

# Traversing Autism

By Judith Bluestone

## The Origins of the **HANDLE** Approach to Autism

**M**y knowledge of autism began over 50 years ago. I myself could have been diagnosed Autistic. When I was three, I had no intelligible speech, engaged in numerous self-stimulatory behaviors, avoided social interaction, had difficulty chewing and digesting food, and demonstrated unusual emotional responses to everyday situations. Casual observers could have re-confirmed this diagnosis: I turned my tricycle upside down, resting it on its handlebars and seat so I could pedal and watch the front wheel go round and round and round for whatever time I had left to “ride my bike.” And like so many other children with autistic behaviors, I rarely sustained visual focus on stationary objects. Why should I? After seeing them momentarily, recording them in my eidetic memory, any further attention would bore me.

Years later, I used this memory skill to review “archives” in my brain through the perspective attained from a comprehensive adult education. Applying more than twelve years of advanced studies in neuroscience and human development and learning, and ongoing research and education, I began to articulate and teach others how to traverse this phenomenon labeled Autism—and other neurodevelopmental and neurological disorders, too.

The July edition of the Autism Asperger’s Digest published abbreviated portraits of a few children who have benefited from my experience. These vignettes offer insights into the HANDLE® approach as it relates to individuals diagnosed with autism. Marlene Suliteanu, who wrote these sketches, is a relative newcomer to the formal aspects of the Holistic Approach to NeuroDevelopment and Learning Efficiency, but a veteran in realizing the remarkable possibilities when neural plasticity and the human spirit are unfettered by medication or by social restrictions. Marlene, my older sister, observed, sometimes to her great embarrassment, my journey from autism. She has also witnessed the evolution of HANDLE from my early years as a consultant, diagnostician and therapist, to

2002, when HANDLE’s perspective is sought by a number of families and therapists, educators and medical practitioners in various locations in the world.

Interest in HANDLE comes from people—and/or their caregivers—with a wide array of labeled syndromes, not just from those involved with autism. Once caregivers understand the root causes of disorders, they can help people who have problems of attention, of activity level, of hand-flapping and head-banging, of compulsive behaviors, of memory, of sleep disturbances, of learning (social and academic, language and motor), of efficiency.

From its inception in 1994, as a nonprofit agency, The HANDLE Institute has provided information to communities around the world, to engender crucial paradigm shifts. First, that the body organizes the brain through movement. Second, that humans function as complex interactive systems housed in one body, each part continually affecting every other part. Third, that the efficiency of that interactive function can improve naturally. Fourth, that addressing end-point behaviors—such as self-care tasks, reading/writing/math (etc.), or social conventions—ultimately fails because it does not enlist the neurodevelopmental foundations common to all the behaviors. And fifth, that growth, progress, change CAN occur. For some this is a difficult shift to make.

This shift requires several elements:

- a willingness to view presenting concerns in a nonjudgmental fashion, without scores and labels. Each of us is an individual.
- an understanding that the body has reasons for the behaviors it demonstrates as it instinctively protects itself in the areas of greatest vulnerability. To gain a true understanding of these vulnerabilities, one must observe the symptomatic behaviors without judging how well they meet societal (conforming) demands. Interfering with these protective behaviors harshly

and arbitrarily, before one understands their message and what the repercussions of behavioral or pharmaceutical interference may be—this, frankly, is dangerous. At best such interference will only mask behaviors and put problems off for another day or area of expression.

- Respect for the individual's experience, honoring signs the body gives that one or more system is overwhelmed. Stressed systems do not get stronger.
- And lastly, a truly holistic and developmental approach, taking into account the various factors and how they interact with one another.

From this perspective, there is not one answer to autism. Autism is not caused by vaccinations nor by insufficient pancreatic enzymes, as some current theories purport, no more than it is caused by poor parenting – a common attitude a few decades ago. However, that does not mean that vaccinations and digestion and parenting are not elements to take into consideration. By studying autism, many answers will emerge, with several shared components. Information gleaned from this study can be applied to other problems as well.

My "autistic" development most likely began in utero. Serious environmental toxicity altered my developing body and brain and compromised my immune system. (Just prior to my conception and throughout my formative years, my father developed five of the twelve insecticides and pesticides now banned in over 130 countries.) I think further research will find that most children demonstrating autistic behaviors have had similar influences – that is, some toxic stressor during gestation. I believe that my autistic experience diminished when the bones in my ears grew closed and I became deaf, protecting me in an important area of vulnerability. For months after surgical treatment that returned my hearing, I spent most of my days jumping on a pogo stick. I think that without the respite of deafness and the ability to jump as much as I needed to shut down my overwhelmed inner ear, I'd probably still be seen as autistic by others.

In reviewing my own experience and that of others, I understand the significant role of irregular development of the inner ear and vestibular functions in most of the threads being explored in relationship to autism. This is not surprising since the vestibular system is directly or indirectly responsible for virtually everything we do above the levels of smell, taste and touch.

Most of us who have experienced an autistic childhood have relied heavily on smell and taste. We have also had a love-hate relationship with visual processing. We may employ quick fixations or engage in prolonged playing with fragments or spectra of light. We revel in these aspects of vision, as they do not rely on vestibular function. The aspects of visual functions that require vestibular support—visual tracking and balanced muscle tone for binocular teaming demanded in focusing vision on what is in front of us—these we devise compensations to handle. Compensations such as relying on peripheral vision require that we position ourselves to the side of what we are viewing.



*Relaxing is often not easy for a child with autism*

Our vestibular systems are not able to support the myriad functions they are designed to support. Some of these functions (for example, our balance and muscle tone) are diminished or irregular. Yet we may perch precariously on platforms or windowsills. In order to remain safe while perched, we must focus on balance and muscle tone, ever so briefly demanding that the

## **HANDLE® Assessment involves**

- Extensive developmental surveys of current and past behaviors, and of interests and special talents
- Observational assessment of behaviors
- Evaluation of specific neurodevelopmental functions
- Respect for individual tolerance for guided activity

Most HANDLE treatment programs for clients with ASD incorporate

- Numerous activities to perform a few minutes here and there throughout the day
- Slow controlled vestibular movements
- Special massages to enhance muscle tone and increase proprioception
- Activities to increase focal vision and reduce sound sensitivity
- Nutritional suggestions to support the nervous systems

- Monthly alteration of programs in keeping with developmental progress
- Thorough guidance for home or school implementation

HANDLE guiding principles include

- Nonjudgmental assessment
- Assumption that we all want to achieve, to fit in, to be proud of ourselves
- Gentle Enhancement (stopping any activity at the first sign of stress)
- Respect for individual priorities (e.g. protection from sound, need for stimulation)
- Empowerment of the child and family to recognize, free, and maximize potential

vestibular system function more fully. Diminished binocular functions, poor balance and muscle tone, result in a poorly developed sense of body in space (proprioception). Because we can't reliably determine where we end and the next person or thing begins, we have trouble sharing space with others moving around us. But we need to contact something to define our boundaries, so we reach out.

An overwhelmed vestibular system seeks calming through rocking and through the creation of white noise to block out intruding sounds. Many of us have never even heard our own voices over the unfiltered background of environmental noise that most people do not even notice. Our hypersensitive ears cannot tolerate the sound of our own chewing and swallowing. So we drool, or swallow our food whole.

Of course, by the time food that has not been chewed reaches our intestinal tract, we cannot absorb nutrients properly. Digestion is designed to begin in the mouth with mastication and salivation, making the food ready for the enzymes and mechanical churning of the stomach, before continuing into the intestines. With food not properly digested, and diminished muscle tone and proprioception interfering with regular elimination, we have digestive upsets and pains. So we do what anyone with an upset stomach does: we hunch over and rock a little to try to comfort ourselves and to encourage some peristaltic movement. If we are not in a rocking chair, we won't rock back and forth, since that will stretch and cause further discomfort to our digestive track. So we rock forth and forth.

**Merely looking at nutrition or at environmental factors, or any other factor in isolation, is not holistic, but is rather mechanistic and reductionist.**

This forth and forth rock hinders a vital part of the vestibular system—the endolymphatic sac—from filling fully with fluid and from expanding. Were the endolymphatic sac to fill, as a long neck balloon would, it would articulate with the dura mater (the membranous tissue lining the skull), providing direct communication between the rhythmic flow of the cerebrospinal fluids and the rhythms of the body as interpreted through the vestibular system. Forth and forth rocking deprives the system of this important connectivity.

Another effect of our digestive disorders is that food and its waste build up in our intestinal tract. Waste and toxins flood our system. When our skin cannot adequately release waste it does not provide integrated input of tactile sensations, so sometimes we respond to touch by expressing pain through whimpering or avoidance behaviors, sometimes we merely block pain because it is too constant to attend to. Since touch is essential to human existence, we engage in touching, on our terms, under our control, through self-stimulation, as we did in utero. When we pick at our insect bites until they bleed, we are choosing focused pain over ambiguous itch. We may also “know” that we must get the toxins in those bites out of our system, already over-loaded with toxins.

Intuitively we know that if we could only get more energy into our vestibular system, warm it so the fluids will flow, then we can process more. So we flap our hands beside our ears or wave objects in our field of vision, stimulating the system that is bedeviling us.



Understanding these elements and more in an interactive, interdependent loop is the beginning of a holistic approach. Realizing that accumulation of factors and efficiency of function are integral to any analysis of etiology is essential. Merely looking at nutrition or at envi-

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ronmental factors, or any other factor in isolation, is not holistic, but is rather mechanistic and reductionist—even if the areas under consideration are new to the discussion. Ignoring nutrition, or the role of synthetic materials in our environment, or the occasions when a child's ears turn red, or countless other factors, would also be negligent.

In the end, the simple truth remains that each situation is unique, as each combines different elements in varying proportions. This does not mean it is impossible to resolve the dysfunctional aspects of autism or other disorders. HANDLE and some other approaches can and are doing this, not only by structuring individualized treatment programs, but also by increasing understanding and nurturing the families who are touched by the experience of autism. Having autistic behaviors is not a dead end, and there are many gifts in the autistic experience.

By understanding the interactive nature of human functioning, HANDLE provides nurturing activities (through Gentle Enhancement®) to strengthen weak areas, desensitize hypersensitive systems, awaken neural pathways throughout the body, woo the autonomic nervous system out of its protective fight-or-flight mode, open blockages in flow between areas, and in all of this respect the individual who is courageous to remain in this world, trying to fit in, to develop self-esteem. Respect the feelings that have not yet been expressed verbally, read the signs of a stressed system, stop short of shutting it down yet again, and speak to the wise and intelligent mind ensconced inside a body that is protecting itself from an overwhelming life-experience. HANDLE activities and suggestions of nutritional support—individualized to the unique and changing profile of each child and adult—provide just such a program.

I hope that what I have learned, and the stories of HANDLE clients you have read, will provide families and professionals alike with both hope and constructive ideas. It is the mission and vision of The HANDLE Institute to share neuroscientifically sound and developmentally correct ideas with anyone in the world who might benefit from what we have learned.



## About The Author

Judith Bluestone has been working in the field of learning disabilities and neurological impairments as an educator for 35 years. In 1990, King County Public Hospitals in Washington created a special credential for her—

Neurodevelopmental/Educational Therapist—to convey the unique perspective on rehabilitation she brought to those who utilized her services for the treatment of acquired brain injury. Bluestone's advanced education includes master's equivalency through graduate programs in Counseling and Behavioral Studies with specialization in Neurological Impairments at the University of Wisconsin-Madison, plus Occupational Orientations in Special Education at Case Western Reserve University. She had

achieved doctoral candidacy when her own special health needs caused her to postpone completion of her dissertation on Applied Neuroscience. Undaunted by this setback in her own educational career, she persists in pioneering the application of neuroscientific theories, which she continues to study. She is a sought-after lecturer and trainer in fields related to special education, neurorehabilitation, and general learning. In 1994, encouraged by support from members of the professional community serving children and adults with special needs in the Seattle area, Bluestone founded The HANDLE Institute. Today, as the Clinical and Educational Director, she guides the Institute in the fulfillment of its mission, to provide identification of root causes of and non-drug treatment for neurodevelopmental disorders across the lifespan. The Institute has been invited by major medical centers on the west coast to work collaboratively on research into brain function. In *The Churkendoose Anthology*, published by The HANDLE Institute, Bluestone weaves basic HANDLE theory around clusters of true stories of individuals' triumphs over neurodevelopmental disorders, several of them with Autism Spectrum Disorder. Her next book scheduled for publication at the end of 2002 is *The Fabric of Autism: Weaving the Threads into a Comprehensible Theory*. ■

### For more information:

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