

# Autism

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Autism is one of the most complicated and confusing labels that a child can be given. It is so confusing because it is a symptomatic label. This means there is no disease, as such, of autism, there are only unexplained symptoms manifested, and if a child displays enough of these symptoms, they will receive the label. There is also an entire continuum of labels related to autism such as hyperlexic, PDD (Pervasive Developmental Delay), ASD (autism spectrum disorder), High Functioning Autism, and Aspergers. What children with any of these labels usually have in common is sensory dysfunction. One or more of their senses are not functioning normally. It does no good to treat the symptoms when the underlying causes creating the symptoms are ignored. It is my belief that there are as many different combinations of reasons for the symptoms as there are children labeled. This is why I do not believe there will ever be a magic "cure". There are many circumstances and combinations that cause autistic symptoms. In this article we will look at some of the more common ones.

## **Hearing:**

Many children with these labels function with hypersensitive hearing. They are actually able to hear more than the average person. Some of them can hear sounds at such a high level it is actually painful. This can cause the child to cover his ears, withdraw from the situation, or respond with very negative behavior. Even when hearing is not overtly painful, it is often confusing. In a room full of people and activity, not being able to filter out the important sounds from the background noises becomes extremely bewildering. In order to learn to process auditory input, you must first have access to consistently good quality auditory input. These children have never even had the opportunity to have good auditory input. For many, auditory input is a negative experience; therefore, they learn to "tune out" even more.

Symptoms of low auditory processing ability can include lack of speech, lack of communication, lack of intonation in the voice, inability to follow directions, and difficulty conversing and understanding conversation. Behavior problems will be prevalent if the child is still experiencing auditory pain and also if they are unable to sequentially process according to their age level. For example, if you have an eight year old child with the processing ability of a two year old, you will experience the behavior problems you would expect to see with a two year old.

The underlying causes of the problems in the auditory system need to be addressed. There is an avenue to pursue in order to eliminate the strange symptoms displayed. It may include taking care of ear fluid or infections that could be contributing to the hearing ability, as well as doing daily activities that will improve the sequential processing ability and normalize the hypersensitive hearing.

## **Vision:**

Some children with this label tend to do strange things with their vision. Many engage in something called sensory play. This can include spinning, twirling, rocking things while watching, shaking their head, tilting their head, sitting too close to the television screen, flipping book pages, and many other types of repetitive activities. They seem to never look right at you, but right through you instead. This is often a symptom of overdeveloped peripheral vision and underdeveloped detail vision. Peripheral vision is what we use to see out to the sides. When most people look at a picture, they notice the picture in detail. A person with overdeveloped peripheral vision can appear to be looking at the picture, but they are actually seeing all the surrounding area and the picture itself is the background. So when a child with this problem looks at you, they are only seeing you when they are not looking right at you.

Detail or central vision is what we use to learn almost everything. When this is not developed properly, a child cannot attend to or process important information. Instead, they focus on the irrelevant. Peripheral vision tunes in to edges and movement. This is why sensory play activities are so 'fun' for the child. They are playing with their vision--the vision channel that is working. This is also detrimental. The more they enhance the peripheral vision or broken sensory channel, the more the central vision will suffer.

It is necessary to eliminate all visual, sensory play and work to improve the ability to use the central/detail vision. As this improves, you will notice better eye contact, and then better attention in visually to the environment surrounding the child.

## **Touch:**

Often, the children I see with these labels come with hypersensitive or hyposensitive touch sensations. Generally, they tend to be hypersensitive to soft touch and this can manifest itself in tactile defensiveness. They might not like to be hugged or to be in close physical contact with others. This is not a rejection of people; it is a physically uncomfortable sensation from the contact. They may also have a high or low sensitivity to hot or cold. Some will not like the feel of water etc. On the other hand, many are not able to feel deep pressure. When you get past the rejection of the surface touch and go deeper, you may discover an inability to feel at all. This is why some children are easily frustrated, and why some cry when you barely touch them but then fail to notice when they are seriously hurt after a fall.

Again, it is necessary to address the underlying causes of these problems and help to normalize the brain's ability to interpret touch sensations in an appropriate way. Inputting information is the key to improving all of the above functions. When the brain has received enough information through the senses, it can then organize it into meaningful information. When it begins to correctly interpret sensory information, the outward symptoms of 'autism' begin to disappear.

### **Taste and Smell:**

Taste and smell can interfere with eating as well as cause general discomfort. Many children do not have a taste sensation; therefore, they tend to eat inappropriate items such as rocks, dirt, etc. On the other hand, some receptors may be hypersensitive, causing children to reject certain tastes and textures of food, which will eventually restrict their diets. Hypersensitive smell can also cause eating problems, as well as behavior problems in public if the smells are overwhelming or make the child feel ill. For each function that is hyper- or hypo-sensitive it is necessary to identify it and make a specific plan to change it. As it changes, the Autistic symptoms begin to go away. Almost all of the children I see with these labels are very intelligent. They just do not have access to their intelligence because of the severity of their sensory distortions.

### **Metabolic Problems:**

The current research in Autism is finding more and more metabolic problems in connection with these kids. I am thoroughly convinced that almost 100% of the children with this label have some type of problem with nutritional and/or physiological deficits. The problem many parents face is the constant news of a new remedy, a new "magic pill" to cure Autism. As parents try one thing after another, they become frustrated because the "solutions" do not work like "magic" for their child. I am positive that these "simple solutions" do not work because there are as many different physiological problems as there are children.

So, what is a parent to do? It is extremely important to address the metabolic problems, but how can one possibly figure it all out? I was glad to come across a program which I believe is the most individual and comprehensive of its kind for dealing with a plethora of nutritional problems—Autism being one of the specialties. It is called Life Balances. Through individual blood tests, they can help you to gradually balance the totality of your child's metabolic function. It completes the deficiencies of building blocks and decreases the excesses, thus allowing the system to function normally.

### **The Path to Normalcy (whatever that is)**

Children with this label are highly complicated. There are no easy, quick fixes, yet there is hope and there is a way to bring them as close to reaching their full potential as possible. It requires much dedication, consistency, and hard work from the parents. The rewards are immeasurable. Most programs available focus on one area of symptomology, i.e. sensory integration, behavioral modification, etc. The reality is for the child to improve overall, every area must be assessed and addressed with an integrated type of program. All we know for sure is that if we do little, little will be accomplished. If we do much, more will be accomplished. The rest is up to God and His great wisdom.

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