

CLARIFICATION OF THE CONCEPT OF AUTISM SPECTRUM DISORDER

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The article's content is centered on a conceptual and methodological analysis of autism spectrum disorder. It presents the evolution of the concept over several years, delineates its defining characteristics and particularities, and compares its nosological status to the international diagnostic manuals (DSM and ICD). Additionally, it examines the terminology related to autistic pathology. A variety of research methods were employed, including the analysis and synthesis of specialized literature, the method of deduction and induction, and the method of comparison. The findings of the study, as presented in the article, elucidate the present status of the term «autistic spectrum disorder» and foreshadow assumptions regarding the subsequent selection of empirical methods, which will facilitate the definitive identification of respondents who fall within the nosological category of autistic spectrum disorder.

Keywords: *concept, autism, autism spectrum disorder, nosology, empirical methods.*

CLARIFICAREA CONCEPTULUI DE TULBURARE DE SPECTRU AUTISM

Conținutul articolului este centrat pe o analiză conceptuală și metodologică a tulburării din spectrul autist. Prezintă evoluția conceptului de-a lungul mai multor ani, delimitează caracteristicile și particularitățile sale definitorii și compară statutul lui nosologic cu manualele internaționale de diagnostic (DSM și ICD). În plus, examinează terminologia legată de patologia autistă. Au fost folosite o varietate de metode de cercetare, inclusiv analiza și sinteza literaturii de specialitate, metoda deducției și inducției și metoda comparației. Concluziile studiului, așa cum sunt prezentate în articol, elucidează statutul actual al termenului „tulburare din spectrul autist” și prefigurează ipoteze privind selecția ulterioară a metodelor empirice, care vor facilita identificarea definitivă a respondenților care se încadrează în categoria nosologică a tulburarea spectrului autist.

Cuvinte-cheie: *concept, autism, tulburare din spectrul autismului, nosologie, metode empirice.*

Introduction

This article presents a detailed investigation of the key aspects of autism, a mental condition that presents distinctive features and a specific chronology of first manifestations from an ontogenetic perspective. Additionally, it explores the dynamics of autistic pathology during an individual's life. A review of the history of research dedicated to autism revealed significant developments in the understanding and diagnosis of autism as a disorder, including the scientific acceptance of the term «autism spectrum disorder.

First references on autistic behaviors

The term 'autism' and the syntagma 'autism spectrum disorder' have a complex and evolving history. From a scientific perspective, the concept of autism can be traced back a century and a half, preceding the research of the American pediatrician Leo Kanner, who is widely regarded as the initiator of this field.

The first documented instances of concern regarding this phenomenon can be traced back to the early decades of the 19th century. At that time, the available information about such children was vague and inconclusive, except for one notable case encountered in 1800. This was the case of Victor, “the child of Aveyron”, reported by the French physician Jean Marc Gaspard Itard, under the phrase “the child discovered in the wild”. In 1801, Itard assumed responsibility for the child at the National Institute for the Deaf (Institut National des Jeunes Sourds de Paris). This institution was a place dedicated to the education of hearing-impaired children, where Itard commenced his study and education of Victor, striving to integrate him into society and develop his communication skills [7, p. 110].

Over the past two centuries, the history of research and re-education about the case of the so-called

„child of Aveyron”, as well as the pedagogical methods developed by Itard (1801), have continued to serve as a foundation for the development of techniques used in the rehabilitation of children with impairments. Itard employed a range of innovative pedagogical techniques to foster the cognitive and social abilities of Victor de la Aveyron. The French doctor employed several specific techniques, including:

- sensory stimulation – used to capture Victor’s attention and help him differentiate between different sensations. For example, Itard used distinct sounds, varied textures, and objects of different temperatures to stimulate the child’s sensory perception;

- auditory training – Itard tried to develop Victor’s auditory ability, using various sounds and music. The doctor noticed that Victor reacted more to certain sounds and used this information to help him develop his listening and concentration skills;

- physical exercises and outdoor activities - Itard encouraged physical activities and time spent in nature, considering that they could contribute to Victor’s healthy development. The French doctor believed that physical exercises and games would help the child develop physical strength and learn to interact with the environment;

- learning by association – this method was used to teach Victor to recognize and name objects. For example, Itard showed Victor an object and told him its name, repeating the process until Victor began to make the connection between the object and the word;

- the use of rewards – the reward system applied by Itard was to encourage positive behaviors and to motivate Victor to actively participate in the learning process. Rewards included favorite food and objects of interest to the child;

- imitation exercises – Itard used imitation techniques to teach Victor social behaviors and basic skills. By observing and imitating the actions of Itard or other personae, the child learned to make gestures and participate in simple activities.

Although Itard (1807) achieved some success in the development of „Victor de la Aveyron” his efforts did not result in complete integration into society. However, they were pivotal in the formulation of the initial concepts of special education and the psychology of learning [7, p. 115].

The detailed analysis of Victor’s behavior led to the formulation of numerous hypotheses and innovations in the field of child psychiatry. Notable observations include a) exclusive focus on objects essential for survival; b) intermittent attention to objects that aroused curiosity; c) episodic laughter without a clear stimulus; d) emotional state conditioned by limited objects or foods that gave satisfaction, manifested by anger in their absence [3, p. 66].

Being a topic of interest in an era when psychiatry was beginning to consolidate as a medical discipline, and questions related to the origin of ideas and education were the order of the day, „Victor de la Aveyron” generated intense debates since its appearance. In his first diagnostic report „Rapport sur le sauvage de l’Aveyron”, Itard (1801) emphasized the ignorance of previous centuries. Children raised in the wild had been studied before him, but, according to his statements, „the way of research in those times was so deficient that observation was not valued, and many essential facts for the understanding of human nature had been lost” [7, p. 120].

In light of Itard’s research and failures, another prominent figure in French research in the field, Édouard Séguin, pedagogue and physician, a disciple of Itard, developed a sensory method in 1830 for the education and training of children exhibiting symptoms similar to those of the „child of Aveyron”. Séguin researched children with intellectual disabilities, differentiating between idiocy (a cessation of cognitive development) and dementia (a deterioration of the psyche), and developed a sensorimotor approach to education. The material comprised a variety of activities and instruments that facilitated the utilization of the senses (vision, hearing, touch) and movement, thereby enhancing the acquisition of knowledge through experiential learning. Among the materials promoted by Séguin (1840) were tactile games, puzzles, objects with different textures, and activities involving hand-eye coordination. The objective of these tools was to enhance children’s fine and gross motor abilities, as well as to foster their capacity to concentrate and persevere, which are crucial elements in the learning process. Subsequently, Séguin established an educational institution for individuals with intellectual disabilities in Paris. He subsequently relocated to the United States, where he

further disseminated his approach and the tenets outlined in the treatise entitled „*Traitement moral, hygiène et education des idiots*” (1866) [12].

The scientific methods developed by Séguin inspired the Italian paediatrician and pedagogue Maria Montessori in 1900, who introduced significant innovations in the medical field with her approaches. Montessori asserted that children with deficiencies should not be excluded from the law and that they have a right to live and receive an education. The author devised an elementary pedagogical method for children with mental and social difficulties [5, p. 15].

At the beginning of the 19th century, the concepts of „*dementia precocious*” and „*regression*” began to emerge from observations of children with mental disorders. Such disorders constitute an integral aspect of childhood psychoses, including autism.

The assertion that „*history never evolves linearly and often allows the coexistence of reminiscences of the past with promises of the future*” [13] reflects a non-linear conceptualization of history and human development. This can be associated with several authors in the fields of psychology and the history of psychology, particularly those whose work has been influenced by psychodynamic thinking and those who have explored child development and its associated psychological conditions.

The notion that „*during the latter decades of the nineteenth century, several specialists put forth hypotheses and posed inquiries regarding the potential existence of alienation in children*”, this concept may be attributed to the works of various authors, including:

1. Although Sigmund Freud is primarily known for his contributions to psychoanalysis and the study of the unconscious, he also investigated a range of topics related to psychic development in children, including concepts such as regression and fixation. In his theory, Freud discussed the potential impact of childhood traumas on subsequent development, suggesting that they may contribute to various forms of alienation or neurosis (Freud, 1905, cited in Storr, 1989).

2. Jean-Martin Charcot and Pierre Janet were two pioneering figures in the fields of psychology and psychiatry in France, who conducted significant research on hysteria and other mental disorders, including in children. Charcot and Janet were among the first to investigate the hypothesis that childhood psychological experiences can have a significant influence on an individual’s mental health, thereby contributing to discussions on alienation and other disorders (Charcot & Janet, 1889, as cited in Ellenberger, 1981).

3. John Dewey, an American philosopher, and psychologist, espoused a non-linear approach to educational and social development, underscoring the pivotal role of past experiences in molding future behavior and thought processes. In the field of education, Dewey advocated for a non-linear approach to learning, emphasizing the role of experience and continuous interaction with the environment in shaping knowledge acquisition (Dewey, 1938, as cited in Gutek, 2003).

4. William James, the founder of functional psychology, held the view that human experiences and consciousness are not fixed but rather fluid. Furthermore, he considered that development is not a strictly linear process but is influenced by a series of interdependent factors, including past experiences (James, 1890, apud Taylor, 1996).

The contributions of these authors and others active in the latter decades of the nineteenth century to the formation of ideas about the psychological development of children and the influence of early experiences, including traumatic ones, on alienation and other mental disorders were significant.

In 1911, the Swiss psychiatrist Eugen Bleuler first described the syndrome of „*infantile schizophrenia*”, a term that replaced the previously used name „*dementia precocious*”. In addition to the symptoms of this condition, Bleuler emphasizes the significance of dissociation, introducing the term ‚*autism*’ to describe children who appear to be wholly devoted to their inner world.

Conceptualizing the phenomenon: from „autism” to „autism spectrum disorder”

In 1943, the renowned American pediatrician Leo Kanner made the first descriptions of the autism syndrome, examining the behavior of 11 autistic children. Although the term ‘autism’ was initially derived from the domain of adult psychiatry, where it was linked to one of the defining characteristics of schizophrenia according to Bleuler (1911), Kanner introduced a notable innovation by delineating a discrete childhood disorder, distinct from the pathologies that emerge later in adulthood [9, p. 72].

Kanner concentrated on the 11 cases he initially examined, noting the following clinical features:

- a striking lack of emotional attraction from the autistic individual towards others;
- a strong inclination to maintain the environment unaltered;
- a keen fascination with specific characteristics of objects and their movements, particularly stereotypical ones;
- the total absence or delay of language, with any language that does emerge often accompanied by a multitude of pronunciation and expression disorders.

Kanner (1943) put forth the proposition that these disorders manifest from the earliest stages of life. However, the intellectual capabilities of children diagnosed with autism were, at the time, considered to be unimpaired. This hypothesis was subsequently refuted by subsequent research.

In terms of the etiology and potential triggers of autism, Kanner (1943) advanced the view that autism is the result of a deficiency in the child's innate endowment. He stated that: „These children entered the world with an inherent inability to form relationships with others” (Kanner, 1943, cited in Frith, U, 2003).

The behavioral phenomenon of autism has been recognized since antiquity. Kanner's contribution to the field was to introduce it into the medical sphere and define it as a distinct syndrome, called early childhood autism. Contemporary studies demonstrate the persistence of these cognitive, perceptual, and social adaptation difficulties throughout the individual's life, manifesting in various ways identified by Kanner. However, the predominant reference remains the general term autism [15, p. 81].

In the contemporary period, Kanner's work was paralleled by that of the Austrian pediatrician Hans Asperger, based in Vienna, who also described a similar pathology. Due to the challenging circumstances of the era and the ongoing conflict, the two scholars were unable to communicate and remained unaware of each other's work until later. While Kanner situates the clinical picture within the context of infantile psychoses, Asperger emphasizes the distinctions between what he terms a „psychopathy”, underscoring the constitutional peculiarities of the personality, and a bona fide mental disorder. Additionally, he notes the occasionally paradoxical abilities of his patients, which, when appropriately harnessed, could confer social benefits. The Austrian physician proffers a definition wherein autism is regarded as „an unconventional mode of thinking and experiencing that can culminate in remarkable achievements in life” [4, p. 9].

While Asperger's symptoms may have manifested less severely than those observed in his American counterpart, it is imperative to consider the political context. During the Nazi regime, a diagnosis of psychosis was tantamount to a death sentence. In the present era, Asperger's syndrome is regarded as a relatively mild form of autism, with the capacity for cognitive functioning remaining intact under the prevailing international diagnostic criteria [4, p. 10].

A detailed analysis of specialized literature and recent research in the field of autism has enabled the formulation of a complex perspective on the variability of phenomena associated with this disorder. Recent discoveries have revealed that the term „autism” encompasses a considerable variety of manifestations, many of which have been added to the initial symptoms described by pioneers in the field, such as Kanner and Asperger [1, p. 43].

It is widely acknowledged that children diagnosed with Kanner autism are significantly impaired, frequently displaying signs of severe distress accompanied by a range of neurological symptoms and impairments. These include repetitive and involuntary movements, coordination and balance difficulties, impaired motor initiation, and intense and occasionally paradoxical sensory reactions. These factors contribute to an increased complexity in language acquisition, resulting in a range of unusual and sometimes unconventional disruptions in speech patterns [10, p. 23]. The current approach to autism necessitates a comprehensive grasp of the multifaceted phenomena associated with it. This is crucial to enable the provision of tailored and efficacious interventions for each individual affected by this disorder.

The authors in question provided clinical pictures and descriptions of such precision and clarity that they remain relevant and influential in the present day.

In the subsequent decades, more comprehensive studies of the mental structure of individuals diagnosed with autism were conducted by English experimental psychologists, including Beate Hermelin and Neil O'Connor, in collaboration with psychiatrist Lorna Wing, with a focus on cognitive psychology. The work

of this team posited the existence of a central deficiency that characterizes autism, manifested by: (a) an insufficiency of social interactions; (b) an insufficiency of verbal and non-verbal communication; (c) an insufficient involvement in games and imaginative activities. The research indicates that these deficits associated with autism are not random, but rather result from a distinctive underlying developmental disturbance. [11, p.45] It is now established that these difficulties with verbal, perceptual, and social adaptation persist throughout life, manifesting in various forms. The term most commonly used in the specialist literature to describe this condition is 'autism'.

In his article, „Autistic Children: In his 1976 article, „Infancy to Adulthood,” British Professor Michael Rutter, a prominent expert on autism symptomatology, observed the absence of eye contact and the lack of spontaneous anticipatory gestures in these children. Rutter demonstrated that autistic children did not seek comfort from their parents and approached strangers with the same ease as those they knew well. In 1979, Rutter outlined three fundamental symptoms that are characteristic of autistic children. The initial symptom is the failure to develop social relationships. The subsequent symptom is a delay in language development, whereby some children are non-verbal and others exhibit echolalia, often confusing the use of personal pronouns such as ‚I’ and ‚you’. The third symptom described by Rutter is the presence of ritualistic and compulsive behavior, accompanied by stereotyped movements and gestures [11, p. 46].

Taking a broader view than Rutter’s, psychoanalyst George Victor (1986) differentiated childhood autism from childhood schizophrenia. In his view, the predominant symptoms are the following:

- rituals, which predominantly have the role of preserving self-control and keeping the environment unchanged, respectively, the rituals of autistic children are much more bizarre than those of schizophrenic children, and the children adhere to them with greater adhesiveness;
- isolation, implies the solitude of autistic children, their detachment, and withdrawal;
- sensations, describes the peripheral vision of these children, their seeming deafness and ignorance of surrounding events while tuning in to distant ones;
- movement, increased flexibility in head movements, teeth grinding, blinking, or grimacing.
- sleep, sleep difficulties are common;
- mixed symptoms, the author describes autistic children’s indifference to possessions and how they get upset when objects break or are incomplete, also describes the panic that follows a slight change and their indifference to very large changes;
- early childhood symptoms also show how, both as infants and later, autistic children are content to be left alone for hours at a time.

Subsequent findings indicated that psychoanalytic therapy was less efficacious, which contributed to the growing influence of the behaviorist perspective in the treatment of autism. This approach, which posits that the autistic child is „stuck in a network of negative reinforcement” within an unfriendly parental environment, gained prominence in the 1960s due to its potential to structure the environment and enhance the child’s motivation. Nevertheless, the utilization of behavioral techniques yielded favorable outcomes, namely the alleviation of the autistic individual’s anxiety and an improvement in the symptoms, rather than a complete cure for the disorder [11, p. 47].

A comprehensive definition of the autistic syndrome can be formulated by taking into account the various aspects of autism as a whole. The majority of experts in this field concur that autism has a profound impact on the emotional, cognitive, and communication abilities of the individual. This disorder is characterized by an impairment of neurodevelopment, which gives rise to a variation in social and interactional behavior.

The term „autism spectrum disorder” is used to describe a heterogeneous group of conditions that are clinically and statistically associated with autism. This phrase was introduced to reflect the diversity and complexity of the manifestations of autism, which encompass a range of difficulties in the areas of communication, behavior, and social interaction, varying in degree. Accordingly, this designation was adopted to emphasize the extensive range of characteristics and levels of severity observed in the developmental disorders associated with the concept of autism. The term „autism spectrum disorder” was introduced into the medical and scientific literature as a replacement or expansion of the concepts of „autism disorder” or „infantile autism”.

In the 1980s and 1990s, researchers and specialists in the field of autism, including the English psychiatrist Lorna Wing and the English clinical psychologist Judith Gould, contributed to the recognition and popularisation of the concept of a broad spectrum of manifestations of autism. Since the early 1970s, these two British researchers have concentrated their efforts and brought their disparate perspectives together in London. They introduced the concept of the „triad of impairments”, which refers to a set of behaviors often found in children with autism spectrum disorder and which are still used to identify autism today. The researchers highlighted the considerable variations in symptoms and levels of functioning observed between individuals diagnosed with this condition, which led to the adoption of the term „autism spectrum disorder” [8, p. 14].

The history of the term autism and the phrase „autism spectrum disorder” reflects the evolution in understanding and diagnosis of autism spectrum disorders over time. In conclusion, it can be stated that the syntagma „autism spectrum disorder” has been the subject of extensive study over time. This is to emphasize the diversity and complexity of the manifestations of this spectrum of conditions and to ensure that these disorders can be approached with understanding, empathy, and support for affected people.

Comparison of nosological terminology regarding autistic pathology in DSM and ICD

The Diagnostic and Statistical Manual of Mental Disorders (DSM) has been pivotal in defining and classifying autism spectrum disorders (ASD). In the initial editions of the DSM, autism was classified as „classic childhood autism”. Subsequently, in the DSM-4 and DSM-4-TR editions (revised text), the term was expanded to encompass „autistic disorder” and „developmental disorder” within the broader category of the autistic spectrum.

The publication of the DSM-5 in 2013 represented a significant advancement in the conceptualization and understanding of autism. The latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) eliminated the previous subcategories of autistic disorder and Asperger’s syndrome, introducing the unified term „autism spectrum disorder” (ASD). This terminology encompasses a broader range of conditions within the social, communicative, and behavioral domains, encompassing the full spectrum of autism within a single diagnostic entity, thereby superseding the previous practice of categorizing symptoms into distinct categories. The DSM-5 marked a pivotal moment in the standardization and clarification of the diagnosis of autism spectrum disorder. It introduced more precise criteria and greater flexibility in the assessment and diagnosis of this condition.

In the International Classification of Diseases (ICD), an international classification system for medical conditions managed by the World Health Organization (WHO), the term „autism spectrum disorder” is defined and classified according to ICD-10. In this system, autism is included in the category „Generalized developmental disorders”, which in turn comprises several subcategories, including:

The following categories are included in the ICD-10 classification of autism spectrum disorders: *classic infantile autism; atypical autism; asperger syndrome; other generalized developmental disorders*.

The aforementioned subcategories serve to reflect the considerable diversity of autism manifestations and characteristics and are employed to classify and diagnose autism spectrum disorders by the ICD-10. It should be noted that future editions of the ICD may include updates or changes to the classification and terminology of autism spectrum disorders, reflecting developments in the understanding and diagnosis of these conditions.

By the DSM-5, autism spectrum disorder, heretofore referred to by several different names, including infantile autism, childhood autism, Kanner autism, high-functioning autism, atypical autism, pervasive developmental disorder not otherwise specified, childhood disintegrative disorder, and Asperger’s disorder, is diagnosed based on the fulfillment of specific criteria.

The diagnostic process is founded upon a clinical assessment of the individual’s behaviour and functioning, to identify specific essential components. The primary diagnostic criteria are as follows: the presence of persistent deficits in functional-verbal communication; deficits in social interaction; the presence of restrictive and repetitive patterns of behavior, interests, and activities.

The core elements of autism spectrum disorder (ASD) are characterized by persistent impairment of reciprocal social communication and social interaction (Criterion A), as well as restrictive and repetitive

patterns of behavior, interests, or activities (Criterion B). These symptoms manifest from an early age and result in limitations or impairments to daily functioning (Criteria C and D).

How the functional impairment becomes evident varies according to the characteristics of the individual and their living environment. The central diagnostic features are observed at an early developmental stage. However, current interventions, compensation, and support can alleviate difficulties, at least in some contexts. Additionally, the manifestations of the disorder exhibit considerable variability contingent on the severity of the condition, the level of development, and the chronological age of the individual. This phenomenon is encapsulated in the concept of the spectrum. The specific criteria for diagnosing autism spectrum disorder must be met, and these criteria may vary depending on the age and developmental level of the affected individual.

As previously stated, the nosological categories from DSM-4 were eliminated in DSM-5, with autistic pathology now encompassed within a single nosological entity: autism spectrum disorder.

The diagnostic criteria for autism spectrum disorder (ASD) are similar in both the DSM-5 and the ICD-10. Some of the criteria common to both classification systems include:

The following criteria must be met for a diagnosis of autism spectrum disorder (ASD) to be made: deficiencies in functional and verbal communication; behavioral deficiencies in social interaction; the presence of repetitive and restrictive behavior patterns, limited interests and activities; the presence of these symptoms since early childhood; significant difficulties in social, academic, or occupational functioning.

There are significant discrepancies between the DSM-5 and ICD-10 about the terminology and structure of the diagnosis of autism spectrum disorder.

Regarding the terminology employed in the diagnostic process, the following points are worthy of note:

The **DSM-5** employs the term „autistic spectrum disorder” (ASD) to encompass a broader spectrum of neurological conditions, characterized by difficulties in social communication and repetitive or restrictive behavioral patterns. This represents a shift from the previous terminology, «autistic disorder,» which was used in the DSM-4.

In the International Classification of Diseases, 10th Revision (**ICD-10**), autism spectrum disorders are classified under codes F84.0–F84.9. This includes childhood autistic disorders, Asperger’s syndrome, and other pervasive developmental disorders not otherwise specified.

Regarding the structure of the diagnosis, the **DSM-5** employs the term «Autism Spectrum Disorder» to encompass a range of symptoms and severities, whereas the **ICD-10** utilizes the term «Autism Disorder» as a discrete and distinct entity. Additionally, the diagnostic criteria differ.

The **DSM-5** emphasizes two principal domains for diagnosing ASD: impairments in verbal and social communication and the presence of repetitive behaviors. While the fundamental criteria are comparable, the discrepancies pertain more to the specifics of the communication criterion.

In the **ICD-10** classification, social connection and integration issues associated with autism spectrum disorder are subsumed under the rubrics of social interaction disorders, communication difficulties, and repetitive patterns of behavior.

Conversely, the DSM-5 espouses a more streamlined and unified perspective, characterizing the condition as a singular entity, designated as „Autism Spectrum Disorder”. This approach can be justified by the findings of researchers in the field of psychology, including U. Frith, demonstrated significant overlaps between the various forms of disorder in the autism spectrum and the difficulty in their precise delimitation. Accordingly, the disparate treatment of autism spectrum disorders between the ICD-10 and DSM-5 reflects divergent priorities and perspectives in the classification and diagnosis of these conditions within the two classification systems.

Conclusion

The study of autism, including the clarification of terminology, has spanned a significant period of over a century. During this time, researchers in the fields of psychiatry and psychology have engaged in ongoing efforts to conceptualize and diagnose autism in a more precise manner. Although over several decades there has been a differentiation of terminology presented in the main diagnostic and statistical manuals of

mental disorders concerning autistic pathology, the term „autistic spectrum disorder” currently represents a unitary concept. This is also the case in the ICD, which aligns with international trends in the diagnosis and classification of neurodevelopmental disorders.

By the nosological guidelines outlined in the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-V), a manual that exerts considerable influence in the scientific and applied fields within our country, our text employs the phrase „autistic spectrum disorder”. It is also crucial to highlight that the term „autistic spectrum disorder” encompasses an inherent reference to the multifaceted manifestations of autism. This enables researchers to adopt a tailored epistemological approach, aligning with the specific research objectives, to incorporate a particular form of autism or a cluster of autism-related characteristics.

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