

The weight of the player is essential for the position of the post for lateral founde in football. Also, the time of reaction, the speed/rapidity and force are determinant for each player.

The anaerobical resistance has an importance very great, while the aerobical resistance musts be corresponding trained, because her importance don't registered only in the time of the game, but also in the process of recovery between the clubs of trening and after the games.

If the aerobical resistance is more great, the recovery will be more rapidly in the trace of the tiredness who is generated by coach and games.

Concerning at the other qualities/capacities enumerated, the coordination must to be considered a previous need for to learn and to perfect the skills.

A footballer with a higt level of the coordination will be always a player of great sporting art.

A single observation yet, concerning at combativity. This it musts be looked as power of intention, aggressivity in game, poer of combat, especially in conditions of great tiredness.

The player with a score of 1 at combativity, will not renounce never to fight for victory and he will put permanent in difficulty the opponent in attack and in defence.

It's the player the more active and more energetic. It's a real blessing for a coach to have a team maded up from thus players.

And however, the combativity is, in great measure a inherited quality. Can will be she really improved? With certitude! Through the development of the anaerobical power and, especially of the aerobical power. If the capacity of resistance is more great, it's more easy to put in

difficulty the opponent on field. Attention at the specific aerobical training!

CONCLUSIONS

Identifcation of the talents represents the process of identifcation of the young players which are endowed for to obtain the more good future results, and which will be trained on long time, gradually and good organized.

A distinct mode of action means to make place to the hazard in the approach to the training, often with consequences, preferably, of avoided.

The distance covered for a footballer, from childhood, until at maturity, musts to represent minimum ten years, in which the young player will get stimul and informations, and at beginning her shape will be more much or more little generally and step by step she will be specialized.

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AUTISM – A STILL OUTSTANDING PROBLEM

Paul ICHIM, Mircea DRAGU

“Dunărea de Jos” University of Galati

paulichim@yahoo.com

Abstract

What we need to understand is that people with autism live in our world, a world they do not fully understand, they are different and therefore we should adopt different approaches to help them turn their weaknesses into their strengths and try to adapt the environment to them rather than expect them to adapt to our environment and for their better integration within society. In order to do this, at the beginning they should be prepared in a protected environment and we should accept autism the way it is. The autistic syndrome is described as the most severe manifestation of the entire spectrum, known as "autism spectrum disorder", which shares the same conditions, but varies in severity and age of start. It is a current problem, not only for our society but also for those around the world, due to its alarming increase in the incidence and prevalence. The purpose of this study is to demonstrate the important role that water plays in multisystemic therapy in the multidisciplinary rehabilitation and integration of children with autism into society.

Keywords: *autism, behaviour, disorder, spectrum*

Autism is a word that often gives us creeps, given the fact that it defines a serious and incurable disorder. According to international research, the incidence of disorders regarding autism is of 1 child to 166. There are about 67 million people with autism in the world, 4 out of 5 being boys. According to a recent study, Romania has a total of 30000 people with autism, 3900 officially registered.

An alarmingly increasing incidence and prevalence of autism, as well as the impossibility to prevent this disorder, without knowing its causes, the diversity of symptoms, the poor social inclusion and the multitude of unproductive therapies, are the key elements that determined me to conduct this research. Firstly, I wanted to understand the characteristics of autistic children, because their own way of interacting with the surrounding world is very different. Therefore, I decided to research more about these issues and I focussed especially on motility and psychomotor problems.

We need to understand that people with autism live in our world, a world that they do not fully understand, that they are different and therefore they should have a different approach, that in order to help them, we have to turn their weaknesses into their strengths and to try to adapt the environment to their needs, rather than expect them to adapt to our environment and that, for their better integration within society, at first they should be prepared in a protected area and that we should accept autism as it is. Autistic syndrome is described as the most severe manifestation of the entire spectrum, known as "autism spectrum disorder", with which shares the same conditions, but it varies in severity and age of first appearance. It is a current problem, not only a problem of our society, but also shared by the societies around the world, due to the alarming increase in the incidence and prevalence of this disorder.

The purpose of this study is to demonstrate the importance of the role that multisystemic water therapy plays in the multidisciplinary process of rehabilitation and integration of children with autism into society. It is known that people with autism have severe difficulties in the social interaction, expressive and receptive communication and they show repetitive and stereotyped patterns of behavior, and restricted interests and activities. Over the time, researchers theories took into account various factors: genetic, hereditary, neuropsychology, medical problems, in order to determine a cause of autism, but precise cause has been established with certainty so far. It is a generally accepted fact that autism is caused by abnormalities in brain function and structure, but it is still unclear what exactly in the function and structure of the brain is the cause of this disorder. What is clearly specified is that autism is not caused by the education the child is provided with

at the time of the diagnosis, and it may have not a single cause. Children with autism may have deficiencies in terms of:

- muscle strength, coordination, balance, static and dynamic balance;
- acquiring basic motor and utilitarian skills;
- senso-motor functions
- fine motor skills and the ability to relax

Motor activities are an important part of the educational programs, movement helping the child not only in terms of moving power but also emotionally and socially. Their well being can be increased if the foundations in all areas of early childhood are laid. A comprehensive physical therapy program will help these children both through the exercises they have and through the relationship sustained by the therapist's attitude, meant to help them know better their own body, to integrate into the environment and to relate better with the other people.

Autistic disorder, also known as infantile autism is the best known pervasive developmental disorder. Several synonyms are used to refer to it, such as:

- infantile autism,
- Kanner syndrome,
- infantile psychosis.

Throughout the time, many authors have tried to find a more complex definition of infantile autism. Thus, Graham (1999) states that "infantile autism is characterized by the early onset (before 3 years old) of the disorders and deviations that are of interest for at least three areas of study

Consequently, there is an inability to initiate and develop social relationships, to express interest and emotions. There is also an inability to use language and communication (verbal and nonverbal) and there is a stereotypical behavior, including a restrictive and repetitive behavioral pattern.

"(Romanian Journal of Psychiatry, No. 3-4 2003)

A definition that tries to incorporate all the features of this disorder is that of St.Milea (1986) who states that "autism is a complex syndrome, with symptoms of varied etiology, specific to infant mental pathology. The name is attributed to autism, the central symptom around which a sum of events are grouped, among which the most important are considered to be the language disorders and the stereotypes associated with a particular and bizarre mixture of primitive and vicious forms and means of expression of mental functions with more developed skills, isolated islands of abilities and resources, sometimes well preserved, other times monstrously developed.

"(Romanian Journal of Psychiatry, No. 3-4 2003)

Another definition states that autism is a disease characterized by an impaired brain

development. Thus, autism seriously affects a person's mental, emotional and communication abilities. Children with autism may be placed anywhere on the large "spectrum" of autism. At the upper end, the children may appear quite normal and may feature only a few autistic traits. They could, for example, be quiet, with a few friends or none and with a few strange habits. They may not even be diagnosed as autistic until much later in life. At the lower end of the spectrum, the children could be described as less functional, their speech and language abilities may be defective and need more intensive therapy. An important question that arises regarding autism is whether this disease is a psychosis or a developmental disorder. The fact that autism has long been unjustly considered a form of childhood schizophrenia is today an excluded hypothesis. However, considering the fact that in the earliest forms of infantile schizophrenia, very rarely with an outbreak before puberty, the social and speech development are not qualitatively affected in early childhood, it can be asserted that, psychosis is not the appropriate word for autism, as children does not distort reality as a consequence of their own representation, as they have not even built such reality. It is true that some oddities related to the reassurance behavior sometimes give the impression of delirium, while in reality they do not mean anything.

Grouped under the term of "pervasive developmental disorders", infantile psychosis is characterized by an alteration of global communication capacity, disruptions in relationships with others, restricted and repetitive activities, often stereotyped. In terms of psychopathology, childhood psychosis is characterized by a deterioration of the progressive organization of the personality with the capacity of adjusting to reality, which is variable depending on the of the social exigencies and the level of child anxiety.

Autism is progressive during the second year of life and becomes evident at the age of 2 and 3. It is then, when the observed alterations in social interactions, which lead to isolation. The child manifests refusal or avoids eye contact, there is no facial expression and no gestures modulation according to the situation, as long as no tonic-postural dialogue. The autistic child does not seek to make contact, to draw attention, to look straight into the eye, they do not imitate others. They do not express pleasure, nor do they share interests, their look seems empty and distant.

The ability to speak does not occur at a certain age and the absence of it is not replaced by any attempt of gesture or mimic communication. When there is any sign of speech, some features can be noticed, such as: in addition to the delayed ability to speech there is immediate or delayed echolalia (the repetition, like an echo of what the other

person said), a particular, monotonous, abrupt prosody, a reversal of pronouns (the use of the pronoun "you" to refer to themselves), a poor, delayed syntax, the expression of emotions (joy, excitement, surprise, anger) is most frequently absent. Although the level of understanding language is usually one higher than the one of expression, there are anomalies can be noticed, though:

- the child particularly understands simple orders,
- concrete words,
- commands to perform a simple task.

Bizarre reaction and restriction of interests, reactions of anxiety, aggression or apparent anger can occur with environmental changes (changing the usual route, the absence of a toy) or surprises (unexpected noise or the arrival of a stranger). These manifestations of anger, anxiety or despair can also occur in response to frustration, prohibition or a persistent attempt of the adult to get in touch. Habits or rituals, apparently devoid of symbolic significance dominates the everyday life, requiring a framework of immutable and robotic life. The main interests are restricted and stereotyped, limited to motor habits or strange objects:

- stereotyped and repetitive motor minierism (beats and twisting of hands, swinging, walking on the tips of the feet, spins, complex body movements)
- use of certain objects (stones, wire, toys)
- unusually changed use of objects (a car wheel endlessly spinning)
- interest in a limited aspect/use of objects (e.g the smell associated with an associative behavior, the attraction for vibration or noise that they endlessly reproduce).

Regarding the sensory and motor modulation, there is a hypo or hyper reaction to sensory stimuli:

- they allow objects to fall down
- they swing
- they clap
- they make noise while spinning, they suck their tongue, hold an object in their mouth.

There is a frequent indifference to the world of sound, especially to the social noises (the child does not respond when called) and a particular interest in the particular sounds and sonorities, they are attracted to certain noises (vacuuming, water flow, music, rustling paper). Some noises may, in exchange, cause reactions of fear, panic, anger, especially when they surprise the autistic child. The same peculiarity may exist in taste (they have food mannerisms, they like exclusive tastes, often unusual, like vinegar), or visual (they may be attracted to a certain color, brightness, shape, reflex). Motility may be limited, the child giving the impression of stiffness, being inert, without motor initiative, or on the contrary, they may

appear restless, moving ceaselessly, with unusual or bizarre motor posts and regularities (with jerky, mechanical allure). They do not stand or show very little acceptance for playing game and symbolic play of social imitation.

Regarding intellectual functioning, it can be said that despite the "intelligent expression" reported by Kanner, these children often have low levels of overall performance, with heterogeneous profiles. Their visual, spatial and memorising performances are better than the information generating reasoning capabilities. Most of these children have a non-verbal intellectual coefficient below 70 and an overall one which is below 55, although there are some autistic children with a normal level. There is frequent and constant difference in favour of non-verbal tests. It is important to note that without any therapy or intervention, a child with autism will absorb far less information and less knowledge about the environment than a non-autistic child. Healthy children start talking when aged between 1.5 and 2, almost without any help from parents or siblings. They learn around 6 new words a day and have a vocabulary of over 10,000 words before reaching the age of 6. A child with autism may get to talk much later and has poor knowledge of the language and reduced social skills, unless they benefit from appropriate treatment program. Autistic children can not be put in the position of healthy children, they have difficulties in taking action (because the planning and implementation of any actions are disrupted) and they also have problems of sense perception (as they prove to be either hyper or hyposensitive in some areas of perception and sometimes they only use one sense).

Symptoms

Autism can occur with different levels of intensity, from mild to more severe symptoms that can affect the whole life of the individual. In fact, autism spectrum may include a variety of events distributed between two extremes; thus, at one end, a child may seem almost normal and have few autistic traits only (they could, for example, be quiet kid, with few friends or none, and a few strange habits or they could not even be diagnosed as autistic until much later in life).

At the other end, a child may present a marked form of autistic symptoms, having great difficulty in relating and communicating with others. Also, some people may have symptoms that others do not have, and some of these symptoms may have different intensities for the same individual. Individuals with autistic disorder may have a wide range of behavioral symptoms including hyperactivity, reduced level of attention, impulsivity, aggression, self-destructive behaviors and tantrums, especially with young children. Throughout adolescence or early adulthood, individuals with autistic disorder who have the

intellectual capacity to acknowledge the disorder may become depressed, in response to the severity of their condition.

The basic symptoms include:

- difficulty in communication – the ability to speak usually develops slowly or at all, words are often used inappropriately; the affected person is possible to use more gestures than words (or other forms of non-verbal communication); there is, also, the tendency of the subject to repeat words and phrases (for example, some of them may repeat unmistakably the news heard on TV) and there is also their inability to focus and be coherent;
- lack of sociability - a person with autism is not usually very interested in having relationships with others; the person may not willingly answer others' requests and may refuse eye contact; they spend a lot of time by themselves and make little effort to make friends (some subjects are isolated, refusing to change their environment);
- lessened or overdeveloped - some subjects with autism hardly respond to the stimuli of the main analyses (for example, a child with autism may not complain if hurt), others may have highly developed senses (for example, an individual with autism may hear a sound and then cover their ears for long); it is possible that a child with autism is not interested in playing the games with others (they avoid children and even animals) or may not be able to enter an imagination game;
- behavioral excesses - the person with autism may have exaggerated reactions or can be extremely passive and can go from one extreme to another; some people show an obsessive interest in one thing or activity (looking through a book or magazine); others repeatedly make body movements such as clapping, rocking back and forth, head (stereotypes); these children can be aggressive to themselves and / or to the others and may even have seizures (epilepsy, in some cases) and depression.

Atypical characteristic behavior of children with autism is based on the following main features:

- lack of communication or very difficult and rare communication;
- absence of vowels in pronunciation;
- echolalia - mechanically repeated words heard from others (this may also occur in the form of later echolalia, when children repeat the words just heard from others)
- lack of eye contact;
- lack of attention and responsiveness, manifested by lack of response to the questions of others;
- tendency to consider others as mere objects;
- the preference to tiptoe;
- violent reactions to certain sounds that they dislike;
- refusal to touch certain textures;

- refusal to be touched;
- extremely lazy or extremely nervous behavior;
- inconvenience to certain foods violently manifested;
- aggressive behavior to others;
- disregard for any type of toy;
- desire to imitate the behavioral patterns that they have seen;
- desire to keep things in a certain pattern;
- repetitive behavior and self-flagellation tendency;
- developing extraordinary skill areas: drawing, music, memory, mathematical skills;

The essential elements of the autistic disorder is the presence of abnormal or damaged development in social interaction and communication and a considerably restricted repertoire of activities and concerns. In Romanian specialised literature, Emil Verza described autism and autistic disorders and he showed that these disorders refer to:

- perceptual and relational deficiencies
- acting and behavioral disorders
- failure of the mental processes, characteristics and functions
- language and communication difficulties
- discontinuity in development and learning

(Psihopedagogie Speciala –Manual pentru scolile normale, cls XIII-a Verza, E., 1997, pag. 129)

During the first 6 months of life, oddities are usually a few, but the positive signs social development of the child are missing. Therefore, the little autistic does not respond to breastfeeding, rocking, the heat of a bath, does not go crawling, is intolerant to touch and does not respond to affection, refuses food and has difficulty in sleeping.

Furthermore, the autistic baby does not vibrate to the "human tuning fork", his is not enchanted by the new world around him and does not resonate emotionally with his mother because he can not analyze social information given by the facial gestures. The eyes and eyebrows are carrying no message for him, but, on the contrary, it causes an adverse reaction to him. Therefore, he can not use the human partner as reference for the look, attitude, facial expressions, face intonation and can not use it to filter the relevant information that is received. Thus, he receives plenty of internal and external stimuli, which activates his sensitive channels, and he is attacked by these stimuli he does not know how to interpret, organize and prioritize and often oscillates between total inhibition in sensation reception and absolute opening. For example he can stare at a strong light source without seeming to be embarrassed, but he can not stand the intensity of somebody's eyes without eye protection. Visually, he is more attracted to contrasts, contours and regular shapes.

In terms of sound, he better senses certain repetitive rhythmic arrangements. Sounds occur standardized, filtered by phonetic and rhythmic characteristics and not by their significance. They prefer gentle touch stimuli or rhythmic pressures, as well as constant temperature or the temperature close to the body. The autistic child presents an enormous difficulty to learn through others and they can not imitate anyone. Also, they demonstrate skills of being careful, but they vary significantly, depending on their interests. For example, they are very attentive to what is interesting or "makes sense" to them and they show very little attention to listening in group activities. Another essential feature of autism is the difficulty to understand and engage in social interaction. Small children having this disorder may cling mechanically to a person or treat adults as interchangeable. Throughout development, the child can engage in a passive social interaction and often they expect from others to respond in certain ways to some requirements, because they do not have the feeling of other persons' limits and desires. The autistic child does not know how to use non-verbal behaviors such as:

- looking ahead
- verbal expression
- postures and body gestures, in order to adjust interaction or social communication

On the other hand, the autistic children have difficulty both in communicating their wishes and in sharing their attention and experiences with others. Therefore, they do not seek to spontaneously share their joy, interests and achievements to others. For example, they do not show, does not bring, or does not specify the items they find interesting.

Children with autism do not generally know the rules of the social game and do not know how to engage in social play with other partners. Also, they do not play social imitation games. There are several types of interactions in a game, therefore, an autistic child can play with other children, but without interfering in their game, or they seem indifferent to the presence of others and only use the same playground or materials as any other children, without interacting with them. They also have difficulties in engaging in an appropriate activity playing with toys. As with the game, several categories of skills playing with toys can be noticed. Thus, the child does not show any interest in achieving keeping toys or holding them in their hands, but stare at it or keeps it close to their mouth, waving, shaking or beating them. Therefore, their game is not a functional one. Individuals with autistic disorders have patterns of behavior, interests and restricted, repetitive and stereotyped activities. They may also insist on uniformity and show resistance or distress to minor changes (for example, a child may have a catastrophic reaction

to a minor change in the environment, such as a new set of curtains, or changing the seat at the table). The autistic child often clings to "stereotypes" throughout his entire life. Stereotyped body movements involve hands (hand clapping, fluttering fingers) or their whole body (rocking, leaning and balancing). Thus, they sway back and forth or have endless episodes of jumping on the mat or spinning movements around the body axis, which stir them as a drug and create a vacuum. There is also a concern for nonfunctional routines or rituals and irrational insistence to follow routines (for example, to walk the exact same way every day).

Autistic children can be attached to some inanimate objects (for example, a piece of string, a rubber band, a sponge or a piece of paper). Nonverbal skills are usually developed with an autistic child. Their intellectual and social deficiencies stand out later, with the establishment of reciprocal social relations and verbal abstract mental operations. Their intelligence is rigid, right beyond passions. In most cases, there is an associated diagnosis of mental retardation, generally moderate, IQ 35 to 50. About 75% of the children with autistic disorder are diagnosed retarded. Also there may be abnormalities in the development of cognitive skills. The profile of cognitive skills is usually uneven, regardless of the general level of intelligence. For many children with autistic disorder who work at a high level, the receptive language level (ie language comprehension) is less than that of expressive language (for example, vocabulary). In autistic

disorder there may also be various nonspecific symptoms and neurological signs (for example, primitive reflexes, delayed development of manual dominance). The autistic child, especially when hypertonic, is presented as a lively child, independent and voluntary particularly in the first year of life. Autistic symptoms can last throughout the whole life, but they can often be relieved by proper intervention and treatment.

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MULTISYSTEMIC WATER THERAPY - A SOLUTION IN THE RECOVERY OF AUTISTIC CHILDREN

Mircea DRAGU, Paul ICHIM
"Dunărea de Jos" University of Galati
mdragu50@gmail.com

Abstract:

An alarmingly increase in the incidence and prevalence of autism as well as the inability to prevent this disorder, without knowing the causes, the diversity of symptoms, the poor social inclusion and the uneffective many therapies, are the key elements that made me conduct this research. Firstly, I wanted to understand the characteristics of a child with autism, because the way in which they react to the surrounding world is very different. Therefore, I decided to find out more about these issues and I particularly studied the motility and psychomotor problems.

Keywords: autism, recovery, behavior, motility, multisystemic therapy.

It is known that people with autism have severe difficulties in terms of social interaction, expressive and receptive communication, they show repetitive patterns of behavior, stereotyped interests and

restricted activities. Over the time, researchers' theories have considered various factors:

- genetic
- hereditary,
- neuropsychological