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Education of a Child with ASD for Values[1] – Therapeutic Foundations

KEYWORDS

autism spectrum, language competences, communication competences, mentalizing, therapeutic techniques

ABSTRACT

This article is both theoretical and practical, and it presents two basic therapeutic foundations that should be taken into account in the therapy of autistic children whom we want to teach values. The aim of the article is to justify the choice of linguistic competences and the ability to mentalize as two main areas on which therapy should be based (especially the therapy with goals of educating children for values). The first part of the text focuses on these two areas: language and mentalizing, and their scientific background in working with children with ASD. A lot of space in the article was dedicated to the concept of mentalizing, which is less known to therapists and special educators. Among other things, the neurobiological determinants of this process, its relationship with learning, and interdependencies with linguistic competences, were indicated. The second part of the article presents, based on many years of practical experience of the author of the text, selected therapeutic techniques (such as the communication technique: face-to-face dialogue, the technique of keeping a diary or the emotional regulation training) which help children achieve the goals of learning relationships and education for values.

[1] ASD – Autism Spectrum Disorder.

Another quarter of a century of multifaceted research on autism is passing, and this phenomenon still remains a mystery. Scientists, doctors and therapists are constantly trying to solving it. With each step, they are getting closer to understanding it but, taking into account the current status of the research on this disorder, we are still unable to provide all answers to the questions we are formulating. However, we can boldly approach to finding them.

(Winczura 2010: 7)

Introduction

Autism spectrum disorder is still a field of scientific research, polemics, and analyses. It is enough to mention that in each classification of diseases there are smaller or bigger changes in this area. In the latest: ICD-11[2], Asperger's syndrome is no longer distinguished separately, and the very notion of autism was replaced with autism spectrum disorder (also, the notion of infantile autism or atypical autism has been removed). Moreover, the diagnosis of autism spectrum disorder has been made more specific by determining the level of intellectual or language functioning. Compared to the previous classification, these changes are very significant.

However, when we speak of autism spectrum disorder, we are always referring to a triad of disorders: abnormalities in social functioning, behaviour and communication. Disturbances in each of these spheres in autistic children and adolescents influence their acquisition and understanding of values in general. This text is a reflection on the therapeutic foundations that need to be established in teaching values or, in general, in the creation of conditions for the transmission of any values. Essentially, a relationship is the key to the formation of values. Thanks to the ability to establish, maintain and strengthen relationships, it is possible for a person to experience friendship, love or respect. In a relationship wisdom, truth or honesty is revealed. And the fundamental problem of people on the autism spectrum is the impaired ability to establish or maintain relationships. This text will present two main areas and the therapeutic techniques chosen within them, which may serve to develop or improve the ability of autistic children to enter into relationships, which may result in their ability to make friends and acquire values.

Language and mentalizing

Two main causes of social problems in children with ASD, which, in the case of the spectrum, usually occur in tandem, include language deficits and difficulties in mentalizing. Therefore, their therapy should be based on the work on language (in the

[2] The newest International Classification of Diseases ICD-11 is available on-line (see https://icd.who.int/en).

sense of building and improving linguistic-communicative competence, from language programming to understanding subtle elements of the speech act, such as the illocutionary perlocutionary aspects)[3], and the work on mentalizing understood as[4]:

> […] an imaginative mental process that involves recognising and understanding one's own and other people's behaviour as arising from intentional mental states. It involves the basic ability to differentiate between internal and external realities, and to create representations of one's own and other people's mental states. [...] one of the functions of mentalization is to explain and give meaning to behaviours (Jańczak 2018: 6).

With reference to the first of the areas indicated, it is worth quoting J. Cieszyńska's statement: "the lack of language is [...] the primary cause of difficulties in social contacts" (2011: 46). Many studies have shown the impact of language on the image of the world that each of us possesses, and the same applies to children on the autism spectrum. If these children have a limited code, difficulties in assimilating grammatical rules, vocabulary deficits, problems understanding metaphors, etc., this must influence their social interactions. That is why, working on language should be a permanent part of activities with children on the autism spectrum, not only until they acquire basic communication and reading skills, but also in subsequent stages, when the therapy should focus on naming emotions, understanding phrasemes and indirect utterances, understanding the compliance of verbal and non-verbal codes, and discovering the intention of speech acts. Therefore, it should be emphasised that work on linguistic-communicative competences is closely linked to the ability to establish and maintain relationships, as it is practically impossible to make friends without language. This statement does not seem surprising or objectionable, but, in practice, it depends on the choice of therapy, and older children, already included in the school system, often only receive linguistic and communicative training within the IPET, which does not always sufficiently emphasise current linguistic and communicative needs if the child has reached the basic level of linguistic skills.

Communication techniques should be closely connected with working on mentalizing[5]. This process should be considered as the second pillar needed to improve relationship-building skills and, therefore, to understand values. At the same time, it should be noted that authors of books on the subject write about mentalizing emotions (i. e. perceiving one's own and others' emotional states) and cognitive mentalizing (i. e.

[3] From understanding intentions to predicting the consequences of one's utterances or behaviours. The issue of speech acts in the psycholinguistic approach was discussed by, e. g. Kurcz (1987).

[4] For the needs of this text we adopted a little more simplified version of understanding the notion; mentalizing is discussed in detail by Allen, Fonagy, Bateman 2014.

[5] Mentalizing is one of the functions of the social brain (see Brothers 1997).

thinking about others' thinking). Thanks to neuroscientific research, the current knowledge of the brain mechanisms of the metalizing process is already very large, and, consequently, the knowledge of learning this process is extensive. The activities of the most important brain structures involved in the mentalizing process are as follows (after Allen, Fonagy, Bateman 2014: 180): fusiform gyrus – facial recognition; superior temporal sulcus – perception of efficiency and intentionality of behaviour; amygdala – attribution of emotional meaning to behaviour; temporal poles – creation of a semantic context for behaviour; mirror neurons – co-experiencing of observed actions and emotions; preinsula – experiencing and observing pain and disgust; anterior cingulate cortex – conscious control of the spheres of attention, cognition and emotion, requiring some effort; orbitofrontal cortex – regulation of the emotional meaning of sensory stimuli; medial prefrontal cortex – the actual centre of mentalizing (overlapping the anterior cingulate cortex). In the context of the mentalization therapy, it is important to note that

> […] the anterior cingulate cortex and medial prefrontal cortex use internal signals (emotions and stimuli) to regulate attention and action in changing circumstances that require constant decision-making and self-regulation. It should come as no surprise, then, that these areas of the brain have a chief function in social cognition: social interactions require the coordination of attention and understanding of other people's emotional states as well as one's own, and the continual adjustment of behaviour to changing reinforcement systems on the basis of this very awareness" (Allen, Fonagy, Bateman 2014: 193).

In this context, working on attention also appears as one of the milestones for the ability to mentalize. This phenomenon is also closely linked to the learning process. Tomasello distinguished 3 forms of social learning (imitation, instruction, collaborative learning, and all of them are based on mentalizing (cf. Tomasello 2002).

In a therapeutic approach, it is important to understand the difference between being in an emotional state and being aware of emotions. The ability to distinguish between these two aspects is crucial in mentalizing emotions, which involves working with feelings: recognizing, modulating and expressing them[6] (cf. Allen, Fonagy, Bateman 2014: 194). Working on mentalizing can be hindered by a neurochemical change, i. e. a phenomenon associated with escalating levels of emotional stress (the brain then begins to react automatically[7]), and by the activation of defensive

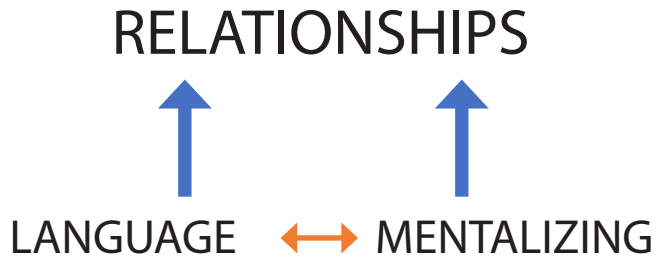
[6] In order to express emotions, one must first be able to name them, so we return to the work on language, as such work is an early stage of the work on mentalizing and accompanies this work all the time. Researchers have shown that "naming emotions (choosing a word that matches the face expressing a particular emotion) increases activation in the right ventral-lateral prefrontal cortex, while reducing the activity of the amygdala and related areas of the limbic system" (Allen, Fonagy, Bateman 2014: 194–195).

[7] "Brain activity patterns can change from flexibility to automaticity – relatively slow executive

mechanisms. That is why, it is important to create the right therapeutic conditions, such as a friendly atmosphere, a child-friendly space, and to take into account external factors that can activate automatic responses (e. g. the time of day or tiredness).

If we consider one of the functions of mentalization to be explaining and giving meaning to behaviour, then the techniques of working on the child's particular behaviours and reactions, as well as working through and verbalizing those situations, will seem more obvious as a stage of this process[8]. This shows, among other things, that the two pillars of social competence discussed are not independent systems, but they closely influence each other. Many therapeutic techniques can simultaneously affect these two indicated areas. In the following part of the article a few of such techniques will be presented.

Diagram 1



Source: the author's own work.

Selected therapeutic techniques

Extremely important, yet downplayed in the therapy of children on the autism spectrum, is the communication technique called *face-to-face dialogue*. Very often, therapy involves going through individual tasks prepared for the child, without leaving any space for a real dialogue. Of course, this technique should also be used at home (and it is particularly recommended despite the initial withdrawal of the person with the autism spectrum). As J. Cieszyńska emphasises:

> *Face-to-face dialogue* is the prototypical, primary and most important act of human communication. Participating in a conversation *forces* the selection of words from the code that exists in the mind. As it refers to unfolding events, it facilitates learning

functions mediated by the prefrontal cortex are replaced by faster, habitual and instinctive behaviours mediated by structures in posterior cortical areas (for example, the parietal cortex) and subcortical structures (for example, the amygdala, hippocampus and striatum" (Allen, Fonagy, Bateman 2014: 202).

[8] E. g. in the form of a diary, which will be discussed in the further part of this text.

> the meanings not only of individual words, but, above all, of sentences, or, more precisely, of words in sentences (Cieszyńska-Rożek 2013: 315).

It is also worth emphasising that this technique serves not only to perfect the verbal code in interaction, but also to acquire the non-verbal code. It is important to remember that already the early stages of language acquisition "are coordinated in time with non-linguistic social-cognitive abilities" (Tomasello 2002: 150). For this reason, there is no doubt that in the case of children with the autism spectrum disorders, relationships should be formed first in dyads (child-therapist, child-parent, etc.). The dyad is considered the smallest possible social group, and it is in the dyad that the person with autism learns the basic principles of dialogue and acquires communicative and social competences (see Cieszyńska-Rożek 2013: 318–319).

Another technique to which attention should be drawn is the creation of a diary of events. Therapeutic experience shows that this is a technique that is often underestimated and ignored, yet it actually allows for the fulfillment of therapeutic goals: psychological, pedagogical and those related to speech therapy. In the context of the above-mentioned foundations, the diary serves both to build and improve linguistic and communicative competences[9], and to learn mentalizing[10]. The diary is used to describe events in the child's daily life, so it should include information about people, experiences and events[11]. Thanks to this technique, learning – including mentalizing – can already be carried out at the pre-lingual stage. "The diary entries are already created at a stage when the child is not yet answering the primary questions" (Orłowska-Popek 2017: 169). In the diary we can draw or paste pictures, and we experience language by talking about them and describing them. At first, this is done by the parents (or possibly the therapist); then, as competence develops, the child does it on his/her own. The descriptions represent everyday situations, but also special and important events. The diary combines two approaches: the communicative and the cognitive one. The technique implies a systematic return to fixed records and allows speech to be stopped in time and space (cf. Cieszyńska-Rożek 2013: 336)[12], provides

[9] Z. Orłowska-Popek even writes that "all the most favourable conditions for the linguistic development of a child with disorders seem to be fulfilled by a diary of events" (Orłowska-Popek 2017: 169). These diaries were originally used in the therapy of deaf children, but the technique is now recommended for working with other disorders as well.

[10] For example, by building scenes of joint attention or learning to perceive the other person's communicative intentions, naming emotions or learning to ask questions about emotions, etc.

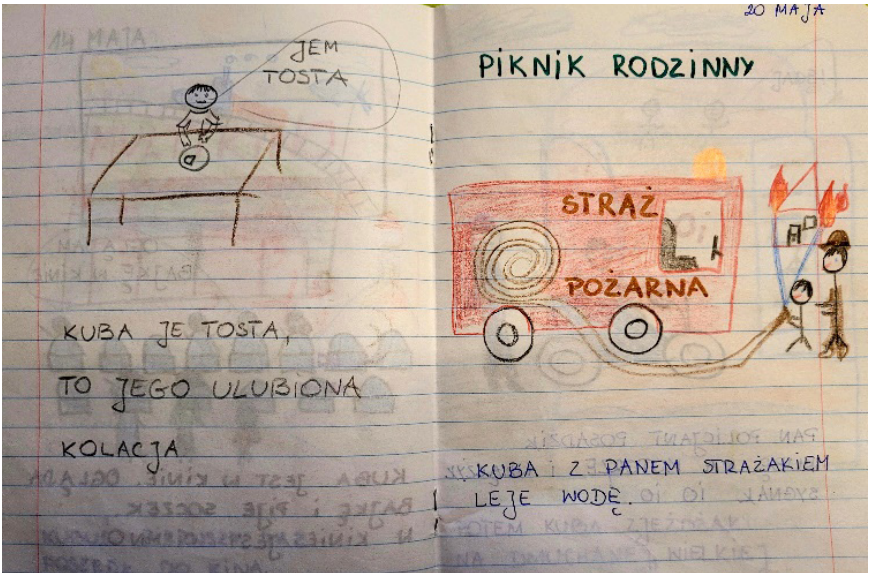
[11] Which is in line with the well-known statement that "language appears in everyday life which is the primary reference for it; above all, it concerns a reality experienced entirely consciously – a reality dominated by a pragmatic motive" (Godlewski, Mencwel, Sulima 2003: 166).

[12] J. Cieszynska also refers to P. Ricoeur: "It is precisely because discourse exists in time and only in the present moment of utterance that it can pass as speech or be recorded in writing. Because an event occurs

a tool for describing the world, and teaches the child to name and express emotions and experiences. An important role in the diary is played by both the text itself and the illustration, which triggers a situational understanding of the statements and allows meanings to be superimposed on events. "The diary speaks for the child and together with the child" (Cieszyńska-Rożek 2013: 339)[13].

Below are selected pages from the diary of events of Kuba who is within the spectrum of autism (the risk of autism was diagnosed in the first year of his life; since that time the boy has been undergoing therapy in which, among other things, the diary of events technique was used). Currently, the boy attends an inclusive school where, according to the teachers' opinions, he is doing very well, establishing relationships with other children (he is a friend to several boys and one girl). Also, he is building relationships outside the school community. Photos 1 and 2 come from one of the initial diaries in which the cards were still made by one of the parents; photo 3 is from the diary in which the cards were made jointly by the parent and the child (the child's activity usually involved colouring in and/or formulating a written statement); photos 4 and 5 come from the diary made by Kuba on his own.

Photo 1.



and passes, the problem of recording arises. What we wish to record is discourse, and not language understood as *langue*" (Ricoeur 1989: 98).

[13] More on the technique of writing a diary of events, see: Orłowska-Popek 2017: 168–211; Cieszyńska-Rożek 2013: 336–358.

Photo 2.

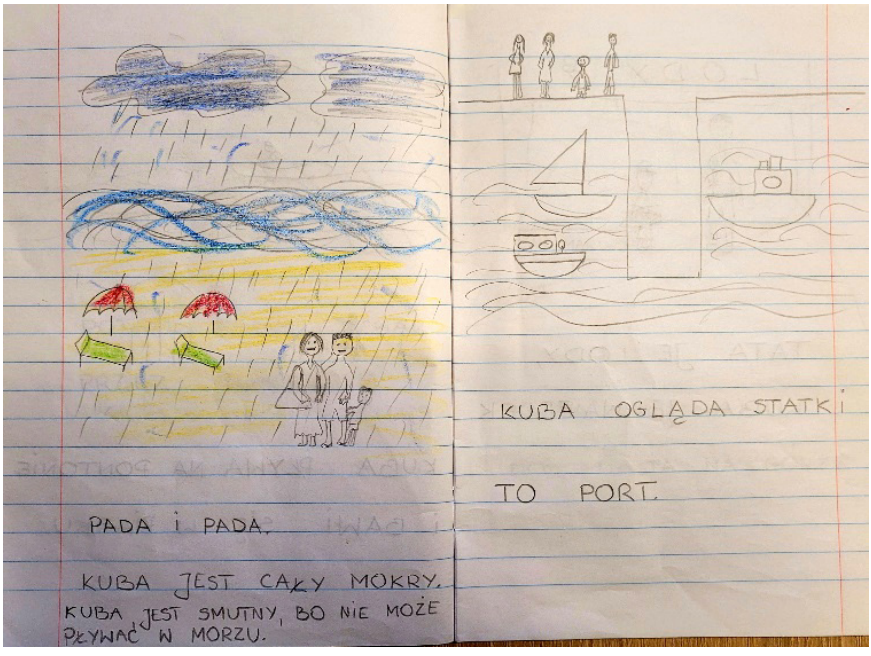


Photo 3.

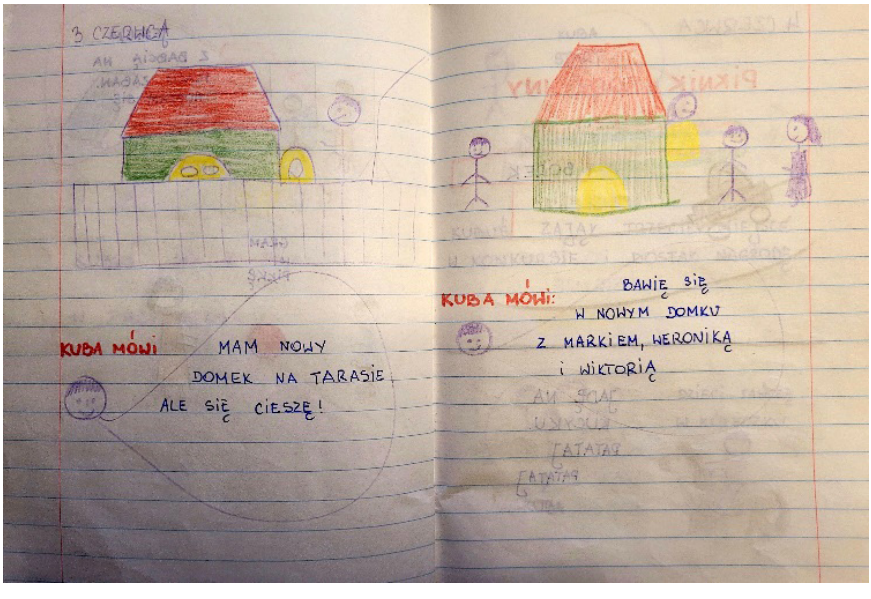


Photo 4.

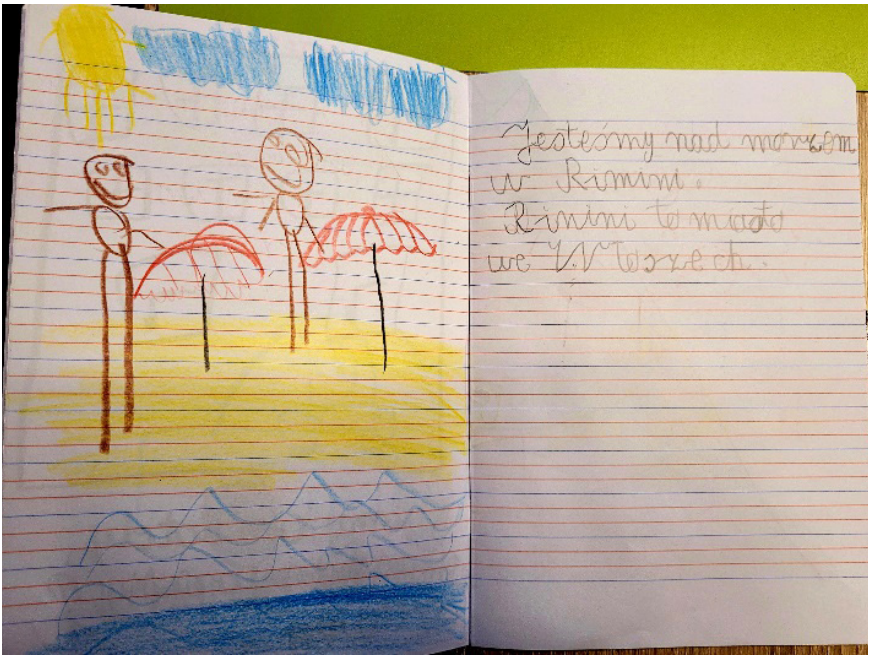
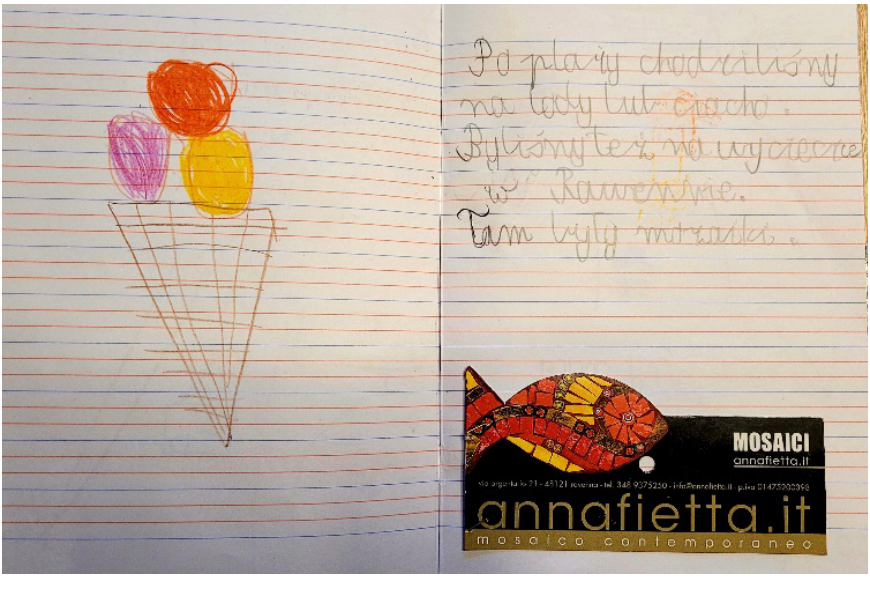


Photo 5.



Children and adolescents with ASD should receive emotion regulation training. According to M. Jańczak, "mentalization is related to the regulation of emotions and to maintaining a coherent image of oneself"' (Jańczak 2018: 6). In psychological terms, "an emotion is a subjective mental state that triggers a priority for the related programme of action. The feeling of emotion is usually accompanied by somatic changes, facial and pantomimic expressions, and specific behaviours" (Maruszewski et al. 2020: 514). Working on regulating emotions is both extremely difficult and extremely important. In the case of people on the autism spectrum, both the somatic, facial and behavioural aspects need to be analysed, as they can all be disturbed. In the context of the subject of this article, it is also important to take into account social mechanisms of the occurrence of emotions (learning through imitation, co-feeling or "emotional contagion"[14] (see Maruszewski et al.2020: 523). The regulation of emotions itself can be understood as "the process that initiates, models and sustains the experience of emotion, as well as cognitive operations and behaviours associated with that experience" (Maruszewski et al. 2020: 564). Emotion regulation processes can be automatic or subjective, and in therapy for people with ASD it is important to work on both. Individuals on the autism spectrum often show greater vulnerability to stress. "Strategies of emotion regulation" prevent destructive and self-destructive defensive behaviours, and they are to foster adaptive forms of interpersonal and intrapersonal functioning by maintaining a mode of mentalization in the face of stress" (Allen, Fonagy, Bateman 2014: 203). In the training of emotion regulation for people on the autism spectrum, important aspects include recognizing and naming one's own emotions without valuing them (once again, the importance of ongoing language training should be emphasized), reducing cognitive sensitivity, increasing positive emotions, or acting against emotional impulses[15].

It would be desirable to extend therapy to the whole family of a child on the autism spectrum (this, however, hardly ever occurs in the Polish therapeutic practice). Of course, economic or organisational-systemic issues usually do not allow for this, but the fact is that a family in which a child with a holistic developmental disorder appears, always needs more or less support. Psychological research has shown that if a disturbed attachment relationship has occurred, then a unique vulnerability to stress develops, so it is more difficult to regulate emotions. Looking realistically at the therapeutic process, however, it must be said that (for the time being) family therapy remains only a postulate in such cases. Nevertheless, each specialist working with an

[14] "Emotional contagion is the result of simple motor imitation of the expression of others [...]. The subject adapts his or her facial and pantomimic reaction to the behaviour of another person. Such reactions are already observed in young children [...]. With time, a person also learns that this is the right thing to, do and this adaptation can be controlled" (Maruszewski et al. 2020: 523).

[15] These elements do not exhaust the whole training; see more in: Soroko 2007.

autistic child can also support the whole family, e. g. by motivating the parents to work with their child, including encouraging them to also participate in their child's therapeutic activities; by providing support to parents and, as J. Cieszyńska notes, encouraging them to be able to ask relatives for help (Cieszyńska-Rożek 2013: 432); by showing the opportunities to join groups that bring together parents of children with similar problems; by constantly demonstrating the sense and purpose of therapy; by providing reliable knowledge about the autism spectrum, and by dispelling myths that are still being spread with regard to this issue.

The indicated techniques for building the foundations: language and mentalizing, are, of course, selected and do not exhaust the collection of resources that a therapist can reach for. However, it seems that in the case of the issue raised in the title of this article, they are worth highlighting when working with a child on the autism spectrum.

Summary

The recognition of linguistic competence and the ability to mentalize as the most important foundations of therapy seems to be justified in the case of people on the autism spectrum, and leads to significant improvements in health. If we assume that the essential functions of mentalizing include navigating in the social world, navigating in one's own world and regulating the social and inner world, as well as maintaining an adequate connection between the two (cf. Jańczak 2018: 6), we can see that it is essential for establishing and maintaining relationships (for social functioning), and we can also see that this is not possible without adequate language skills. Therapy sessions with a speech therapist and a psychologist, who work together in the areas mentioned above, should be maintained from the beginning and throughout the therapy.

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Internet resources

ICD-11. International Classification of Diseases 11th Revision.https://icd.who.int/en

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