

## THE CONTRIBUTION OF PSYCHOMOTRICITY IN THE DEVELOPMENT OF AUTISTIC CHILDREN: A LITERATURE REVIEW

Izabel Maria de Barros  
Diogenes José Gusmão Coutinho

**ABSTRACT:** Introduction: The Autistic Spectrum Disorder (ASD) is characterized by neurodevelopmental alterations resulting in the loss of some abilities, affecting social interaction, as well as communication. The diagnosis must comply with criteria defined by international bodies, with a complete assessment and use of previously validated scales. The gold standard treatment is early intervention, which needs to be initiated upon suspicion. One aspect of the treatment is harm reduction in this context, it is worth highlighting the role of psychomotricity, which is a science whose object is the study of man and his relationship to his internal and external world through his moving body. Objective: To investigate, through current literature, the importance of psychomotricity in the development of children with autism spectrum disorder (ASD). Methodology: This is a literature review study based on scientific evidence. For the search, the following databases were used for the articles: Latin American and Caribbean Literature on Health Sciences Information (LILACS), Scientific Electronic Library Online (SciELO) and the descriptors: “Psychomotor”, “Autism”, “Children”, “Psychology”. Literature review: In the context of treatment, the importance of inserting psychomotricity is highlighted. Its main objective is to act based on different perspectives, such as education, re-education and psychomotor therapy, so that it presents significant results in the care of children with ASD. Among the gains of the intervention proposed by psychomotricity in the treatment of autistic children, it allows for interiorization by performing movements around itself, favoring a better motor pattern and an interaction with the world. Conclusion: Thus, the actions taken by professionals of different categories in the search to provide quality care to minimize the difficulties faced by children with ASD are highlighted, seeking the insertion of these individuals in the social context.

230

**Keywords:** Autism. Psychomotricity. Development.

### INTRODUCTION

The Autism Spectrum Disorder (ASD) is characterized by neurodevelopmental changes, which can lead to impairments in terms of interpersonal and social relationships, being common repetitive behaviors, difficulties in the use of oral and/or written language, decreased interest in certain activities (LOPES et al., 2018). Second Orrú (2012), "autism is a neurodevelopmental

disorder that manifests itself through marked and persistent difficulties in social interaction, communication and the repertoire of interests and activities."

For Andrade (2014), autism is a behavioral syndrome, which has as a characteristic the development of losses of some skills, affecting social interaction, as well as communication, being common the presence of restricted and repetitive patterns of behavior, autistic people also develop the loss of interest in some activities.

The etiology of ASD is still the subject of much discussion and studies, as its cause is still unknown. Research reveals that its origin is related to genetic and environmental factors, also being influenced by the use of medications during pregnancy, and it is possible to understand that the upset arises by multifactors (ARAÚJO, 2020).

ASD is a disorder that affects in greater proportion, male people (boys), having as one of the consequences changes in neuropsychomotor development and its symptoms appear in early childhood. Studies indicate that the signs presented by autistic children appear in the first three years of life, enabling the diagnosis of the disorder in the period that corresponds to three to four years of age (AZEVEDO, 2016).

According to the Brazilian Society of Pediatrics (SBP) (2019), there are some aspects that arise in the first year of life of the individual that need to be considered to start the diagnostic investigation, among these: abnormalities in motor control, delay in motor development, decreased sensitivity to social rewards, negative affect and difficulty in maintaining attention and focus.

Loss of skills already acquired, does not respond to the sounds emitted, difficulty in fixing the gaze on social interaction; shows preference for some objects; little or no vocalization; aversion to touch; low response availability of unusual interests, such as fixation on sensory-visual-motor stimuli; unusual discomfort with loud sounds; moderate or severe sleep disturbance; irritability in the cervix and little responsiveness at the time of breastfeeding (FALKENBACH; DIESEL; OLIVEIRA, 2010).

The diagnosis of autism spectrum disorder (ASD) must comply with criteria defined by international bodies, and there should be a complete evaluation and use of previously validated scales. For an adequate diagnosis, it is necessary that it be performed by a multidisciplinary team

that is scientifically based, with skills, in order to collect and use the information in an appropriate way so that the diagnosis occurs in a brief way aiming to start the treatment process early (LAUREANO; FIORINI, 2021).

For the correct diagnosis, the health professional makes use of scales and protocols, such as: The M-CHAT-R that can be used by the pediatrician at the time of the routine consultation, which aims to increase sensitivity, in the search for identification of possible cases of suspicion of ASD. Another test is the Autism Quotient (AQ), which is created to assist in conducting the diagnosis of ASD, and this is considered the first scale of autism diagnosis and should be applied by specialists, in addition to the Revised Interview (ADI-R) (COUTEUR et al., 1989).

Regarding the gold standard treatment for ASD is early intervention, this needs to be initiated upon suspicion, as well as in cases of confirmation of the diagnosis by an interdisciplinary team. The therapy consists of a set of actions that aim to provide a better social development of the individual, focusing on improving communication, another important factor in this context is the protection of the intellectual aspects of the child. One aspect of the treatment is harm reduction, thus ensuring improvement in autonomy, social interaction, in addition to reducing family anguish and spending on therapies without scientific evidence bases (BRITO et al., 2021).

232

In this context, it is worth highlighting the role of psychomotricity, which is a science that has as its object the study of man and his relationship to his internal and external world through his body in movement. Psychomotricity is based on three basic knowledges: movement, intellect and affect. Being a technique that aims to provide global development, acting through different recreational activities (JESUS, 2019).

The main objective of this study was to investigate, through the current literature, the importance of psychomotricity in the development of children with autism spectrum disorder (ASD).

## METHOD

This is a literature review study based on scientific evidence. For the search, articles from the following databases were used: Latin American and Caribbean Health Sciences

Information Literature (LILACS), Scientific Electronic Library Online (SciELO) and the descriptors: "Psychomotor", "Autism", "Children", "Psychology".

## LITERATURE REVIEW

Autism was the target of study and defined in the literature in a still primary way by the physician specialized in child psychiatry, Leo Kanner, in 1943, when the professional conducted an observational research composed of 11 children who presented signs in their behaviors inherent to the pathology, being presented in the relationship with people and objects, for example, language disorders and difficulty in imagination (BOSA; CALLIAS, 2000).

According to the International Statistical Classification of Diseases and Related Health Problems (ICD 10), childhood autism is a pathology classified in ICD 10, F 48.0 as an invasive disorder, characterized by difficulties in the development of individuals that may appear before 3 years of age, being more common in male children (WHO, 1997).

It is necessary to highlight the importance of the creation of specific Laws and Policies to guarantee the rights of people with disabilities, also contemplating autism, as well as Law No. 13,146, of July 5, 2015, the Brazilian Law of Inclusion or Statute of the Person with Disabilities. Law No. 12,764 was sanctioned on December 27, 2012, and from then on, people with Autism Spectrum Disorder began to be seen in Brazil differently. In article 3 of the law, it states that the rights of the person with ASD are,

- I - A dignified life, physical and moral integrity, the free development of personality, security and leisure;
- II- Protection against any form of abuse and exploitation;
- III- Access to health actions and services, with a view to comprehensive attention to their health needs, including:
  - a) early diagnosis, although not definitive;
  - b) multiprofessional care;
  - c) adequate nutrition and nutritional therapy;
  - (d) medicinal products;
  - e) information that assists in diagnosis and treatment;
- IV- access: a) to education and vocational education; b) housing, including protected residence; c) the labor market; d) social security and social assistance (BRAZIL, 12.764/12).

In 1909 the French neuropsychiatrist, Dupré, began research focused on psychomotricity, creating the term, in addition to evidencing the parallelism of motor development with the intellectual evolution of individuals, in front of patients living with mental illnesses. Taking into account that the manifestations of psychic development occur in a multidimensional way not being its sole and exclusive manifestation of verbal resources, having a close relationship with the motor experience in relation to the world and people (OLIVEIRA; BAGAGI, 2009).

According to the Brazilian Society of Psychomotricity, (2013),

It is a science that studies man through his body in motion in relation to his internal and external world and his possibilities of perceiving, acting and acting with the other, with objects and with himself. It is related to the maturation process where the body is the origin of cognitive, affective and organic acquisitions (BRASIL, 2013, p.1).

Coste, (1992) defined Psychomotricity as the science articulated with several areas of study such as biology, psychology, psychoanalysis, sociology and linguistics. It is responsible for studying the relationship of the human being with the body and the development of expressive skills. Its main constituents are: movement, intellect and affection. Such definitions are essential in the evaluation of the limitations and characteristics presented by people with autism.

234

In summary, relational psychomotricity refers to a practice of the educational context that has as its main objective the construction of learning, as well as the development of the child through recreational activities. This action focuses on the expansion of playful activities for children, providing individuals with the practice of body self-control, also having as a gain the relationship with teachers and colleagues (FALKENBACH; DIESEL; OLIVEIRA, 2010).

According to Negrine; Machado (2004) in his research emphasize that the psychomotive is an instrument used as therapy for learning of children with ASD, having as a means the process of relationship. In this process, children are stimulated to develop body exercises, stimulating the interaction between objects as a means that enables reactions and expressions of feelings.

The treatment, as well as the monitoring of these diagnosed children should be performed by a multidisciplinary team, since these professionals have training focused on specialized care, and this team is composed of (psychologists, speech therapists, occupational

therapists, psychopedagogues, social workers, physiotherapists, physical educators, among others), and it is essential to link the family in the context of therapy and monitoring, since this is part of it member in this process, aiming at learning and changes in the behavior of children with ASD (VIEIRA, 2019).

In a study developed by, Lima et al., (2017) that addresses the conceptions and psychological practices about childhood autism, reveal that the therapeutic process carried out in the care offered by CAPSi is of great value, since the playful activities along with the individual project contribute to child development in all areas, these being an important resource in the formation of bonds), of these children for life in family and society.

Among these psychopathologies, autism stands out for its early onset and for being associated with intense impairment in the establishment of social bonds, in addition to the burden caused to family members or others responsible for the daily care of this population. Thus, the CAPSi can be considered the first initiative to include autism, in a prominent way, although not specialized, in the field of public mental health in Brazil (HOFFMAN et al., 2008, p. 716).

It is worth emphasizing that therapy should be centered on the singularity of attention to children, establishing a relationship with the family web, offering support to these families, from the formulation of the diagnostic process, to the insertion of these individuals in the school context, as well as in the community. These actions should be undertaken not in isolation, but in conjunction with the intersectoral network. (BRAZIL, 2015).

In the context of treatment, the importance of the insertion of psychomotricity is highlighted, its main objective is to act based on different perspectives, such as education, re-education and psychomotor therapy, but for it to present significant results in the care of children with ASD. It is worth mentioning that in view of the complexity of ASD, the professional should act in a planned way so that his intervention is appropriate to the singularity that each child presents (SILVA; SOUZA, 2018).

Among the gains of the intervention proposed by psychomotricity in the treatment of autistic children, it enables internalization by performing movements around itself favoring a better motor pattern and an interaction with the world, thus improving the macha and balance and consequently in the execution of activities of daily living (ADLs) (GONÇALVES, 2012).

Other contributions developed from the practice of psychomotricity in children with ASD is the possibility of overcoming limits created from the difficulties of social interaction. Creating means for the development of skills and abilities inherent to the individual, thus being an important tool to be used in the treatment process of the child diagnosed with ASD (Andrade, 2014).

Psychomotricity is of great relevance in the educational context for the promotion of the progress of the child in the course of its growth, both in the education of the mind and the body in a simultaneous way exerting influence on the construction of the personality. In addition, psychomotricity creates means to promote therapeutic and educational actions being an instrument in the neuropsychological development of children, a process that acts on both cognitive and emotional interaction (SANTOS; MELO, 2018).

The proposal of psychomotricity therapy is to offer the child with ASD and ensure the experience through their body in the different relationships that it may develop. Thus, the child with ASD needs a follow-up with properly trained professionals who act in order to minimize the difficulties presented by the children. With the use of this treatment practice, the stimulation of the development of the body in movement is encouraged, through the family relationship and the social context, thus contributing to their cognitive, affective and emotional abilities, in an attempt to provide a better quality of life (SILVA; SOUZA, 2018).

According to Ferreira (2002),

The motor behaviors that characterize the pathology are the swings, the contraction of muscle groups, the gait on tiptoes, the sudden push-ups of the body forward and the self-mutilations that manifest themselves through bites, head beats (FERREIRA, 2002 p. 114).

The practice of playful activities, with the use of games, games, actions that require body movements, interaction between children, have as their main objective the development of motor, affective and psychological areas, proposing means for awareness and knowledge of their own bodies and particularities, being the psychomotricity, the area of action that makes use of these tools to promote the well-being and improvement of these children diagnosed with ASD, acting mainly in the organization, chronology and maturation of the movements (SANTOS; MELO, 2018).

This same idea is defended by Santos; Costa (2015) who states that the contact with playful activities in children affected by ASD go gradually finding balance, movement and resistance being one of the main resources used to apply an appropriate therapeutic approach for children with the autistic spectrum.

A study developed by psychologists from several states of Brazil concluded that the practice of welcoming activities, the discussion of cases by health teams, care based on psychotherapy, the creation of individual plans to offer personalized care with the creation of groups and workshops, activities that focus on social reintegration, among others, they are measures created with the purpose of assisting children diagnosed with ASD, since the development of such practices creates a harmonious environment, based on the interaction between the subjects and by the psychomotor activities leading the subjects to reconnect with themselves and the universe (GUEDES; TADA; 2015).

In this perspective of care, the establishment of the care network is configured as the organization of the service that aims to provide quality care to the client through psychosocial care. Within this configuration, the professional psychologist acts in the perspective of preventing complications resulting from the pathological process. The performance of these professionals takes place through the Psychosocial Care Centers (CAPS I, II and II; CAPSi and CAPS-AD), the Therapeutic Residential Services (SRT), the Centers of Coexistence and Culture, the Reception Units (UAs), and the beds of integral care (in General Hospitals, in CAPS III), in which they aim to ensure the guarantees of care to these patients (BRASIL, 2017).

As Souza et al. (2004) defends, the psychologist is the professional responsible for contributing to a better understanding of the aspects of pathology, as well as for establishing the relationship between families that face the same difficulties, so that in the exchange of experience they can find strengthening and autonomy in coping with the difficulties demanded inherent to pathological processes.

Lima et al., (2017) defend that the treatment of children with ASD occurs through the application of a methodology previously elaborated by a team of the institution so that the programs offered are built taking into account the clinical picture of the subject, as well as the demands not only of the children, but also of their families. They should have access to



individual projects, therapeutic workshops, participate in recreational activities and personalized individual care. Families should also be accompanied by psychologists through therapeutic groups and individual care.

Discussing this theme is a fundamental initiative to understand the particularities of autism spectrum disorder as well as its implications for the subjects, their families and society in general, so that investigating the ideal approach for these clients is a way to promote knowledge of practices aimed at expanding the knowledge of difficulties as well as coping with them, with psychomotricity as an allied tool to the treatment of these children. In this scenario, the performance of the multidisciplinary team within the public health programs are essential to contribute to the guarantee of comprehensive care (FERREIRA; CORRÊA, 2019).

## CONCLUSION

Thus, it should be noted that it is essential to articulate the actions of the teams, since each agent of the multidisciplinary team plays a punctual role in the use of psychomotricity in the context of autism. Having proven that the proposal of the care model focused on the individual as a whole, not only in the difficulties, but, from them, aiming to contemplate the demands of the subject from the biopsychosocial perspective.

238

Thus, we highlight the actions undertaken by professionals of different categories in the search to provide quality care in order to minimize the difficulties faced by children with ASD, seeking the insertion of these individuals in the social context, being one of the main pillars of treatment, the practice of interaction through recreational activities.

It is worth mentioning that, despite having proven the relevance of the theme for the construction of knowledge of the areas in order, however, what is perceived is that there is a huge scarcity of research, especially of original studies that emphasize the role of psychomotricity in the treatment of children diagnosed with autism.

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