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Autism as a focus topic of modern developmental psychology and clinical pathopsychology

Abstract

The article analyzes various approaches to the etiology of autism. Autism is presented as both a child development phenomenon and a distorted child development. The basis of autism is the transition from the primary defect of the child to the secondary and tertiary, which occurred due to the emotional disturbance in the child. Psychological work with an autistic child should be based on building his development.

Key words: autism, autism spectrum disorder, emotional disorder, developmental psychology, autism psychotherapy

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Let us present our response to the article by B. Schmidt in the logic of cross-cultural dialogue, and, in addition, we emphasize that the topic of autism is the most important reason for the revision of the domestic psychological tradition. Let us designate the most problematic, in our opinion, nodes of modern psychology and autism. We will not be able to cover in one article the entire volume of aspects of the problem necessary for understanding, therefore, we will focus on only three of them: we will consider RDA in the context of normal and abnormal ontogenesis, as a problem of education, and from the point of view of the fundamental possibilities of psychology when working with RDA.

1. Autism as a problem of normal and abnormal ontogeny

More than 90 years ago, thanks to E. Bleuler in psychiatry and psychology, the symptoms of strange thinking and behavior, which so often manifests itself in childhood, became known. And the terms "autistic thinking", "autism" began to be actively comprehended in relation to emotionally disordered and *unrealistic*, as it was then customary to say, behavior [5]. More than 70 years ago, autism was characterized and qualified almost independently of each other by two psychiatrists: the American L. Kanner and the Austrian G. Asperger as an independent form of childhood mental illness, and eventually named this term [31].

At the same time, back in the 30s of the last century, the term "autistic" was involved in the study of the speech and thinking of children by J. Piaget [24], who actively borrowed it from Bleuler, but found his own, new meaning of this concept. Piaget managed to present "autism" as a qualitative characteristic of a necessary stage in the development of children's thinking and children's speech, as he believed, the initial stage, after which the child develops egocentrism, and then realistic thinking. Very often, in modern discussions of autism, this essential circumstance is not taken into account in any way, however, as B. Schmidt rightly asserts [34, 35], including the development of the child. As a basis for the distinction, Piaget

used a psychoanalytic criterion: autistic thought, unlike realistic thought, seeks not to establish truth, but to satisfy desire. There are other reasons for the difference, but what matters to us is the place Piaget placed on autism in the course of childhood development.

One of the most beautiful discussions in Russian psychology, L.S. Vygotsky and J. Piaget's correspondence dispute about phenomenology, stages and determinants of development, including what is initial in development: autism or socialization, became a milestone in understanding child development. According to Vygotsky, the development of a child does not proceed from the individual to the socialized, but from the social to the individual [9], therefore, autism, which in content is individuality, and in form is intuition (simultaneous unconscious decision-making, introspectively perceived by both children and adults as automatic and even outside their will what is happening) is a relatively late formation. Socialization begins and goes on from the very first breath of the child, even long before birth, since the joint emotional reflection of the world around through the "mother-child" system cannot be discounted from the emerging neoplasms of mental development. Socialization comes from the mother's patterns of emotional behavior, but remains in the child's psyche as a possible way of emotional response. And this is not a "genetic" but a "psychological" inheritance of forms of behavior.

The canons of developmental psychology state that already after birth, the results of all forms of development will depend on the direct emotional communication of the child with the adult [11, 13, 20, 27-30] and the openness to him of all essential guidelines of the state, nutrition, communication, pain, etc. The tool does not become an internal reference point either immediately, but through the joint (interaction between an adult and a child) and systematic use of the tool, its adjustment, correction, improvement, etc. [12, 13, 25]. The question arises, what is this first means of socialization, under the shadow of which the child will take the first steps into the territory of socialization? It is unlikely that even an attentive mother will name him right away: but this is authority, trust in an adult (basic trust in the world, according to E. Erickson), acceptance of the picture of the environment that opens from the cradle, etc. Consequences of perinatal or obstetric trauma, caught disease, pain syndrome, into which any ill-health or discomfort turns into in a newborn can completely destroy this trust. At first, the child will experience non-acceptance of contact (shaking off the adult's hand, breaking tactile contact with him, protest voice, etc.), and then "imaginary death" - the curtailment of all forms of activity in relation to the adult: motor, tactile, emotional. At the same time, trust acts as a total means in resolving all problems in relation to the adult and the world. Only the destruction or initial absence of this means leaves the child alone with the outside world in the absence of means of orientation and the mechanism for acquiring it. That's when the dream of the mind (in the broad sense of the word, the dream of the psyche) begins to give birth to monsters: distorted landmarks give rise to fear and anxiety, and the simplicity and accessibility of the world cannot be discovered by a child from himself.

There is another noteworthy subject in the discussion described - the place of egocentric speech in the development of the child. A significant amount of the child's speech production, as shown by a variety of empirical studies and observations of the speech and behavior of autistic people [1-4, 6-7, 14-19, etc.], can

be qualified as egocentric, i.e. preserving the content and form of this type of speech. J. Piaget in his study discovered and described, briefly, the paradoxical function of egocentric speech: on the one hand, it is addressed by the child as a message to the outside (that is why the methodically rich forms of a collective monologue, messages to the environment about their difficulties, feelings, problems), and on the other hand, on the other hand, it is addressed to oneself and is a means of controlling one's behavior (including the state: calming down, relieving anxiety, etc.). In form, egocentric speech is still “slightly” socialized, while in content it is already autistic, has a folded personal topic, semantics and syntax. The nuances and features of speech, especially those modified in form and content (quiet or loud, depending on the distance to the possible object of the speech message, to oneself, “under the nose”, reduced in content ¹, in the form of an order or complaint, speech stereotypes, reduced to maintain contact with a participant in a conditional dialogue, echolalia, etc.) continue their monologue -dialogue mission, but in a greatly reduced form.

For Piaget, the egocentric speech of a normally developing child is a transitional stage from autism to logic, from intimate-individual to social, for Vygotsky it is a transitional form from external to internal speech, from social speech to individual, including autistic verbal thinking [9]. According to Vygotsky, “... egocentrism, coercion, cooperation — these are the three directions between which the developing thinking of the child constantly fluctuates and with which the thinking of an adult is connected to one degree or another, depending on whether it remains autistic or whether it grows into one or another type of organization of society” [9, p. 55-56]. In our opinion, world psychology in its time passed by these important ideas. All attention was focused on the content of the symptoms of autism, but not on understanding how development, more precisely, the distortion of development, begins to produce these symptoms from the "bricks" of normal development. The original atomic-analytical passion of psychology, coming from W. Wundt, for simplified explanatory models, for direct coincidence in one explanatory syllogism of cause and effect, plays a bad play with our science in the case of autism. Simplification of the reasons, minimization of the reasons under consideration, reduction to "simple" - it's like seeing only puppets in a finger theater, but not seeing the hand itself that controls the puppets.

To illustrate, let's try to consider one of the most significant generalizations of B. Bettelheim - a strong practitioner of working with autistic people [4]. It is easy to note that his concept and all his heuristic practice, relatively speaking, relating to such important points as child development and autism, literally within a few steps of reflection is reduced to a simple and unpretentious model. Bettelheim writes: “We need to understand the smallest details that make up the stages of this interaction: what kind of reaction to what kind of event or action will lead, say, to the emergence of not neurosis, but autism; What specific intrinsic determinants are predictive of childhood autism, unlike other varieties of childhood schizophrenia, or do not promise any disease at all? Since the development of the personality as such, whether normal or abnormal, is

¹It seems that it is this form of speech that B. Schmidt calls for especially attentive consideration of adults and psychologists in his books [33-36], when he talks about finding a common language with an autistic person. We absolutely agree with this, in this form of speech there is no less valuable, in comparison with the usual dialogue speech, in terms of indication, reflection of the child's current and emerging orientation, his needs, desires, means, opportunities, emotional characteristics, etc. It is a real the key to understanding the actual and developing children's consciousness and condition. Without taking into account the form and content of egocentric speech, it is impossible to discover the true meaning of what is uttered by an autistic child : each time it is necessary to specifically characterize the context and discourse of an egocentric statement.

the result of the contact of individual hereditary data with specific environmental conditions, it is a truism to say that the causes of autism lie in interaction, unless, of course, one undertakes to defend the simple hypothesis that autism, mainly causes an organic violation of *sui generis*. It remains to answer the question: which aspect of heredity and which specific factor of the environment, interacting with each other, give rise to autism? One way or another, there is every reason to doubt the innate nature of autism, at least until reliable observations are obtained that would confirm that in the behavior of newborn babies, who have not yet had time to "taste" maternal care, already there are certain differences; or until the organogenicity of this disease is based not on abstract reflections, but on objective neurological data or other irrefutable evidence" [4, 415p.].

Fascination with psychoanalytic symbolism, behavioristic simplification, cognitive "obviousness" and other conceptual "advantages" cannot hide from researchers an easily noticed fact, B. Schmidt makes it almost as an axiom in his article and books - that there is no unified theory of autism. But the fact is that at the same time there is no unified psychological theory, since the circumstances that L.S. Vygotsky pointed out in his insightful work "The Historical Meaning of the Psychological Crisis" back in the 30s of the last century are still relevant: empiricism, mechanism, reductionism, lack of subjectivity, reactivity, lack of methodological reflection, lack of a development principle, and problems of the common language of science (terminology) ². This theory will not be able to appear - such is our forecast - on the basis of existing psychological theories, since a monosyllabic explanatory syllogism is not capable of containing all the diversity of the considered relations of autism, autism and autism. In the topic of autism, in a problem where complex processes of development of the individual, family, environment, health and education, upbringing, etc., organics and society intersect, a real philosophical culture of representing the relationship and "separation" of these foundations is required. This is the only way to correctly and essentially represent in the hierarchy the multifaceted trends in the movement of everything related to autism.

Trying to reflect on what is happening in psychological theory in general and the theory of autism in particular, it is impossible not to come to surprising generalizations. The highest achievements of German classical philosophy, which entered the flesh and blood of the Russian psychological tradition through Marxism ³, raised the general culture of psychological understanding and explanation, made the course of our research thinking really systemic, made it possible to combine social determination, individual arbitrariness, which are absolutely incompatible in other research traditions. actions and anatomical and physiological foundations for the functioning of the human psyche. The concepts of "activity", "action", "consciousness", "social form of being", "mediation", "cultural determination", "internalization", "higher mental functions", the principles of activity, development, overcoming the postulate of immediacy, etc. L.S. Vygotsky, A.N. Leontiev, A.R. Luria P.Ya.Galperin, D.B.Elkonin and others are embodied in more complex

²Instead of these grounds, we see the real dominance of statistical methods, which, in fact, are a powerless statement that we have not established the reasons in an experiment or survey, but we are ready to completely trust this to quantitative methods for evaluating and comparing some empirical data.

³Including, with his inconsistent interpretation of the antithesis of "material and ideal" and a clear ideological tilt in favor of the first foundation. This forced researchers to constantly "deduce" action, thought and emotion from material foundations, destroying, in fact, the existing advantage of a systematic understanding of the subject under study.

explanatory models. No longer a quantitative statistical, but a qualitative analysis, and even more so, an experimental genetic and formative synthesis that models the forms of action using social means and systems of relations ⁴, made it possible to bring the explanation of various psychological phenomenologies to a multilevel plan.

The premises of dialectical philosophy turned out to be really productive, and only ideological fears of being accused of idealism did not allow researchers to definitely assert that the individual psyche is a peculiarly and personally originally assimilated nearby culture (values, forms of action, systems of needs, means of culture, rituals, norms, etc.). How could these ideas be applied to construct a theory of autism? Let's try to base it on another idea of L.S. Vygotsky, according to which pathogenesis is characterized by a qualitative peculiarity of the course of development [10, 23]. The starting point of such an analysis is the "primary defect". Craniocerebral or any other obstetric injury, perinatal or birth infection, intoxication, the consequences of vaccination, damage to analyzers, genetic underdevelopment of organs, somatic disease, etc. - this is a number of possible organic and functional reasons that can lead to the launch of a mental disorder in a child at any stage of his development. The compensatory capabilities of the body and brain, which are significant and in a child act as a real safe-conduct, are able to smooth out, mitigate, hide the severity of what is happening, but if these capabilities are not enough for full compensation (and sometimes enough: then neither parents nor specialists even know about the unfavorable child development that took place), then a "secondary defect" comes into play.

Its danger is that along with systemic underdevelopment, distortion, there is a significant deviation from the normative development. The child begins to suffer and not develop something that is not directly related to the primary defect, but is its indirect consequence. Like a snowball, a child's developmental delay, which seemed relatively simple and compensated two months ago, at some point acquires the qualitative features of a disorder, into the orbit of destruction and self-destruction of which already larger units of the child's mental orientation fall: speech, volition, motor skills and the motor sphere as a whole, the system of relations with adults, etc. ⁵. As a rule, when these damaged and distorted psychological neoplasms appear as a system, one can already speak of a "tertiary defect" that affects the entire personality of the child, practically removing the hope of compensation. Development in this case may not stop, but only go in a different way, non-normative ⁶.

⁴Now this method is returning, "rolling" back into psychology in terms and methodological framing of "interventional" experiments. In general, the term "intervention", apparently due to various historical ideologemes, is almost impossible for the ear of a Russian researcher. Most likely, it is better to translate it as a *formative, teaching* experiment, in extreme cases, a *natural one*.
⁵Here we note a different understanding of causality than is accepted today in empirical psychology, including those sources that B. Schmidt critically examines [34-36]. Rather, in the case of a cultural-historical concept (CHC), we can speak not of a statistical or stochastic, but of a dialectical determination, according to M. Bunge [8]. And the possibilities of this "methodological picture with the principle of development" already relate to the whole complex of problems of autism: the source of the disease is no longer sought only outside or inside the subject of the disease, it is sought in interaction, even in the history of the development of interaction; the time perspective of the child's personal development becomes visible, qualitative transitions between the cultural means used are opened, the symptomatology ceases to be a dominant, but acquires a stable value as *a separate sign of a violation*, etc.

⁶There is, of course, a temptation to present feasible considerations on the subject of the difference between the normative and non-normative trends in child development, but the amount of argumentation in this problem claims to be presented in an independent article. We only note that the "norm" is a cultural norm, and, as one mother of a boy with mental retardation once said, "the norm is when a psychologist is not needed."

One of the most significant aspects of " abnormality " is the impossibility of the forms and methods familiar to culture to mediate child development - i.e. movement in the space of cultural means available to the child (goals, values, norms, rules, schemes of actions, ways of using cultural objects, speech expressions, vocabulary, expression, etc.). Direct communication and objective activity are not absolute values in themselves, but transitory opportunities for the child in the direction of the interiorization of culture. And if something is lost, curtailed (for example, in a situation of hospitalization, a long stay of a child in a state educational institution, as a rule, with accommodation, with a chronic somatic disease, in a situation of a family crisis, etc.), then there may be options for compensated development. Is it possible to return to the norm in a situation of uncompensated development? This is a question for a long time and for all future generations of parents and professionals.

2. Autism as a problem of education, communication and interaction with a child

obsessive spirit in the atmosphere of autistic families.

L. Kanner.

And finally, one more assumption, one more important step towards the prolegomena of the psychological theory of autism. In developmental psychology, few people, except for J. Piaget and CIC researchers, used the concept of “ *child development plan* ” [24, 13, 10, etc.]. At the same time, the reference to the “tertiary defect” focuses the researcher’s attention precisely on the integral structure of the “plan”, which simultaneously brings together the need -motivational, cognitive and emotional-volitional spheres. Seeing the plan as a whole allows you to refrain from the logic of partial symptoms and see the main thing. In this sense, for example, hypersensitivity, which B. Schmidt singled out as a special symptom, it ceases to be a single sign, but becomes a systemic one. We leave the specific story of how this happens in each specific case of RDA for further analysis, we simply point out that, just as with the development of a phobia, with hypersensitivity, a new response plan is formed. Emotionality, expectation and anxiety gain power over any form of psychological activity of an autistic person and turn the plan of normal development *upside down to a pathological content*.

In our opinion, the concept of "decalage" (from the French. decalage - discrepancy, gap) by J. Piaget [24], used precisely in relation to the development plan and indicating a "horizontal" uneven development, or "vertical" (when there is a gap in the capabilities of a child, such as a child prodigy who can play the violin but can not lace up his shoes or does not know how to behave in a store) can be applied to RDA. Uneven development, which begins already at the stage of registration of a “secondary defect”, gives rise to a situation similar in psychological terms. The rapid prevalence of emotional orientation over other forms of regulation seems to replace the experience of socially acceptable understanding. If we combine “ autization ” as individualization in the understanding of Vygotsky and decalage according to Piaget, we get the following effect: an immature form of orientation in a significant life situation will turn into a circumstance that restrains and hinders development. And if against this background a psycho-traumatic event (excess)

appears, and there is no sensible adult nearby and acceptable means of overcoming or getting out of the trauma, then a real autistic action plan will be formed.

The general assessment of consulting psychologists in the field of child abnormal development in Russia and Germany is approximately the same [34-36]: autistic children, or more precisely, children with emotional disorders of the autism spectrum and unclear etiology, are becoming more in both quantitative and "share" percentage in the structure mental disorders of childhood. Of course, the diagnostic capabilities of psychologists today are higher than 50 years ago, as well as attention to any deviations from the conventional norm. We have certain cross-cultural differences in understanding the causes of RDA, diagnostic signs (symptoms, syndromes, and on the basis of RDA as an independent disorder, several syndromes have already grown, etc.). However, the most important difference is that in the Russian tradition we are less likely to qualify the child's condition as autistic, but at the same time we recognize varying degrees of emotional disorder. This does not offer any diagnostic advantage, perhaps, but expresses our caution about the diagnosis of RDA, which is understood to be relatively more severe than that of an emotional disorder.

The nosological clarity of the definition and qualification of symptoms, which is already very difficult to develop by the community of psychiatrists, neurologists, psychologists and teachers (defectologists), can almost disappear when characterizing the etiological aspects of an emotional disorder. The fact is that the symptoms of RDA or a similar disorder are not parallel, one may well be determined by the other. The problem is that against the background of development, many objectively arisen obstacles may not be noticeable, while subjective and brightly emotionally colored ones begin to determine the clinical aspect. For example, already in the first days of life, the mother can involuntarily suppress the activity of the child, in a certain way setting him up for feeding. Equally problematic (in the sense of generating an inadequate emotional response of the child) can be a hygienic procedure (system), dressing and undressing, somatic illness and treatment, etc. R. Spitz characterizes such actions of an adult as "psychotoxic effects: excess, overdose of affective stimulation coming from a parent who finds himself in a narcissistic trap" [37]. A lot is accomplished in dyadic interaction in the logic of good intentions of an adult, but it is not tracked, controlled, and even less reflected. So, learned helplessness, negative attitudes towards nutrition, ambivalent attitudes towards adult caresses, etc., can already arise at this infantile stage of development.

The communication of a child with an adult, of course, should not be understood solely from the side of the implementation of some kind of communication function. Communication in each case is interaction at one or several levels of culture at once. Without pretending to be an exhaustive outline, we will indicate at least an indispensable series of these levels: value, emotional, operational, regulatory. On each of them, disorientation can take place: when causes and effects are reversed, or the means of orientation are suppressed, and learned helplessness paralyzes the child's will to act (including activity or orientation). We emphasize that even in terminology it is not so easy to express this phenomenon. For example, by saying "feedback", i.e. using a time-tested physiological-psychological concept, we seem to control some of the nuances of the child's actions, but not all. And even more than that, not all of them are essential, because the

significance in this situation lies in the fact that the parent is guided by the actions of the child not only with the help of observation, but also with the help of his own actions, a number of which, of course, are marked with special guidelines for the child (for example, : *I want you to do this, and here I am waiting for you to show your desire, and here I am guided by your condition, etc.*). This skill seems natural and organic, it seems that this does not need to be specially studied, however, this is *the understanding* when the cultural code is declared, and shown, and deployed, and becomes the subject of special analysis and generalization. The coincidence of desires, assessments, positions is the result of a long and mutual psychological (ie, orienting each of the participants) work (communication, interaction) between the child and the parent.

Moreover, this whole system "child - adult", the dyad, is mobile and dynamic. The stages of adult development in a child's life go through well-known teleological stages: goal, means, result. Those. the place and role of the adult are constantly changing, and accordingly, the means of the child himself are also changing. These funds are appropriated precisely from interaction with an adult. This happens quite simply: here, there was a guideline - it became a means of influencing an adult, then, as operationalization (automation of use) occurs, curtailment, reduction and departure from the child's consciousness, but the tool continues to act, orienting in a way that is now implicit for an external observer. It is obvious that B. Schmidt writes about this stage of development of the means and about this folded content when he characterizes unconscious communicative means. It is interesting that such dynamics take place not only in the case of normative development, but also distorted (autistic) [15, 18].

3. How to deal with autism?

Love is not enough.

B.Bettelheim

critical nature of our articles with B. Schmidt cannot escape such a remarkable trend as a decrease in interest in theorizing in the field of the psychology of autism and focusing on practical work with specific autistic people. Of course, the theoretical position is always immanently included in the practical method. But today, in the orbit of such work (in comparison with the not-too-distant 30-40-year-old past), which is already individually oriented towards "safe links", they began to include (and I want to say: finally!) not just mom or dad as formal performers missions of parenting, but special agents (other relatives, brothers and sisters, nannies, etc.) and significant moments of the environment (special types of joint activities, accessories of child care, moments of communication and relationships, patterns of emotional response, etc.). Those. if earlier for psychological analysis these were trifles and details, then the time has come when these trifles began to combine into amazing and at times unpredictable structures and alliances and resist (reorient the child) such auto -generating forms of parental behavior as, for example, hysteria, narcissism, infantilism and etc.

As an illustration, here are a few advisory examples of this kind of parenting styles for different periods of childhood with a high risk of developing emotional problems on the autism spectrum in a child.

Almost classic modern didactogeny : pedagogical philosophizing of parents, dad stepped aside from caring for the child, didactic mother took the reins of education into her own hands, the child is 2.8 years old. In an effort to perform a good hygiene procedure - to wash the child's head, she carried out this procedure with the inevitable ingress of water into the child's eyes. She responded to his emotional reaction by washing her hair almost every day with the same scandal, believing that she "educates a man so that he is not afraid of water." Approximately 3-4 months after the incident, already after the appointments of a neurologist and even an examination by a psychiatrist, the child came to us with a powerful set of symptoms of an emotional disorder approaching autism (lack of eye contact, lack of communication with the mother, inadequacy of emotional response, mutism, the presence of stereotypes).

Another case, we conditionally called it "gambling conformism", although it is rather based on parental anancasty - the mother of a 9-year-old boy strictly follows recognized social norms (*so that everything is like with people*) without understanding the essence of these norms and the child himself. Dad is "weak", he almost does not take part in family life. Mom constantly demonstrates touchiness, i.e. demonstrative interaction with the child according to the rules of the game, which he does not know. For the last 3 years, the mother has been fanatically involved in the work of the religious community and is trying to involve her son in this work, demanding from him high religiosity. The boy has signs of hebephrenia, autostimulation, there was a powerful emotional breakdown at school, and the school raised the question of the possibility of his studies in a normal educational institution.

Child 5 years old, chronic somatic (genetic defect of the intestine) disease, several surgical operations. The problem of speech (slight delay), communication with adults and peers, the child underwent a behavioral correctional program aimed at the gradual formation of communication and interaction skills (when the action is divided into small parts, and then their additive development begins). "Overgrown" after this correction with stereotypes, inadequate affect, whiny for any reason.

Despite the difference in cases, it is procedurally possible to designate approximately three stages of work, while the strategic target of correction is the deployment of normative child development ⁷. The first stage, when we only establish contact, examine the child and fix (children with cerebral palsy, children with neurological disorders, children with uncertain organic consequences of vaccination, etc.) a significant difference from the norm. Work at this stage is built according to the completely Lurian method "based on intact links" [21, 22, 32, 33]. With a widely spread diagnostic network - using the entire arsenal of tools and methods known to us for diagnosing a problem developing child - we establish the fundamental potential of his development. This is the most difficult work, since the response of a child with RDA to the initial examination is sometimes so unlikely that it remains only to wait patiently, deploying and outlining various forms of activity and catching his counter interest or any other signs of attention, emotional attitude. Here we are helped by another essential concept and, accordingly, the methodological arsenal of the CIC: the zone of proximal development (ZPD) [10, 16-19. The simplest characteristic of ZPD is what a child *can do* with an adult, i.e. not only in communication or conditional interaction, but in *joint activity* - and this is fundamental for the psychological characterization of the state of the child. In the course of interaction, the norms of relations, goals, means of interaction and its result will be appropriated by the child in the course of internalization.

⁷First of all, we mean the deployment of normative leading activities (in accordance with the concept of D.B. Elkonin [20, 27-30]). If there is a significant mental retardation, then we use the types of leading activities that are available according to the possibilities, by all means entering the territory of the ZPD.

Another concept - the social situation of development (SSR) - characterizes the system of relations of the child with the inner circle of reference persons, specific for each age. If autism occurred on the basis of a certain SSR, then leaving it in a psychologically “untouched”, “undeveloped” form means dooming the situation to failure. Autism itself will not go away, including due to the fact that pathological development is at least partially determined by the environment. But here is the correction of the SSR, even elementary education of family members, siblings, joint reliance on intact links, a change in the emotional sign of the SSR, etc. - all this can qualitatively change the situation, and there are many examples of this [1-4, 14-19]. At the second and third stages of work, it is necessary to outline the most productive forms of work along the lines of "safe links", and, as neoplasms unfold, involve SSR participants in interaction with the child (with the direct participation of a psychologist). This work tactic prepares the child to grow into the altered SSR in the future, although, and this should be specially noted, this is not always possible.

The behavior of an adult can and, as a rule, reflects complex hidden personal and educational guidelines, such as an “unwanted” child, “caring for a child instead of a career”, “self-realization in a child”, etc. Rejection of the child as a whole or any moments of his behavior (state), negative or indefinite reaction to his actions (especially with the criteria of reactions hidden from the child), the impossibility for the parent of reflection and decentration, i.e. understanding that the emerging and growing child radically changes the life and personality of the parent - all these are the most important signs of future problems [25]. As soon as the dialogue between a child and an adult ceases to be such and becomes a monologue, the child loses the entire structure of orientation in the world: from the need -motivational sphere to the cognitive and emotional-volitional. In particular, refusal to act, as B. Bettelheim [4] believed, is a distinctive characteristic of autists. This allows us to take a different look at stereotypes: in fact, in order not to act, stereotypes for an autistic child replace action.

The most important aspect of this orientation, as B. Schmiedt writes in the previous article, is its mobility and dynamism. Loss of orientation, its collapse, disorientation that occurs due to a traumatic (psychotraumatic event), during decompensation, can also carry the whole complex of attempts to restore it in a collapsed, reduced form: animistic foundations of activity, stubbornness, compulsiveness, etc. Qualitative originality of collapse orientation leads to the fact that development departs from the main line of cultural mediation and freezes, collapses, rolls back, is distorted. Refusal of activity, turning to oneself, devaluation of the outside world as capable of accepting his point of view or at least changing in accordance with his desires - this is autism. Normative development, in contrast to it, is the result of a productive overcoming of a contradiction, when the child appropriates and actively applies the supposed cultural means. But the variant of abnormal development is associated with the conservation of funds and the refusal of activity, or with the appropriation of aggressive or demonstrative means, and in the variant of autism, the means of “falling out” from an inaccessible or hated society. However, not a single aspect of development has an absolute sign: everything flows, everything changes. Yesterday's landmark of a negative emotional reaction may today escalate to the format of fear, anxiety or aggression, or may even begin to change the situation back to normal. That is why “eclecticism dear to the heart”, which takes place in the selection of

directions, means and methods of working with autists, is directed symptomatically, but not at the cause of autism. And yet it works!

To the well-known phenomena of children's thinking from J. Piaget (syncretism, animism, artificialism, egocentrism, etc.) related to child development [24], we can add a fair list of psychosomatic (food selectivity), hygienic, communicative, emotional, etc. traits, any of which could top the list of symptoms of autism. For example, a normative, emotionally acceptable, "successful" alliance with society this time did not take place for this child, does this mean that love is not available to this child at all? Feeding rituals, dressing tactics, methods of communication and support for the child - yes, without exception, all the actions of an adult in relation to a child can become both developing and stopping development or distorting it. Contact, feedback, emotional acceptance, etc. - everything essential in parent-child relationships can become a double-edged weapon: both contributing to development and distorting it towards autism. For the formation of an emotionally problematic uncompensated reaction, sometimes one manifestation of the parent's emotional reaction is enough to form fear in the child, an inadequate response associated with the expectation of a repetition of the kurtosis. the third trip to the nursery.

We fix brief conclusions from our reasoning. Despite the difference in the forms of autism, which, of course, should be taken into account, in each specific case there is a distortion of development, which, as a rule, goes through a thorough and qualitatively unique path by the time the child is psychologically examined. It is probably almost impossible to pinpoint the stressful event that begins pathogenesis. This may be at the stage of gestation, the risk of pregnancy loss, with a financial challenge to the family and the emergence of a state of uncertainty about the future, uncertainty about it, moral conflicts that cannot be resolved by known means and methods, etc. Then the "answer" becomes an acute stressful experience by the expectant mother of her inability to act, her personal restlessness, etc. The immune trace of this acute experience (decreased immune defense) is an obvious consequence of the endocrinological symphony. The child already at this moment, of course, not understanding absolutely anything, is involved in a system of relationships far beyond the mother's dyad.

On the basis of a primary defect (organic, functional, psychogenic, etc.), without compensation, a whole range of secondary defects arise, and then, as a tertiary defect, a whole anomalous development plan is formed, characterized primarily by decalage, i.e. a deep gap in the elements of the abnormal development plan of the child, caused by complex organic and psychological trauma to the child at one of its stages. The emotionality of even a small child is an exceptionally powerful weapon. People discover its power and meaning in the second half of their lives, but as parents of a small child, they may not know about it. Distorted emotionality does not allow one to navigate, therefore, violations of socialization, communication and imagination (here you can continue a long series of comorbid symptoms identified in autism) are its consequences.

A harmonious synthesis of the principles of development and the clinical and psychological principles of "relying on the intact links" is what can bring an autistic child into the development space, in order to connect the possibilities of culture, and bring psychology out of the historical crisis. In the form of autism,

psychology as a whole meets a powerful challenge of a psychologically disorganized reality, our task is to respond effectively to it.

Bibliography

1. Appe F. Introduction to the psychological theory of autism. - Moscow: Terevinf, 2006. - 216 p. – ISBN 5-901599-52-7.
2. Bashina V.M. Autism in childhood. - M: Medicine, 1999. - 101s.
3. Bashina V.M., Simashkova N.V. Features of speech disorders in patients with early childhood autism of endogenous origin // Journal of neuropathy and psychiatry, 1990. - No. 8. – P.60-65.
4. Bettelheim B. Empty fortress. Childhood autism and birth I: Per. from English. - 2nd ed. - M.: Academic Project; Fund "Mir", 2013. - 480 p. — (Psychological technologies).
5. Bleiler E. Autistic thinking. Per. with him. and foreword. Dr. Ya.M.Kogan, Odessa, 1927 - 81s.
6. Bowlby J. Attachment. — M.: Gardariki, 2003. — 477p.
7. Bowlby J. Creation and destruction of emotional bonds. - M.: Academic project, 2004. - 232s.
8. Bunge M. Causality. M.: Editorial URSS - 2010. - 514p. – ISBN 978-5-354-01301-2
9. Vygotsky, L.S. Thinking and Speech. Ed. 5, rev. - Publishing house "Labyrinth", M., 1999. - 352 p.
10. Vygotsky, L.S. Problems of defectology / L.S. Vygotsky; comp., auth. intro. Art. and bibliogr. T.M. Lifanova; ed. comment. M.A. Stepanova. - M.: Enlightenment, 1995. - 527 p.
11. Galperin P.Ya. Introduction to psychology. M.: Publishing house Mosk. un-ta, 1976. - 150p.
12. Galperin P.Ya. The method of "slices" and the method of phased formation in the study of children's thinking // Vopr. psychol. 1966. - No. 4. – pp.128-135.
13. Galperin P.Ya. Teaching methods and mental development of the child. M.: Publishing house Mosk. un-ta, 1985. - 44 p.
14. Gilbert K. Autism. Medical and pedagogical impact: a book for teachers-defectologists / Per. from English. O.V. Deryaeva ; under scientific ed. L.M. Shipitsyna ; D.N. Isaev. - M.: Humanitarian, ed. Center VLADOS, 2005. - 144 p. — (Correctional Pedagogy). ISBN 5-691-00906-0.
15. Dolto F. _ Autistic Healing // On the side of the child. - St. Petersburg: Petersburg - XXI century, 1997.
16. Lebedinskaya K.S. Diagnosis of early childhood autism: Initial manifestations / K.S. Lebedinskaya, O.S. Nikolskaya. - M.: Enlightenment, 1991. - 97p.
17. Lebedinsky V.V. Disorders of mental development in children. M.: Publishing House of Moscow State University. - 1985.
18. Lebedinsky V.V., Nikolskaya O.S., Baenskaya E.R., Liebling M.M. Emotional disorders in childhood and their correction. M.: Publishing House of Moscow State University, 1990.
19. Lebedinsky, V.V. Autism as a model of emotional dysontogenesis / V.V. Lebedinsky // Vestn. Mosk. university Ser. 14. Psychology. - 1996. - No. 2. - P. 18-24.
20. Lisina M.I. Problems of the ontogeny of communication. M.: Pedagogy, 1986. - 144 p.

21. Luria A.R. Higher cortical functions of a person and their disturbances in local brain lesions. Second add. Ed. - M. - Moscow Publishing House. University. - 1969. - 504p.
22. Luria A.R. Fundamentals of neuropsychology. Moscow Publishing House. un-ta, 1973. - 374p.
23. Nikolskaya O.S., Baenskaya E.R., Liebling M.M., Kostin I.A., Vedenina M.Yu., Arshatsky A.V., Arshatskaya O.S. Children and adolescents with autism. Psychological support. - M: Terevinf, 2005. - (Special child). - 224 p.
24. Piaget J. Speech and thinking of the child. M. - L. - Uchpedgiz. – 1932 - 654s.
25. Khoziev V.B., Khoziev M.V., Dzetovetskaya S.V. Psychological counseling for parents M.: Izd-vo MPSI; NPO "MODEK", 2008. - 504 p.
26. Schramm R. Childhood Autism and the ABA (Applied behavior analysis) Ekaterinburg, Rama Publishing LLC. - 2012. - 209p.
27. Elkonin D. B. Child psychology: textbook. n special for stud. higher _ textbook institutions / D. B. Elkonin ; ed.-st. B. D. Elkonin. - 4th ed., erased. - M.: Publishing Center "Academy", 2007. - 384 p. ISBN 978-5-7695-4068-4
28. Elkonin D.B. Notes on the development of objective actions in early childhood // Vest. Mosk. university Ser.14, Psychology. - 1978. - No. 3.
29. Elkonin D.B. On the problem of periodization of mental development in childhood // Questions of Psychology, 1971, No. 4, p. 6-20.
30. Elkonin D.B. The psychology of the game. M.: Pedagogy, 1978. - 304 p.
31. Asperger H; Frith U. "Autistic psychopathy" in childhood // Autism and Asperger syndrome / Frith U. - Cambridge University Press, 1991. - P. 37–92. — ISBN 0-521-38608-X.
32. Luria AR The role of speech in regulation of normal and abnormal behavior. – Oxford, 1961.
33. Luria AR Higher cortical functions in man. New York, NY, Basic Books, 1966.
34. Schmidt, Bernhard J. (2015/1): Autistic and Society – An angry change of perspective: Volume 1: Understanding Autism 1. Aufl. Norderstedt: Books on Demand. ISBN: 978-3738634662.
35. Schmidt, Bernhard J. (2015/2): Autistic and Society – An angry change of perspective.: Volume 2: Support for Autistic? 1.Aufl. _ Norderstedt: Books on Demand. ISBN: 978-3738655384.
36. Schmidt, Bernhard J. (2016/1): Klartext compact. Das Asperger Syndrom - fur Arbeitgeber. 1.Aufl. _ Norderstedt: Books on Demand. ISBN: 978-3739228082.
37. Spitz, R.A. (1965). The First Year of Life. A Psychoanalytic Study of Normal and Deviant Development of Object Relations. New York : International Universities Press, inc.