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The Body of the Autistic Child: An Integrated Approach

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1. Introduction

The question of the infantile autism was mistreated for such a long time in partisan reductions and blindnesses "of chapels". According to us, it is a question of measuring today the real stakes in a conception developmental complex and multidimensional of the disorders of the autistic spectrum.

A real plea for a developmental psychopathology will deduct which, of the research and the hypotheses of etiology until the modalities of interventions and accompagniments (educational as much as psychotherapeutics), should consider just as much the substrata of equipment and the genetic, neurobiological and cognitive reasons in the peculiarity of the autistic functions, that the reasons of stories of life and the other psychic and emotional stakes (*intra-* as *inter-*subjective) which inextricably mixed prematurely the development of the young autistic to color, to direct, to subvertir sometimes, to repair the other times, the initial data, and the instrumental peculiarities and of equipment.

The body - and the singular way "to live in it" - is probably the first presentation of the person with autism both in its difficulties, specificities and in its sometimes extraordinary potentialities; the first one as the ultimate datum of this specific development. We suggest here approaching this issue developmental multi-dimensional by the question of the body.

If we notice all that the persons with autism treat rather the details than a global seizure of things, we immediately have to notice the autistic "contamination" which makes that the specialists never consider the global apprehension of the person with autism but only a collection of functions and singular difficulties... And for example towards the body, we decline all the perceptivo-driving difficulties, praxies and instrumental, ever the global apprehension of the body, the singular way of the subject to live in its body, the representation of one and the images of the body which are his, dimension of its *body-in-relation* to evoke J. de Ajuriaguerra. By this integrated approach (the global nature of the body) we find a more complete and more complex vision of the pervasive developmental disorder of autistic spectrum.

Based on the historic teachings of "*the French school of psychomotricity*" we shall develop:

- a. *the physical stake in the development* : a body lived as place of articulation order between the data of equipment and the historic data and developmental of the successive investments of the instrumentation of the autistic child ;
- b. the early psychomotor signs at the babies at autistic risks ;
- c. *the physical and psychomotor dimension of the specificities of functioning of the person with autism* turned out at all the ages of the life (singular autistic way of living and of instrumenting its body and its sensori-motricity or its psychomotricity);
- d. finally, we shall *reconsider the variety of the therapeutic approaches and the diverse modalities of accompaniment of the autistic.*

To conclude, we remind that any unambiguous reduction of our understandings as our interventions is a mutilation and *in fine* an ill-treatment of the autism, and above all the person with autism; and we propose that the physical and psychomotor stakes are thought as epistemology and theory clinical fundamental positions for the respect and for the best understanding of the autism.

2. The body and the psyche: An integrated approach

The body and the psyche are in one complex intricacy and permanent interactive process ; and in fact a clinical psychology, whatever is her theoretical option it is not still more or less a psychology of the body, a psychopathology of an embodied subject existing only by and in its body. The body is permanently crossed, in its emotional stakes, in its developmental, cognitive and instrumental stakes, in its feature and in its investment, by the psychic ; infested, modified, drained by the quality specifically emotional of his being *intra-* as *inter-* subjective and historic. While the psyche is, as for her, drained continuously by its physical, sensory and perceptive anchoring; better, than she finds her foundation and her lively source in the impulsive and interactive stakes taken in and on the body. More exactly according to the canonical formula of Ajuriaguerra [1] than she is *body-in-relation*. *It is nothing in the spirit which is not passed in the senses and the motricity*. The body is at the same time our carnal evidence without which we are nothing: instigation of the equipment and the visible somatic evidence (*res extensa* of Descartes) this "place of me" the most intimate, around which the psychic subjectivity and the most personal identital-narcissist establish, feel and imagine themselves. Our body it is the place source, the party and the whole of our being, our grip on the reality, broadcasting and receiving of one towards the world and the others and mutually.

It is precious to remember itself at once that it is by the body that we think, that it is by the body that we recognize: different there from all other people, from all the animals as much as the various forms of artificial intelligences; that it is about our most intimate ID card and most fundamentally embodied there. And nevertheless, in spite of this evidence, it is not excess to remember itself how much the philosophy, the religion, the psychoanalysis even, and the learned speech generally, tried desperately to force the body, to reduce it, to forget him, to send back him to the trivial or to the evanescent in the unspeakable, even in the suspect or imperceptible. Preferring by far a modelling of a spiritual, neuronal or IT being untied from its physical anchoring, from flesh, from tried, from hand-to-hand fight. This solitude of the body, reduced then to the somatic and to the delegation of therapeutics and theorization in the only hard sciences or in the medicine, leaves according to us the human body to the state of corpse or machinery, putting aside the subjective thickness of the body, its tried, its vitality, its actions on the world and on the others.

But if the body insists, difficult to avoid, it is not of the soma about which it is a question; rather of an already "double" body: at the same time relational material and subject object. A resumption infiltrated psychic of the stakes and data of equipment of the soma; the sum of the relational experiences of the physical machinery. In fine, the problem of the body interests us in psychology and in clinical psychopathology through the question of what we could call *the way "to live in its body"*. We shall never insist maybe enough on the function which holds this body as mediator and relational stake principal between two subjects on one hand, and between the psyche of the subject and the world on the other hand. From this point of view there, the body is just as much a sensory body than an impulsive body, and just as much a body psychomotor agent, an instrument of action on the world that permanent receptacle of tried and of information ; a neuro-cognitive body of management, storage and treatment of this information as much as a body represented in the mental life (body image); just as much a body of thickness, flesh and tonus, which a body wraps and sphincter interesting the specialist of the psychic only leaves its holes or its surfaces!

We shall observe here the question of the autistic child towards the way of living in its body and its psychomotricity. And by way of introduction in this present reflection, we would again like to remind that the psychomotricity of an individual is exactly the way of a subject to live in its body. It is strangely, according to the principal definition of Ajuriaguerra [1], the *body-in-relation* of a subject whatever his age and his pathology. It is obviously in this respect, at the same time and inextricably mixed, the imaginary and eminently psychic dimension of the representations of itself and the investment of its physical state, and the more cognitive, neurological, developmental and functional dimension of its body in its relationship to the world: the "instrumentation" in the sense of Bullinger [3,4] private individual (praxies, physical plan and spatiotemporal organization of the appropriate body, tonic and postural registers, quality of the movement, sensory-motricity, etc.) for a given individual. Better maybe, it is the place crossroads of articulation of this double dimension inferred by our *body-in-relation*: at once in the psychic pole and in the neurological pole, inextricably braided together. So understood, we can envisaged the psychomotricity through the question of the development, towards of the psychopathology (specific psychomotor disorders or psychomotor colors of any functioning); as she can decline in multiple theoretical viewpoints; or open finally to a praxis and in this particular case in a set of techniques and therapeutics (cf. Joly [11]).

3. The body of the autistic child

The body of the autistic child, in the diverse theorizations and the descriptions of the autistic problems and the other similar disorders, is maybe the least looked, the least described in the psychopathologic plan, different of specificities of cognitive, perceptive and socio-communicational functioning, or still fears and psychic, emotional and relational peculiarities. Nevertheless, the body of the autistic child is doubtless the first one and the ultimate witness of an autistic specificity. Better, it is the meshing and the crossroads lived on knotting between the reasons of equipments and the developmental reasons which make the autistic syndrome. The approaches physical and mediatized by the persons with autisms are, of their sides, maybe the least studied, the least elaborated, and the least evoked in the current debates and within the diverse studies and the recommendations of treatments and methods of accompaniment; when they are not the most attacked in the same way as the strategies of nursing accompaniments (cf. the *pack* or the *paddling pool* for example).

Nevertheless, they appear to all the practitioners as essential tools of the therapeutic of the autistic suffering; and they are among the most invested and most declined within institutions and mostly by the parents.

The autism (in the singular as a paradigm) and the declension of the various pictures (in the plural) of the autistic states or pervasive disorders of the development represent a singular clinical prototype which questions primarily the adversities of the psychomotor development, and a so particular psychomotor way of being to the world. The body of the autistic child is maybe - if we consider at it good - its first difference, its first and singular presentation. Better maybe it is doubtless in the place of the body of the autistic that the data of equipment (genetic and neurobiological), the cognitive, perceptive and sensori-motor peculiarities, with the emotional, relational, psychic stakes, and historic cross themselves in the development of the child. The psychomotricity of the autistic countered so central: since the performances (rather global psychomotor delay, and psychomotor disharmonies in most of the pictures of autism), until the particular autistic lines in the most obvious of the body (driving stereotypes, whirling, singular postures, physical rhythms, etc.), and more determining maybe still the tension perms between the various sensitivity and motor sectors in *hypo-* or *hyper-* functioning. Functional specificities pulling inevitably a very particular way for the autistic to perceive his own body, as much as the surrounding world and the other subject, in his body and in his psychic apparatus.

Next to the pathognomonic set of three of the autism in the CIM-10 now DSM-IVR the suffering children of autistic disorders also present numerous peculiarities expressing himself at the physical level. We do not think here of the possible neurological infringements or the possible genetic of dysmorphies witnesses of pathologies frequently associated with the autism, but many peculiarities of the functioning, the investment and the use of their body.

I proposed [7] - by borrowing the canonical formula "*our body is nothing without the body of the other one*" to Julian de Ajuriaguerra [1] - to think that: the autism could be, in fact understood, throughout the development, as the prototypic representation of the fact what would be our body without the body of the other one, in its subjective dimensions as the instrumental and functional registers. It is the exploration of this psychomotor approach of the autism that I propose here briefly as an integrated precious perspective.

The body of the autistic child is an imperative axis of reflection, at least in the evidence of the psychomotor signs almost of the turned out autistic state, of the psychopathological paradigm that is the syndrome of early infantile autism for the sense of Kanner. Psychomotor elements (and psychomotor disharmonies) in the autistic clinical, through which we shall see so much the essential aspect of the disorders of the body (in the way of living in its body and the harmony of the psychomotor sphere) and the perverse drift as for paradoxical skills and disharmonies, towards the closed circuit self-sensuality, towards the bankruptcy of the representation and the psycho-affective interaction, which usually makes, in the commonplace development, the bed of our human being's specifically psychic quality. It is just as much precious for me to study the future of these psychomotor signs of the autism, in the fate of the patients affected by the syndrome of A.I.P. and the variety of the fact that we call states comment autistic, as much as in the way of research rapidly expanding which refers to the other end of the early signs of interactive drift and developmental of the babies at autistic risk.

In the turned out autistic clinical picture, it thus seems to me good to specify at first the intrusive dimension of the body signs.

That we think first of all of the generic set of three specific signs of the autism (whatever are schools and obediences) because we agree to hold around the diagnosis of autism: 1/ *the isolation or the deficiency of the social interaction* (it is the *aloneness* of Kanner), 2/ *aspects always restricted by the activities and the centres of interests* (was it towards the islands of strange and paradoxical capacities) *and desire of stability* (it is the *sameness* by Kanner), 3/ finally *the quantitative and qualitative deficiency of the verbal and not verbal communication, and the imagination*. A set of this three specific signs of the autism which gets organized - and we could say first of all in the early ages where the autistic picture takes shape - around a mode to be psychomotor very singular.

At the level 1/ of the *aloneness*, the considerable retreat and the social bankruptcy autistic, the obvious indicators are, indeed, the aversion for the contact or the simple physical moved closer, the tonic shell, the defects of joint attentions, the oddities and the other tonic and emotional conflicts, the disorders of the perceptive behaviours there (hypothesis of deafness or blindness at children whose additional examinations testify nevertheless of the integrity of the neuro-sensitivity circuits), the behaviours of clinging to the body or to the percept, and the demonstrations of dismantling, the emotional detachment and the defect of ability to react to quote only these physical principals indicators.

Of the side 2/ of the limitation of the activities and the *sameness*, the main signs are exactly: the psychomotor indifference to the world, the lack of desire and initiative or reset in the driving and sensory games, the search for stability in repeated complex rites compulsive, the stereotypical self-focus behaviour, the strange manipulations of objects, the inactivity and the absence of interest for toys, little of desire in the requests of a *body-in-relation* even the agonistic disorganization when we come to provoke the meeting of bodies.

On the register 3/ of the qualitative and quantitative deficiency of the communication, the first indicators upstream even of the language (of his absence, his adversities or his oddities when he happens) are, actually, the disorders of the not linguistic social behaviours and the defect of non-verbal communication there (defect of tonic adjustment, absence of checking, dullness of a babble which when it appears is neither interactive, nor "affected", defect of contact eye with eye, absent, fickle, crossing glance, or stuck in suburb, etc.).

I would like, as for me, to insist even more specifically on six essential very points double or to say the least paradoxical.

- Towards the driving and rhythmic stereotypes, the behaviours of body or percept clinging, and the attachment for the "*autistic sensations-objects*" or the "*autistic sensations-forms*" (in the sense of Frances Tustin [14]) of these patients, we shall notice a first level of psychomotor conflict of which shows the paradox of such a permanent auto-sensual centre on the sensory and the engine, at the same time as these behaviours testify, in fact and to look at it well, of a real autistic dam in the perception. The sensitivity is here, in the autistic syndrome, not at all the usual link to the world, to the objects and to the others, the vector link of a permanent psychic translation, and a work of representation appropriation and emotional through the tried of a subject, but rather exact opposite of a movement anti-psychic and avoiding with regard to the world in what we can call a psychomotor "perversion" (and a failure) of this sensori-motor investment.

- On another plan (very proximal) we could linger more for a long time over the evolutionary, functional and instrumental disharmony and over the area of the conflicts in the psychomotor sphere: I shall evoke here, in passing, only the only paradoxical skills of the autistics in the global driving development, the delays and the abnormalities in the cognitive development with very long prevalency of the sensorimotor plans; the stunning addresses in some autistic manipulations opposed by one almost debilitated engine in the other sectors; the disorders of the image of the body; atypical postures and reduced tonic harmony; the driving initiatives globally so insufficient; the so poor or non-existent graphics etc.; as so many witnesses of a dramatic failure of the psychomotricity as fundamental link between body and psyche, between subject and object, between affect and representation via the experience of the *body in relation*.
- The sentimentality aggravated by these children as "tormented souls" and reacting to tiny perceptions (visual, sound, tactile, etc.), in tiny changes or modifications is, at the same time as (or set paradoxically in) frost of the affect and against the emotional not ability to react even, more extreme still, the not ability to react in the pain, the third paradoxical aspect of the autistic body of the subject on which we would like to insist.
- The autistic dismantling and its price to pay in desperate clinging and absolved in a not-consensual single sensory channel is another characteristic of the autistic clinical with a type of dismantled (or more exactly not-mantled) in a single sensory channel to the detriment of any tuning, of any trans-modality and of any driving relation in the object with the paradoxical fixation of an attention of survival, an cling to this only one sensory canal absorption, to the detriment of quite other attention on the world and on the other one.
- Towards the "physical terrors" and the other primitive death-agonies if copies of the autism (cf. Tustin [14]: premature phobias, crises to *temper tantrum*, archaic frights sometimes organized in real massive and atypical phobia of the contact, etc.), of these very acute emotional states with alternation of hypertonic states and big hypotonies of lived on fall even of liquefaction. I wish to point out here the bipolarity of the native and autistic pre-emotional life (cf. Joly [7-11]) that is the existence of a native immoderation, an excess, a traumatic overflowing in all the forms of autistic emotional life - as well in death-agonies and terrors not event presentables as in ecstatic excitements so little divisible - below a some emotional qualification, that is below a primary shape of psychic representation.
- At the level of the disorders of the spatial-temporality and the relationship in objects finally, the exploration of the space and the objects which populate him testifies, in these clinical parts of the country, of the trend to remain in a close (one or two-dimensional) space, in adhesive clinging or by swirling around a point, while the time seems as for him always unidirectional, motionless or circular in stabbing one repetition.

4. The autistic psychomotricity

Let us resume at the moment this question of the body in the autism; of the body, its way to live in it, and its psychic destiny, its experiences and its adversities, so omnipresent in the heart of the autistic clinical. Since the observation of the early psychomotor signs of the babies at autistic risk, until the major educations of the mobilizations and the physical

requests appropriate for the psychomotor praxis so essential in the accompaniment of the autistic children; we defend - we said it above -, the idea according to which the psychomotor development and the experiences of the *body in relation* would be good, in a psychopathologic and complex vision, the *missing link* of our theories and the link missed by the young child in the autistic process.

Which one, in a real *psychomotor subversion* would give us to see, throughout a singular development, *what would be our body without the body of the other one!* If we want to specify these remarks and fundamental observations on the place of the psychomotricity in the infantile autism, there is certain number of points on which we shall quickly agree!

4.1 The peculiarity of the tonic and postures adjustments

We notice all and always a bad tonic regulation (tonic and emotional conflicts in the interaction, the defect of interactive patterns - to stretch out arms, tonic adaptation - poverty of the mimes and the gestural and preverbal communications, etc.). In the difference for example of "damaged" babies neurologically, we are going to spot at baby's at autistic risks of the alternations between hypertonic moments and a more hypotonic bottom; but especially permanent seesaws between *hypo*-and *hyper*- tonic effect; a tonico-emotional not adaptation during the grips in arms; a dys-regulation becomes generic from the tonic relation to the other one and in the stimulations of the world. We so observe on a general bottom of hypotonie, dystonics attitudes, even hypertonic brightness, and little harmonious movements hampered by this bad regulation of the tonus. The tonic dialogue is also rather atypical with these children, either totally indifferent to the touch and the laborers of relaxation, either hyper-reagent withdrawing as "tormented souls" in a defensive attitude. In every case, this tonico-emotional conflict is as contagious, and the clinician has difficulty decoding, in him, the affects of the child, his state of well-being or on the contrary his faintness. In the same way the incapacities and the peculiarities of the postural control in the autistic states are almost systematically found by all the practitioners.

4.2 The specific driving behaviour

Later in the development, appear atypical steps, affectations, stereotypes, or postures of balance. And even if all this is enough little invading in the first 18 months of the life, it is the sector which we can investigate obviously the more before, and the more upstream; and we can then see premises of specific driving behaviour, strange, already clashing, possibly repetitive driving sets and mostly self-centred, always preferred to the interactive movements, to the psychomotor play in connection with the other one.

4.2.1 The disorders of the regulation of the motricity are constant

the children present or an extreme excitement or on the contrary a general slowing down of their activity, and mostly a rather perpetual passage and without visible logic of the first state to the second without intermediate level.

4.2.2 The general coordinations are affected almost always

We see very often abnormal movements accompanying the movements, and the replacing the usual coordinations of stabilization and accompaniment. The finer manual coordinations and the oculo-manual coordinations are also very damaged and of praxic and gestural adaptations, as because of some hyper or *hypo*-sensibilities. We meet disorders inferred by

the oculo-manual coordination (absence of visual control during the movements), difficulty reproducing gestures, difficulties of grapho-perceptive organization, and globally difficulties in the spatial and temporal apprehension.

4.3 A defect of packagings and physical envelopes

non-existent or very fragile envelopes, with a conflict inferred in the way of investing and of living in its body, and a bankruptcy of the images of the body are always observed by all the clinicians.

4.4 The other peculiarity, it is the sensitivity and the sensori-motricity of the autistic

We can only underline, indeed, the pathognomonic stakes of the sensory and the sensori-motricity (search for sensory flows aggravated without intermodal coordinations, and without interactive regulations, etc.). The abnormalities of the sensory modes of integration are so important at the young child's autistics as Michel Lemay suggests as for him [12] considering them as principals markers of the first years. There is indeed an autistic constant living in the enigmatic alternation at the same time of hypo-and of hyper sensibility towards the hearing, visual, tactile stimulations, labyrinthics, and gustative; and in the joint failure of the usual modalities of integration, gathering and sensory co-modalities.

4.5 The rarity or the poverty then (even the extreme difficulty) playful driving activities, driving games, body experiences in the relation with other

Empty of desire or curiosity in the spontaneous exploration and especially in the emotional and interactive shared experiences. That we can move closer to a defect of to investing the diverse functions as playful driving experiences in the relation to the other one. It is necessary to insist on this determining aspect: little of spontaneous, affected and shared psychomotor explorations, or almost systematic choice of the self-centred and auto-sensual stimulation rather than from the relation to the other one and the playful exchange. This bankruptcy of the *playful motricity in relation* before being perceived in the observation of the spontaneous behaviour and the initiative appears as difficulty for the interlocutor to find and to maintain this type of early exchange with the child in the autistic process. Finally, the disturbances maybe the most characteristic of the autism affect the non-verbal communications of the child: the peculiarities of the glance (running away), the poverty of the mime, the absence of use of gestures to communicate, misses him general expressiveness, the defect of synchronization.

4.6 The intensity of the physical fears

Is another clinical evidence on which we hardly need to extend (cf. [7][14]).

4.7 Finally, in a more generic order, we find *psychomotor disharmonies* and rather *specific developmental disorders*

For a long time in the history of the autism, we were maybe filled by physical and driving skills in sectors but really rather clashing for these children sometimes fascinating us of their strange functioning and leading us to leave aside the authentic and clearly psychomotor difficulties. Really, the detailed examination shows that many psychomotor functions are acquired, but that a global disharmony is found almost always with conflicts in the various sectors, invested or not, by the psychomotricity.

The difficulties of control of the equilibration are recurring: sometimes surprising, even paradoxical, the stake of equilibration and in harmony is in the majority of the disturbed, delayed cases or perturbed ; there are unusual movements, tiptoe, bizarre steps, search perms of flow of equilibration, breaks of the rhythms of the step.

All these physical and psychomotor disturbances in the autism that must be seen - i join Mr Lemay on this essential point: "at once as overdrawn phenomena (the subject "get" not), and as hypertrophied processes (the subject too much seems to receive without being able to abandon the stimulus for the other one) ". More essential and singular still we have to take the measure that "excepted certain subjects, the neurological or genetic infringements of which are recognized (...) The body is intact (but) everything takes place as if the body not altered in the point of departure, in its way of being, languished if he could not get, experiment, and create a personal identity" [12]. This evidence deducts which the careful evaluation of the psychomotricity in the primary development constitutes an essential stage of the differential diagnosis and the premature care.

For André Bullinger [3,4] and his school, it does not make doubt that the body and its various expressions occupy a dominating place at the autistic children; that to be always singular, of course, to every child, these physical peculiarities appear as determining elements of understanding the world of the autistics and their specific difficulties and their felt. Rather close to perspectives deployed somewhere else by Jean Ayres [2] in conformance with "*the sensory integration*", the *sensori-motor perspective* developed by Bullinger, at once instrumental or functional, neuropsychological, cognitive and developmental, knew how to measure and light certain number of physical and psychomotor autistic peculiarities of the child.

The children presenting an autistic or disorders of the P.D.D. series seem in this sensori-motor reading sharpened by Bullinger [4][6] always to present incapacities of sensori-motor integration and being made an instrumentation always very particular which are going to produce or to accompany one certain numbers of difficulties:

- at the sensory level, the persons with autism "maximize" the archaic sensations to maintain a tonic mobilization rather than to use in exploratory or manipulator purposes sense organs, in particular to the detriment of the spatial representations;
- while at the postural level, we observe a tonic regulation in extension with a defect of équilibration between the flexion and the extension, the difficulties in the coordination of the various physical spaces straight ahead / left and top / bottom (stocking, bottoms, stockings).
- We find pathological postures, disorders of the suction, and the problematic tonic regulations, the possibilities of insatiable incorporations and ascendancies of the archaic systems, in particular explorations, disorders were inferred by praxies oculomotrices; tonic recruitments in extension around a pneumatic tonus; tonic regulations of lower limbs by all or none; fixations(bindings) on the oral space, and difficulties of coordinations of spaces right and left with an important limitation of the activities elaborated praxiques.

The autistic child often resorts(turns) to compulsive behaviours and discharges driving as stereotypies. Really, he has difficulty in reaching a representation untied(removed) from the action(share). As says it Bullinger: "*the image of the body is maintained present by the very sensations; but as soon as the sensations stop the image of the body becomes blurred*" [4]. All these drivings(behaviors) have, in the end(final), a role of gathering; and repeated in so atypical a way them become of real (necessary but intrusive) modalities of agrippements or "prostheses of gathering".

They appear when the situation pulls(entails) an emotional overflowing further to a sensory stimulation which they cannot check(control). Evident incidences deduct in the therapeutic plan, because it will be a question for example, in a work in psychomotricity, of aiming globally at a better integration of the physical envelope (from experience(experiment) shared by relational portrages with various mediators seeking and enriching capacities of representations of various levels).

5. The early psychomotor signs of the autism

Towards the early signs of an autistic risk and a commitment of an autistic process, we can notice that certain number of clinical signs allows to suspect (and warn maybe prematurely) the eventuality otherwise of an already established autism, to say the least a developmental adversity at very high psychiatric risk, a autistic risk, of a possible forecast of later autistic evolution. We have to add at once that the parents and mostly the professionals of the early childhood track down generally the first signs of conflict, rather during the second year of life of the child, and, for the main part, signs of the communicational series (which are always the most obvious and the most worrisome for them); much less to say almost never upstream the signs of the nevertheless essential physical and psychomotor series. The qualitative specificities of the global delay of development and the earlier indicators of the tonic and postural side, playful and emotional very early, are in fact only little moderate, even ignored by the specialists of the early childhood, often still badly formed in this extremely fine screening the subtlety of which is confused with the neurological items and the only acquisition of the big driving functions (motive units for example). From this point of view, it seems to me important to proclaim quite a reverse the importance to observe the psychomotor development and tonic-postural at the child generally, and strangely at that at autistic risk [4,9,10,13]; but farther to seize in the early psychomotor development the principal stakes of the later deployments in germs so much socio-communicational side, as cognitive and emotional. It is what to what we would like to become attached, as for us, in this present reflection.

We have, as for us, to develop - in the *C.R.A. of Burgundy*¹ [9] - a prospect of psychomotor research on *the signs of alert of an early autism*; a research eminently developmental and complex articulating *a*) a positive and negative methodology at the same time (specific signs, presence or absence of indicators of normal development and perceptible and singular abnormalities of these developmental processes), and *b*) a plural perspective around a developmental early major axis of the child at risk: the psychomotor sphere [tonus, postural, sensori-motricity, development of the playing and the psychomotor interactions, the desire in the interactive driving and physical exploration, the deployment of the executive functions, the perceptive and the praxies, etc.] ...

With an underlying hypothesis which would be that the defect and the principal abnormality in the very early development of the future autistics (and before even the appearance of the differentials signs that they decline in a way turned out in the cognitive or psycho-affective sphere) this native defect would indeed deceive in the psychomotor

¹ Every region in France have of a "Resources Autisms Center" where the persons with autism, the family as the professionals can find helps, advice, information, technical and practical trainings, and where differential diagnoses or functional evaluations can be proposed, led researches, work of network and organized partnership, and colloquiums and study days organized.

register, more exactly in the failure, the failure or the specific abnormality of the crossroads and the early psychomotor knotting.

The first elements of the research (collected during on 2009 and to seem: meta analysis of the national and international literature; perusal of a investigation with the French-speaking professionals of the psychomotor approach of the babies "to risks"; elements of a first analysis of the inaugural stage of the research on family movies from a railing of observation elaborated by our team) go to the direction of:

- a confirmation of the developmental and multi-factorial hypothesis of a autistic process deployed from a compost of equipment at risk, and more or less realized and fixed as the case may be singulars and the fates, in the developmental process driving to the autistic picture;
- a location of points of alerts, sufferings early developmental or of pre-autistic peculiarities testifying every time in the fall of the evolution of the malleability of the early signs: who seem through the development little as a "*extinction of lights*". To be early, they are neither permanent nor immediate and become more marked in the fall of the development; while go out quite the reverse of more positive elements, still present in the first months;
- a confirmation of the critical period of fixation or unlike developmental, strangely decisive processing between 6 and 18 months (golden age of the psychomotricity of the young child);
- the report that in the difference of all the parental and professional centred alerts (during the second year) on the not appearance of the linguistic items and socio-communicational it is many items of the psychomotor, sensori-motor and physical series that appear in the first year of life as the first indicators of a failure or a developmental drift at high risk;
- the measure that these signs of the psychomotor series (tonic, postural and sensori-motor) are first and not only in the time but maybe as precursors and organizers of the later significant signs of the cognitive series (defect of *theory of the spirit*, the defect of *central coherence*, peculiarity of the perception, the memory, and the *executive functions* etc.) as of the psychic and emotional series (singular quality of the fears, the specificities of the identifications, the splits and the poverty of the psychic play - being made, that before the signs of the specific cognitive and functional series [6,14] or that the clinical quality tried by the autistic peculiarities (specific fears, operating procedure in dismantling and adhesivity [7,14]) these psychomotor items should be systematically studied and detected);
- a demonstration that these early signs are marked at first in the negative series (all which is not set up and does not appear as usual in the interactive flight of the early development) before to create specific and "positive" autistic signs of the series;
- All these indicators, finally, are increased in the interactions and the environmental situations of relational stimulations and interactive appeals, and underestimated in time more solitary and less inter-subjective.

6. By way of conclusion: The French psychomotor prospect in the disorders of development

All in all, sensori-motor and psychomotor all these disorders of the autistic body, these adversities in the P.D.D. is almost specific of the autistic problem, and should be added as

such maybe to the set of three of the fundamental signs (socio-emotional difficulties, delays and peculiarities of the communication and the language, the repetitive and restricted behaviour. These signs of the body indicate, within the framework of this prototypic disorder of the development, a disharmony developmental major the psychomotor and physical elements of which can hardly appear as simple additional effects of accompaniment, or as a kind of secondary and inescapable co-morbidity, but according to me must be well included as an aspect obviously central and primary of this singular development.

Better, maybe, we can make here the hypothesis that it is this shunt of the development and the psychomotor harmony that is the substratum and the source of the autistic cognitive "styles" or the later executive and functional difficulties in an understanding developmental complex.

Therapeutic psychomotor and the other therapeutic and educational physical mediations constitute consequently, and according to us, paradigm of a privileged treatment of the autism: 1/ of a "regime" rich in social games or so difficult for the autistic child; 2/ of a support and a relaunching for the subjective appropriation of the development with a playful transformation of the difficulties of functioning (or an ironing on developmental failures adults of the autistic); 3/ an original and mediatized business with the object, facilitating "the taming" and the meeting experiences of the patient autistic, supporting permanently the play, the creativity and the psychic drive since the survival inhabited with the therapist and since its playful creativity, in its body and in its psyche, weaving preferentially symbolizations, representations and affects, in the link in the other one; 4/ favoring as a matter of fact that a young patient conquers himself through the objectal meeting. It is indeed all in all about an approach privileged by the construction of the person and by the feeling of identity, as well as consistently by the opening in an authentic work of the thought which favors the development of the playful interactions, the representation and the processes of so outstanding symbolizations usually in the early infantile autism.

The therapeutic work at the sensory and psychomotor level with the autistic children is one of better opportunities to introduce them even to the emotional language, to the communication with the other one as with itself, and to the social and relational desire. There is a large number of actions led to the psychomotor plan which are susceptible to act on certain psychic, social and cognitive functions so disrupted in the autism, and susceptible also to transform autistic behavior so crippling.

If the body of the autistic child illustrates regrettably in a exemplary way it *anything that would be*, according to Julian de Ajuriaguerra, *our body, without the body of the other one*; the psychomotor meeting of these young patients besides being a playful taming and mediatized rubbing up the wrong way in a way backwards intrusive strategies of autistic avoidance; farther still than to be a situation experiential favoring as few other numbers of even cognitive socio-cultural, playful, emotional, instrumental learning; this psychomotor meeting appears to me more decisively as an relational business knotted around *the playful motricity in connection with this body of the other one* exactly, and being made a singular and, to say the bottom of my unique thought, inter-subjective developmental experience who is invested by drive ...

In the end of this reflection, this exploration, this "plowing" of the question of *the body of the autistic child*: we shall have understood that this autistic body is leads imposes upon the

understanding, imposes upon the coverage and upon the daily and sometimes very pragmatic and behavioural consideration, but also stands out as object of thought as question to think in theory. Better he obliges us to leave farthest possible our blindness of school and our fragmented little points of view, our narrow quarrels to impose a complex and multidimensional vision so much development as the pathology and all the more of an authentic developmental psychopathology which tries to report the autism and the disorders allies of the family of Pervasive Developmental Disorders ...

This body - which interests us here and which is imperative in the clinical of the autism as somewhere else in the other psychopathological regions - is not indeed the only soma and its reasons of equipments, its neuro-cognitive, functional and instrumental stakes it is not more for the psychic pole the only dimension of the images of the body it is exact intertwining of these two registers forming the subjectivity of every human being, crossing and articulating for each the peculiarities so essential developmental here for the persons with autism?

The *French school of psychomotricity* - next to the other numerous additional perspectives - is one of theoretic and clinical perspectives, developmental and psychopathologic but also therapeutics and readaptation which rethinks the problem of the autistic spectre in a complex vision of the development which integrates effectively all these registers into the place of the body living of the small subject in development. The problem of the body of the autistic child requires from us a thought complex and integrated by these psychomotor stakes. The young patients and their families wait at the bottom of us that we do not mutilate this complex dimension in excessive simplifications that they were for a long time in France only psycho-analytic that they are international only neuro-cognitive, educational and behavioural today. Any unambiguous thought is an ill-treatment of the autism as any unambiguous care, an ill-treatment of the person with autism.

We arrive, there as for us, (between clinical experiences, theoretical conceptualizations and look for psychopathologic) to think that on the background of a compost of equipment "at risk", hindering for multidimensional reasons the premature interactions and the tension of the baby towards the other human being, and making difficult the immediate use of the propositions of the essential psychic partner, settles then, in the first 6 months of the life, the bases of a interactive spiral pathogenic auto-going out little by little in vicious circles of avoidance and autarkic confinement. Vicious circles where the autistic contamination quickly plays a not insignificant role on the paradoxical answers of the interactive partner. Pathogenic bases at high risk which lead to the second half-year of life in an autistic potentiality, that is in a "perversion" or in a developmental twisting and in an acceleration of the autistic processes towards the clinical picture little by little specific and so resistant, of the syndrome of early infantile autism.

I would thus like to propose here - originally multifactorial and integrated model of the autistic fates - the idea of a major adversity of the *motricity-play in relation*, as real *missing link* of the autistic fates (before the advent of the *reflexive capacity* of P. Fonagy and of the *theory of the spirit* according to cognitive Baron-Cohen, Frith, Leslie) in the place of "*the primary intersubjectivity*" (Trevarthen) and first "*emotional tunings*" on the background of which (Stern) a subject appears in the harmonious development of the structures and the relation in the object. This principal axe of the psychomotricity for become a subject at this young age, and for engine the impulsive circuit and the psychic destiny. An adversity even a perverse drift of the psychomotricity of the babies at autistic risks which do not use any

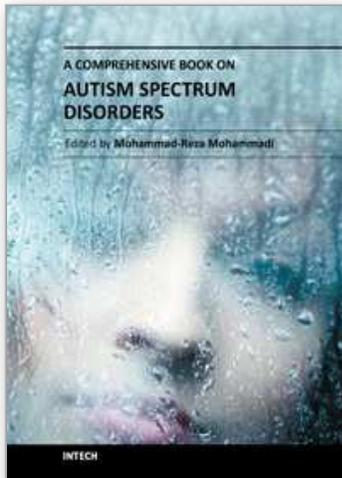
more this potentiality of interactive playful and psychic experiences in the meeting of the world, the objects, and the other one, than in the withdrawal of investment and a mechanical and instrumental use. A shunt of the psychomotricity which - at best! - allows some paradoxical performances and an appearance of good functional and body living, but watch really the practitioner who meets at these levels these patients a conflict and a radical psychomotor strangeness.

It is good by the *motricity in relation*, what the autistic peculiarity appears to the interlocutor, because it is by the same *motricity in relation* that the drive meets the object in the drive principal trajectory of which a psychic subject source usually!

A large-scale conclusion deducts of all this: the psychomotricity of any young is at once a precursor and a central organizer of the later functioning of the personality (so cognitive as perceptive and psycho-affective); and the failure of these early psychomotor stakes is a point of maximum alert of later shady intrusive of the development: strangely of the typical autism. We do not have more than to let it know and to hope that the community of the autism mobilizes to investigate these principal stakes.

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A Comprehensive Book on Autism Spectrum Disorders

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The aim of the book is to serve for clinical, practical, basic and scholarly practices. In twentyfive chapters it covers the most important topics related to Autism Spectrum Disorders in the efficient way and aims to be useful for health professionals in training or clinicians seeking an update. Different people with autism can have very different symptoms. Autism is considered to be a "spectrum" disorder, a group of disorders with similar features. Some people may experience merely mild disturbances, while the others have very serious symptoms. This book is aimed to be used as a textbook for child and adolescent psychiatry fellowship training and will serve as a reference for practicing psychologists, child and adolescent psychiatrists, general psychiatrists, pediatricians, child neurologists, nurses, social workers and family physicians. A free access to the full-text electronic version of the book via Intech reading platform at <http://www.intechweb.org> is a great bonus.

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