daydreaming about the many girls I see in the corridors, in the classrooms in the streets". However, the author himself (2016, p. 177) cannot but admit the considerable difficulties present in love relationships: "Women and girls remain an enigma to me. If the currency in love is emotional contact, it will be very difficult for me to fall in love".

The refusals they are forced to undergo, either when expressing their love or accepting psychologically painful sexual intercourse, cause these young people much suffering. Williams (2013), for example, in order to make the sexual intercourse her partner demanded possible, was forced to estrange herself from her body, so that she felt totally separate and numb, while her eyes stared at nothing and her mind was thousands of miles away.

Equally important difficulties arise when amorous offers go towards a subject with a problem other than autism. For example, when one wants to establish a loving relationship with a subject with mental retardation.

The experience of Giulia, a woman with high-functioning autism, may be indicative of these situations. This woman, attending a centre in which there were other disabled people, in order to have a love story and an independent family life, had sought a relationship and got engaged with a young man who had an average type of mental retardation. The woman, wishing to start a family, could not get over the fact that the man, to whom she was engaged, had abruptly turned away from her when she had asked him to have children, get married and start a family. She did not understand and could not accept the real reasons her boyfriend was trying to make her understand, namely that it was impossible to start a family as they both had no jobs and a minimum income. In that case, the woman's desire, instinctively very strong but also irrational, far exceeded her boyfriend's common sense.

Unfortunately, also incompatible and often doomed to failure are the approaches and 'stories' these young people have towards other people with the same problems. The most frequent cause of these failures concerns communication and the management of emotions. Above all, it concerns the management of the fear of physical contact, not to mention sexual contact. Since love relationships are made up of complex and numerous contacts, which inevitably involve communication, feelings, emotions and bodies, in many individuals with autistic disorders such contacts are difficult to accept, but above all they are even more difficult to express. Williams, in her autobiography, speaks in great detail about her disastrous love and sexual relationships, which she sometimes undertook out of the need to have someone beside her who could give her assi-

stance and protection, something her parents were unable to do.

The author (Williams, 2013, p. 118) recalls:

During the year that I had been so close to Bryn (another young man with autism) I had never got over the fear and terrible sense of nervousness that assailed me at seeing him. At times this had made meeting him an impossible torture to tolerate.

It was difficult for the two lovers to even look each other in the eye (Williams, 2013, p. 118):

I started to brush Bryn's hair. He bought lunch and we shared our food on the grass, under a special tree. We both found it extremely difficult to look each other in the eye and when we did, the frightening feeling of losing ourselves came back.

The same difficulty is expressed by Morello (2016, p. 160): "But the security of having to pass into the motherly touch of foreign hands terrifies me, so I am forced into my autistic Pandora's box".

Since these young people will only be able to establish and maintain solid sentimental and sexual ties or even create a family when they have conquered freedom from anxieties and fears and have attained good social and relational skills, it is preferable for parents and society to strive to diminish and if possible eliminate their serious inner malaise, rather than trying to give them the possibility of

sentimental or sexual encounters, which can only cause further frustration and suffering

The relationship with the school

In families in which there is a child with autism symptoms, one of the most serious and difficult problems to solve concerns the school. Our current society rightly tends to put the spotlight, in the lives of children, on this well-deserving institution which, if it is adapted to the needs of children, can offer valuable educational and training values.

This confidence in school activities is so high that some specialists advise parents who have a child with such symptoms in their family to include him/her in school activities as early as possible. There are several reasons why these specialists give this advice:

- Since these children have serious problems in socialisation and integration, the presence of many children in the classrooms with whom they can engage in friendly relationships and play could improve these deficits.
- Moreover, as children with autistic disorders often have problems in communication, verbal language, learning, and logical and abstraction skills, daily contact with peers with normal logical and linguistic abilities, and with teachers capable of stimulating and developing these abilities, may help them to improve their language, enrich their knowledge,

and stimulate their logical and intellectual development.

- Finally, since these children appear to be very capricious and oppositional to every request, so that they frequently do not agree to conform to the normal rules of good civilised living, an environment such as a school, with well-defined, clear and stable rules and regulations, and with teachers trained to make them accept and respect them, could be a panacea for them in order to improve their often disturbing and apparently capricious behaviour.

These motivations and their respective indications seem to be dictated by common sense criteria. However, on closer examination, it is not difficult to discover that the psychological problems that arise or are accentuated when a child with autistic disorders attends any school environment are considerably greater than the benefits that he or she might derive from this inclusion.

There are several reasons for this.

- 1. The difficulty or inability to accept school rules and regulations.*

All norms and rules are perceived by these particular children as interferences tending to worsen their precarious and distressing inner life. Consequently, they are judged as gratuitous violence and impositions by an environment that cannot understand their serious inner problems. For these reasons, they tend to refuse and reject any indication or suggestion to do or not to do a certain

action, just as they refuse to conform to a certain type of behaviour considered correct by others but not by them.

At the same time, they suffer greatly from being forced to remain, for many hours a day, in an environment where these rules and regulations are in force, and it is important that they are. At the same time, they feel anguish and resent all the instructions and reminders that are given, in order to allow the lessons to run smoothly: "You sit in your desk in silence"; "You draw, write or read what the teacher asks"; "You sing and play when the time is right"; and so on.

2. *Lack of attention and concentration.*

Due to the psychic instability, fears, considerable, constant anxiety and possible tension and emotional dysregulation, of which they may be victims, children with autistic disorders have considerable difficulties in attention and concentration, especially if they are forced to attend an environment, such as a school, for many hours a day

Recall De Rosa (2014, pp. 69-70):

My problem was not studying profitably, but the way the school was organised in terms of time and methods, suitable perhaps for my neurotypical classmates, who complained about it anyway. How to sit still and silent for hours listening to a person speak? Difficult for my classmates, frankly impossible for me. And what about the emotional storm generated almost hourly by the general change of the whole context, teacher, subject, activity? I could go on'.

And again the same author (De Rosa, 2014, p. 9):

Many of the lessons were relatively easy to understand and even easier for my autistic mind to remember, but from the point of view of situation and organisation of space, time and methods, I always found the school context dramatic.

And Williams (2013, p. 43)

It was as if, by concentrating too hard, I could not actually grasp anything. Unless I had chosen the task to be performed, no matter how hard I tried to pay attention my mind began to wander.

Morello (2016, p. 70) recalls his school days in these words:

The teachers made marks on the blackboard. They said letters, numbers. Scratches, signs for me to understand. All too quickly. The classmates showed no anxiety: they were reading, writing, talking

The same author (Morello, 2016, p. 58):

I read fast and write slow. I count time. Thinking is laborious and in writing sometimes loses substance. My abnormal reasoning gets lost (...) I read fast sideways to check the meaning, but the word is emotion. The more excited I am the more language blockage jumps out.

3. *The presence of poor skills in analysing, synthesising, organising and memorising cultural content.*

Individuals with medium or severe autism, due to their considerable immaturity and the considerable difficulties they have regulating their emotional states, often have learning difficulties, due to their poor ability to analyse, synthesise and organise the cultural content proposed by their parents and teachers. Some mothers report: "On holiday we repeated the multiplication tables every day, but when he came back to school, according to the teacher, he could no longer remember them". In class, when he is questioned, he gets anxious, freezes and cannot get a word out, about what we have studied and repeated at home so many times'. The teachers' complaints are very similar: "I did a lot to make him acquire, by repeating them a thousand times, the basic concepts of time: today, tomorrow, in a week, in a month, and already the next day, when I asked him about them, he had completely forgotten them". Or: "I managed with a lot of effort to teach him to read, but he doesn't seem to understand the content of what he reads".

This is confirmed by Williams (2013, p. 43) who recalls her difficulties in understanding what she read: "Eventually I realised that I got nothing out of the stories they made me read in school. I could read them just fine, but I was incapable of grasping the meaning".

4. *The presence of very selective cultural interests.*

While the vast majority of children with autistic disorders have learning difficulties, this is not the case for some individuals with Asperger's syndrome. In these, certain capacities, such as those involved in memorising, conceptualising and analysing the meaning of words read, are presented in a normal manner. Indeed, in some of them, these abilities are superior to those present in normal pupils. However, the presence of psycho-affective and emotional problems forces them to use these good abilities very selectively.

Williams (2013, p. 43) reports:

I liked collections and I used to go to the library and get books on the many different types of cats, birds, flowers, houses, artwork, in fact on anything that was a group.

For this reason, these minors tend to learn and remember only the topics that are of interest to them, rejecting the others, and if they are at school, they become estranged when the teachers deal with other topics, as they perceive them as absolutely useless and insignificant, and in some cases as a source of disturbance to them

5. Often the topics learned do not improve their personality and culture.

On the other hand, even when these minors manage to learn some school-related topics, since their memory appears fragmented and not global (Frith, 2019, p. 199) and since the connections they make between the various concepts do not always follow the logic expected of them by

teachers, school topics often get mixed up and confused with topics that have nothing to do with them. Figures 22 - 23

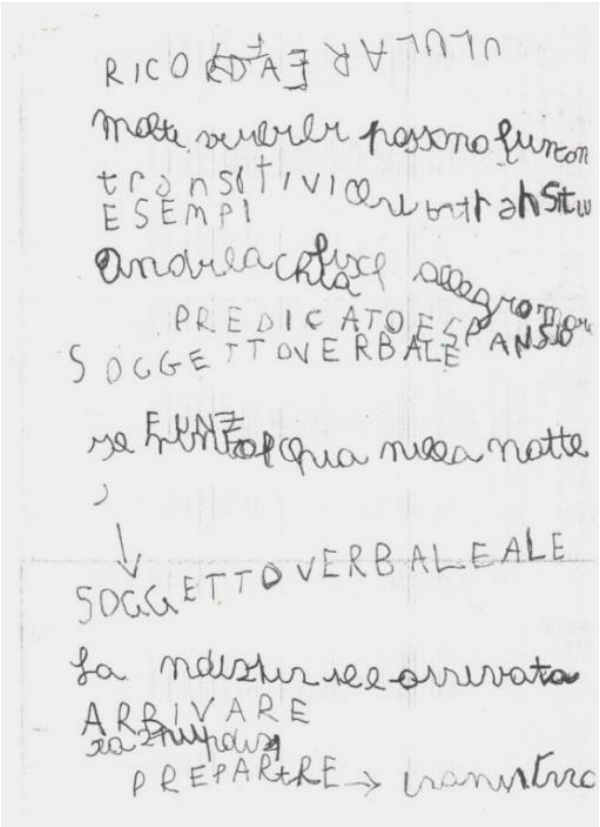


Figure 22- Example of confusing links between school and non-school elements.

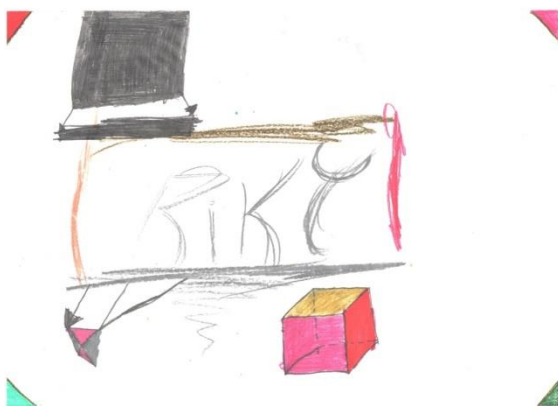


Figure 23 -Another example of confusing links between school and non-school elements.

6. The reactions of comrades

There is not always understanding of their problems, acceptance of their behaviour and emotional closeness on the part of their classmates. Sometimes these children and young people with autism symptoms are judged as mentally retarded, since many of them have considerable difficulties in learning and language. When, on the other hand, their language is fluid and their learning abilities are very good, they are criticised and mocked because they tend to use overly refined terms, adult attitudes and behaviour that is too adherent to class rules. In both cases they are perceived as 'different' children and young people with whom it is not possible to have a friendly relationship.

In some cases, these children may suffer acts of heavy, exasperating exclusion, if not outright bullying, which aggravates their already precarious psychic condition. These

behaviours on the part of peers are not always related to the severity of the disorder; on the contrary, as we have often noted, children with very severe symptoms of autism are better accepted, since they arouse feelings of pity and compassion, while the others are poorly tolerated, because they do not arouse such feelings.

7. Reactions from teachers.

As for teachers, their patience is sometimes put to the test because of the disturbing and disconcerting behaviour of these children. It is difficult for teachers to accept the presence in these children of verbal, motor and behavioural stereotypes, just as it is difficult to accept the excessive sensitivity to noise and stimuli, the considerable difficulties in communication and socialisation, often present in subjects with autism symptoms. Self-aggressiveness, extreme fragility in the face of frustration and all the other strange and peculiar behaviours present in them put a strain on the self-control abilities of some teachers and risk bringing out reactive and intolerant attitudes in them.

For these reasons, reprimands, reminders and punishments become easy and frequent. In addition, the repeated detachment from reality and living most of the time in one's own inner world, exasperate some teachers who are unable to obtain from these pupils the minimum of attention and interest necessary to understand and memorise the topics covered.

Williams (2013, p. 46) recalls:

I talked and talked, whether my classmates were listening or not. The teacher would raise his tone of voice and I would do the same. Then he would send me out of the classroom, standing up. I would go for a walk. He would command me to stand in a corner. I would spit and shout "No!". Then he would try to approach me. I would arm myself with a chair, as if I were a wild animal.

The author herself continues (Williams, 2013, p. 62):

As in a dream I was jumping from one desk to another, holding high over my head a chair that I shook from side to side as if it were a pair of marracas, while singing, first slowly and then louder and louder, the song I go to Rio. I was putting myself, my words, steps and actions at the speed of a thirty-three and then a seventy-eight. The rest of the class was cracking up with laughter. My classmates looked at me fascinated. I didn't care. It was as if they were in another world, watching me having fun in my own world under glass.

School environments

As far as *day care centres are concerned*, these facilities, even for normal children, are for the most part unsuitable, as they remove the little ones too early from their family nest, preventing them from receiving, within their own home and family, the serenity and security that up to the age of three or four they seek and that is indispensable for their harmonious development. These problems are more pronounced in children with autistic disorders, since

they are emotionally much more fragile, affectively and emotionally immature and certainly more sensitive than normal children. It is certainly traumatic for these little ones to leave their home environment every morning where, albeit with difficulty, they manage to find spaces and objects that give them a minimum of inner well-being. It is impossible for them to cope with the trauma of being forced to spend many hours a day in an unusual environment, together with completely unknown adults and peers who, apart from being unknown, are like all young children restless, easy to cry and scream. This stressful and traumatic situation, which accentuates their painful existence, is certainly not the best way to increase gratitude, love and trust in human beings and the world around them, so as to abandon closed attitudes and open up to the world. For these reasons, early attendance in these institutions risks accentuating their suffering, their anxieties and their need for closure and isolation.

When a child with autistic disorders is placed in *kindergarten*, while we understand the need that every parent has for their child, like all other children of their age, to undertake all the educational activities offered by the normal educational programmes, we cannot, however, conceal or underestimate the complex and difficult problems that arise in such cases.

These children, due to the serious psychological problems from which they suffer, often cannot tolerate school environments in which there is excessive noise, confusion and intense stress. These absolutely unbearable situations risk accentuating their terror, restlessness and anxiety. All this can provoke violent crises and may accentuate

their need to close themselves off and alienate themselves from the world around *them*. Recalls De Rosa (2014, p. 27): "The kindergarten years were terrible. I was the biggest misfit for that environment imaginable'.

As far as *primary and secondary schools are concerned*, if the children's liveliness and restlessness is less and therefore there is, compared to kindergarten, less fussing, shrieking and crying, those with autistic disorders suffer as there are more demands for more discipline and appropriate behaviour. Moreover, in these schools, there is a greater variability of the school environment during the day, due to the presence of several teachers and different curricular subjects. This risks greatly disorienting children with autistic disorders, also because they do not tolerate or accept the normal educational demands: listening patiently and attentively to teachers explaining subjects, performing assigned tasks, repeating what they have learnt. Unfortunately, these and other demands, peculiar to these institutions, even if mediated and facilitated by the support teachers are for many children with autism absolutely impossible to meet.

Morello (2016, pp. 22-23):

A teacher tried to get me to do like the others, but I showed fear of things. I showed little patience and the children tired of me. They knew how to do and also enjoyed themselves. They sang, they laughed. They made sounds and understood each other. They spoke to me with new names, all too quickly. I did not understand, I was not like them. I was an empty sack. I walked between

classrooms followed by the support teacher who tormented my life with laborious mentally ill activities

Moreover, since these children have little trust in human beings and consequently also have a bad relationship with them, especially with unfamiliar people who provoke considerable fear and anxiety in them, it is difficult and rare for them to be able to converse, socialise and integrate in a class in which unfamiliar people are present, which accentuates these negative emotions. On the other hand, even when these children and young people manage to establish friendships, these are easily broken because of their need to have exclusive and monopolising ties.

Says De Rosa (2014, pp. 15.16):

As a child, however, I did not have the tools to understand the togetherness of my friends, nor to participate. I remember when in primary school my class would go out into the garden and my classmates would engage in various games. I was always on the sidelines with my support teacher (...) Unfortunately, I had no strategy to encourage my participation or even to approach it as a participating spectator. The world of neurotypicals seemed inaccessible to me.

Integration in the school environment

From what we have said, it is clear that the integration of children with autistic symptoms in the school environment is by no means simple, indeed we believe it is one of the most complex integrations. Unfortunately, a frequently used but unsuitable method is the one in which

parents try everything so that their child fits into the classroom and the various curricular activities "like everyone else". This desire, which is absolutely understandable on a human level, is not rational, since a constant struggle can arise between the child's needs, the parents' wishes and the teachers' wishes.

Some parents begin a series of struggles: to get the best support teacher; to get their child accepted by classmates; to get their child to learn most of the curriculum subjects, even though they are often of no interest to them at all. But also struggles to leave him within the walls of the classroom, as long as possible, while the child would like to run away from school. Struggles against the families of other classmates to get him accepted in their homes when they organise parties, which their son absolutely detests, by the way.

In these situations of constant clashes, accusations are easy to make against the support and class teachers, who are frequently deemed unfit for the tasks entrusted to them, and against the classmates and their parents, as they do not show full acceptance of their problem child

The teachers, in turn, are caught between two fires: on the one hand, they would like to integrate these particular children into the classroom with them and the other pupils without often succeeding, and on the other hand, they feel forced to deal with both didactic problems and protests from the parents of the other pupils day after day.

Given these premises, it is evident that the ways of dealing with the school problem and the interventions to be

adopted should be particular and significantly different from those planned for children who do not suffer from autistic disorders.

Some suggestions

The ideal, when at least one of the parents does not work or can stop working for some time, is to engage in caring for the child with problems, postponing school placement until the symptoms of autism have disappeared or greatly diminished. In this way, one of the parents could take advantage of the morning hours to play and interact with the child, in a serene and pleasant manner, either inside the home or in some pleasant place in which the child is perfectly at ease. Hours spent playing with mum or dad or both, either at home or outside, would, in fact, be the best possible form of therapy for him.

What we can achieve in such cases is evident if one examines the story of Mark.

One day we received a phone call from Giuseppe, a support teacher, who is always very calm and controlling to us. That day, however, he appeared on the phone very tense and anxious. He asked us if we could take care of Marco, a child with autism, who had been placed at three years old in the kindergarten where he taught. This child had serious integration problems both with adults and especially with his classmates, so much so that in class he was an absolutely unmanageable pupil: he would isolate himself in a corner of the classroom, refuse to do anything that was asked of him, and shout all day long until one of his parents came to pick him up.

After conducting a lengthy interview with the parents and visiting the child, who still did not speak and showed clear symptoms of autism, with some fear, given the parents' oppositional reactions in similar cases, we asked them to temporarily remove the child from the school the child's psychological condition had completely normalised. Strangely enough, on that occasion the parents, seeing the child's severe suffering, accepted our proposal.

We then began to walk a path together: we operators and the parents, in order to improve relationships and at the same time improve their child's inner world, using the technique of Free Self-Managed Play. The improvements obtained were gradual but steady, so that the following year the child was able to return willingly to class, without the help of the support teacher and without any special customised programme. After completing the nursery school cycle, his integration into primary school also went smoothly, both in terms of learning the curricular subjects and in the area of integration and socialisation with peers and teachers.

When this is unfortunately not possible, due to work or the unavoidable commitments of both parents, so that the child is forced to attend school, it is essential that this institution substantially modifies both the objectives it proposes to implement and the tools and methodologies normally used with normal children.

Objectives

As far as *the objectives are concerned*, these should not relate to teaching activities but to the achievement of a

good inner serenity of the child with problems and greater trust in others and in the world. One can hardly imagine that an immature, sad, angry child, constantly prey to anguished fears and anxieties, would show the slightest interest in educational activities. It would be like pretending to give a lesson on Dante Alighieri to a man who finds himself steering a fragile and insecure boat through the rapids of a river, while risking shipwreck at any moment! Under these conditions, the demands and objectives must necessarily be very different

This does not mean eliminating educational goals forever, but it is indispensable to postpone them to a stage development of psycho-affective maturity in which it will be possible for the child to make the best use of his or her abilities. In practice, the educational objectives will be proposed at the time when the parents, operators and the teachers themselves, who are in charge of the child, will have succeeded in substantially decreasing the child's anxieties, fears and considerable social and relational difficulties.

In order to achieve this, however, it is necessary for school staff to be stable and well-accepted by the child, since they must be able to establish a relationship with this particular pupil that is rich in dialogue, trust and mutual affection, respecting his every need and requirement to the utmost, so that he finds in them those respectful and attentive presences that he seeks and needs.

Ultimately, since the objectives, techniques and methodologies have to be different, a totally different organi-

sation of school activities is required for children with autism symptoms than for normal children

The primary objectives will essentially be twofold: the first will be to succeed in establishing an excellent mutual understanding with the child, the second will consist in improving the pupil's inner world as much as possible, so that the acquired well-being replaces his or her discomfort, joy recedes and replaces sadness, serenity takes the place of anxiety and restlessness.

To this end, it is necessary to have at one's disposal, for all the hours of school attendance, a room that is quiet, silent, but full of toys and various materials, including natural ones such as water, wood, sand, paper, with which to carry out sessions of Free Self-Directed Play. The other indispensable element is that the child with autism symptoms has a serene, joyful, sensitive teacher who is able to relate well with the child and above all is willing to enter into a relationship with him using all the types of games or activities he chooses at any given time. Only later, when the closure, mistrust and heightened sensitivity of this particular pupil have disappeared, can we gradually begin to include other adults and then another child in the Free Self-Directed Play, until we gradually reach full and complete integration within the class. It is essential, however, that the teacher, who must have the human and relational qualities we have just described, puts aside his teaching role for a time and concentrates his efforts solely on creating a relationship of trust, esteem and affection with this child, so as to offer him the serenity, joy and positive experiences he seeks and which he badly needs.

The relationship with objects

If children with autistic disorders do not like, are distrustful and withdraw from people, they easily accept objects, especially those with which they are very attached. Grandin (2011, p. 153), gives this fact an explanation that we share. For this author, she and all other people with autistic disorders have a strong attachment to objects and to their home, perhaps because they lack a strong emotional bond with people.

On the other hand, the relationship with objects is certainly much easier than that with human beings. The objects don't lie to you, they don't make you suffer, they don't talk a lot and therefore don't confuse you with too many words. Objects are not nervous, anxious, depressed, they do not constantly pressure you, constantly asking you to behave or not behave in a certain way. Objects do not shout and attack each other, as human beings around you often do. Objects, if you want, can be left somewhere in the room, in a shapeless heap and you can forget about them, or they can be placed, one at a time, inside a box and then dumped on the floor, thus creating that great havoc and venting the tension that is oppressing you at that moment. With objects you can experience the pleasure of endlessly repeating these two gestures: putting in, hiding and storing or the gesture of throwing out, pouring out. Just as you would like to eliminate and vomit out the severe tension that grips you. Or the other way around. At other times, when you need to seek some order in the chaos that reigns in your mind, objects can be lined up, neatly arranged, side by side, like so many perfect little soldiers.

Objects accept your positive as well as negative emotions without protest. This is not the case with people or animals. If you want to, you can consider them friends or loved ones and always hold them in your hands and take them to bed, so that they protect you from nightmares, or you can vent your anger and aggression towards them and you can even slam them against the wall or on the floor, so that you break them and try to destroy them. They, the objects, do not get angry, they do not scold you, they do not punish you. In short, objects can be used for many purposes, which is impossible to do with people.

Unfortunately, however, the relationship with inanimate things is very limiting and does not allow these children to grow and mature, since objects cannot talk and joke, cannot smile and listen, cannot cuddle and love. Sometimes, however, just when the child is at its most severe, even objects can provoke fear, if they are not the usual ones, because they too can be interpreted as a threat, by a confused and disturbed mind (*phobic attitude towards unknown objects*) (Bettelheim, 2001, p. 81)

An inappropriate and excessive attachment to particular objects is often present. Freud called these objects 'fetishes', Brauner A. and Brauner F., (2007, p. 52-53) use the term 'pledge'. Children with autism symptoms invest a lot in these particular objects in terms of inner security, especially at times when fear, despondency and loneliness might prevail. They therefore want to have them with them at all times, carry them when they go out, when they eat and, above all, when they go to bed.

These behaviours are also present in many normal children, who abandon these 'token' objects when they are more mature. Therefore, just as it is not correct to deprive the normal child of his or her particular object, it is likewise not correct to deprive the autistic child or young person of his or her 'token', even though this need may persist at ages well beyond normal. Depriving them of these objects, considering this behaviour one of many bad habits, means leaving them alone, at the mercy of the emotional storms from which they suffer. Much better to adopt so that the child has other affective and emotional certainties to rely on. In this way, by improving his or her psyche, he or she will be able to voluntarily abandon the much-loved object.

Williams (2013, p. 13) speaking of 'pledge' objects, which she saw as protection, says:

For me, the people I liked were one with their things and those things, or others like them, were my protection against the things I did not like, the other people. The habit I had adopted of keeping and manipulating these symbols was the equivalent of a kind of spell cast against those who might take possession of me if I lost them or someone took them away from me. This was not caused by madness or hallucinations, but only by harmless imagination made stronger by my overwhelming fear of vulnerability.

Let us then let the child use the objects as he wishes at that moment, without expecting him to use them in the way that seems most logical, rational and correct to us. Because, as we said before, if we let him use them as he

wishes, objects can allow the child with autism symptoms to accept many and varied inner needs. Therefore, only later, when we have succeeded in making the child much more serene and mature, can we help and stimulate him to a better and more appropriate use of things.

The relationship with electronic instruments

The electronic tools in use today, and thus present in every home, backpack, pocket or purse, are many and all with great capabilities and possibilities. In some cases they are proposed, even at an early age, precisely to children with autistic disorders, so that they can use specific programmes to improve their abilities in those areas in which they are most deficient. These tools are therefore used to strengthen or acquire language, to develop logical and perceptive skills, to initiate these children into writing, to enrich vocabulary or knowledge, as well as to enable these subjects to communicate and socialise with friends or with the opposite sex. Certainly, we cannot deny the positive aspects of these uses, especially with regard to written communication, but the improvements we can achieve in one or more specific areas do not automatically lead to the disappearance of the basic problems present in children with symptoms of autism, if the specific interventions that allow them to improve their relationship with themselves and with others are not implemented.

In many other cases, these tools are unfortunately also used for the purpose of 'keeping children quiet' when parents are busy with their many activities. *One support teacher reported to us that when her pupil with autistic disorders was brought to school, he would arrive with his*

smartphone in his hand, which, according to his parents, he had constantly at his disposal throughout the day. The boy would only detach himself from it, handing it over to the accompanying father or mother, if at his place the teacher allowed him to use a computer connected to the Internet, otherwise he would go into meltdown, shouting and flailing uncontrollably as he walked around the school looking for any other technological tool he could use.

It is clear that in these cases, this type of use unintentionally creates an addiction, which these children certainly do not need, as it tends to aggravate their problems. Moreover, since children with symptoms of autism, as is the case with normal children when they are young, have difficulty distinguishing reality from fantasy, it is necessary to be very careful and cautious when allowing them to use such tools, since the games, cartoons and other shows they might watch risk accentuating their anxieties, fears, aggressiveness, as well as aggravating their tendency to estrange themselves from reality.

For these reasons, their use is inadvisable until these children have acquired such an improvement that they are able to socialise well with other peers and adults. Even in these cases their use must always be well regulated and limited by the parents, according to the affective-relational development achieved.

Some parents leave technological tools in the hands of their child with autism symptoms during the night, in order to help him fall asleep or overcome night terrors and fears. Unfortunately, even in this case, use is not advi-

sable, as these children especially need effective relationships when they need to be accompanied to sleep. Such relationships cannot be offered by any technological tool, since the tools lack the affective, communicative and empathic capacities that are indispensable to succeed in establishing, maintaining and growing those deep and intimate relationships that these children need to reassure themselves so that they can sleep without nightmares and night terrors.

Instead, it is advisable to use them for the purpose of diffusing, both during the day and at night, in the child's living environment a soft and gentle musical background that can help them find greater serenity and inner balance.

The relationship with animals

The relationship with animals is certainly more complex and difficult but also more rewarding and maturing than the one these children can obtain from objects, since animals are capable of attention and can communicate signals of affection and friendship. Moreover, with regard to some animals endowed with sociability, as well as good affective and relational skills towards humans, such as dolphins, dogs, cats or horses, the relationship of these animals with children with autism symptoms can certainly be very positive and rich in stimuli.

However, it must always be borne in mind that it is only the constant presence of a warm, full, gratifying, joyful, satisfying relationship with human beings, and especially with one's parents, that is the indispensable *humus*, ca-

pable of making the ego of these children grow and mature

Moreover, this relationship with animals is only useful and can only be established effectively when these children have completed a maturative process, which has helped them not only not to be afraid of that specific animal, but also to know how to relate to them well. Otherwise, there is a risk of accentuating their anxious fears, or there is a risk of provoking trauma in the animal that could cause it to become more restless and aggressive.

Finally, it is good not to demand too much of these children: like imagining that they have to take care of the cute, soft kitten or the affectionate little dog bought for them. Often these responsible behaviours are not even assumed by children who fall within the norm, so children with autism spectrum disorders are unlikely to do so. We therefore avoid expecting too much, as we risk communicating our disappointment and irritation to them.

The episode we report is an example of this.

Salvatore's father was always looking for something or someone to heal his son who had symptoms of autism, so he also turned his attention to animals, particularly dogs, which were described as beneficial because of their ability to stimulate social and relational skills in these individuals.

So this dad came home with a beautiful dog, confident of the healing effect it would have on his son. Unfortunately, things did not go as planned. The father soon di-

discovered that the child was terrified of this intrusive and latent animal, so he tried hard to stay away from it, locking himself in his room. Moreover, to try not to hear its frequent barking, he felt even more compelled to put his hands in his ears in an attempt to protect himself. And since his wife had no intention of taking the animal out several times a day for him to go potty, nor did she intend to clean up when he, being small, soiled the floor of the house, the parents' nervousness and their conflicts increased daily. In short, the situation for the whole family, but also for Francesco, not only did not improve at all but got much worse, so much so that after only a month the dog was returned to the pet shop from which his father had bought him.

Some relevant disorders

Sleep disorders

Sleep disorders are often present in many young children or children with psychological problems. As one would expect, these disorders can be particularly frequent and severe in children with symptoms of autism, as their inner world is particularly disturbed, both during the day and during normal sleep.

Meanwhile, *insomnia* is often detected in them, whereby the amount of daily sleep they are able to enjoy is less than that found in children of the same age. Insomnia is due to the presence of greater difficulty in falling asleep, the occurrence of more nocturnal awakenings and early awakenings. It can present itself in a calm or agitated form. *In calm insomnia*, the child remains wide-eyed in the dark, unable to sleep but does not manifest impatience,

does not cry out and does not demand the presence of the parents. *In agitated insomnia* the child screams, whimpers, yells, without being able to calm down for hours. It is evident that it is the second type of insomnia that makes life very difficult for parents, who are often forced to stay awake for a good part of the night in an attempt to calm and soothe their child (De Ajuriaguerra and Marcelli, 1986, p. 251). The two types of insomnia can coexist in children with the same diagnosis, and there can also be transitions from one type to the other in the same child, at different times and moments in his or her life (Brauner A. and Brauner F., 2007, p. 56).

In addition to quantity, the quality of sleep is also often compromised, due to *nightmares and anxious or distressing dreams*. In these cases, the child, while sleeping, moans, cries and cries because of the "bad dreams" that torment him or her. Even more so, the quality of sleep may be altered due to *pavor nocturnus*, (night terrors), whereby the child presents neurovegetative phenomena, e.g. sweating, but also sudden and terrifying sensations accompanying fleeting mental images. In these cases, the child wakes up distressed, his eyes wide open towards some imaginary object he sees, he screams in his bed with distraught eyes and a terrified face, he appears confused and disorientated, he does not recognise those around him and seems inaccessible to any reasoning. When he wakes up, he remembers nothing (De Ajuriaguerra and Marcelli, 1986, p. 77)

Says Williams (2013, p. 111)

The night terrors had started again. I had got up and gone to the bathroom like a sleepwalker. I had caught the image of the corridor light shining under the closed flat door. Something had clicked and I felt myself sinking as if I had lost control over any sense of reality around me (...) Terror invaded me. Carpets on the floor I cried like a child. I felt the coldness and hardness of the tiles and stared at my hands spread out on them. I felt I could not breathe. I felt the fear of the unknown lurking somewhere in the room. I groaned, terrified, lost and helpless.

Williams (2013, p. 47) describes the presence of hallucinations especially during the night:

Out of sheer exhaustion I began to suffer from hallucinations. Figures were moving on the walls. Unbeknownst to my mother, I lay, motionless and silent under her bed, almost too afraid to breathe.

Simone, a child with high-functioning autism, also slept in his parents' bed because he felt anxious. The child told of the oppressive feeling he felt: "As if someone was watching me, as if something could come out of the dark, so I always sleep with the blanket over my head and wake up with sweaty hair". Other times these children cannot even define what they are afraid of and say they are 'just afraid!'.

Some suggestions

- ❖ If the maxim that 'a good day prepares for a good night' is true, it is necessary to intervene carefully and effectively in the waking periods if we want to

improve both the quantity and quality of sleep for these children. For this reason, the first and most important intervention should aim at greater tranquillity, serenity and joy throughout the day. In order to achieve this, it is necessary to avoid involving these children in situations that they would not be able to accept or endure: too much stress, too much noise, too many reminders and reprimands, sudden changes in parental decisions, imposition of so-called 'therapeutic' behaviour that nevertheless causes the child irritation, annoyance or fear. On the contrary, it is much better to immerse oneself together with child during the day in quiet, relaxing atmospheres, such as walking in nature, listening to relaxing music or even better to play with him and accept his proposals, whatever they may be.

- ❖ With regard to therapeutic interventions of various kinds: speech therapy, psychomotricity, behavioural therapies, *pet therapy* and others, these are often implemented for years without ever asking what kind of emotional impact they have on the child. Which, instead, it would be important to do systematically. Since if these and other therapies are perceived as something pleasant and pleasurable, it will be easy for them to bring about an improvement in the inner world of these children and thus there will be an improvement in the symptoms of autism; if, on the other hand, they are experienced as a series of painful, frustrating, daily impositions, even if one obtains the learning desired and desired by adults, there will inevitably be a

greater activation of the defence mechanisms, with a consequent chronicisation or worsening of the autistic disorder.

- ❖ Try as much as possible to avoid medical treatments that are not strictly indispensable, recommended to improve small pathologies, very common and frequent in children and young people: for example, braces to fix and align teeth or the spine, or preventive activities such as routine clinical examinations and so on. These therapeutic or preventive interventions, which are already little accepted by normal children because of the pain and discomfort they cause, felt much more dramatically by these minors because of their particular sensitivity and emotionality. Whenever problems of this kind arise, both the specialist involved in the problem and the parents must ask themselves whether or not it is appropriate to carry them out in these particular subjects, trying to balance, in a serious and thorough manner, the possible benefits that could be obtained from these therapies or examinations against the possible psychological damage that they could cause to these particular children. All in all, all examinations and interventions proposed by competent doctors are welcome, but only when we are certain that they are as solemnly indispensable and cannot be postponed or avoided.
- ❖ It is also important that the bedtime is not delayed too much, so that these children have sufficient hours of sleep and rest. This will also be of great

benefit to the parents, who will be able to have some time to themselves, so that they can relax and reunite as a couple, after what is certainly a busy day full of domestic, educational and work commitments.

- ❖ It is best to avoid putting the child to sleep through the use of TV, some video game or other technological instruments, except with some soothing musical tunes. This is because all children, but especially these, should experience and find the joy and relaxation necessary to let themselves go into the arms of Morpheus, not through the use of cold, anonymous instruments, but through the warm, tender presence of their parents. It is from these, and with these, that they should find a pleasant and tender understanding and the necessary tranquillity and security that will serve to prepare them for a restful sleep.
- ❖ It is certainly useful to leave in the bed of the child with autism symptoms his favourite object, to which he attributes considerable value, as it could help him to acquire, in waking moments and during sleep, greater tranquillity and security. It is also useful to place beside his bed anything he might need during the night: a handkerchief, a small light, a glass with water, and so on.
- ❖ It is good to accompany the child, in the moments before sleep, by means of rituals, always the same, to be carried out in the same way and at the same time, in a cheerful and affectionate manner, as if

they were games to be played together and not as tedious and obnoxious duties to be performed. Ultimately, we should be able to make the child with autistic disorders experience brushing his teeth or at least rinsing his mouth with water, going to the bathroom, wearing pyjamas, as if they were so many games.

- ❖ If we realise that the child likes it, we can even put him in bed and rock him, singing him a lullaby, as if he were a small child. After what we have said, it is easy to understand that we do not think the technique proposed by some authors whereby the child is put to bed and the parents completely disregard any disturbance that may occur, until the following morning, is acceptable (Mazzone, 2015, p. 64). This method, as well as being cruel, seems to us counterproductive, since it is likely to worsen the already bad relationship that children with autistic disorders have with human beings. This method of leaving the child in the grip of his nightmares and fears, among other things, could procure or accentuate in the parents feelings of guilt, of which they certainly have no need.
- ❖ It may be useful to tell him a little story or read him a few pages of his favourite book, but only if we realise that he is happy with this. Even if the child is not able to understand the words spoken or read, this intimate moment will help him to have a positive image of his parents and enable him to acquire greater serenity and security. In addition, the use of words and expressions that are always diffe-

rent and new, used in a context full of affection and tenderness, can enrich his vocabulary. If the child predictably wants his parents to read or repeat the same fairy tale to him, don't hold back, as this could be useful both to reassure his soul and to help him discover and memorise new expressions and idioms.

- ❖ In the event that the child wakes up in fear or worse, it is a good idea for mum or dad to be beside him, trying to calm and reassure him, using a calm and quiet tone of voice.
- ❖ Regarding the bed in which the child should sleep, while some children with autism symptoms accept to sleep, without protesting at all, in their own bed and room, others ask to sleep in their parents' bed or next to their bed. Unlike normal children, accepting to sleep away from their parents is not always a good sign. On the contrary, it is often the most serious children, for whom parents are not yet a source of protection and security, who accept this situation of distance. For these, staying or not staying with dad and mum is indifferent. It may therefore be that when these children have improved and have begun to have an initial bond with their parents, they ask to sleep in the cot. In such cases, they must be helped to mature in their affective-relational world, accepting their request.

Stereotypes

One of the symptoms that most easily strikes anyone observing a child with autism are those strange, repeated movements that we call *stereotypies*.

Motor stereotypies may involve the fingers, whereby the child wiggles them or twirls them in front of the eyes. They may involve the hands, which are twisted, waved in the air or in front of the eyes, rubbed or violently banged one on top of the other. Motor stereotypies may involve a particular *personal object*, which the child with autistic disorder likes to hold in his or her hand at all times: a pencil that is systematically tapped on the floor or wall, a belt, a piece of frayed fabric or a sock twisted between the fingers. Motor stereotypies may also affect the head, which may be continuously rotated or beaten rhythmically on a wall or piece of furniture. Other stereotypies may concern the mouth, whereby the child continuously chews or makes strange grimaces, sticks out his tongue or spits. If they involve the trunk, he continually rocks back and forth from side to side. When they involve the whole body, he runs around the room or around the house, without any apparent purpose.

Stereotypies do not only concern the body and thus movements but can also affect *written or spoken communication*. In the former case, the child likes to make lists of family members, acquaintances, pupils, teachers; he writes the same letters, the same words or numbers at random. Figures 24-25-26-27



Figure 24- Example of stereotypy in writing.

$$\begin{array}{r}
 7+12+18-31-58- \\
 5=22=11=12=48= \\
 \hline
 12 \quad 34 \quad 07 \quad 22 \quad 40 \\
 62-99-125-232+ \\
 31=4=114=111= \\
 \hline
 31 \quad 55 \quad 011 \quad 3143 \quad 11 \\
 518-982-173-4516- \\
 234=218=317=3773= \\
 \hline
 234 \quad 764 \quad 056 \quad 0743 \\
 314
 \end{array}$$

Figure 25- Example of number stereotypy

- 1 il teatro Vittorio Emanuele
- 2 il teatro Carlo
- 3 il teatro Annibale Maria di Francia
- 4 il teatro alla Scala
- 5 il teatro Ampella Riparat
- 6 il teatro Bellina di Catania
- 7 il teatro Massimo di Palermo

Figure 26 - Example of stereotypy: lists.



Figure 27- Example of stereotypies in drawing: alternating trees and little men all the same.

Stereotypes may also relate to the content of the stories.

Michele, a seven-year-old boy with high-functioning autism, described the search for a treasure in this way after drawing a picture:

In search of treasure

"A child named Charles who searched for treasure, three steps down, two steps left, four steps straight up, two steps left, two steps straight up, one step left. Three steps straight up, three steps right, nine steps straight down, six steps left, two steps straight down, two steps left, one step down, one step straight up, one step up, five steps straight up, three steps straight up, two steps straight down, one step straight down, four steps straight up".

And so on for many other indications.

In stereotypies it is as if the child enters a spiral, without being able to get out. So much so that Michele, having understood this, eventually took the sheet of paper in which the therapist was writing his story and finished it with two simple sentences, among other things poorly coordinated with each other: *"he was in his garden (probably referring to the treasure) and he found it, and he asked his mother for it"*.

Fourteen-year-old Fabrizio, too, at a stage of his recovery from the psychotic regression from which he had suffered, presented stereotypical content when reporting his stories:

Luisa, a bratty child

Once upon a time there was a little girl Luisa, she was cute, a bit naughty, she threw things on the ground. She had a daddy who beat her when she threw things on the ground and she cried. So the little girl said: 'I won't do it again' and her daddy said: 'If you do it again I'll beat you up. Then they made up and went home. Here was mummy, who was a bit nasty, because she gave her a beating. The girl said: 'I won't do it again'. They made up and hugged each other. In this house there was another sister, they also beat us, because she was naughty, because she threw things on the floor. Her parents were angry with her and beat her up. And she said: 'I won't do it any more'.

When, on the other hand, the stereotypies concern verbal language, the child systematically speaks in the same tone

of voice, emits the same shrieks, pronounces the same words and phrases or tends to ask the same questions, which have already been answered several times.

This symptom, stereotypy, can also concern *games and toys*. In such cases, the child may choose an object and play the same game with it for a long time and even for many days, for example, pouring water from one container to another, making one toy car collide with another and so on.

Stereotypies may concern *drawing*. In these cases, the child represents the same subject that particularly impressed him: a certain type of car, a succession of light poles, sinking ships, children placed without any apparent purpose next to each other, a series of buoys on the sea, a sky with several suns or moons, a house with many, too many windows and so on.

Other *stereotypies* may relate to *interests*, whereby the child devotes himself completely and exclusively to getting to know every aspect of animals that strike his fancy, such as dinosaurs, marine mammals and others, or pays exclusive attention to a particular historical period, a means of transport, such as a particular type of car or ship.

Stereotypies can also relate to *behaviour*. Thus, the child always wants to watch the same film, the same cartoon; he wants to listen to the same music, he likes to press the light button endlessly, he wants to go up and down in the lift, he continually wets his hands, he looks at a light bulb that is on, and so on.

For Bettelheim (2001, p. 179), although stereotypes are very numerous, in every child these manifestations tend to repeat themselves in a constant and peculiar way.

The causes

The causes of stereotyped behaviour can be various

1. *They can serve to bring order to the mass of sensory information.*

The child with symptoms of autism, given his or her state of considerable anxiety and often dysfunctionality with regard to sensory and emotional input that he or she cannot manage properly, may use stereotypes to try to put in order and understand what he or she is feeling and experiencing. Says Morello (2016, p. 66): "The hand that flickers in front of the eyes, putting the fingers in the ears or covering the whole head, are attempts to bend the mass of sensory information to autistic modes of perception".

2. *They can help decrease inner anxiety*

Even to the layman's eye, these behaviours are linked to feelings of tension, stress, anxiety, worry or some kind of psychological disorder, so much so that in the old, famous film 'Mutiny of the Bounty', the ship's captain, who tended to systematically turn steel marbles between his fingers, was presented to the judges by the mutineers' defence lawyer as a person with a serious psychological condition, for which the sailors were acquitted. In reality, this was not the case, as the man was not suffering from any psychological problem serious enough to justify the mutiny

that was organised on his ship. Because even people who are within the normal range, or who have mild psychological problems, in order to diminish or soothe some inner tension, even if it is not particularly intense, due to anxiety, embarrassment, excitement or something else, need to perform some repeated, small motor activities: drumming with their fingers, smoothing or twirling their hair, moving objects between their fingers, e.g. pieces of paper, car keys, a cigarette, a pen, papers or paper clips. However, even if people who are within the normal range often use small, stereotypical gestures, when they are in the presence of other people they try to restrain themselves, as they understand that these are socially unaccepted behaviours.

This is not the case with individuals with autism symptoms, who are unable to control stereotyped movements, which, moreover, are very frequent, continuous and, above all, are associated with numerous other signals that indicate an important inner suffering that they try to control, diminish or counteract.

For Brauner A. and Brauner F. (2007, p. 49), stereotypes highlight a state of anxiety, due to an unpleasant or unpleasant situation such as the arrival of an unknown, being called upon for an unwelcome activity, a physical pain, a state of inner malaise

Under the intoxicating effect, discomfort diminishes, yields. Or rather: intoxication becomes stronger than discomfort. Every normal being, in a situation of disturbance, of tension, of physical or moral malaise, is tempted to shout louder or to drown in a sea of movement everything that disturbs him. Similarly, autistic children,

with their rocking and their stereotypies, cancel out in the vertigo of swaying, or other similar movements, what disturbs them and what they cannot understand.

As Grandin (2011, p. 51) puts it: "Rocking and spinning were other ways to shut out the world when I was overloaded with too much noise. Rocking served to calm me down".

Williams (2013, p. 181) writes that the gestures she made served to give her comfort, security, and relaxation from extreme tension and frustration. For the same author (Williams, 2013, p. 45): "One way to make things seem to slow down was to blink or turn the lights on and off at full speed".

Also for Morello (2016, p. 55):

Movement calms. Rocking or moving the hand and fingers in the same way always unrolls physical well-being (...) Stereotypies work on fear, which subsides. For example, people read lying down, I just sit and rock, covering the words with my hand.

3. *They can be used to repel any stimulus to act that may come from the outside world (Bettelheim, 2001, p. 69)*

With these activities, external stimuli are obscured and dispersed by the child's own feelings. Ultimately, his attention is focused on himself, so that external reality, which is experienced as bringing suffering, is completely cancelled out. Thus, instead of an unbearable reality, he

creates for himself a private, personal reality that he can control and manage through stereotypies (Bettelheim, 2001, p. 180). This is why these increase when the child with autistic disorders is more tense, sad or lonely.

4. *These particular behaviours can be linked to moments of pleasurable excitement.*

For example, when the father or mother proposes something pleasurable or interesting to the child: "Today we will go to the woods near the city and then to the sea and so you can play with stones, with plants but also with water". In these cases, stereotypies signal a pleasant inner tension or expectation.

Franciosi (2017, p. 23) describes these types of behaviour as follows:

Observing children with autism, small everyday excitements can take on a gigantic significance and trigger pervasive and all-encompassing reactions, which manifest themselves in an extreme variety of often bizarre expressions: shrieks, finger twitching, hand flicking, jumping, cackling, endless laughter, spinning and other motor mannerisms.

5. *They can be a way for children to project their inner reality.*

In these cases they are used to activate one's attention and focus on something the child wants to do. We were able to detect this in two of our young patients. Salvatore, at first, was constantly beating a plastic stick on the floor

or other toys while muttering incomprehensible words. As his inner world improved, so that a greater serenity made its way into his soul, his indistinct murmuring turned into words and sentences that were increasingly clear and comprehensible. It was only then that we noticed that in reality the child, by beating that stick on the ground or on other objects, was miming, albeit with disjointed, confused and obsessively repeated words and phrases, an inner reality of his own, in which there were few contents but infinitely repeated. They were contents made up of clashes and bloody fights, sometimes between animals, sometimes between people.

The other child, in whom we highlighted this type of stereotypes, used to mime his mental stories, some plastic animals he had found in the playroom. In this case too, when his inner malaise was considerable, the words and sentences he said were practically incomprehensible, broken and disconnected. It was only after some time, when, through appropriate interventions with parents and teachers, a good improvement in his inner world was achieved that gradually the words and sentences became distinguishable, clear and made sense.

6. *They can serve to fix thoughts and memories in the memory.*

Given the severe attention difficulties present in many of these individuals, repetition of words or phrases can serve to fix words, phrases, life moments, memories or tasks in the memory (Morello, 2016, p. 55)

7. *Another reason that stimulates the child to use stereotypes may arise from the need for reassurance or attempts at communication.*

Listening to the same music, watching the same video, saying the same words, making the same gestures calms him, as it suggests that nothing will change in his life and therefore that the reasons for distress, even if they cannot be completely avoided, can at least be controlled.

Williams writes (2013, p. 32)

Everything I did, from keeping two fingers crossed to wiggling my toes, had a meaning, usually connected to an attempt to reassure myself that the situation was under my control and that no one could reach me, wherever I was. Sometimes it was an attempt to explain to people what I was feeling, but it was so subtle that it often went unnoticed, or was simply taken for a new stunt by that crazy woman.

Even Morello (2016, p.55), when he was in a situation that caused him discomfort or concern, knew from experience that performing stereotypes, especially verbal ones, drew the attention of the people around him, stimulating them to take action to eliminate the causes of his discomfort.

Some suggestions

Since these behaviours instinctively annoy parents and family members, as they may highlight to outsiders the pathology from which the child suffers, the easiest and most

immediate reaction on the part of the latter is often to try to prevent or limit them as much as possible. This they try to achieve through various stratagems: sometimes they try to distract the child, at other times they try to call him back to reality by threatening, scolding or even punishing him, whenever he does not listen to their wishes or reprimands.

However, given the inner need present in the child, we think it is absolutely useless and counterproductive to fight to limit or try to extinguish these manifestations, through reprimands or worse through the use of punishments. It is much better to endeavour to offer the child a more serene, joyful and dialoguing environment and, at the same time, use some of his stereotypes by accepting them and turning them into a game to be played together. Ultimately, one has to deal not so much with co-siddicated 'problem' behaviours, but with the psychic processes behind these behaviours (Franciosi, 2017, p. 18).

Riccardo, a four-year-old boy with autistic disorders, seemed to have a passion for lifts, so much so that he loved to push the buttons on the cabin so as to go up and down between the various floors of the building where he lived. Of course, his parents systematically prevented him from doing so, for fear of being called away by the other tenants. The child tried to express his displeasure by shouting and clinging to the lift doors. When his parents managed to force him into the house, he would furiously slam all the doors he found open in protest.

When he came to our centre, we immediately became aware of the dispute that was going on between him

and his parents: the child did not want to get out of the lift and was shouting to press the buttons to make him move up and down between the various floors of the building, while his parents, gently at first, then more and more forcefully and determinedly pushed and pulled him so that he would get out of the lift car and into the anteroom of the centre.

As soon as I became aware of this dispute, I immediately left the studio and, taking him in my arms so that he could press his desired buttons to his heart's content, we moved down the various floors of the building for at least a quarter of an hour, while his parents waited on the floor, astonished and disconcerted by our behaviour, which they certainly judged as very permissive. It was only when the child said "mummy" that I realised that he was well satisfied with this game we had played together, and so, without him protesting, we went back, hand in hand, into the study to begin the interview with the parents and his observation.

Naturally, the first topic discussed with the parents concerned precisely this passion of their son's for lifts. Our advice, accepted by dad and mum with much difficulty, was to indulge him in this as in all his other desires. After barely a week, observing that the child had not protested going in, we asked if their son always loved going up and down in the lifts. The parents, almost reluctantly, confirmed to us that this behavioural stereotype had clearly diminished.

Accepting stereotypes, or rather turning them into a fun and enjoyable game to play together, often proves to be

the best way to make them go away, but also the best way to get into deep and intimate contact with your child, in order to better understand the motions of his or her soul and be better accepted by him or her. The reason is simple to understand: when the child has finally found someone, an adult or rather his parents, who do not judge what he does as improper, strange or disgraceful, which is also what he needs at that moment, but rather these adults make it a moment of pleasant play to do together, he feels immense gratitude and joy towards them.

These feelings reassure him and instil in his soul the necessary drop of trust in human beings and in the world. This trust is much needed if he is to be able to renounce the isolation he had imposed on himself and thus be able to start or resume a path of growth and maturation. In practice, we strongly advise parents, therapists or educators not to fight against what they think are 'bad habits', but to accept them, so that the causes of these manifestations are eliminated from the improved relationship that will be created.

Motor disorders

Many children with symptoms of autism, in addition to presenting obvious stereotypies in their movements, often have various other motor disorders. For example, they may skip the crawling phase or crawl in an uncoordinated manner. When they walk, their gait may appear strange, uncertain, heavy. Sometimes they tend to walk on their tiptoes, are anxious when they have to run, stumble easily and have difficulty climbing stairs, at an age when their peers easily climb them. Many of them learn with diffi-

culty to ride bicycles, fall off chairs, cannot use cutlery, pencils and other tools requiring fine motor skills well, lose their balance when closing their eyes, break objects by bumping into them and do not like sports.

At the same time, however, some children with the same pathology display astonishing motor skills, such as climbing trees without falling down at all; slipping swiftly and quickly from one side of a room or flat to the other, without breaking anything, without falling or hurting themselves. Other children with autism symptoms manage to spin several spinning tops with their fingers at the same time and more effectively than their peers or slide cubes from one hand to the other with a conjurer's technique (Brauner A. and Brauner F., 2007, p. 91).

In some cases nervous tics are evident, at other times excessive motor behaviour (*hypermotricity*) may be present, apparently without any purpose: the child goes back and forth, spins like a spinning top in the room or runs from one part of the house to another, without understanding why. Williams (2013, p. 26) recalls: "I never liked sitting in chairs; my legs could not sit still and made it impossible for me to sit still".

In other cases, on the other hand, very little physical activity (*hypomotricity*) may be evident: the child sits still for a long time. These two opposing behaviours both manifest restlessness and inner suffering. In the first case *hypermotricity*: the subject, while on the one hand feels as if forced to move, on the other hand, through movement, tries to discharge and diminish his considerable inner anxiety. In the second case, *hypomotricity*: restricting or

blocking one's body becomes a way of attempting to control or stop the confused and distressing inner reality. Usually the state of motor blocking or hypomotricity manifests more severe inner problems than those present in hypermotricity.

The causes of these abnormalities in motor behaviour are not difficult to understand if one only pays attention to the inseparable link that exists between mind and body. A greatly aroused mind also drives the body to move, in order to release, through movement, the tension and anxiety that oppresses it. Similarly, a state of mind in which total closure or sadness predominates cannot but act on the body, diminishing its vivacity and dynamism, as happens among other things in the depressive stages. On the other hand, a mind that moves in the world around it in an uncertain way, amid fears and anxieties, while fearing that negative events may come from everything, will also affect the body, which will move with fear and uncertainty.

For Bettelheim (2001, p. 13):

Since their (referring to children with autistic disorders) central nervous system is perfectly intact and well-developed, some actions and reactions or the absence of them do not result from a lack of potential capacities, but from the fact that, for one reason or another, what was in the potential state did not come to fruition.

For this reason, it is necessary to take steps to offer these children, along with a serene environment, an effective parental relationship full of listening, joy and understanding (Williams, 2013, p. 40).

With regard to sports activities, which are often recommended to all children with psychological problems, these are often not accepted by individuals with symptoms of autism, as they clearly conflict with their needs and desires: to stay in a quiet place, free of noise and tension, a place where there are no demands or worse, impositions. Williams recalls (2013, p. 53): "Sport, in particular, was a bad tion. I hated belonging to a team, participating for someone or being ordered around'.

Sphincter control disorders

Sphincter control disorders are often present in children with autism, with complete and uncontrolled emission of urine (*enuresis*) or faeces (*encopresis*), even after the period in which they should have acquired this type of autonomy (three to four years) has elapsed. Faecal and urinary control, in children with symptoms of autism, occurs at a much higher age than in normal children and children with mild psychological disorders. As far as the causes are concerned, it is well known how much influence inner well-being or malaise has on these disorders. This confirms the presence of a considerable state of inner tension, but also of immaturity, which slows down, alters or makes these important functions difficult.

Enuresis and encopresis may be *primary* when this control is not gained at a physiological age, or *secondary* when this control, which had already been gained, is lost at a later stage. Since the problems of the child with au-

tism symptoms are early, very often both of these incontinences are primary.

In some individuals, both enuresis and encopresis are performed voluntarily, when the child wants to express his displeasure with parents or adults by whom he does not feel understood and accepted. In these cases he may also present a provocative attitude, whereby he exhibits his soiled underwear, showing insensitivity to observations and reproaches.

These behaviours are significantly disabling, as they often drive both peers and adults away from contact and relationship with these children, due to the bad smell emanating from them. They can also worsen the relationship with the parents, as the latter, especially the mother, are forced to frequently engage in cleaning both the child and her clothes. This, in the long run, can accentuate the detachment and conflicts between the parents and their child, due to the constant unpleasantness of the child. The child becomes more and more an 'ugly and bad' child in the eyes of his or her parents, as he or she does his or her physiological needs in the most inappropriate ways and at the most inappropriate times, forcing the parents into continuous unpleasant and laborious tasks.

It is evident how children with symptoms of autism who continue to present enuresis and encopresis, being invested by negative feelings and reactions from family mem-

bers and peers, will tend to experience their condition with anxiety, fear, guilt and indignity. This can only worsen the general clinical picture.

In some cases, however, urine or faeces may be withheld for a long time because of fear or other special inner instincts. As Williams (2013, p. 12) relates:

At that time I was very afraid to go: I would hold my urine for what seemed like an eternity and then go, a moment before I did where I was. Sometimes I would hold it for five whole days, until I was so bloated that I vomited bile.

Since the child with autism spectrum disorders, as well as young children, is not psychologically mature to be educated for this function, the techniques normally used for normal children often do not achieve the desired results. Therefore, our efforts must be aimed at improving the inner world of these children and helping their affective-relational growth through psychological interventions aimed both at the family and at them.

Attention disorders

Attention is the ability to:

- focus one's thinking on a particular topic or object;
- maintain this focus for as long as necessary;

- being able to divide attention between various objects or topics and not confine it to a single object or topic.

Attention involves processes such as activation, control of inhibition, searching and settling (Silieri, Lorenzoni, Tasso, 1997-1998, p. 9).

From studies in the field of neuroscience, we know that this capacity depends largely on the frontal cortex coming into play. It is capable of facilitating or blocking all information concerning the task that, for that particular person, is prevalent at that moment (Oliverio, 2014, p. 18).

In all people of all ages there is the phenomenon of *mind wandering*, which consists of shifting attention from the activity at hand to internal feelings, thoughts and personal concerns. This phenomenon characterises 25% to 50% of our mind's activity during wakefulness (Zavagnini and De Beni 2016, p. 29). This causes despair among parents and teachers who would instead like children to be attentive to their every word or request.

This distraction from the task at hand by allowing oneself to be caught up in internal thoughts and emotions can occur with varying intensity, duration and at different levels of depth. It can therefore range from daydreaming, to fantasising about future events, to making personal considerations about the task at hand, to analysing the same problem several times.

Wandering with the mind may concern current or past realities, which have been or are still difficult to face or

resolve. Realities that can be very happy and exciting, such as falling in love, a victory, a promotion, but can also be about sad and distressing situations, such as being a victim of bereavement, abandonment or an offence suffered.

In these and many other cases, the mind, sometimes for a few seconds, sometimes for hours and days, tends to ruminate incessantly on the same facts, thoughts and emotions felt. Clearly, this leads to distraction from the task at hand. This activity is not always controllable by the will. On the contrary, the person involved is often unable, except for a short time, to replace these thoughts with others that are less repetitive and ultimately distressing, if the prevailing thoughts are sad or distressing.

The usefulness of this mind-wandering, when the phenomenon is not persistent and excessive, is undeniable: the mind in those moments, ruminating thoughts, memories, emotions and sensations, tries in some cases to understand the behaviour of others, and at other times tries to find the best possible remedies and the most appropriate strategies to deploy in order to deal with certain difficult or problematic situations.

This phenomenon is markedly more frequent in times of stress and fatigue and manifests itself more in people who are sad, worried, anxious or depressed (Zavagnini and De Beni 2016), so we find it accentuated in people with symptoms of autism, who often cannot follow the thought or activity of the moment, to which their attention is drawn or which they would like to draw, just as they are unable to follow the thoughts and reasoning of others, sin-

ce, in their minds, continuous images, reflections and parasitic thoughts are inserted without respite, which are difficult to eliminate and put aside, leaving the mind free to engage in the required or desired activities.

For this reason, it is often very difficult to get children or adults with symptoms of autism to pay attention to a certain object, topic or action to do or not to do, even if this request is very simple and trivial: "Would you please close the door?"; "Please sit in your desk"; "What would you like to eat today?"; "What dress do you want to wear to school?".

For such individuals, it is also difficult, among the various stimuli from the internal and external environment, to select the most important and useful one at a given moment. Thus, for example, a child with symptoms of autism, who is questioned, meticulously tidies up his colours in their pencil case and seems not to listen to the teacher's requests, because at that moment the need to tidy up what is messy is predominant in him, rather than listening to what the teacher asks.

Children with symptoms of autism have difficulty sharing attention with others in all situations, even play. Instead, rigid and fixed attention to certain objects or topics (*hyper-selective attention*) is often present, so that their attention is only focused on certain stimuli, while all others are neglected. This makes it much easier for them to learn or study a particular subject, which makes some of these children particular and sectoral geniuses, but at the same time many other areas that are equally important for their school, relational and social life are neglected.

The most important cause of attention disorders in individuals with symptoms of autism is to be found in the constant presence of a variety of inner emotions, such as fears, phobias, anxiety and suffering. These negative emotions force these children to look for various expedients to obtain, through closure to the outside world, a few moments of serenity and peace. In addition to this, there is often an instinctive considerable hostility and distrust towards all the requests that come from other people, since from experience subjects with autism symptoms know that these tend to ask them to do or not to do certain actions or behaviours, to say or not to say certain words or phrases, without taking their serious and immediate needs into account.

Unfortunately, children with autistic disorders view people in a negative way: often every initiative of others that may in some way affect them is viewed with suspicion and is interpreted as harmful, since it may change the state of uniformity and immobility that, for these children, is indispensable to have a minimum of tranquillity and security. In such situations, all the attempts that adults make either with gentleness or threats to get their attention are in vain and tend to worsen their inner world and the already bad relationship they have with human beings.

On the other hand, we know that even normal children are attentive to their parents' and teachers' requests when these take on positive values in their hearts and have established a good and deep relationship with them, while they do not like to listen to and obey those parents or teachers who scold them excessively, punish them or do not make them feel comfortable.

Since our task will not be to induce them to do or not to do certain gestures, activities or behaviours, but to work day by day, moment by moment to soothe these children's souls, so as to make them more serene, strong and mature, we will soon discover that along with all the other symptoms, their difficulty in paying attention and accepting the requests of others, be they adults or peers, will also improve or disappear.

The excessive pursuit of immutability and order

One of the many characteristics attributed to children with autistic disorders is the presence of a lack of flexibility in thinking and considerable resistance to change. They experience a phobic terror when they are removed from their environment, if the location of objects or the appearance of rooms in their home is changed, or if the daily routine is altered. Characteristic in these children is the ritualisation of certain habitual daily activities, such as eating, washing, leaving the house. Activities that they need to take place according to rigid and unchanging sequences (Militeri, 2004, p. 255). For example, they do not accept that their parents alter the route they normally take to go to their grandmother's, to school or to the doctor. Likewise, they do not tolerate changes in the arrangement of furniture, paintings or furnishings in their home and, above all, in their room. Moreover, the rigidity of their thinking and the limited repertoire of interests they have can force them into real obsessions with specific objects, which must always be within their reach.

They therefore do everything to ensure that situations, objects and schedules do not change and remain as they

are. If what is requested is not accepted, so that parents, teachers or other adults insist on changing environments and routines, fits of anguish and anger with hetero- and self-aggressiveness may occur, or their autistic shutdown may be accentuated. Says Grandin (2011, p. 53): "Any alteration in routine provokes panic attacks, anxiety and an escape response, unless the person is taught what to do when something goes wrong".

Williams (2013, p. 44) notes in this regard:

The constant change of most things seemed to leave me no opportunity to prepare myself for these changes and that is why I felt pleasure and comfort in doing the same things over and over again.

And De Rosa (2014, p. 75):

On the other hand, I think my sensitivity to physical pain is rather low and my sensitivity to mental pain is very intense, due to a new situation that I fear I do not understand well and do not know how it will evolve. The author himself recalls (2014, p. 75): If something was even slightly out of place, I had to straighten it out and doing so, regaining order, made me feel secure.

Fabio, one of our little six-year-old patients with Asperger's syndrome, who seemed to know by heart the motorways not only of Sicily but also of other regions of Italy, of which he could draw every entrance, every exit, but also the service stations, also knew every road his mother had first travelled to come to our centre. This child, who had always been smiling, polite and kind towards us, one day

became furious, to the point of wishing his mother the most excruciating pain and the most violent and inhuman death in front of us, just because she had not travelled the route she always took on her way to our centre, but worse still, had not followed the precise directions he had given her: where to turn, where to stop, and finally where to stop.

The primary cause of the need for immutability is certainly the anguish that pervades the minds of these children. Anguish that they continually try to fight and control, without, however, succeeding, on every occasion. Therefore, one of the many means used by them is precisely the search for immutability, since every change and every shift in objects or normal habits accentuates the instability of their psyche and aggravates their anxieties and fears, to the point that they can no longer effectively control the acute suffering they constantly experience (Brauner A. and Brauner F., 2007, p. 41).

Many of these fits of anger and rage due to changes in their daily routines are incomprehensible to those who do not know or do not accept the turmoil in these children's souls, and are therefore considered excessive and disproportionate. However, if these sensational reactions are examined with a careful and calm mind, one realises that they have their own logic and are consequential to the emotional, ideational and sensory chaos in their seriously disturbed and immature inner world. World that they are constantly striving to control and limit.

On the other hand, even normal children do not like change. For example, they always want to suck milk from

the same bottle, eat only certain foods, be fed by the same person. However, as they grow up, they manage to gradually accept and adapt to change. This is not the case with children and adults with Obsessive Compulsive Personality Disorder who, like children with autistic disorders, have a manic interest in schedules and deadlines, are prone to repetitiveness and do everything to ensure that the objects and tools they use are always perfectly tidy and in the exact place and position in which they left them.

However, children with autistic disorders, who, as we have seen, are often in search of immutability and order, are the same ones who, at other times or immediately after having ordered their toys in an absolutely perfect way, when they are left free to act and thus are not constrained by strict rules, like to 'go wild', throwing the same toys on the ground or in the air, thus creating moments of indescribable disorder. Often, in the same session, one can notice an alternation of moments of seeking maximum order and precision, with others in which they discharge their inner tension and aggressiveness, creating and enjoying maximum confusion and disorder.

Even this behaviour should not surprise us too much, as many children with psychological disorders also behave in the same way. Moreover, even children and adults with obsessive compulsive disorder, if they seek order and perfection in some areas of their lives, can be very transgressive in other areas. We have known adults who did not allow their wives and housekeepers, while cleaning the house, to dare to move a knick-knack placed on the furniture by a few centimetres; the same adults, however, at other

times, failed to respect many rules of the state and normal civilised living.

Also with regard to this symptom: the search for immutability and order, there is no absolute rule. There are some children with autistic disorders who, at least apparently, seem absolutely insensitive to changes, which they accept without protesting at all. These cases are often severe forms of autism, which force these children to make massive use of their defences. Thus, their empty, vague, absent, distant gaze that does not fixate on anything tends towards the same goal: to be able to avoid seeing what is happening near and around them and thus avoid suffering more (Bettelheim, 2001, p. 69).

Some suggestions

In this respect, the dilemma parents find themselves in is whether it is right to accept their child's unchanging needs, or to try to make them adapt, albeit gradually, to change.

Although it is indisputable that in the reality with which we are confronted every day, as well as in our lives, nothing is immutable and everything evolves, the logical consequence would be for children with autism symptoms to also become accustomed to this natural law. However, educational behaviours that appear logical and consequential in the upbringing of normal children are not always suitable for these particular children, for whom it is much better to respect and follow their needs and emotional needs of the moment, avoiding all pressure and forcing.

The reason is difficult to accept but easy to understand: their symptoms, including this one, arise from their inner needs, which are very strong and pregnant. These needs have nothing to do with the little tantrums of normal children, which it is right to treat for what they are, namely tantrums that should not be indulged in.

On the other hand, as far as these particular children are concerned, the more we respect their anxieties, their fears, their needs and requirements, which are, by the way, much more stringent and coercive than those present in normal subjects, the more easily they will realise the goodness of others and of the world they represent. This will instil in them greater trust in the reality around them and in themselves. This confidence, in turn, will increase their well-being in terest, decreasing or disappearing many fears and anxieties from which they suffer. At the same time, the greater esteem and trust in others will improve their security and give these children the possibility of reducing or completely eliminating the defences that they had put in place to avoid the onset of suffering, so that they can open up to others and to the reality that surrounds them, starting or continuing a path of affective growth that had been interrupted or had not even begun to develop.

BIBLIOGRAPHY

- Ackerman N.W. (1970), *Psychodynamics of Family Life*, Turin: Boringhieri.
- Aglioti S.M., Avenanti A. (2006), 'Empathy and imitation', *Mind and Brain*, September-October, p. 82.
- Ammannitti M., Stem D.N. (1992), *Attachment and Psychoanalysis*, Bari: Laterza.
- Ancona L. (2002), 'Family life: containing fears and the roots of hope', *Consultori Familiari Oggi*, 3-4.
- Anolli L. (2002), *Psychology of Communication*, Bologna: Il Mulino.
- Anselmo D., Zanardo S. and others, (2005), *Lessico della libertà*, Milan: Edizioni Paoline.
- Ayan S. (2016), 'Emotions in balance', *Mind and Brain*, no. 133, May, p. 85.
- Barone L., Bacchini D. (2009), *Le emozioni nello sviluppo relazionale e morale*, Milan: Raffaello Cortina Editore.
- Belletti F. (2007), 'The humanities called together', *Famiglia oggi*, 11.
- Benedek T. (1959), 'Psychobiological aspects of mothering', *Amer. J. of Orthopsychiatry*, vol. 26.

- Benedetti G. (2020), *The Autism Bubble*, Self- Publishing
- Bettelheim B. (2001), *The Empty Fortress*, Milan: Garzanti.
- Bibring G.L. (1959), 'Some consideration of the psychological process in pregnancy', *The Psychoanalytic study of the child*, 14, 113, 121.
- Bion W., (1972), *Learning from experience*, Rome: Armando.
- Bowlby J. (1982), *Construction and Breakdown of Affective Bonds*, Milan: Raffaello Cortina Editore.
- ID. (1988), 'From attachment theory to developmental psychopathology', *Journal of Psychiatry* , vol. 23, no. 2, June.
- ID. (1972), *Attachment and Loss: Attachment to the Mother*; vol. 1, Turin: Boringhieri.
- ID. (1975), *Attachment and Loss: Separation from the Mother*, vol. 2, Turin, Boringhieri.
- ID. (1983), *Attachment and Loss: The Loss of the Mother*, vol. 3, Turin: Boringhieri.
- ID. (1982), *Construction and Breakdown of Affective Bonds*, Milan: Raffaello Cortina Editore.
- Brauner A., Brauner F. (2007), *Living with an autistic child* , Florence: Giunti.

- Brazelton T.B., Cramer B. (1991), *The First Bond*, Como: Frassinelli.
- Bressa G.M. (1991), *Mi sento svenire - Conoscere e affrontare l'ansia*, Rome: Il pensiero Scientifico Editore.
- Bronfenbrenner U. (1986), *Ecology of Human Development*, Bologna: Il mulino
- Bydlowski M., (2000), *The debt of life: the secrets of filiation*, Rome: Pendagrone.
- Call R.B. (1977), 'Challenges to a Science of Developmental Psychology', *Child Development*, 48.
- Campanini G. (1993), 'The child in the family between gratification and discomfort', *La famiglia*, year XXXVII, August.
- Cena L. (2005), 'Building a mind: the primary communicative competence of the pregnant woman', *Birth*, 95, 20-33.
- Cerulo M. (2014), 'That inseparable union', *Famiglia oggi*, no. 3
- Chamberlain D.B. (1988), 'The significance of birth memories', *Pre-and Perinatal Psychology*, 2.
- Cicchione A., Lhopital M. (1994), *The Birth to Psychic Life*, Rome: Borla.

- Cole M., Scribner S. (1974), *Culture and thought: a psychological interpretation*, New York: John Wiley.
- Cottini L. (2014), *Che cos'è l'autismo*, Rome: Carocci Faber.
- Cristiani C. (2002), 'Old and new dynamics', *Famiglia oggi*, 11.
- Czech H. (2018), 'Hans Asperger, National Socialism, and "race hygiene", Nazi-era Vienna', *Molecular Autism*, 9, 29.
- D'Odorico L., Fasolo M., Gatta V. (2010), 'Language development in children with pervasive developmental disorder and subjects with specific language disorder: predictive indices and developmental trajectories', *Psychiatry of childhood and adolescence*, vol. 77: 3-14
- De Ajuriaguerra J. (1993), *Handbook of child psychiatry*, Milan: Masson.
- De Ajuriaguerra J., Marcelli, D. (1986), *Psychopathology of the child*, Milan: Masson Italia Editori.
- De Clercq H. (2011), *Autism from within*, Trento: Erickson.
- De Rosa F. (2014), *Quello che non ho mai detto*, Cinisello Balsamo: San Paolo.
- Decety J. (2012), 'The power of empathy', *Mind and Brain*, no. 89, May, p. 29.

- Dennet H. (1977), *Psychology of Women*, Turin: Boringhieri.
- Di Renzo M. Bianchi F. di Castelbianco (2012), "How to get out of autism", *Famiglia oggi*, No. 2.
- Dolto F. (2009), *When Parents Separate*, Milan: Mondadori.
- Donati P. (2000), "Ripensare i servizi di Welfare alla luce di un nuovo concetto di Benessere familiare", *Consultori Familiari Oggi*, Atti del XII Convegno Nazionale, Alghero
- Erikson E.H. (1950), *Childhood and society*, New York: W. W. Norton.
- ID. (1968), *Identity: youth and crisis*, New York: W. W. Norton.
- Fenichel O. (1951), *Treatise on Psychoanalysis*, Rome: Astrolabe.
- Ferruccio A. (1990), *Psicologia della coppia e della famiglia*, Rome: Edizioni Mediterranee.
- Field T. (1995), 'Infants of depressed mothers', *Infant Behavior and Development*, 18, 1-13.
- Filippi V. (2003), 'Constructing coherent spaces', *Famiglia oggi*, Edizioni San paolo, No. 3, March.
- Fonagy P., Target M. (2001), *Attachment and reflexive*

- function*, Milan, Cortina.
- Fornaro M. (2010), 'Empathy and its neurological basis', *Contemporary Psychology*, September-October.
- Franciosi F. (2017), *The emotional regulation in autism spectrum disorders*, Pisa: Edizioni ETS.
- Frith U. (2019), *Autism- Explanation of an enigma*, Milan: Economica La terza.
- Galimberti U. (2006), *Dictionary of Psychology*, Rome: Gruppo editoriale L'Espresso, vols. 1-2-3.
- Gandione M., Burdino E., Vietti Ramus M. (2010), 'The quality of life of families of children with Pervasive Developmental Disorder', *Child and Adolescent Psychiatry*, vol. 77: 246-262.
- Gillini G., Zattoni M. (1994), *Ben-essere in famiglia*, Brescia: Editrice Gueriniana.
- Grandin T. (2011), *Thinking in pictures*, Trento: Erikson.
- Greenspa, S., Lieff Benderly B. (1988), *The Intelligence of the Heart*, Milan: Mondadori.
- Gurman A. S., Kniskern D.P. (1995), *Handbook of family therapy*, Turin: Bollati Boringhieri.
- Harding E. (1951), *The Woman's Way*, Rome: Astrolabe.
- Imbasciati A., Dabrassi F., Cena L. (2007), *Psicologia clinica perinatale*, Padova: Piccin Nuova Libreria,

- Isaacs S. (1995), *The psychology of the child from birth to six years - Children and parents*, Rome: Newton
- Klein M., (1969), *Envy and Gratitude*, Florence: G.. Martinelli Editore.
- Lamb M. E. (1977), 'The development of mother-infant and father-infant attachments in the Second Year of Life', *Developmental Psychology*, 13.
- Lewin K. (1966), *Dynamic Theory of Personality*, Florence: Giunti Barbera.
- Lidz T. (1977), *Family and problems of adaptation*, Turin: Editore Boringhieri.
- Luban Plozza B., Ritschl D. (1991), *Dynamics of family conflicts*, Rome: Armando Editore
- Mahler M.. (1976), *Le psicosi infantili*, Turin: Boringhieri.
- Maier H. W. (1973), *The Childhood Age*, Milan: Franco Angeli Editore.
- Mancia M. (1982), 'On the onset of mental life in the foetus', *Child Neuropsychiatry*, 246-247, 13-22.
- Martinez J., Cortes E. (1998), 'The complex relationship between family and culture', *The Family*, Year 32, March-April.
- Mazzone L. (2015), *Un autistico in famiglia*, Milan:

Mondadori.

Meltzer D., Harris M. (1983), *The educational role of the family*, Turin: Centro Scientifico.

Militeri R. (2004), *Child Neuropsychiatry*, Naples: Idelson Gnocchi.

Mitchell S. (2002), *The relational model - from attachment to intersubjectivity*. Milan: Raffaello Cortina.

Montessori M. (1999), *La scoperta del bambino*, Milan: Garzanti.

Morello P. C. (2016), *Macchia, autobiografia di un autistico*, Milan: Salani editore.

Moro C. A. (2011), 'Listening', *Mother*, November.

ID. (1994), 'Rights of the child and rights of adults: an insoluble clash?', *The Family*, No. 166, Year XXVIII, July August.

ID. (1998), 'For a culture of childhood', *The Family*, no. 191, September-October.

Noble A. (1994), 'Game and family', *The Family*, year XXVIII, July-August.

Notbohm E. (2015), *10 things every child with autism would like you to know*, Trento: Erikson.

Oliverio A. (2013), 'Cocktail party effect', *Mind and*

Brain, November.

ID. (2014), 'The contribution of neuroscience', *Family Today*, No. 3, p. 23.

Osterrieth P. A. (1965), *Introduction to child psychology*, Florence: Giunti e Barbera

Pati L. (1979), 'Pedagogical constants of the paternal role', *La Famiglia*, No. 74, March-April.

Perretti M. (1977), 'The unity of the family', *La Famiglia*, May-June.

Piaget J. (1964), *The mental development of the child and other studies in psychology*, Turin: Einaudi.

Kanner L. (1969), *Child Psychiatry*, Padua: Piccin.

Righetti P. L., Sette L. (2000), *There is no two without three*, Turin: Bollati Boringhieri.

Roganti D., Ricci Bitti P.E. (2011), 'Emotions in the mirror: the neurons of empathy', *Contemporary Psychology*, November-December, p. 54.

Romano M. C., Sabbadini L. (2005), "I tempi della vita quotidiana", *Famiglia oggi*, 8-9.

Sander D. (2014), 'What is emotion', *Mind and Brain*, no.109, January, p. 101.

Sarto M., Righetti L., Venturini S.. (1998), *La consapevolezza del ruolo genitoriale dalla prenatalità*

alla neonatalità, Pavia: Bonomi.

Scaparro F., (2003), 'Encouraging contact well-being', *Famiglia Oggi*, 2.

Shaffer M., (1977), *Mother-child interaction, beyond attachment theory*, Milan: Franco Angeli.

Silieri L., Lorenzoni L., Tasso D. (1997-1998), 'The problem of attention in middle school', *Psicologia e Scuola*, December-January, p. 9.

Slade A. (2010), *Parental relationship and reflexive function*, Rome: Astrolabe.

Soifer R. (1971), *Psychodynamics of pregnancy birth and puerperium*, Rome: Borla.

Sontag L.W. (1965), 'Implication of fetal behavior and environment for adult personalities', *Ann. N. Y. Acad. Sci.*, 134(2), 782.

Spiegel R. (1970), 'Communication in psychiatric disorders', *Handbook of Psychiatry*, edited by S. Arieti, Turin: Boringhieri.

Stern D.N. (1987), *The interpersonal world of the child*, Turin: Boringhieri.

ID. (1998), *Le interazioni madre bambino nello sviluppo e nella clinica*, Milan: Cortina.

Sullivan H.S. (1962), *Interpersonal Theory of Psychiatry*, Milan: Feltrinelli Editore.

- Surian L., Siegal M. (2009), 'Language acquisition and communicative development in Autism', *Child and Adolescent Psychiatry*, vol. 76: 251-265.
- Tomatis A., (1993), *Dalla comunicazione intrauterina al linguaggio umano*, Como: Ibis.
- Tribulato E. (2005), *L'educazione negata*, Messina: EDAS.
- ID. (2013), *Autism and Free Self-Directed Play*, Milan: De Angeli.
- Tronconi A. (2014), 'A non-existent opposition', *Famiglia oggi*, no.3, p. 41.
- Vico G. (1987), 'Educating the child in an unstable family', *Famiglia oggi*, Year X, September-October.
- Vivanti G., Conghi S. (2009), 'Understanding language in Autism', *Child and Adolescent Psychiatry*, vol. 76, p. 277.
- Vivanti G., Sara C. (2009), 'Understanding language in Autism', *Child and Adolescent Psychiatry*, vol. 76: 277-290.
- Waterhouse L., London E., Gilberg C. (2017), 'The ASD diagnosis has blocked the discovery of valid biological variation in neurodevelopmental social impairment', *Autism Research*, Volume 10, Issue 7.
- ID. (2016), 'Autism Spectrum Disorder Validity', *Review*

Journal of Autism and Developmental Disorders,
Volume 3, Issue 4, pp. 302-329.

Williams D. (2013), *Nobody in Anywhere*, Rome:
Armando Editore.

Winnicott D. W. (1973), *The child and the family*,
Florence: Giunti-Barbera.

ID. (1973), *The child and the external world*, Florence:
Giunti e Barbera.

Wolff S. (1969), *Fears and conflicts in childhood*, Rome:
Armando-Armando Editore.

Zannantoni R. 2014), 'Empathy and the helping
relationship', *Consultori Familiari Oggi*, no. 22, p. 148-
163.

Zappella M. (2019), 'Diagnostic difficulties in children
with neurodevelopmental disorders', *Autism and
Developmental Disorders*, 17 (2): 169-183

Zattoni M., Gillini G. (2014), 'Helping children to control
themselves', *Famiglia oggi*, no.3, p.47.

Zavagnini M., De Beni R. (2016), "The wandering mind",
Contemporary Psychology, May-June, p. 29.

THANKS

My heartfelt thanks go to Dr Giacomo Longo who, with great expertise and willingness, agreed to revise these pages, providing us with many valuable tips and suggestions, in order to achieve a better clarity and readability of the text.