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The Psychological, Ethical and Socializing Dimension of Childchood Autism During Preschool and Early School

Abstract: Autism is a disorder that becomes today the subject of many interdisciplinary studies. You can talk about a wide spectrum of autism. It concerns adults, but also children. In the article special attention is paid to autism during preschool and early school age. It should be noted that the term "autism" has quite a short history as it appeared in the 40's of the twentieth century. This concept can be understood in three main areas: 1) breaking social ties or limited ability to enter into interpersonal relationships; 2) abnormal communication; 3) stiffness of behaviour, restricted repertoire of activities and interests that do not require much imagination. Another element of the article is the presentation of the core symptoms of autism. It is worth noting that autism is reflected by the diversity of its syndromes. It is important to pay special attention to autism. The specificity of childhood autism must be taken into account in the selection of methods, situations and psychotherapeutic techniques. The point is that the effectiveness of the therapy does not undermine the fundamental norms and moral principles. One of the basic principles is the trust and respecting professional secrecy.

In this context, there is a very important proposal for the therapists and other professionals working with autistic children to constantly work on raising not only professional skills, but also care about raising the moral qualifications.

Keywords: autism, autism symptoms, trust, professional secrecy, treatment of autism.

Introduction

In modern times, the problem of childhood autism has become not only the object of scientific reflection in the context of the creation of new theories and concepts, but it has also given a creative impulse to the development of modern techniques and practical methods of helping children and their families cope with the effects of autism. Autism as a new, diagnosed phenomenon has been the subject of many scientific fields and disciplines since the middle of the twentieth century. Some types of autism have been differentiated, and special attention was drawn to childhood autism. An interesting element which has found a place in this publication is a problem with the symptoms of autism and equally important are some of the significant terms for autism. Autism affects quite a large group of children and the fact that the level of understanding of the issues related to children's autism has recently significantly increased is encouraging.

However, an important issue for this article is the problem of the ethical and psychological aspects of the treatment of children with autism. Given the difficulties of an autistic child in the field of social communication disorder, the therapist must demonstrate a high degree of professional competence in many fields of knowledge and no less important are their ethical and moral qualifications. Working with an autistic child requires patience, a systematic approach, empathy, emotional syntony, as well as consistency in psychotherapeutical actions. An important moral factor also includes constant shaping of the attitude of trust in interpersonal relationships between the psychotherapist and the autistic child. This professional relationship should not only have a competence based character, but also a personal one. The autistic child must have a clear conviction that he or she is a valuable person, worthy of trust and respect. The process of the socialization of an autistic child gains a particular dimension and importance in this light.

The concept of autism

The term "autism" was introduced to the scientific literature in 1943 by Leo Kanner (1943 p. 217–250). This concept is derived from the Greek word *autos*, meaning "alone." Kanner said that this could be called "early infantile autism" but it caused a lot of confusion. The concept of autism was in fact known in psychiatry before: in 1911, Eugen Bleuler applied this term in relation to the axial symptom of schizophrenia, which consists of closing up in one's own world and easing the discipline of logical thinking. "The use of the term by Kanner prompted the associations with schizophrenia, which meant that the newly described syndrome was considered to be one of its forms. Yet autism within the Kenner meaning refers to emotional disorders in early childhood"[3].

Autism as a highly complex phenomenon encompasses three areas of development:

- rupture of social ties or limited ability to enter into interpersonal relationships;
- disturbances in communication;
- stiffness of behaviour, restricted repertoire of activities and interests that do not require much imagination (Pisula 2014, p. 10).

Children with autism suffer greatly and the source of their suffering is a great fear of contact with the outside world. They escape into their own world which is inaccessible to us. Autistic children, as if under a magic spell, hide in their anxiety. "They prefer to cut off themselves off from their environment, which is a source of constant stimuli, which they cannot skilfully select"[4].

The process of recovery from autism is very complex and long, with failures interspersed with success. This is a great test for parents and therapists of children with autism yet there is a hope that there will be a reward

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[3] autystyczni.pl, access, 2016-03-25.
[4] autystyczni.pl, access, 2016-03-25.

for the complete renunciation of working with an autistic child and that it will help them break their social isolation and achieve a significant improvement of functioning in their environment. Infantile autism is one of the most enigmatic disorders of psychological development and covers all areas of the functioning of the child. We can speak of autism when its characteristics occur before 36 months of age – impaired social interaction, abnormal development of communication skills, poor range of interests and activities (Pisula 2010, p. 10).

The consequence of these misunderstandings is the ambiguous understanding of the term autism. M. Mahler believes that autism is a normal phase of development and in the theory of J. Piaget, autism is considered the primary phase of development, characterized by an imbalance of assimilation and accommodation. It is used in different formulations of a prepositional character, such as autistic relationship, autistic defence, autistic behaviour, autistic world, autistic thinking, autistic life.[5]

E. Pisula (2010 p. 13–14) mentions some terms relating to autism:

- Classic autism / Kanner syndrome, these two terms should be regarded as a historical notion, because they differ from the modern understanding of this phenomenon; they focus primarily on the difficulties in social development and the complete lack of speaking skills.
- Early infantile autism. This term also comes from Kanner, it suggests a very early appearance of symptoms during the child's development.
- Autistic features/trends/behaviours. This term is frequently used by diagnosticians who have problems with making an accurate diagnosis of autism. This concept also appears in works of a scientific nature. It is an expression of dimensional understanding of autism, in which the autistic features are a continuum, and disorder highly correlates with their large intensity.

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[5] autystyczni.pl, access, 2016-03-25.

- Child autism. Critics of this concept claim that the suggestion that autism occurs only in childhood is wrong. In fact, for the vast majority of people, it is a lifelong disorder.
- Disorder with autism spectrum. It is a unit included in the DSM-V APA classification.
- Unusual autism. In this type there are no disturbances in at least one of the three axial dimensions, or it relates to the timing of the characteristic symptoms.
- The high-functioning person with autism. This applies to 25–30% of people with autism who have well-developed intellectual abilities.
- A low-functioning person with autism. In such people autism coincides with intellectual disabilities.

It is worth noting that infantile autism is defined as a deep pathological syndrome that appears in early childhood. It is characterised by a clear retreating attitude and failures in establishing adequate interpersonal relationships. In addition, we observe disorders such as bizarre behaviour in the immediate environment, typically include a fascination with inanimate objects and insistence on routine, ordering and uniformity. Among experts there is no univocity as to the substance of this disorder (Reber 2000, p. 72).

Statistical data says that autism affects 2 to 5 per 10,000 children, with one girl affected for 4 to 5 boys. In addition to classic autism, Asperger's syndrome is distinguished (characterized by the absence of language and cognitive problems typical in the classical form of autism) and anorexia nervosa, which also shows some common features with autism, also being classified as specific borderline cases (Gamon, Bradgon 2003, p. 25).

It seems that in this context, autism is understood today in an adequate and consistent way. Continuous efforts are being made to create new techniques and methods to help people affected by this disease with a particular emphasis on autistic children at preschool and early school age.

Symptoms of autism

Autism is characterised by many symptoms localised in several dimensions. In terms of social interaction we can talk about such symptoms as:

- limited interest in other people;
- difficulties in establishing contact;
- lack of interest in social plays;
- lack of appropriate responses to social stimuli;
- lack of reaping the joy of being with others;
- difficulties in imitating the behaviour of others;
- no response to the interest and praise;
- difficulties in participating in alternating games and activities (Pisula 2010, p. 39–40).

Special attention should be paid to the difficulties of children with autism in the area of communication, which relate to:

- understanding the function of communication;
- the creation of joint attention;
- non-verbal aspects of communication;
- shortcomings of typical forms of communication on the preverbal stage;
- understanding the relationships between the listener and speaker;
- organising information so that they are understood by the caller;
- noticing and correcting communication errors;
- communicating in order to share interests – bringing subjects, showing them (Pisula 2010, p. 43).

It is important to notice the major symptoms of autism occurring in the field of so-called rigid patterns of behaviour, interests and activities:

- reluctance to change;
- commitment to fixed patterns, practices, objects;

- motor mannerisms;
- schematic in the fun;
- persistent, narrow interest (Pisula 2010, p. 56).

It is worth noting that similar symptoms of autism can be seen in adults suffering from psychotic disorders (Stepulak 2010, p. 73).

The main symptoms of disorders of the reception and processing of sensory stimulation should also be mentioned:

- touch – the child does not tolerate touching, stroking, kissing, prefers objects with a specific texture;
- hearing – a child covers their ears in noisy environments or runs away from them, listens to certain sounds or cannot tolerate certain sounds, cannot repeat the pronunciation of words;
- smell – reacts strongly to certain smells or does not pay attention to those which are unpleasant and irritating for others;
- sight – fascinated by bright, flashing or coloured lights, does not distinguish between colours, use of peripheral vision;
- taste – eats only foods with a certain taste, does not accept new tastes, eat products that are not fit for consumption, does not distinguish between the taste of food;
- sense of balance – is not afraid of heights, she loves to hang around, have too much or too little muscle tone, prefers a lying position;
- proprioception (sensation of the muscles and joints) – the child is not aware of what is happening to his body, cannot control its individual parts or move them without checking visually, has difficulty in performing precise movements (Pisula 2010, p. 58–59).

Some studies have found that in some people with autism there are some abnormalities in the cerebellum. The cerebellum is a structure surrounding the brain stem, tasked with regulating motor control and balancing the whole body. The existence of defects in the limbic system

was noted, also in the structures responsible for emotions, memory and learning. Because it is these features and abilities that distinguishes autistic people from healthy individuals, it seems that abnormalities in these brain structures may play a role in the development of autistic disorder (Bradgon, Gamon 2006, p. 39).

Kochański A. (2015 p. 25–26) characterises autism as follows:

- difficulty in taking into account and uderstanding the meaning of what others think ("I think that you think"),
- difficulty within the meaning of the fact that others do not know what I think ("if I do, I think we all think the same thing"),
- lack of capacity to participate in alternate social interaction (unaware of the existence of needs, intentions and interests of the caller),
- difficulty in creating a mental representation of emotional states of other people,
- difficulty in predicting the behaviour of others,
- lack of tenderness in social relations, full verbalization of thoughts,
- disorders of empathy,
- lack of negotiation skills,
- objectification of others,
- difficulty within the meaning of the convention of jokes, metaphors, irony, proverbs, inability to play pretend, role play, aberrant expression of own emotions.

In working with an autistic child, systematic educational work plays a huge role. In this the therapist must know the development rights of the child at preschool and early school age whilst at the same time they should very actively animate specific behaviours conducive to the socialization of the child and help him discover the correct hierarchy of values (Bejger 2014, p. 212).

It should be noted that contemporary theorists and researchers of childhood autism in a precise way describe the basic symptoms of autism. This does not mean, however, that autism has been fully investigated. Still

the issue of early childhood autism is highly appreciated by theorists and practitioners of this disorder.

Ethical and psychological aspects of therapy with an autistic child

Working with autistic children at preschool and early school is not easy and requires from the therapist and parents special professional competence and high moral qualifications. Although there is no formal code of ethics which would present the principles of working with autistic children, there are numerous proposals for such standards and ethical principles. Renata Stefańska-Klar has proposed a list of rules that can be treated as a code of ethics in working with children and people affected by autism. They were presented by the author at the International Scientific Symposium on "Autism – biological, ethical and legal dilemmas" in Krakow in November 2000. These principles seem particularly important when there is a debate over the definition of secure borders for the treatment of autism.

Therapy for autism – the general ethical and pragmatic principles (independent of the age of the patient):

1. "To do no harm in any way!
2. Reduce pain and alleviate suffering.
3. Adequately assist in meeting the individual therapeutic, educational and development needs, that is by acting differently, using methods and techniques which take into account the dynamics of changes in capabilities and development needs.
4. Individualize approach to increase the effectiveness of the therapy and patient comfort.
5. Take the challenges arising from the uniqueness of the patient and the system in which he or she lives.
6. Enable the liberation and development of the unique potential of the individual patient.
7. Protect, prevent and ensure the safety of the patient and his development.

8. Demonstrate and promote the positive values, goals and standards, giving direction for the patient and arising the enthusiasm and hope of allowing his transgression"[6].

The author adds to these general standards certain more specific rules:

1. "Consider biological diversity in autism, manifested by:

- the level of individual differences (temperament, abilities),
- the level of the biological causes and conditions of autism,
- the level of associated diseases and disability,
- interaction between these levels.

2. Work with the person rather than the symptoms or behaviours: contact with a person and in a manner in which you would like to be treated. E.g. use understandable but not depleted repertoire of communication means to people: ask, agree, require, encourage to self-observation, share insights, translate intentions, negotiate and teach to negotiate, convince, talk about what needs to be done without consent and perform it; express satisfaction and dissatisfaction, joy, sadness and disappointment, joke, apologise, ask, enjoy, be offended, forgive; call these states and explain what they mean.

3. Include biographical continuity of a person, bind together the past, present and future; bearing in mind what that person was once, work in the immediate area of its development, at the same time be ahead with your thoughts of the current stage, exceeding it and expecting future results. This will not only facilitate your work, but will also enable a person with whom you are working to build a stable system landmark for themselves and their fate to the world and ongoing changes that happen to this world. Self is based on the autobiographical memory and included information about different events – "dry" information about oneself

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6 domrainmana.pl, access, 2016-03-26.

played a smaller role in the regulation of behaviour than personal memories with a brief commentary ordered in the timeline and understandable to the subject.

4. Do not limit future performance with the methods that give immediate results, but do not stimulate growth or even block it (e.g. by creating rigid habits or production of anxiety reactions, generalizing to new class of situation or behaviour"[7].

One example of the correct approach to the autistic child is the pedagogical therapy of M. Montessori, in which the commitment and approach to "child differences" is very important. The emotional state of parents plays a very important role here, as parents, unable to come to terms with the illness of the child, do not have adequate motivation to provide the child with appropriate interpersonal relationships. In such cases, therefore, intervention of a psychological and pedagogical character is necessary, in order to clarify any doubts and the general mechanisms of the particular disorder from which the child suffers. The role of the therapist who supports the development of the child consists in teaching – showing parents how they can support the development of the child, his interest in specific and general skills. The foreground role of the therapist comes down to starting the dialogue needed to meet the external signs of the child's desire. The child feels safe and understood, and is willing to start cooperation (Oklińska 2008, p. 84).

Particularly important in the case of an autistic child is a sense of security in preschool and school conditions. The need for security includes two basic dimensions: care and trust. Daily, authentic concern for the child gives him some messages indicating that he is important for the teacher and that he has a significant value. The child will trust such a person and will be able to spontaneously entrust the information necessary for its proper and correct conduct of treatment (Flanz 2008).

Another fundamental problem of a psychological and ethical character is the socialisation of the child, especially during preschool. According

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7   Ibidem.

to the program of classes, each child is involved every day in different types of therapy. Some are conducted in the privacy of his well-known group, the others are associated with leaving to the room in which professionals are working (psychologist, teacher, therapist, music therapist, speech therapist, etc.). Once a month there are concerts performed by professional musicians, theatre, dog therapy classes, as well as occasional events. These kinds of institutions are open to parents and students. Such a program gives a very clear message proclaiming the great importance for the development of an autistic child which has a social integration in a wider sense. In such surroundings, the psychological and moral dimensions of education are more fully realised (Raszewska 2008, p. 137).

Quite a few ethical objections are raised by behavioural therapy since, according to the parents of children with autism, it does not satisfy their emotional needs. There is also no respect to the dignity and autonomy of their children, especially in terms of the methods of reducing unwanted behaviour. However, when these methods are "softened", it is possible to meet and engage in dialogue. The basic condition should be to respect the dignity and subjectivity of the autistic person. Failure to meet these conditions blocks the creation of an emotional bond between the therapist and the person treated. A special role is played by such skills and qualities of the therapist, which can saturate even the most sophisticated and algorithmized methods with "emotional heat" (Bobkowicz-Lewartowska 2005, p. 35).

An important feature of the therapist in working with an autistic child must be patience and humility in the context of their own competence. In working with children, next to a sense of competence equally important are moral qualifications. This includes a working method for achieving milestones in the development and planning of treatment (Sundberg 2015).

The therapist must be aware of the fact that in order to help a child with autism he should acquire the skills needed to deal with their own problems, frustration, stress and emotions. The therapist has to come to terms with what he could not do and what not to do:

- We cannot neither by force nor kindness eradicate the autism of a child.

- We cannot force him to "come back to our world" by imposing our attention and demanding a reaction.

- We cannot afford to show our anger or pain when the child does not pay attention to the toy that seemed to us ideal for him, or if rejected our efforts of cheering him up, taking on the hands or hugging the child.

- We cannot apply a whole range of strategies of education which usually take effect against non-autistic children, e.g. penalties in the form of a ban on playing with others (for an autistic child, this would even be a prize) or a prize of a "trip to the cinema or to the zoo" (this would probably be seen as a punishment).

- We cannot expect that if we devote ourselves over many years completely to work on the "treatment" of the child, it will eventually grow into a "healthy" (non-autistic) man. No matter how well he will be able to function in the future, the brain retains a distinct, abnormal thinking and way of processing information.

- We should not compare our child with autistic and non-autistic peers – his experience of the world is in fact unique (Moor 2006, p. 202).

The Ethical-Professional Code of Psychologists[8] reminds psychologists about the obligation to treat children with special care: "Minors should be treated in a special way. The basic principle of a psychologist working with minors is their good, which means that these people in contact with a psychologist have no less rights than adult clients. Contact with a psychologist in any case cannot be carried out under pressure from the institutions and adults deciding on behalf of the minor. In this case and in the event of finding infringement by the institution or adults the good of a minor, a psychologist has the right to refuse to cooperate with

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8 Polskie Towarzystwo Psychologiczne, *Kodeks Etyczno – Zawodowy Psychologa*, Warsaw 1992, no 19.

these institutions and individuals. The psychologist has a moral obligation to stand in defence of the minor. The psychologist has the right and the obligation to respect the decision of a minor as a human person in terms of contacts with him".

An important issue in working with an autistic child is the issue of professional secrecy. In this case, the professional secrecy exposes its specific nature in the context of the interpersonal relationship between the therapist and autistic child. The quality of this relationship lies in the personal situation of the child and therapist, and in a situation which both parties of relationship are referring to. Autistic child wants to keep their secrets, the therapist tries to discover them in order to help (Stepulak 2014, p. 207).

It should be emphasized that the therapist enters into direct and very close relationship with the patient – an autistic child through their professional activities. This, in turn, places specific requirements on the therapist as to the trust which he received in the course of working with autistic children (Stepulak 2007, p. 24).

Considering the above problems, therapists and other professionals working with autistic children should continuously raise not only their professional skills but also care about raising the moral qualifications.

The socialisation dimension of children's autism

Socialisation could be generally described as a process of interaction of the group with the unit (Skorny 2013, p. 143). It is worth noting that the understanding of socialisation is assumed in broader and narrower terms. A broader understanding suggests that socialisation can be called any impact of the group on a person. However, in the case of a narrower understanding of socialisation we are dealing with the impact of a group representing a particular culture, giving the appearance of socially expected changes in the behaviour of the person (Stepulak 2007). At this point it is worth being interested in the scope of the concept of socialisation itself, because it also refers in a particular way to an autistic child.

Table 1. The scope of the concept of socialisation (Stepulak 2007)

The criteria of determining the scope of the concept of socialisation	Broader understanding of socialisation	Narrower understanding of socialisation
Types of groups which have impact on a person	Groups creating culture and subculture	Groups creating culture
Changes that occur in a person under the influence of a group	All changes which occur in a person	Changes in the scope of social activities useful for a group
Period of life in which socialisation occurs	Socialisation occurs in different periods of life	Socialisation occurs in childhood

It is worth noting that the process of socialisation does not consist of the move from individual to team operations by replacing one with the other. The concept of socialisation assumes relating those activities and actions that require the participation of others and this is particularly important while therapeutic work with autistic children.

Socialization, therefore, is defined as a process of learning and knowledge acquisition by a person, of shaping their value system, language proficiency, social skills and social sensitivity. This sensitivity allows a person to integrate into society and to act in it adaptively. Socialisation thus understood is long-term, lifelong. It should be noted, however, that the predominant use of the term refers to a process that involves inculcating a child with socially accepted values and teaching him social roles (Reber 2007, p. 685). It is a process which is important and very difficult in the work with autistic children.

W. Okon believed that socialisation constitutes all of the activities on the part of society, and especially of such educational entities as family, school and social environment, heading to make this person a social unit. The idea in this case was to allow the unit to gain sufficient qualifications and systems of values and achievements of personality development to be able to become a fully-fledged member of society. Socialisation according to this pedagogue can also be understood as a general change in the person under the influence of social interactions, which enable him to gradually become a fully-fledged member of society, something which

has a huge, fundamental meaning in the case of an autistic child (Okon 1987, p. 278).

Modern science emphasises the assertion that man is a social being. Throughout his whole life, a man meets other people and in this way multiple social situations are born. You can talk about two main groups of social situations. The first of these situations are straightforward ones and in this context we can talk about concepts such as entities, individuals. An example of such a situation is an autistic child, representing a certain uniqueness and autonomy, although people cannot completely isolate themselves from the surrounding social groups. It is worth noting that we are all members of a larger community or society and other people remain elements of such communities and societies (Stepulak 2013, Mika 1987, p. 9–11).

Man begins to be understood as properly different (this is the case especially for autistic children) against the background of communities and groups living together as a member of society, developing among them by giving them their own personal input to the life of the whole group. In such a group, even family, everyone mutually influences each other, they can help themselves and develop these references respectively (Stepulak 2013, Homplewicz 1996, p. 110).

In social education and throughout the process of socialisation we can distinguish four basic types of social relations:

- Community relationship. People creating this relationship identify with each other, are equivalent. The sense of belonging to the group is important. An example of such a relationship is the mother-son relationship, a loving relationship between two people.
- Hierarchical relationship. It is a relation of the asymmetric type, arranged vertically – with any two people, one is always above and the other below. Certain privileges and responsibilities strictly depend on the place in the hierarchy. Persons who are higher in the hierarchy are entitled to priority, greater benefits and respect, but may have a greater duty of care – defence type. Quite the opposite is with people standing below. An example of such a relationship

is a military hierarchy of command or dependency such as feudal lord – vassal.

- The relationship of equality. In this case people equal to each other begin working. They ensure balance and the rule of reciprocity. They share goods equally, take a decision after the vote. Examples of such references are common residents of the dorm room.

- The relation of market exchange. People belonging to this type of relationship operate on the principle of balancing benefits and costs. They maintain correct relations only in a situation where they are worthwhile. An important role in this case is played by the relation of demand – supply, prices, wages and the rate of profit. An example of such relationship is a buyer – seller or a travel agency – tourist (Fiske 1992, p. 689–723, Wojciszke 2012, p. 373).

It is worth noting that the above mentioned relations are present in different cultures of the world, they determine certain principles and social and moral standards of life. The implementation of these relations in the process of social education determines the style of the later behaviour of pupils. It can clearly be seen how important two person relationships are for the social development of man and his upbringing. These relations have a huge impact on making friends, colleagues and parents to loving relationships. In this context, you can be aware of the following components of such relationships. The given observations and proposals are very important in working with autistic children.

- The proximity and frequency of interaction. The frequency of such interactions depends on the proximity of residence or proximity to the workplace or even entertainment. The interaction leads to liking and this initiates a cycle of positive feedback. Two people interacting should have equal status and membership of the same group, working together on common goals.

- Similarity. People who like others if they are similar to them in certain respects. It is interesting that they like people with similar attitudes, beliefs and values, as well as similar geographical origin,

but do not necessarily like those who have similar personality dispositions.

- Reinforcement. Research in a youth custody centre for girls show some regularity. The girls that were popular helped and protected others, encouraged them to act and comforted them. They controlled even their own emotions and feelings so as not to cause anxiety or depression in others. At the same time, the girls that were unpopular were dominant, aggressive and demanded people pay attention to them and forced to do something for their needs. Such attitudes were interpreted in terms of providing rewards and minimising costs by the popular girls, while unpopular girls were defined as attempting to earn rewards for themselves and passing on the costs to others.

- Equality. People accept the equivalent relations in social references. This means that everyone wants to gain satisfaction proportional to its contribution. For young couples, people who feel undervalued or overestimated are less happy than those who are convinced that there is a balance in this respect.

- Physical attractiveness. This issue is important in friendship and in love, especially in relations between men and women.

- Sympathy reciprocated. If person B likes A, then A is likely to like B. This is evidenced by certain signals, such as mimic expression, proximity, tone of voice, etc.

- The emotional state of the elected. If A is in a good mood when meets B, A will like B probably more. Therefore, if the partners share emotional experiences, it makes them attracted to each other.

- The need for affiliation. Some people feel a great need to have a lot of friends and social contact.

- Self-revealing. This applies to situations when two people get to know closer, then gradually reveal to each other more and more intimate information about themselves.

- Building a life together. This applies to marriages and other long-term relationships. They are the source of commitment, growing out of the joint action (Argyle 1991, p. 179–184).

Conclusion

The problem of childhood autism in pre-school and primary age becomes the object of scientific reflection not only in the psychological area, but also in the moral and ethical dimension. Understanding the term "autism" as enclosure in an inner world has become an attractive research topic, even though the very diagnosis of autism has never been simple. The subject of this article was autism in its specific type. It is worth noting that we observe a lot of the symptoms of autism recognised in three main areas. The issue of therapy with autistic children causes a lot of problems because of the "depth" of the disorder. Therefore there are ongoing systematic works on new methods and techniques to help autistic children, accompanied by some ethical objections. It sometimes transpires that the principles and ethical standards are exceeded and it is therefore necessary to adjust activities to certain ethical standards which are proposed by specialists – practitioners. A child with autism deserves special attention and trust and this, among other things, guarantees therapeutic success. It is worth to mention a very important aspect of therapeutic and educational work with autistic children – socialisation. This process involves the use of all possible methods, techniques and tools that would foster the possibility of free, daily activity for such children in society.

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