

The Problem of Mental Development in Children with Autistic Disorders

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Abstract: *The clinical-psychological-pedagogical picture of autistic personality disorders of a child is highly complex and diverse compared to other mental development disorders. The divergence of researchers' views on the autism clinic leads to a scientific discussion on the problem of conceptual and terminological base of definitions and concepts, so, as a consequence, the problem has a conceptual and diagnostic orientation. Summarizing the research of scientists, we highlight the characteristic manifestations of autism in older preschool age: lack of mental activity; violation of the interaction of mental functions; unevenness, partialness of intellectual development; gross violations of purposefulness and arbitrariness of attention; lack of lively interest, interest in the new, environmental research; the tendency to perceive information as if passively absorbing it into whole blocks; the reaction of departure from the influences of the environment directed on the child; adverse reaction or no reaction at all when trying to draw attention to the objects of the surrounding reality; rapid exhaustion and oversaturation with any purposeful activity; difficulty concentrating; difficulties in symbolization, transfer of skills from one situation to another; impaired formation of social and communicative functions. Having analyzed many scientific studies, we can determine the number and variety of speech disorders in children with autistic disorders: challenging to interpret crying; limited barking; lack of imitation of sounds; phonography of speech; mutism; echolalia; words-stamps, phrases-stamps; neologisms; limited use of pronouns; lack of speech in speech; speech autonomy; speech disorders; inability to form words; violation of the semantic, syntactic, grammatical structure of speech; violation of speech melody; violation of prosodic components of speech; inability to engage in dialogue; specificity of the development of monologue speech.*

Keywords: *older pre-school-age, characteristic manifestations of autism, speech development disorders, intellectual development, mental activity deficit, impaired interaction of mental functions.*

How to cite: Bazyma, N., Zalanovska, L., Brushnevskaya, I., Ivanenko, A., Shulzhenko, D., & Shvaliuk, T. (2021). The Problem of Mental Development in Children with Autistic Disorders. *BRAIN. Broad Research in Artificial Intelligence and Neuroscience*, 12(4), 297-313. <https://doi.org/10.18662/brain/12.4/251>

Introduction

The clinical-psychological-pedagogical picture of autistic personality disorders of a child is highly complex and diverse compared to other mental development disorders. The divergence of researchers' views on the autism clinic leads to a scientific discussion on the problem of conceptual and terminological base of definitions and concepts, so, as a consequence, the problem has a conceptual and diagnostic orientation. Examining the manifestations of autism in early and preschool age, researchers (Melnyk et al., 2019, 2021; Wing & Gould, 1979) note that a child with autistic disorders is not by generally accepted age norms from the first months of life and affects the variety of manifestations.

Even though most scientific sources indicate the most striking manifestation of the syndrome at the age of 3-5 years, the signs of impaired development, which can then manifest themselves in the form of autism, in most cases can be seen much earlier. According to Bayenskaya (2001) research, the formation of this syndrome is completed by 2.5-3 years, when the disorders are already pervasive and are manifested in the peculiarities of motor, speech, intellectual development. Unfortunately, the initial period of mental development of an autistic child is still inaccessible for direct research. Although the general picture of children's early development in this category is described in many sources, scientists emphasize certain sensory and speech development features, research and cognitive activity, development of instinctive-affective sphere, communication skills, and social behavior (Vrono & Bashina, 1988).

Complexity and variability of autistic disorders

Today, there are several views on when the first symptoms of autism appear. Due to the complexity and variability of autistic disorders and, in some cases, the difficulty of differentiating autism at an early age from other disorders (blindness, deafness, mental retardation), according to studies by Bayenskaya (2001) and Sheremet et al. (2019). The detection of this disorder is complicated and delayed, which is the reason for the later detection of autism and, consequently, the later onset of targeted correctional work. Osterling & Dawson (1994) investigated the difference between healthy children and those diagnosed with autism in behaviors such as pointing at objects, the ability to bring and show an object (such as a toy), and reactions to one's name and gaze in the face of another person during the first birthday based on the analysis of home videos by pediatricians. Scambler et al. (2001) proves that it is possible to diagnose autism with a sufficient

degree of reliability in the period from 12 to 18 months. Baron-Cohen (1987) notes that if systematic research on impaired social interaction in autism is expanded and deepened, the diagnosis of this disorder will be possible at a much earlier age. Shulzhenko (2009) notes that the vast majority of requests from parents of children with autistic disorders for help to specialists fall on the period preceding the second year after the birth of a child when there is a noticeable difference in speech development, interest in games and social contacts between their child and adults or other children of the same age. Ostrovskaya (2013) marks such a period of the fourth or fifth year of a child's life, when behavioral features, developmental delays, and specific speech become apparent.

The main manifestations of autism include a triad of disorders (World Health Organization, 1994):

- qualitative disorders in social interaction (inability to adequately use the look "face to face," facial expressions, postures, and body gestures to regulate social interaction, lack of socio-emotional reciprocity, manifests itself in a disturbing reaction to the emotions of others or the lack of modulation of behavior by the social context);
- qualitative disorders in communication (relative inability to initiate or maintain communication);
- limited, repetitive, or stereotypical behaviors, interests, or activities.

Also, we note a pronounced lack or absence of need for contact with others, emotional coldness or indifference to loved ones, along with a possible symbiotic relationship with the mother, a painful attachment to routine, constant (habitual) order, fear of novelty, any changes in the environment, speech disorders, the nature of which significantly depends on the variant of autism (Bayenskaya, 2001; Nikolskaya et al., 2007 etc.).

Nikolskaya et al. (2007) identified and explained a typical combination of two pathogenic factors in autism: impaired ability to interact with the environment actively and lowering the threshold of practical discomfort in contact with the world. The first factor makes itself felt due to a decrease in vitality and difficulties in organizing active relations with the world. The second factor manifests itself as a painful reaction to ordinary sounds, light, color, or touch and increased sensitivity, vulnerability in contact with another person (Nikolskaya et al., 2007). Such children are characterized by low endurance in communicating with the world. They quickly become oversaturated and painfully experience even pleasant contact with the environment. It is important to note that most such children are characterized not only by increased vulnerability but also a tendency to fixate

on unpleasant impressions for a long time, to form a rigid negative selectivity in contacts, to create a whole system of fears, prohibitions, all sorts of restrictions (Nikolskaya et al., 2007). These factors act in one direction, preventing active interaction with the environment and creating conditions for strengthening self-defense (Nikolskaya et al., 2007). Combining these factors leads to the formation of secondary signs of autistic dysontogenesis, i.e., the classic signs of the syndrome: directly autism and stereotypes in contact with the environment (Nikolskaya et al., 2007).

Lebedinsky (2003) to the main difficulties hindering mental development of the autistic child carries: deficit of mental activity, disturbances of the instinctive-affective sphere, sensory disturbances, disturbances of a motor sphere, speech disturbances are closely connected with it. He considers the mechanism of formation of secondary disorders through the prism of abnormal mental development and argues that mental development suffers from biological inferiority and adapts to it as external conditions (Lebedinsky, 2003). Tarasun (2004) defines the main diagnostic criteria of autism: disorders in the field of social relations and social regulation; disorders in the communicative sphere and immaturity of the ability to dialogue and initiate contact; limited patterns of behavior, interests, and types of occupations, limited, constant interest in certain subjects or details; selectivity of perception of the world around, where the main symptom of a triad disorder is a socio-emotional disorder. Rozhdestvenska & Konopliasta (2004) focus on such symptoms as profound lack of emotional contact, anxious desire to maintain the constancy and immutability of the environment, extreme focus on and manipulation of individual objects, mutism or speech, not aimed at communication.

An autistic child (Lebedinsky, 2003; Nikolskaya et al., 2007) suffers from the development of mechanisms that determine active interaction with the world, and at the same time accelerates the pathological development of defense mechanisms: instead of establishing a flexible distance that allows contact with the environment and avoid uncomfortable impressions, the reaction of departure from the influences directed on the child is fixed; instead of developing favorable selectivity, developing a rich and diverse arsenal of life skills that meet the needs of the child, negative selectivity is formed and fixed, that is, in the center of her attention instead of pleasure, is what she does not like, does not accept, fears; instead of developing skills that can actively influence the world (explore situations, overcome obstacles, perceive their own mistakes as a new adaptive task, which, in fact, opens the way to intellectual development), there is a focus on protecting the permanence and immutability of the surrounding microworld; instead of

developing emotional contact with relatives, which makes it possible to establish arbitrary control over behavior, a system of protection is built by establishing the maximum distance in contacts with relatives (Lebedinskiy, 2003; Tarasun, 2004).

Emotional and volitional disorders are a leading sign of autism and can occur immediately after birth. Thus, in 100% of the observations conducted by Lebedinskiy (2003), autism sharply lags behind the formation of the very first system of social interaction with others - the recovery complex. As a child grows, the weakness of emotional contact with close adults continues to grow. Children do not ask for hands; being on hands, do not accept the corresponding pose, do not press, remain sluggish and passive. Usually, the child distinguishes parents from other adults but does not express great affection (Mamaychuk, 2007). A child with autistic disorders treats affection relatively unusually: sometimes with indifference (tolerates affection) or even unfriendly, if the child receives pleasant feelings and experiences, it quickly becomes satiated. Attitudes towards moments of discomfort (for example, eating disorders or temperature disorders) are paradoxical: the child either does not tolerate them or is indifferent to them (Mamaychuk, 2007). The process of metallization suffers, i.e., the ability to recognize one's own and others' mental states (Shulzhenko, 2009). Some children seem unemotional: they do not express enough fear or love, and some, on the contrary, are overly emotional: they suffer from outbursts of anger, aggression and abruptly move from one emotional state to another (Mamaychuk, 2007; Tarasun, 2004). Lebedinsky (2003) draws attention to the fact that the lack of emotional resonance to the environment, often coldness and indifference, even to loved ones, is combined with increased vulnerability, timidity, and sensitivity slightest remark in his address.

Initial energy deficiency and related weakness of motivation, rapid exhaustion, and oversaturation with any purposeful activity, low sensory thresholds with a pronounced negative background of feelings, increased readiness for reactions of anxiety and fear push the autistic child to a rigid (inflexible) state, external environment (Lebedinsky, 2003). Moreover, a child with autism assesses most situations of interaction with the outside world as dangerous. Autism in this regard can be represented, according to Lebedinsky (2003), as a compensatory mechanism aimed at protecting against the traumatic environment.

Lebedinsky (2003), Shulzhenko (2009), and others, studying the development of children with autistic disorders, notes that by the age of one and a half, they have a weakness of mental tone: general lethargy, lack of instinctive sphere (poor appetite, weakness of instinct). self-preservation,

reduction of reactions to discomfort) (Hvorova, 2009; Mamaychuk, 2006). The development of those aspects of the psyche that are formed in active social contact suffers the most. As a rule, there is a violation of the development of psychomotor skills.

Distortion of the development of cognitive mental Nikol'skaya et al. (2007) see as a consequence of disorders in the affective sphere, which lead to the deformation of the basic mechanisms of affective organization of behavior. A child with typical development can establish the optimal individual distance in relations with the world, determine their needs and habits, learn the unknown, overcome obstacles, build an active and flexible dialogue with the environment, establish emotional contact with people and arbitrarily organize their behavior. It is known that disorders in the affective sphere entail changes in the child's higher mental functions.

The vast majority of autistic children have different degrees of manifestation of intellectual disabilities (Shipitsyna, 2001; Shulzhenko, 2009), but Kanner (1944) noted that intellectual disability is not mandatory for them. Such children can often have good intellectual abilities, even be partially gifted in various fields (Mnukhin et al., 1967; Shulzhenko, 2009). The main feature of the intellectual development of children with autism is unevenness, partialness, a unique characteristic of which is the ability to cope with tasks of an abstract nature when it is impossible to perform tasks of similar complexity with specific content. However, for intellectual activity in general, typical are violations of purposefulness, difficulty concentrating, oversaturation. Understanding the specifics of intellectual and emotional underdevelopment in childhood autism and analysis of many years of experience in correctional work (Dushka, 2003; Karvasarskaya, 2003) suggest that children with autism can learn and have the prerequisites for further intellectual development. The inability to examine intelligence due to the child's behavior, lack of attention, or turbidity does not give the right to talk about mental retardation.

Impaired interaction of mental functions is most manifested explicitly in the formation of thinking and thinking of an autistic child (Dushka, 2003; Gilbert & Piters, 2002): difficulties of voluntary learning, purposeful solution of real problems, understanding the development of situations over time, determining the sequence of events, causes and consequences, understanding the logic of another person, his ideas and intentions (Mikirtumov & Zavitayev, 2008; Nemov, 2004, etc.). The distinction between one's own "self" and the surrounding world is poorly formed. Many experts point to the difficulties in symbolization, the transfer of skills from one situation to another. Within the stereotypical situation,

many autistic children can generalize, use game symbols, build a program of action, so the lack of individual abilities (to generalize, understand the causal relationship, planning, etc.) can not be said unanimously (Lebedinsky, 2003; Kagan, 1981). However, children with autistic disorders cannot actively process information, actively use their abilities to adapt to the ever-changing world and the inconsistency of other people's intentions (Nikolskaya et al., 2007; Ostrovska, 2013). Simultaneously, in a situation of complete control over events, such children may develop primitive interaction with others, a stereotypical game according to the same scheme.

Lack of general, and, including, mental, tone, combined with increased sensory and emotional sensitivity, causes a shallow level of active attention (Ostrovska, 2013; Tarasun, 2004): gross violations of focus and arbitrariness of attention, which interferes with the normal formation of higher mental functions; mental oversaturation (attention can be stable for literally minutes, and sometimes seconds, and oversaturation can be very strong and expressed by aggression) (Skrypnyk, 2008; Tarasun, 2004).

Conditions for preserving traces of emotional experiences

From an early age, children with autistic disorders have good mechanical memory, which creates the conditions for preserving traces of emotional experiences. It is emotional memory that stereotypes the world's perception around: children easily remember the sensations that come through all sensory channels: sight, hearing, taste, smell, skin (Williams, 1994) and strive for constant uniformity.

The perceptual development of children with autistic disorders is also paradoxical. They have a characteristic painful hyper- or hypostasis to the usual sensory stimuli: tactile, temperature, light, sound, which is observed early. The first classification of sensory dysfunction in autism was introduced by Delacato (1974), who suggested that each sensory channel may be hypersensitive, hypersensitive, or have a perception disorder (so-called "white noise"). In particular, analyzer dysfunction was studied by Grandin (2011), Williams (1994), and others.

It is difficult for children with autistic disorders to process different sensory sensations. The environment, typical for a healthy child, for an autistic child, is a source of a constant negative background of feelings and emotional discomfort (Bogdashina, 1999; Lebedinsky, 2003), which contribute to feelings of insecurity and is a favorable ground for fears. There are violations of spatial orientation, distortion of the holistic picture of the real object world and the subtle separation of individual, affectively significant, sensations of one's own body and smells, sounds, colors, shapes

of things (Grandin, 2011). Often it is exciting and essential for them not the subject as a whole, but its individual sensory qualities: sounds, shape, texture, color (Shulzhenko, 2009; Williams, 1994). Feelings of light, color, shape, their body acquire for children with autistic disorders of self-worth. Under the condition of normal development, they are, first of all, a means and a basis for the organization of motor activity, and for autistic children become the object of independent interest, a source of self-stimulation. Thus, perceiving the world around, a child with autistic disorders receives sensory information different from the information received by a child who is developing typically. Perhaps this may explain some behavioral manifestations and self-stimulation directed at the relevant organs (stereotypical pressure on the ear or eye, sniffing, licking objects, moving fingers in front of the eyes, playing with glare, shadows, inadequate reactions to domestic noise, fear of sudden or prolonged sounds, squeaks or screams, selectivity in food, etc.). Gillingham (2000) suggested that such typical behaviors in autism as waving hands, rotating on the spot, and the like can produce endorphins that calm the child. At the same time, behavior such as tantrums or hitting the head against the wall or the floor causes "system overload", which leads to "disconnection" from external stimuli. Similar behaviors may also indicate that the child is trying to escape from a situation that is causing him or her severe stress or trying to ask adults for help in the only way available to him or her.

The motor sphere of a child with autistic disorders develops with features: awkwardness, arrhythmia, swaying, stiffness, inaccuracy, the tendency to motor stereotypes, difficulties in calculating movements by force and amplitude, more successful execution of more complex movements compared to lighter, better development of fine motor skills. Difficulties in arbitrary activities, delaying the formation of skills of domestic adaptation, mastering the usual, necessary for life, actions with objects, such as mastering the basic skills of self-care, food, etc. There is an accumulation of stereotypical ways to obtain pleasant vestibular, proprioceptive, tactile sensations (Nikolskaya et al., 2007; Tarasun, 2004): waving hands, freezing in certain strange poses for a long time, selective tension of individual muscles and joints, running in a circle or wall to wall, jumping, spinning, rocking, climbing on furniture, jumping from chair to chair, balancing, etc. (Gilbert & Piters, 2002; Nikolskaya et al., 2007). Neurological examination reveals changes in muscle tone (to hypotension or hypertension) (Chuprikov, 2005; Nikolskaya et al., 2007). Along with awkwardness and weakness, especially of hands, mannerisms, and whimsy movements, unexpected and original gestures, obsessive motor rituals are characteristic (Lebedinsky, 2003).

Stereotyping in a child's behavior with autistic disorders is caused by the need to control contact with the world and protect themselves from uncomfortable impressions and limited ability to actively and flexibly interact with the environment (Nikolskaya et al., 2007; Shulzhenko, 2009). There is a twofold conditionality of stereotyping in contact with the environment: on the one hand, the particular requirement to maintain consistency in the environment, and on the other - the desire to ensure a stereotypical environment due to inability to actively and flexibly adapt to changing circumstances. Thus, instead of active interaction with the world, the child mainly develops means of protection from it, inadequate distance in contacts is established, and instead of favorable selectivity and objectification of their needs, a system of negative selectivity is developed in detail, and numerous fears, prohibitions, protective actions, rituals are recorded (Shulzhenko, 2009). In conditions of frequent discomfort, limited active, positive contacts with the world, particular pathological forms of compensatory self-stimulation develop, which allow the child to raise his tone and suppress discomfort by reproducing the same pleasant impression and shielding from the adverse effects of the environment.

The most striking manifestations of Nikolskaya et al. (2007) syndrome are understood in the form of direct reactions of the child to his maladaptation: violation of self-preservation, negativism, destructive behavior, fears, aggression, self-aggression, which, conversely, decrease when choosing available forms of interaction.

The apparent paradox of the child's behavior is to some extent due to affective self-stimulation: against the background of constant sensory discomfort, children tend to receive certain activating impressions (attraction to fire, water, to rock, jumping, shaking rope, knocking stick, tearing paper movement and rotation of objects, etc.). Perhaps, this affective self-stimulation is compensatory and is aimed not only at increasing mental tone in general but also at selective stimulation of positive emotions that have the weakest tonic basis. The strengthening of the emotional positive dominant is so vitally important for the child that he, trying to regulate the state of sensory discomfort, often suffers from accompanying unpleasant sensations (for example, swinging on a creaking swing, covering his ears). Negative emotional dominance is why these children and the world, in general, perceive it as a set of negative affective traits, according to Lebedinsky (2003), and causes a state of diffuse anxiety and numerous fears.

The tendency of a child with autistic disorders to fixate on unpleasant impressions, to the formation of fears was studied by Lebedinsky (2003) and Nikolskaya et al. (2007) who identified three groups

of fears: typical for childhood, fear of losing mother, situational fears after fear); due to increased sensory and emotional sensitivity of children (fear of domestic and natural noises, strangers, unfamiliar places); inadequate, which have no factual basis. Feeling afraid, children often do not know how to explain what scares them. Autistic fears distort, distort the objectivity of perception of the world around. In a particular experimental study conducted by Lebedinsky (2003), it was found that children with autistic disorders perceive the surrounding objects not whole but based on individual affective symptoms. The data suggest that persistent fears contribute to creating emotionally negative perceptions of the world around us, thus increasing the fear of it for the second time.

The content of fantasies, interests, games of the autistic child is monotonous; the behavior is monotonous. For years, children will play the same game, draw duplicate drawings (often separate objects), do the same stereotyped actions, interrupt them, often turn out to be unsuccessful or lead to negativism (Behas et al., 2019; Lebedinsky, 2003). Autistic fantasies, as a rule, also have a storyline divorced from reality, often bizarrely fabulous in contrast to the games and fantasies of a healthy child. There is a complete detachment from reality in these cases, the fascination of all behavior with a fantastic plot. In the bizarre sense of fantasies and games, it is often possible to define a compensatory tendency to overcome fears, feelings of inadequacy. Sometimes fantasies are aggressive, which reflects both hypercompensation manifestations and disinhibition of drives.

Speaking of aggression, some authors note (Bogdashina, 1999; Ostrovska, 2013; Shulzhenko, 2009 etc.) that the aggression of a child with autistic disorders is mostly not aimed at anything in particular. Moreover, the unaddressed nature does not reduce its intensity - it can be explosions of despair of extraordinary destructive force. There is aggression towards people, things, towards oneself - self-aggression (biting, scratching, scratching one's own body, pressing on eyes or ears, hitting the head or other parts of the body against walls or floors, etc.) and "generalized aggression" - aggression as if against the whole world. By these actions, children drown out unpleasant impressions coming from the outside world. In a threatening situation, the intensity of self-stimulation increases; it approaches the pain threshold and can pass through it. Lebedinsky (2003) argues that aggressive manifestations of children with autistic disorders have a dual nature: they can occur as a result of fears, negative attitudes towards the environment, or as a primitive attempt to contact the environment, i.e., as a consequence of the child's lack of ready forms of interaction with the environment. . Thus, aggressive phenomena are ambiguous, and if in some

cases they need to be corrected, in others they are a necessary stage of adaptation to the environment.

In the behavior of a child with autistic disorders, there is a weakness or lack of contact with both relatives and peers. A child with autism, when at home with relatives or in a children's group, mostly behaves as if he were alone. Hovorova (2009) and Tarasun (2004) note the difficulty of controlling the behavior of such children by adults and the possible manifestations of inadequate reactions to the situation: recovery and laughter, fear and crying, stereotyped motor and speech arousal, rapid satiety, and others. The reason for this, according to Nikolskaya et al. (2007) is the lack of ready-made forms of interaction with the environment. In the process of developing purposeful forms of behavior, the development of various stereotypes of behavior in an autistic child plays an important role. The use of already existing stereotypes, enrichment, and filling them with content facilitates the possibility of interaction of the child with others and creates favorable conditions for the development of its spontaneous activity (Gilbert & Piters, 2002; Skrypnik, 2008).

Lebedinsky (2003) and Spivakovskaya (2000), studying the individual game of autistic children (children refused to play collectively), both spontaneously and according to the plot set by the experimenter, found that the role play on a given plot is very unstable. Spontaneous play is characterized by pathological inertia of the plot, the invariability of details. Also, there was an advantage in the game for non-specialized toys (bright cubes, necklaces), household items (papers, rags) along with the desire to act with materials (sand, water), and interest in just physical effects when dealing with objects (creaking doors, the noise of water, a rustling of paper, "bunny" from the mirror). There was much more manipulation, both adequate and incredibly inadequate, and much less substantive action than in the game of healthy children of the appropriate age. Thus, the analysis of game activity revealed a number of its pathological features: underdevelopment of subject game actions, ignoring toys, the advantage of manipulations, orientation on perceptually bright, instead of functional properties of a subject, giving preference to non-game objects giving sensory effect (tactile, visual, olfactory) (Lebedinsky, 2003). Play in such children is non-communicative. They play alone, in a different place (Khaustar, 2004; Nikolskaya et al., 2007), the presence of other children is usually ignored; in rare cases, the child can demonstrate the results of their game.

Problems of nonverbal communication are expressed in the limited use of gestures, limited and inappropriate facial expressions, strange fixed or distracted gaze, and awkward gestures (Shopler & Lanzind, 1997; Tarasun,

2004). Due to the severity of the underlying defect, a child with autistic disorders does not develop emotional or visual contact with the mother from the first days of life. It is difficult for an adult to "catch" the gaze of an autistic child, directed as if "past" objects and people. Delay in speech development can begin directly from birth and occur suddenly, even if previously noted accelerated early development of speech (Morozova, 2007; Nikolskaya et al., 2007). From the first days of life in a child with autism, it is challenging to differentiate crying and understand its cause. There is no babbling stage and barking, and if barking is, it is primarily mechanical, limited, devoid of intonation, may resemble a scream or squeak. It is possible to predict a delay in forming the main components of the speech sphere, underdevelopment of auditory attention, phonemic hearing, imitation function due to lack of fixation of gaze on the articulatory organs of the mother and others (Lebedinsky, 2003; Morozova, 2007).

Lebedinsky (2003) suggests that autism is a secondary form of compensatory or hyper compensation nature and reflects pathological adaptation mechanisms. Autism-related underdevelopment of social contacts dramatically distorts the whole course of mental development.

We emphasize once again that mental development in autism occurs in particular conditions when the regulation of vital and mental tone is violated and the thresholds of affective sensitivity are reduced (Nikolskaya et al., 2007). The inability to adequately respond to the environment leads to the fact that the tasks of protection and self-regulation become more critical for the child than active adaptation to the world around him, which, in turn, causes distortions in the development of mental functions. Thus, the pathological features of mental development appear in autism not only in the form of individual disorders of mental tone, affective sphere, perception, motility, speech but also as associated with these disorders and difficulties of social adaptation asynchrony of development in general, distortion of regular interaction in the formation mental functions (Lebedinsky, 2003). All aspects of mental activity aimed at mastering social relations are underdeveloped and primarily detached from other parties.

Thus, the current view of the clinical and psychological picture of autistic disorders is in a relatively wide range of understanding of the problem and requires the creation of a system of correction of both primary abnormalities - affective-communicative sphere and behavior, and secondary, resulting from blocking active interaction with adults and children - cognitive sphere: active development of regulatory and control actions and intellectual and speech activity.

Conclusions

Despite more than half a century of research into the problem of autism, scientists are still debating which signs of autism are the main ones. Because autism is a disorder that has many forms, it is somewhat difficult to study. The complexity of the study of autism is also due to the interrelated nature of social, cognitive, speech, and emotional development in the first years of life. Violations of any of these functions affect other areas of the child's psyche.

Summarizing the research of scientists, we highlight the characteristic manifestations of autism in older preschool age: lack of mental activity; violation of the interaction of mental functions; unevenness, partialness of intellectual development; gross violations of purposefulness and arbitrariness of attention; lack of lively interest, interest in the new, environmental research; the tendency to perceive information as if passively absorbing it into whole blocks; the reaction of departure from the influences of the environment directed on the child; adverse reaction or no reaction at all when trying to draw attention to the objects of the surrounding reality; rapid exhaustion and oversaturation with any purposeful activity; difficulty concentrating; difficulties in symbolization, transfer of skills from one situation to another; impaired formation of social and communicative functions.

Having analyzed many scientific studies, we can determine the number and variety of speech disorders in children with autistic disorders: challenging to interpret crying; limited barking; lack of imitation of sounds; phonographic speech; mutism; echolalia; words-stamps, phrases-stamps; neologisms; limited use of pronouns; lack of speech in speech; speech autonomy; speech disorders; inability to form words; violation of the semantic, syntactic, grammatical structure of speech; violation of speech melody; violation of prosodic components of speech; inability to engage in dialogue; specificity of the development of monologue speech.

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