



BARBARA WINCZURA

Institute of Pedagogy, University of Wrocław

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## From early signs of autism to attachment relationship – development of social relationships of children with autism spectrum disorders in contacts with relatives

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Autism is a vast developmental disorder with significant delays and problems in participation in alternate social interactions. Studies show that nearly half of the population with various forms of autism participates in social life, although their profile of emotional and social deficits remains highly diversified. Impairment within a social sphere includes a limited disposition and ability to recognize, to understand and to engage in human contact and interpersonal communication. Parents / guardians are the first observers of disturbing behaviors of a child and the first initiators of building a close relationship with their offspring. Their observations are the determinants of the criteria of early detection of autism spectrum disorders. The biggest problem for parents is the inability of their children with autism to show affection. The goal of this article is to show the development profile of social relationships of young children with autism in contacts with their relatives and the analysis of conditions in the child – parent attachment relationship in this group of disorders.

**KEY WORDS:** autism spectrum disorders, early signs of autism, early social-emotional development, relationships with loved ones, autism and attachment

## Introduction

Following contemporary diagnostics criteria autism spectrum disorders are characterised by qualitative disorders of the ability to participate in alternate social interactions<sup>1</sup>. It is stressed that in the population with the autism spectrum disorders a significant diversity of the social-emotional relations demonstrated in contact with relatives is observed<sup>2</sup>. Research shows that nearly half of the people with autism in various forms participate in social life<sup>3</sup>, despite the fact that their social-emotional skill-deficit profile is highly diversified<sup>4</sup>. Disabilities related to social sphere are multifaceted within the population. It covers limited abilities and skills to recognise, comprehend and engage in a contact with another person as well as distorted social skills enabling them to enter in, initiate, or engage in proper social interactions and interpersonal communication<sup>5</sup>. Characteristic symptoms of irregularities in establishing social-emotional relations by children with autism spectrum disorders are gradually displayed with intensity changing in time. The ability to establish close relationships is perceived as a continuous process, yet also a dynamic one<sup>6</sup>.

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<sup>1</sup> E. Pisula, *Od badań mózgu do praktyki psychologicznej*. AUTYZM, Wydawnictwo GWP, Sopot 2012, pp. 30–40; S. Ozonoff, G. Dawson, J.C. McPartland, *Wysokofunkcjonujące dzieci ze spektrum autyzmu. Poradnik dla rodziców*, Wydawnictwo Uniwersytet Jagielloński, Kraków 2015, pp. 213–43.

<sup>2</sup> K. Markiewicz, *Charakterystyka zmian w rozwoju umysłowym dzieci autystycznych*, Wydawnictwo Uniwersytetu Marii Curie-Skłodowskiej, Lublin 2007, pp. 88–89.

<sup>3</sup> M. Talarowska et al., *Psychologiczne koncepcje rozwoju autyzmu*, [in:] T. Pietras, A. Witusik, P. Gałęcki (ed.), *Autyzm – epidemiologia, diagnoza i terapia*, Wydawnictwo Continuo, Wrocław 2010, p. 111.

<sup>4</sup> C. Saarni, *Kompetencja emocjonalna i samoregulacja w dzieciństwie*, [in:] P. Salovey, D. Sluyter (ed.) *Rozwój emocjonalny a inteligencja emocjonalna*, Dom Wydawniczy REBIS, Poznań 1999, p. 80; E. Pisula, *Małe dziecko z autyzmem. Diagnoza i Terapia*, Gdańskie Wydawnictwo Psychologiczne, Gdańsk 2005, p. 32.

<sup>5</sup> A.J. Cotugno, *Terapia grupowa dla dzieci z zaburzeniami ze spektrum autyzmu. Rozwijanie kompetencji i umiejętności społecznych*, Wydawnictwo Fraszka Edukacyjna, Warszawa 2011, p. 43.

<sup>6</sup> S.L. Greenspan, S. Wieder, *Dotrzeć do dziecka z autyzmem. Jak pomóc dzieciom nawiązywać relacje, komunikować się i myśleć. Metoda Floortime*, Wydawnictwo Uni-

Parents/ guardians become first observers of disquieting behaviour of their child, but also are the first to initiate the process of establishing close relationship with their offspring. The observations they make become indicators for the criteria of early detection of autism spectrum disorders. The greatest problem for the parents is inability of autistic children to display attachment, and even to differentiate between relatives and strangers. The development of attachment in this group of disorders is to a high extent conditioned by the level of social-emotional development of a child. However, it should be emphasized that in terms of expressing emotional bonds with parents, internal diversity is observed within the whole population of people with autism spectrum disorders. Different forms of expressing attachment are equivalent to neither inability to establish emotional bonds, nor to a particular type of bond<sup>7</sup>.

### **First contacts of a child with close relatives vs. signs of autism**

Social skills disorders of children with autism spectrum become evident quite early. Some of the worrying symptoms become vivid during the development process, before the child is diagnosed with autism. The first social bonds of a child are established in its contact with its mother, therefore disorders pertaining to this relation are perceived as a highly significant signal indicating the development of autism<sup>8</sup>. Difficulties in expressing emotions, distorted social contact or a total lack of such contact in young children is considered a warning signal and one of the first indicators of disorders in

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wersytetu Jagiellońskiego, Kraków 2014, p. 27; S.J. Rogers, G. Dawson, *Early Start Denver Model dla małych dzieci z autyzmem. Wspieranie komunikacji, uczenia się i rozwoju społecznego*, Wydawnictwo Fundacja rozwiązać Autyzm, Warszawa 2015, pp. 4–8.

<sup>7</sup> E. Pisula, *Autyzm i przywiązanie. Studia nad interakcjami dzieci z autyzmem i ich matek*, Gdańskie Wydawnictwo Psychologiczne, Gdańsk 2003, p. 51.

<sup>8</sup> H. Jaklewicz, *Autyzm dziecięcy*, [in:] A. Popielarska, M. Popielarska (ed.), *Psychiatria wieku rozwojowego*, Wydawnictwo Lekarskie PZWL, Warszawa 2000, p. 118.

expressing and understanding emotions and establishing proper social relations with other people, which appear in future in this population. Moreover, the problem is noticed by parents relatively early, since it causes specific difficulties in contact with a child<sup>9</sup>.

Studies devoted to mother-child interaction indicate that a healthy newborn is equipped with the ability to fine-tune to social situations, particularly in terms of synchronizing interactions, imitating, seeking eye contact in reaction to a mother's voice. From the very moment it is born, a healthy newborn child prefers human faces and sounds related to speech. Around 6 weeks of age the so-called social smile appears, and around 6–8 months an infant can distinguish between faces of the close relatives and reacts with fear to the faces of strangers<sup>10</sup>.

From numerous observations it follows that already in the first months of a child's life it is disturbing if a child fails to show that it cares about its contact with the mother, a close guardian<sup>11</sup>. It shows poor eye contact, lack of facial expressions and a typical inability to assume a bodily posture expressing readiness and desire to be taken into someone's arms<sup>12</sup>. It most often prefers solitude, shows lack of interest in physical contact with another person, displays indifference, and even unwillingness with regard to such contact. It acts as if the members of its family were outside its field of interest<sup>13</sup>. It does not react with emotional excitement when seeing its mother, does not return a smile, does not cuddle. When a close relative holds it in their arms – it seems to be “distant”, “withdrawn”,

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<sup>9</sup> E. Pisula, *Małe dziecko...*, op. cit., pp. 67–68.

<sup>10</sup> G. Jagielska, *Objawy autyzmu dziecięcego*, [in:] J. Komender, G. Jagielska, A. Bryńska (red.), *Autyzm i zespół Aspergera*, Wydawnictwo Lekarskie PZWL, Warszawa 2009, p. 36.

<sup>11</sup> T. Galkowski, *Usprawnianie dziecka autystycznego w rodzinie*, Wydawnictwo PTWK, Warszawa 1980.

<sup>12</sup> L. Wing, *Związek między zespołem Aspergera i autyzmem Kanner*, [in:] U. Frith (ed.), *Autyzm i zespół Aspergera*, Wydawnictwo Lekarskie PZWL, Warszawa 2005, p. 117.

<sup>13</sup> E. Pisula, *Wspomaganie osób z zaburzeniami należącymi do autystycznego spektrum w perspektywie psychopatologii rozwojowej*, [in:] J. Trempała (ed.), *Psychologia rozwoju człowieka*, Wydawnictwo PWN, Warszawa 2011, p. 449.

“absent”. When held in someone’s arms it may become stiff or frail, actively defend itself against being hugged or, when taken into someone’s arms, fail to interact with the guardian<sup>14</sup>. It generally dislikes play involving frolicking or tickling. A child can even fail to react with joy and excitement seeing its mother approach or remain indifferent when she walks away. It can make an impression that it needs no presence and attention of the close relatives, being often too calm or agitated. Majority of the autistic children in an early period of their life fails to display the so-called separation anxiety related to the separation from an important, close persons, most frequently their mother. They demonstrate evident satisfaction when left to themselves and act as if there were no other people around them<sup>15</sup>.

Although some children display some emotional attachment to their guardians, yet they do not react to the love and emotions they are shown in a way which might be expected by those who offer them. As it follows from the parents’ remarks, their children are reluctant to open their arms and cuddle when experiencing pain, anxiety, threat or to seek consolation. They even seem to be unaware that such possibility exists. The parents are disturbed by the fact that the children do not distinguish between them and objects they are fascinated with and that they prefer a contact with their favourite toy instead of a physical closeness with their parent<sup>16</sup>. Usually a child seeks a contact with objects and mechanisms, rejecting a close contact with a person, since inanimate objects do not evoke the most important, and thus the strongest emotions: bond, joy caused by emotional contact, sense of security or closeness. Due to their oversensitivity to external stimuli and emotional overload,

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<sup>14</sup> J. Morrison, *DSM-5 Bez Tajemnic. Praktyczny przewodnik dla klinicystów*, Wydawnictwo Uniwersytetu Jagiellońskiego, Kraków 2016, p. 41.

<sup>15</sup> G. Jagielska, *Objawy autyzmu...*, op. cit., p. 38; Morrison J., *DSM-5 Bez Tajemnic...*, op. cit., p. 41–42; J. Ball, *Autyzm a wczesna interwencja. Rzeczowe pytania, życiowe odpowiedzi*. Wydawnictwo Harmonia Universalis, Gdańsk, 2016, pp. 55–56.

<sup>16</sup> P. Randall, J. Parker, *Autyzm. Jak pomóc rodzinie*, Gdańskie Wydawnictwo Psychologiczne, Sopot 2010, p. 99, 146.

a child selectively withdraws from the contact with close relatives preferring inanimate objects, which are emotionally neutral, therefore predictable and safe. One of the most crucial mechanisms of that kind is lack of intentional staring at people, seeking to contact with them. Such symptom gradually grows to become the essence of autism and its axial feature<sup>17</sup>.

Young children with suspected autism display huge diversity of emotions expressed in social contact with the close relatives. From indifference, "alienation", ignoring, panic fear in reaction to separating them from their mothers, to strong and richly diversified emotions proving the attachment to close relatives<sup>18</sup>. Ability to experience powerful emotions may be demonstrated, for instance, by the feeling of longing for a guardian and home when faced with a temporary or long separation<sup>19</sup>. However, such reactions are rather rarely observed. Family members find it hard to recognise and understand such emotional states, especially given the fact that a child with speech impairment, disturbed facial expressions, gestures, eye contact and bodily posture is unable to precisely inform its close relatives and the environment of its experiences and needs. Moreover, its capability to express emotions is considerably constrained. It uses some kind of a special private communication code. It employs such code in an idiosyncratic non-universal way often based on irrelevant associations established in result of one random event and then schematically ingrained<sup>20</sup>.

Sometimes we even observe different forms of establishing specific contact with close relatives by the children with autism spec-

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<sup>17</sup> H. Olechnowicz, R. Wiktorowicz, *Dziecko z autyzmem. Wyzwalanie potencjału rozwojowego*, Wydawnictwo PWN, Warszawa 2012, pp. 10–11; M. Piszczek, *Autyści. Indywidualne i grupowe metody terapii. Zajęcia adresowane dla Rodziców*, Wydawnictwo STECKO, Warszawa 2014, p. 64.

<sup>18</sup> K. Markiewicz, *Charakterystyka zmian...*, op. cit., p. 89; E. Pisula, *Autyzm i przywiązanie...*, op. cit., p. 51.

<sup>19</sup> A. Rynkiewicz, *Zespół Aspergera. Inny mózg. Inny umysł*, Wydawnictwo Harmonia, Gdańsk 2009, p. 50.

<sup>20</sup> L. Wing, *Związek między...*, op. cit., p. 116.

trum disorder. They may appear particularly in relation to a chosen person who spends most time with them, taking care of them, playing or meeting their needs and desires. It seems reasonable since other adults, (e. g. older siblings) do not evoke the same sense of closeness or security, when the children feel threatened or are in need of something<sup>21</sup>. It has been observed that some of them demonstrate their need of contact by standing sideways, or even turning their backs on the person talking to them. Sometimes they tend to employ objects which are important for them, the so-called talismans (e. g. a string, a crayon, a building brick) when they want to express their need, show some emotions or achieve their goal<sup>22</sup>. They pull, jerk, pinch, tap with their favourite object on the close person, they let the person touch the object and hold it. They schematically repeat the same question or expression (e. g. "How are you?"), demanding an immutable reply ("ok., I'm fine"), caress their hair, the same parts of the body, they admit the person to come close, and sometimes even give a handshake or a hug. Usually an emotional expression of a child in such contact is bizarre, unclear, lacking precision or subtlety, namely the whole range of gestures, facial expressions, bodily posture. Such child sends numerous contradicting unreadable signals. It sometimes happens that a complete stranger may be hugged, caressed, whereas dissatisfaction with a member of a close family may be demonstrated in a way inadequate to the situation<sup>23</sup>. They are definitely incapable of adjusting their own behaviour to reactions and behaviour of other people<sup>24</sup>. They however employ non-typical forms of establishing contact with close relatives. What makes matters even worse is that the children with autism spectrum disorders fail to receive non-verbal signals, which form a significant part of communication. They

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<sup>21</sup> S.L. Greenspan, S. Wieder, *Dotrzeć do dziecka...*, op. cit., pp. 26–27.

<sup>22</sup> A. Rybka, A. Garnarcz, *Stymulowanie rozwoju emocjonalnego u osób z autyzmem*, [in:] J. Kossewska (ed.), *Kompleksowe wspomaganie rozwoju uczniów z autyzmem i zaburzeniami pokrewnymi*, Wydawnictwo „Impuls”, Kraków 2009, p. 143.

<sup>23</sup> T. Attwood, *Zespół Aspergera*, Wydawnictwo Zysk i S-Ka, Poznań 2006, p. 50.

<sup>24</sup> R.H. Schaffer, *Psychologia dziecka*, Wydawnictwo PWN, Warszawa 2009, p. 178.

neglect the tone of voice, facial expression, body talk, in other words all the clues which are learnt to be recognised by children displaying regular development through everyday contact with other people<sup>25</sup>.

What draws particular attention is avoiding eye contact by a child. Parents indicate that a child actively avoids such contact or is unable to maintain it. It may cover its eyes, turn its face away when called, observe objects out of the corner of its eye, demonstrate a far-off look, as if staring into an empty space", "through a person"<sup>26</sup>. A child is only slightly interested in a human face, the sight and voice of its mother<sup>27</sup>. It does not fix its eyes on its mother's face, does not follow her eyes, reacts with no emotional excitement to her, particularly to her look, smile or gestures<sup>28</sup>. Disturbed facial expressions are among characteristic features ("mask-like face"), as well as lack of warm joyful expression accompanying a look, a rare smile and a typical inability to assume bodily posture, expressing readiness and willingness to be taken in someone's arms<sup>29</sup>. A social smile appears rarely, sometimes looks artificial, stiff, as if stuck onto a child's face<sup>30</sup>. Also the time spent looking at people is quite short<sup>31</sup>. Children rarely move their eyes from an object to a person's face. Studies devoted to the analysis of a direction in which they look indicate that children displaying this kind of disorder less often look into the eyes of the observed people, whereas they prefer to follow their lips moving as well as the rest of the body (cf.:

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<sup>25</sup> J. Ball, *Autyzm a wczesna interwencja...*, op. cit., p. 36.

<sup>26</sup> G. Jagielska, *Objawy autyzmu...*, op. cit., p. 38;

<sup>27</sup> J. Bleszyński, *Autyzm a niepełnosprawność intelektualna i opóźnienie w rozwoju. Skala Oceny Zachowań Autystycznych*, Wydawnictwo Harmonia Universalis, Gdańsk 2011, p. 61; D. Senator, *Przejawy autyzmu w pierwszym roku życia*, „Pediatria Polska” 2006, No. 2, p. 128.

<sup>28</sup> H. Jaklewicz, *Autyzm dziecięcy...*, op. cit., p. 118.

<sup>29</sup> L. Wing, *Związek między...*, op. cit., p. 117.

<sup>30</sup> E. Pisula, *Mate dziecko...*, op. cit., p. 32; H. Jaklewicz, *Autyzm dziecięcy...*, op. cit., p. 118-119.

<sup>31</sup> P. Randall, J. Parker, *Autyzm. Jak...*, op. cit., p. 99, 146.



L. Speer et al., 2007)<sup>32</sup>. A child does not react when called by its name, at the same time paying attention to other sounds in its environment. Sometimes a child's name must be repeated many times before its attention is drawn to the person calling it<sup>33</sup>. A visible deficit is also a difficulty related to imitating emotional states of other people. A child is incapable of sharing joy, sorrow, pain or fear with other people. Lack of vocal-emotional expression in the forms of "ooo", "uu" and negligent or completely absent repertoire of interactive gestures, e. g. waving "bye-bye" seems to be typical too<sup>34</sup>. It is accompanied by lack of proper gestures and expressing emotions by bodily posture. As a result a limited repertoire of social behaviour combining a look, mimic expression, tone of voice and gestures is prevailing<sup>35</sup>.

A child engages in relations mostly with family members in order to satisfy its need, e. g. it wants a toy. It often uses a palm of a person standing nearby (treating an adult's hand as a tool for satisfying its needs)<sup>36</sup>. It is incapable of participating in regular social interactions, based on a scheme "giving - taking". Its inability to alternately participate in a dialogue is quite disturbing. Even if a child initiates a contact with a participant of the interaction it can rarely maintain such contact<sup>37</sup>. It cannot use body language or other non-verbal behaviour to communicate, e. g. smiling or nodding which is used by most of us to express approval<sup>38</sup>. A young child at this phase of development of autism is already unaware that people

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<sup>32</sup> E. Pisula, *Wspomaganie osób...*, op. cit. p. 448.

<sup>33</sup> D. Senator, *Przejawy autyzmu...*, op. cit., p. 129.

<sup>34</sup> M. Skórczyńska, *Wczesne diagnozowanie autyzmu – perspektywy i dylematy*, [in:] B. Winczura (ed.), *Autyzm Na granicy zrozumienia*, Wydawnictwo „Impuls”, Kraków 2009, p. 48.

<sup>35</sup> E. Pisula, *Wspomaganie osób...*, op. cit., p. 449.

<sup>36</sup> H. Jaklewicz, *Autyzm dziecięcy...*, op. cit., p. 119.

<sup>37</sup> E. Pisula, *Stres rodzicielski związany z wychowaniem dzieci autystycznych i z zespołem Dawna*, „Psychologia Wychowawcza”, 1993, No. 1, p. 45; M. Piszczek, *Autyści. Indywidualne...*, op. cit., pp. 12-13.

<sup>38</sup> J. Morrison, *DSM-5 Bez Tajemnic...*, op. cit., p. 41.

communicate and exchange thoughts, using looks, body language and speech sounds. It sees the movements and hears sounds of speech, yet does not know that there is some meaning hidden behind them, a message to be read and used<sup>39</sup>.

Parents often claim that their child is too quiet, silent, withdrawn from any contact, hardly active, even apathetic and uninterested in an environment or playing with siblings and other children<sup>40</sup>. It hardly ever purposefully focuses its attention on other people, fails to create a common field of attention, does not exchange messages with its parent or sibling, which is particularly noticeable during play. At the end of the 1 year of age the environment may notice lack of play consisting in imitating, and later no "make-believe" play related to pretending and using objects in a symbolic way. The play is often solitary, involves no contact with people, usually sensorimotor and/or ritualistic, lacking imagination. A young child may repeatedly place objects in a row, in piles or spin them. It may arrange or organize toys always in the same way, collect certain objects, arrange sticks, building bricks according to a certain repetitive scheme<sup>41</sup>.

With its development a child gradually begins to display further symptoms of spectrum of autism in the field of communication, expressing and understanding emotions and establishing social relations<sup>42</sup>. The observations most frequently signalled by the parents or close guardians of these children are:

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<sup>39</sup> S.J. Rogers, G. Dawson, L.A. Vismara, *Metoda wczesnego startu dla dziecka z autyzmem (ESDM). Jak wykorzystać codzienne aktywności, aby pomóc dzieciom tworzyć więzi, komunikować się i uczyć*, Wydawnictwo Uniwersytetu Jagiellońskiego, Kraków 2015, p. 68.

<sup>40</sup> E. Pisula, *Autyzm u dzieci. Diagnoza, klasyfikacja, etiologia*, Wydawnictwo PWN, Warszawa 2000, p. 117.

<sup>41</sup> E. Wiekiera, *Strategia postępowania z dziećmi autystycznymi, Przekład z „Engagement”, Poradnik praktyczny dla rodziców*, Wydawnictwo Krajowe Towarzystwo Autyzmu Oddział w Krakowie, Kraków 1995, p. 13; G. Jagielska, *Objawy autyzmu...*, op. cit., p. 40.

<sup>42</sup> B. Nason, *Porozmawiajmy o autyzmie Przewodnik dla rodziców i specjalistów*, Wydawnictwo Uniwersytetu Jagiellońskiego, Kraków 2017, pp. 321–234.

- is incapable of establishing close relationships with family members,
- does not greet people, lacks spontaneous reaction to its parent/guardian,
- is poor at expressing emotions, or does it in an improper way yet typical only of it, hardly ever shares its emotions with its relatives,
- fails to notice and read emotions of other people, relatives in its environment, does not share joy, sorrow or fear<sup>43</sup>
- does not use typical gestures in order to establish social contact,
- its facial expression is quite poor, especially while interacting with its mother,
- does not understand 'personal space' – comes too close or runs too far away from people in its immediate environment,
- is unable to initiate a play with toys, when instructed by its parent, it can play with simple objects, fragments of toys; however, it is seldom spontaneous in interaction with others<sup>44</sup>,
- displays no natural interest in children (peers) or may even ostentatiously avoid them,
- expresses no readiness to play with its parents, siblings, no interests in social play<sup>45</sup>,
- displays limited ability to imitate and fails to participate in play connected with pretending with other children; routine models are observed instead, as well as stiffness, lack of ingenuity or imagination involved in play<sup>46</sup>,

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<sup>43</sup> A. Wolski, *Diagnoza autyzmu u małego dziecka – implikacje do pracy w rodzinie, „Rewalidacja”* Czasopismo dla nauczycieli i terapeutów, 2010, No. 2 (28), p. 24; A. Wolski, *Dominujące i drugorzędne kryteria diagnostyczne – ich struktura u dzieci, u których zdiagnozowano autyzm*, [in:] T. Żółkowska, M. Wlazło (ed.), *Edukacja i Rehabilitacja osób niepełnosprawnych OBLICZA TERAPII, Pedagogika Specjalna – koncepcje i rzeczywistość*, vol. IX, Wydawnictwo Naukowe WH MINERWA, Szczecin 2013, pp. 323–347.

<sup>44</sup> S.L. Greenspan, S. Wieder, *Dotrzeć do dziecka...*, op. cit., p. 28.

<sup>45</sup> A.J. Cotugno, *Terapia grupowa...*, op. cit., p. 45.

<sup>46</sup> E. Pisula, *Autyzm u dzieci...*, op. cit., p. 118; E. Pisula, *Wspomaganie osób...*, op. cit., p. 447.

- contacts with relatives assume unusual form, mainly as attachment to routine, related to one particular person, its behaviour, forms of communication, satisfying a child's needs, yet quite rarely with emotional bond<sup>47</sup>,
- is unable to share its interests and feelings with other people, or establish peer relations proper for its age,
- fails to employ non-verbal behaviour (such as eye contact, facial expressions, bodily posture and gestures) to modify social contacts<sup>48</sup>.
- does not recognise or understand the need for social exchange with other people and its correlations,
- finds it difficult to understand and appreciate other people's thoughts and emotions (theory of mind deficit) and shows no empathy or care with regard to feelings and emotions of others<sup>49</sup>,
- seeks no consolation from either parents or anyone else (siblings, grandparents),
- has no social imagination and reciprocate no social relations<sup>50</sup>.

In the studies carried out by G. Dawson and J. Osterling<sup>51</sup>, on the grounds of the analysis of the video recordings taken by parents, it was observed that between 8 and 12 months of age such children spend less time watching other people, their reactions are weaker when relatives try to draw their attention (e. g. calling them by their names) and make no early gestures (such as pointing), typically made by children and helpful in making progress in social communication. The way such children experience contact with the environment, relatives, differs to a great extent from that of their peers. They spend less time [on such contact], concentrating mainly

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<sup>47</sup> E. Wiekiera, *Strategia postępowania...*, op. cit., p. 13.

<sup>48</sup> E. Pisula, *Wspomaganie osób...*, op. cit., p. 447.

<sup>49</sup> S. Baron-Cohen, *Mindblindness: An essay on autism and theory of mind*, Cambridge Mass., MIT Press, London 1995.

<sup>50</sup> A.J. Cotugno, *Terapia grupowa...*, op. cit., p. 45.

<sup>51</sup> G. Dawson, J. Osterling, *Early recognition of children with autism: A study of first birthday home videotapes*, "Journal of Autism and Developmental Disorders" 1994, No. 24, pp. 247-257.

on objects and have significantly limited experience in terms of communication<sup>52</sup>.

The most significant symptoms in recognising autism spectrum disorders are social-emotional disorders and disturbed social communication. Early assessment of autism spectrum disorders in young children is usually introspective in character and is based mainly on information supplied by parents/relatives/guardians of such children. On average parents begin to notice developmental problems around nineteenth month of age; a relatively small group notices various irregularities during the first year of life of a child, and a significant majority only about two years of age<sup>53</sup>. Although it is assumed that the observations made by the parents are highly subjective, vitiated by an error of emotional involvement, and sometimes even distorted by the passage of time and the knowledge of possible, erroneous earlier opinions, it is still their remarks on the child's development and behaviour, most often described and justified with precision, that facilitate and accelerate the detection of disorders of the child contributing to formulating a proper diagnosis and thus to the choice of an adequate therapy for a child<sup>54</sup>.

It is well known that parents' participation in the process of early intervention for a child threatened with autism is essential and decisive. Studies show that therapies conducted by parents may increase a child's verbal and non-verbal skills, as well as those connected with play, thus improving their mutual relations<sup>55</sup>.

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<sup>52</sup> S.J. Rogers, G. Dawson, L.A. Vismara, *Metoda wczesnego startu dla dziecka z autyzmem (ESDM)*..., op. cit., p. 68; R. Palomo, M. Belinchón, S. Ozonoff, *Autism and family home movies: a comprehensive review*, "Journal of Developmental and Behavioral Pediatrics" 2006, No. 27 (2, Suppl.), pp. 59-68.

<sup>53</sup> M. Skórczyńska, *Wczesne diagnozowanie*..., op. cit., p. 56.

<sup>54</sup> H. Jaklewicz, *Autyzm dziecięcy*..., op. cit., p. 117; E. Pisula, *Autyzm u dzieci*..., op. cit., p. 51; E. Pisula, *Małe dziecko*..., op. cit., p. 62; J.L. Crane J.L., A. Winsler, *Early Autism Detection, Implications for Pediatric Practice and Public Policy*, "Journal of Disability Policy Studies" 2008, vol. 18, 4, pp. 245-253.

<sup>55</sup> S.J. Rogers, G. Dawson, L.A. Vismara, *Metoda wczesnego startu dla dziecka z autyzmem (ESDM)*..., op. cit., pp. 76-80; op. cit., p. 57; S. J. Rogers, G. Dawson, *Early Start Denver Model dla małych dzieci*..., op. cit., p. 57.

## Building a relation of a child with autism spectrum disorder in contact with relatives – attachment

Already in the 1940s L. Kanner, was the first to notice that children affected by autism are born with “innate inability to establish normal biologically conditioned contacts with people”. In his opinion, a fundamental symptom of autism is “inability of such children to react normally to people and situations”<sup>56</sup>. The author stated: “from the very beginning extreme autistic loneliness is present with them, and, whenever it is possible, despises, ignores and rejects everything which comes to a child from outside”<sup>57</sup>. In his clinical descriptions of his patients he emphasized lack of attention directed at people, unawareness of other people’s feelings, treating them as if they were inanimate objects and “indifference”, demonstrated by those children with regard to their relatives. He suggested that they do not experience early establishing of bonds and relations, which should be considered one of the most significant symptoms of autism<sup>58</sup>. Contemporary considerations and studies of attachment in autism do not explicitly confirm the character of such form of deficit as indicated by L. Kanner. Over many years the view has undergone significant verifications with the results of studies pointing at a complex nature of the phenomenon<sup>59</sup>.

Attachment system is an element of a genetic pre-programming of a human, conditioning the appearance of three typical behaviours in case of threat (or sense of insecurity): searching, monitoring closeness to a protecting attachment figure (most often a mother), ‘using the attachment figure as a safe base and a recourse to an attachment figure as a “safe harbour” when threatened or worried.

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<sup>56</sup> L. Kanner, *Autistic disturbances of affective contact*, “Nervous child” 1943, No. 2, p. 242; J. Blacher, L. Christensen, *Sowing The Seeds of The Autism Field: Leo Kanner (1943). “Intellectual and Developmental Disabilities”*, 2011, Vol. 49, No. 3, pp. 172-191.

<sup>57</sup> L. Kanner, *Autistic disturbances...*, op. cit., p. 242.

<sup>58</sup> U. Frith, *Autyzm. Wyjaśnienie tajemnicy*, Gdańskie Wydawnictwo Psychologiczne, Gdańsk 2008, p. 136.

<sup>59</sup> E. Pisula, *Rodzice dzieci z autyzmem*, Wydawnictwo PWN, Warszawa 2012, p. 86.

Among the reactions indicating a child's attachment to its guardian we may differentiate between signalling behaviour (crying, smiling, babbling) and behaviour consisting in seeking closeness (sticking to an adult, following him/her, reaching out)<sup>60</sup>. According to M.D.S. Ainsworth<sup>61</sup> attachment is something more than just affection or devotion, it is a deep emotional bond established between two entities, which joins them together in space and proves persistent in time<sup>62</sup>.

Studies devoted to attachment play a particularly significant part with regard to autism since it is perceived as the disturbance of a bond. Since the observations proved that some children with autism make an impression that they are completely indifferent to their parent's presence, whereas other children display clear signs of attachment and even emotional addiction to a guardian, therefore it is difficult to establish a unilinear profile of the parent-child relation in the whole population of children with autism spectrum disorders. Moreover, the differences in expressing attachment are not equivalent to either inability to establish an emotional bond, or to a particular bond. Due to a highly distorted social - emotional development of such children, we also face the problem of deciding which behaviour of a child can be considered as main attachment indicators typical of such population, and which should be analysed solely as a derivative of deficits typical of autism<sup>63</sup>. It is particularly related to behaviour such as: physical contact and eye contact, sharing attention and intentional communication. Faced with a strange situation children with autism communicate with their guardian less frequently, in terms of both verbal and non-verbal communication, are less willing to share their interest in an object, which is related mainly to a defect of establishing a common field of attention. They are unable to draw somebody's attention to certain

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<sup>60</sup> M. Piszczek, *Autyści. Indywidualne...*, op. cit., p. 11.

<sup>61</sup> M.D.S. Ainsworth, *Attachment as related to mother - infant interaction*, "Advances in the Study of Behavior" 1979, No. 9, pp. 2-51.

<sup>62</sup> H.R. Schaffer, *Psychologia dziecka...*, op. cit., p. 165.

<sup>63</sup> E. Pisula, *Autyzm i przywiązanie...*, op. cit., pp. 52-53.

objects or events, to monitor somebody's attention or to pay attention to whatever this person wants to show<sup>64</sup>. They are incapable of finding a relation between looking at something and the desire to have it or manipulate it out of curiosity<sup>65</sup>. They find it difficult to read the message indicated by the direction in which people look<sup>66</sup>. Disturbed ability to establish common attention of the people with autism is closely related to inability to read the states of mind, differentiating between their thoughts and the thoughts of other people and is combined with inability to participate in alternate social interactions and disorders in intentional communication<sup>67</sup>. Proper understanding of sharing common attention develops as a result of numerous interactions with close relatives and requires awareness of the scope of orientation in the surroundings of the partners of social interaction<sup>68</sup>.

Complete lack of or hardly any eye contact, seeking to maintain physical distance, reluctance to receive tender gestures from a relative, and particularly seeking no consolation from other people in difficult situations, makes it impossible for them to display attachment in the way their peers do. They seem to show no interest in establishing eye contact and watching human faces in order to read their needs, desires and intentions. It seems unclear for them that the meaning of a look is determined by a state of mind shared by two people<sup>69</sup>. For children who do not understand the states of

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<sup>64</sup> E. Pisula, *Autyzm u dzieci...*, op. cit., p. 80.

<sup>65</sup> E. Pisula, *Autyzm i przywiązanie...*, op. cit., p. 48.

<sup>66</sup> K. Markiewicz, *Charakterystyka zmian...*, op. cit., p. 99.

<sup>67</sup> E. Pisula, *Rodzice i rodzeństwo dzieci z zaburzeniami rozwoju*, Wydawnictwo Uniwersytetu Warszawskiego, Warszawa 2007, p. 48; U. Frith, *Autyzm. Wyjaśnienie...*, op. cit., pp. 131–132.

<sup>68</sup> M. Talarowska et al., *Psychologiczne koncepcje...*, op. cit., p. 109; S.R. Leekam, C. Ramsden, *Dyadic orienting and joint attention in preschool children with autism*, "Journal of Autism and Developmental Disorders" 2006, No. 36, pp. 185–169; H.H. Schertz, S.L. Odom, *Promoting joint attention in toddlers with autism: a parent-mediated developmental model*, "Journal of Autism and Developmental Disorders" 2007, No. 37(8), pp. 1562–1575.

<sup>69</sup> U. Frith, *Autyzm. Wyjaśnienie...*, op. cit., p. 134.



mind hidden under such looks, eye contact is irrelevant and does not fulfil its (intentional) social or communicative function<sup>70</sup>.

What is more, children from this group of disorders rarely demonstrate their feelings and hardly ever do it in the same way as others do. They do not seek help from their relatives, quite often making an impression that they are unaware that it is at all possible. They cannot cooperate with other people, particularly their parents/guardians. They display specific exploration models, related rather to non-typical reception of stimuli from the senses than the presence of a guardian. Many children with autism spectrum disorders do not differentiate between relatives and strangers, treating them alike. All of this makes it difficult to consider their behaviour a model pattern of attachment. Therefore it needs to be underlined that in order to analyse and conclude about attachment of children with autism spectrum disorder it is indispensable to take into account characteristic problems in their social and emotional development<sup>71</sup>.

The studies devoted to attachment of children with autism spectrum disorder a paradigm of a strange situation is predominant. The main purpose of such experimental procedure – STRANGE SITUATION TEST – is measuring a safe and no longer-safe emotional attachment of children to their parents<sup>72</sup>. The main criteria for drawing plausible conclusions about child's attachment are the following: a child's behaviour in a frightening situation of a separation from a mother and in a situation of a mother's return. Also differences in a child's behaviour towards its mother and a strange woman. This method of measuring quality of a parent-child relation in controlled conditions allows to observe a child's reaction to its parent's presence, as well as to their absence and a child's reaction to seeing a strange person<sup>73</sup>.

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<sup>70</sup> S. Baron-Cohen, *Mindblindness: An essay...* op. cit.

<sup>71</sup> E. Pisula, *Autyzm i przywiązanie...*, op. cit., p. 53.

<sup>72</sup> M.D.S. Ainsworth, *Attachment as related...*, op. cit., pp. 2–51.

<sup>73</sup> S. Gerhardt, *Znaczenie miłości. Jak uczucia wpływają na rozwój mózgu*, Wydawnictwo Uniwersytetu Jagiellońskiego, Kraków 2010, p. 4.

The results of many studies show that children with autism display the signs of attachment in their behaviour and in a stressful situation they seek comfort from their relatives (cf. studies: C. Dissanayake, S.A. Crossley, 1996; S.J. Rogers, S. Ozonoff, C. Maslin-Cole 1991; A.H. Rutgers et al. 2004)<sup>74</sup>. The occurrence of all patterns of attachment were observed, e. g. secure, avoidant and ambivalent, as well as disorganised. There is, however, no agreement as to frequency of occurrence of such patterns. Some studies indicated that they appear in similar proportions to that of the population of healthy children, whereas over 50% of such children manifest the signs of safe attachment. The occurrence of secure attachment was less frequently observed, whereas the proportion of the children with disorganized attachment is relatively high in this population. According to a predominant view children with autism spectrum disorder are able to form secure attachment, and differences between them and their peers undergoing proper development refer mostly to its emotional expression (cf. studies: A.H. Rutgers i in. 2004; F. Naber et al. 2007)<sup>75</sup>. Problems with regulating emotions may play a significant role in the development of attachment in the whole population of children with autism spectrum disorders<sup>76</sup>.

The result of an experiment carried out by C. Dissanayake i S.A. Crossley speaks in favour of occurrence of attachment indicators among children with autism in their relation with their mothers. The experiment involved children with autism aged 2 to 5. Their behaviour was compared to that of non-autistic children at the similar mental age, yet with impaired learning ability. The experiment consisted in a child spending some time playing with its mother. Then the mother leaves and a child is left with a stranger. After a while the mother comes back. The attachment indicator is an increase of spontaneous reactions to its mother after her return. What is particularly important is the child's anxiety when the moth-

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<sup>74</sup> E. Pisula, *Rodzice dzieci...*, op. cit., p. 86.

<sup>75</sup> E. Pisula, *Rodzice dzieci...*, op. cit., p. 86.

<sup>76</sup> E. Pisula, *Autyzm i przywiązanie...*, op. cit., p. 61.

er leaves the room, followed by its satisfaction when she returns to the child. Children from both groups reacted in a similar way, when left alone with a stranger, and also after their mother's return. When meeting the mother for the second time all children displayed a significant growth of social behaviours towards the mother. Thus we may conclude that children with autism demonstrate behaviour proving their attachment to relatives. However their behaviour towards their mothers and a strange woman is diverse. They react to the separation and return of the mother seeking her support in a threatening situation. However the problem is related to non-typical indicators of attachment. Rare eye contact was particularly visible as well as reluctance towards physical contact, sharing attention and forms of communication with the mother<sup>77</sup>. Such irregularities with regard to attachment can be translated into social-emotional functioning.

It is not surprising that for the development of social skills and emotional competence, as well as for the theory of mind the most welcome is the secure style. It is considered to be a model, also the one allowing to achieve proper functioning in future<sup>78</sup>. Children with autism spectrum disorder who established this kind of attachment, find it easier to modify their emotions, can quite effectively reduce their tension, properly recognise their own emotional states and those of other people, tend to be more optimistic towards people and display a positive attribution of events and other people's intentions. Majority of researchers analysing attachment in a mother - child relation claims that it is also attributable to mothers who establish safe bonds with their children, treating them more objectively and carefully reading their needs, emotions and desires. Moreover, it has been observed, that children with secure attachment to their guardians treat them as a reliable source of information and trust them much more than children with the

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<sup>77</sup> E. Pisula, *Autyzm i przywiązanie...*, op. cit., p. 62.

<sup>78</sup> J. Smogorzewska, G. Szumski, *Rozwijanie kompetencji społecznych dzieci przed-szkolnych. Teoria - Metodyka - Efekty*, Wydawnictwo PWN, Warszawa 2015, p. 24.

avoidant or ambivalent attachment style (cf. studies: K.H. Corriveau et al., 2009)<sup>79</sup>. Due to relations based on the sense of secure attachment, a child acquires the skill to mentalise and modify emotions. Such relation is also characterised by intersubjectivity, since a child learns about itself in the process of getting to be known by the guardian<sup>80</sup>.

It has also been stated that there is a relation between mother's sensitivity during an interaction and a pattern of attachment of a child. As understood by M. Ainsworth (1973) maternal sensitivity (or to extend the term – parental), means greater accessibility of a guardian, ability to receive, interpret and adequately react to signals present in a child's behaviour, as well as readiness to cooperate with it, acceptance and offering closeness which is more comfortable for it<sup>81</sup>. L. Capps et al.<sup>82</sup> stated that mothers of children displaying secure attachment were characterised by higher sensitivity than the mothers of children displaying other styles of attachment. Such relation within a group of children with the autism spectrum disorder has been confirmed in many studies (cf. studies: N. Koren-Karie et al., 2009; M.H. van IJzendoor et al., 2007). It has also been observed that children with the autism spectrum disorder, whose parents had a representation of secure attachment styles, were better at initiating communication with the use of gestures and with responding to such signals during pre-symbolic interactions, and more often engaged in imaginary thinking and symbolic play and were better at verbal communication<sup>83</sup>. Moreover, the studies indicated that constant active interest of a mother in everything a child does, in everything that draws its attention and communicating it to a child, "replying to" a child's behaviour, not necessarily addressed

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<sup>79</sup> J. Smogorzewska, G. Szumski, *Rozwijanie kompetencji...*, op. cit., p. 25.

<sup>80</sup> M. Piszczek, *Autyści. Indywidualne...*, op. cit., p. 14.

<sup>81</sup> J. Wycisk, *Rozwój systemu sprawowania opieki u matek w świetle teorii przywiązania społecznego*, „Psychologia Rozwojowa” 2012, vol. 17, No. 2, p. 16.

<sup>82</sup> L. Capps et al., *Attachment security in children with autism*. “Development and Psychopathology” 1994, No. 6(2), pp. 249-261.

<sup>83</sup> E. Pisula, *Rodzice dzieci...*, op. cit., p. 87.

at an adult, is just introducing a child in the process of interactive exchange of reactions and interpersonal development<sup>84</sup>. Such correlation is quite obvious and universal in character – attachment is an interactive process<sup>85</sup> (cf. Studies on the model of interpersonal development in autism: S.J. Rogers, B.F. Pennington, 1991, M. Carpenter, M. Tomasello, 2000).

Establishing proper emotional bonds of child-parent relationship does not depend merely on parents. A personal involvement of a child is indispensable. It is well known that pathological emotional disorders of a child with autism become the source of their negative emotions: anger, fear, worries of their parents. The most painful aspects of such disorders in those children as stated by parents are: verbalisation problems, inconsistency and unpredictability of behaviour, indifference with regard to closeness and parental love, contradictions on the level of various cognitive functions, lack of expressing and communicating needs, permanent state of anxiety. Parental stress is intensified by specific deficits of expressing emotions by a child with autism, considerably disturbing empathy between a child and its relatives<sup>86</sup>.

Intensification of such stress depends to a great extent on its age, level of development, intensity of disorders (motor disturbances, communication, emotional, social), the so-called “difficult” behaviours, degree of intellectual disability, adaptability and a general set of requirements, which should be met by a parent with regard to a child’s functioning. Yet it is impossible to determine a simple relation between a parental stress and separately analysed aspects of a child’s development, e. g. ability to communicate. A presence

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<sup>84</sup> B. Bokus, *Nawiązywanie interakcji społecznych przez małe dziecko*, „Monografie Psychologiczne” Ed. T. Tomaszewski, Zakład Narodowy Imienia Ossolińskich, Wydawnictwo Polskiej Akademii Nauk, Wrocław, Warszawa, Kraków, Gdańsk, Łódź 1984, p. 12.

<sup>85</sup> E. Pisula, *Autyzm i przywiązanie...*, op. cit., p. 62.

<sup>86</sup> E. Pisula, *Stres rodzicielski związany z wychowaniem dzieci autystycznych i z zespołem Dawna*, „Psychologia Wychowawcza” 1993, No. 1, pp. 130–138; E. Pisula, *Rodzice dzieci...*, op. cit., pp. 84–85.

of a couple of disorders in a child results in a significant increase of the stress level of parents<sup>87</sup>.

Every non-typical behaviour of a child with autism spectrum disorder requires adaptation from its parents. It is connected with the necessity to work out certain strategies, as well as styles of attachment, taking into account a specific activity of a child. It has been observed that the approach of parents towards their children with autism follows a certain pattern. It is connected with an increased control, more frequent orders, as well as trying to make the children more submissive. Parents also tend to spend less time playing with them. Even if they initiate an interaction with them, they at the same time formulate more orders and control the child's behaviour more often. It may be caused by an attempt to achieve "normality" of a child, namely to trigger the behaviour consistent with their expectations. If we consider children with autism spectrum disorder as partners in social-emotional interaction, they are definitely less active. They rarely initiate contact, less willing to accept the partner's suggestions and to cooperate with him. Activities like smiling, looking at the partner, coming closer are less frequent in children more willing to demonstrate negative emotions. The attempts to direct their attention to a certain object result in failure, not to mention transferring attention from one object to another. All of this makes an impression in a parent that a child is uninterested in its mother's suggestions. It definitely causes the parents to experience stress and frustration. As many studies confirm, the frequency of the child's contacts with its parents decreases with age. It is not, however, equivalent to a poorer quality of such contacts. As the child develops the responsiveness of the mother increases. With the child's age they learn to read the child's messages more precisely, work out their ways of interpreting their meaning which improves their contact with the child. Parents learn how to understand their child, communicate with it and read its behaviour, which significantly broadens their parental competences<sup>88</sup>.

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<sup>87</sup> E. Pisula, *Rodzice i rodzeństwo...*, op. cit., p. 46.

<sup>88</sup> E. Pisula, *Autyzm i przywiązanie...*, op. cit., pp. 11-19.

On the other hand a child with autism spectrum disorder, given an unlimited number of interactions with a relative, buzzing with activity, smiles, friendly emotional gestures, learns to read social and emotional clues and react to them as well as to convey its own signals. Such significant schemes, covering alternate reading and reacting to emotional signals, allow the child to begin to establish its own social-emotional schemes, cultural norms and rules typical of its family and environment in which it lives. The ability to read other people's schemes and create self-awareness as a result of recognising its own schemes is the basis for developing the theory of mind namely reading beliefs, desires and intentions of other people. Such skill is indispensable for the child to learn when and how to expect certain reactions from the guardian, or to realise, what it is to feel love, closeness, tenderness and the joy of being in relation with a parent/guardian<sup>89</sup>. A close relationship based on openness, awareness and sensitivity of a parent is the basis for a child to acquire the greatest social - emotional skills in its interactions with people<sup>90</sup>.

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<sup>89</sup> S. L. Greenspan, S. Wieder, *Dotrzeć do dziecka...*, op. cit., pp. 408-410.

<sup>90</sup> S.J. Rogers, G. Dawson, L.A. Vismara, *Metoda wczesnego startu dla dziecka z autyzmem (ESDM)...*, op. cit., pp. 16-17.

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