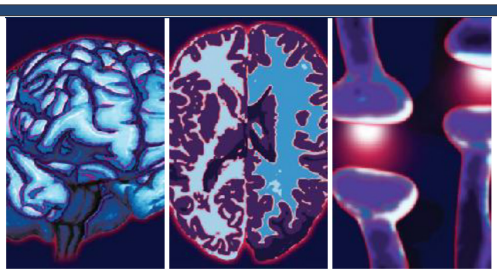
Research Article



Pediatric Management of Autism: A Psychosocial Perspective

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ABSTRACT

This article explores how social representations influence the management practices of autism among pediatricians. It adopts a psychosocial approach, drawing on the theory of social representations to analyze the diversity of clinical practices used in the pediatric field. The study, conducted in Morocco, took place in two stages and combined qualitative and quantitative methods within a mixed-methods approach. It involved a sample of 61 pediatricians working in both public and private sectors. The main objective was to identify and understand the social representations these professionals have of autism, and to analyze how these perceptions influence their approach to intervening with autistic children.

Keywords: Social representations,Parenting style, Autism spectrum disorder, Authoritative, Pediatric, Psychosocial

Introduction

Autism, or Autism Spectrum Disorder (ASD), constitutes a major public health challenge, both due to its clinical complexity and the diversity of approaches used in its management, particularly in pediatrics. Beyond biomedical considerations, professional practices and methods of supporting autistic children are strongly influenced by the social representations held by the various actors involved: healthcare professionals, families, institutions, and society as a whole. These representations, often implicit, guide expectations, interactions, and therapeutic decisions, and can either reinforce or hinder the child's inclusion and overall development.

From this perspective, the psychosocial approach based on the theory of social representations is a particularly relevant analytical tool for understanding the dynamics that underpin the pediatric management of autism. By focusing on the socially constructed and shared meanings surrounding autism, this approach helps to highlight the influence of these representations on care practices, professional attitudes, and interactions between pediatricians and children with autism. It thus paves the way for a more nuanced understanding of the mechanisms that shape the support of autistic children, emphasizing the need for a more adapted, holistic, and sensitive intervention that respects the uniqueness of each child.

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This article therefore proposes to examine the practices and representations of pediatricians regarding autism from the perspective of the theory of social representations, with the aim of analyzing how these representations, constructed through clinical experience, training, and cultural frameworks, influence screening, diagnosis, and referral practices. Understanding these dynamics allows for questioning the discrepancies between official recommendations and actual practices, and opens avenues for better professional training and more coherent care.

▪ Theoretical foundations

Social representations: The theory of social representations, initially developed by Serge Moscovici in the 1960s, constitutes a major theoretical framework in social psychology for understanding how individuals and groups make sense of their social reality. According to Moscovici [1], A social representation is a socially elaborated and shared form of knowledge, whose function is to guide behaviors and facilitate communication among group members. It allows individuals to appropriate new or complex phenomena by integrating them into their familiar universe. Social representations are not mere individual opinions: they result from a collective process of meaning construction. They are formed through social exchanges, media discourses, institutions, education, and professional practices. Two fundamental processes are at the origin of their formation: objectification, which consists of concretizing an abstract idea into a familiar image [2], and anchoring, which integrates this novelty into a pre-existing thought system [3].

Social representations fulfill three essential functions: a cognitive function, by helping to understand and organize reality; an identity function, by contributing to the construction of individual and collective identity; and a guiding function, by orienting practices and positions in the social field [4].

The central core theory: The central core, also called the central system, proposed in 1976 by Abric, is based on the idea that "Every representation is organized around a central core, consisting of one or a few elements that give the representation its meaning." It is a set of elements organized in a structured and hierarchical way, and these elements are united with each other. Abric described two elements structuring a representation: the central core and peripheral elements, the latter having more or less important roles [5]. For Flament, peripheral elements are schemes that the central core organizes; they instantaneously ensure the functioning of the representation as a deciphering grid for a situation [6].

Autism Spectrum Disorder (ASD): Autism, or more precisely autism spectrum disorders (ASD), refers to a set of neurodevelopmental disorders characterized by qualitative impairments in social interactions, communication, as well as restricted, repetitive behaviors and sometimes sensory peculiarities. Over several decades, the understanding of autism has evolved considerably, both scientifically and socially, moving from a pathologizing view to a more inclusive approach that respects neurodevelopmental diversity.

Autism has been approached using biomedical models, which emphasize the neurobiological and genetic origins of the disorder. These approaches highlight differences in brain functioning, particularly in neuronal connectivity, sensory processing, and joint attention mechanisms. Diagnoses are currently based on clinical criteria established by international classifications such as DSM-5 (2013) or ICD-11 (2019), which recognize the heterogeneity of autistic profiles.

In parallel with medical models, psychological approaches have enriched the understanding of autism, notably through work on theory of mind [7], central coherence [8], and executive functions [9]. These theories attempt to explain certain cognitive peculiarities associated with ASD, while contributing to the development of adapted support strategies.

However, these theoretical approaches, mainly focused on deficits, have gradually been complemented by more recent movements, particularly the neurodiversity movement. This movement considers autism not as a pathology to be corrected, but as a natural variation of the human condition. This perspective, supported by researchers, professionals, and autistic people themselves, calls for a recognition of the rights, skills, and specific needs of autistic people, while denouncing stigmatization and imposed norms. Thus, autism cannot be understood solely through a biomedical lens; it is part of a social, cultural, and relational reality. This plurality of theoretical

perspectives underscores the importance of adopting an integrative approach that considers both neurodevelopmental peculiarities and the psychosocial contexts in which autistic children and their families evolve. This broadened vision is particularly relevant in the pediatric field, where professionals' representations of autism directly influence their practices, their stance, and the quality of their relationship with families.

▪ Problem statement and research question

Research on autism highlights two major controversies that structure the understanding and treatment of this disorder: one scientific, the other socio-cultural [10]. Scientifically, autism has undergone a profound conceptual overhaul. Initially considered a disorder of psychiatric origin, it is now recognized as a neurodevelopmental disorder, characterized by significant neurobiological and genetic bases [11]. This paradigmatic shift, although essential, has not eliminated tensions within the clinical field, particularly between psychological approaches, focused on developmental and relational support, and psychiatric approaches, often centered on medicalized diagnosis and pharmacological interventions.

Parallel to this scientific controversy, a socio-cultural controversy persists around the social representations of autism. These are deeply ambivalent: autistic people are sometimes valued for abilities perceived as exceptional, sometimes reduced to profiles marked by cognitive deficiency, intellectual limitations, or severe learning disabilities [12]. These representations, largely shaped by cultural, media, and educational contexts, influence how autism is perceived by society, but also by healthcare professionals, foremost among whom are pediatricians.

In this context, pediatricians play a strategic role in the identification and referral pathway for children showing early signs of autism spectrum disorders. As the first healthcare professionals consulted by families, they are often the first to formulate a suspicion or to refer for specialized evaluation. However, their practices are not based solely on objective medical knowledge. They are also strongly influenced by their social representations of autism, which are constructed through their initial training, clinical experiences, and the social and cultural norms in which they practice. These representations can foster a stereotypical interpretation of the disorder - associated, for example, with a total absence of communication or behaviors deemed "bizarre" - and thus delay the recognition of less visible forms of autism.

In this context, our research question is: how do Moroccan pediatricians construct their social representations of ASD and to what extent do these representations influence their declared practices?

Methodology

As mentioned previously, the main objective of this study is to analyze the impact of pediatricians' social representations of autism on their practices of supporting autistic children. Methodologically, this research adopts a mixed-methods approach, combining exploratory qualitative and quantitative methods. The combination of these two approaches allows for a more complete and nuanced vision of the studied phenomenon [13]. Our study was conducted in two distinct phases:

The first phase, qualitative in nature, consisted of conducting semi-structured interviews with a sample of 30 pediatricians. These professionals regularly intervene in the medical monitoring of child development and are directly concerned with the early identification of Autism Spectrum Disorders (ASD). They are pediatricians with specialized medical degrees, whose professional experience varies between 5 and 15 years. Their clinical expertise and central role in the care pathway make them key players for the study of social representations of autism and their impact on screening, referral, and management practices. The objective was to better understand their perceptions and professional practices regarding autistic children. These exchanges allowed for the collection of rich and detailed data, which were analyzed using a content analysis approach. In this regard, Deslauriers emphasizes that the qualitative method is "rather intensive, as it focuses on specific cases and limited samples, but studied in depth [14]."

The second phase, quantitative in nature, aimed to expand the sample and validate the initial observations on a larger scale. A sample of 61 pediatricians was surveyed in this context.

These professionals worked either in private practice or in public hospitals. Data collection was carried out both during in-person meetings and through questionnaires distributed *via* social networks. This stage allowed for the collection of varied and representative responses, which were then analyzed using statistical processing. The data thus collected offer a better understanding of pediatric practices and social representations related to autism. The two phases of this study are presented separately in the following sections: first the qualitative research, followed by the quantitative research.

Tools

This study relies on two complementary methodological tools, adapted to a mixed approach.

Semi-structured interviews: Used during the qualitative phase, these interviews were conducted with 30 pediatricians. They allowed for an in-depth exploration of their social representations of autism as well as their professional practices. This type of interview offers a certain flexibility in conducting the discussion, while ensuring comparability of responses through a pre-established interview guide. In this regard, a hierarchical evocation questionnaire was used to collect the representations associated with autism among pediatricians. This questionnaire consisted of two parts:

Free evocation, where participants (N=30) answered an open question: "When you hear the word 'autism,' what words or expressions spontaneously come to mind?"

Hierarchization of these evocations, where professionals were then asked to rank the terms according to their perceived importance [15]. The objective of this method is to identify the salient elements of the social representation of autism, through the joint analysis of the frequency of word appearance and their evocation rank (position in the list). This approach, known as prototypical, distinguishes the components of the central core, the most shared and representative elements, from the peripheral elements, which are more contextual and variable [2] (Table 1).

Table 1: Analysis of hierarchical evocations according to vergès (1992, 1994).

Frequency	Importance	
	High	**Low**
High	Case 1: Core Zone	Case 2: 1st Peripheral
Low	Case 3: Contrasted Elements	Case 4: 2nd Peripheral

The analysis table based on the prototypical approach consists of four quadrants, each corresponding to a particular dimension of the structure of a social representation. The first quadrant, located at the top left, gathers the most frequently cited elements and placed at the top of the list. These terms, both striking and directly associated with the studied object, are considered the most representative and can constitute the central core of the representation [4]. The second and third quadrants, located at the top right and bottom left respectively, contain peripheral elements. Although they show a moderate frequency or importance, they are not sufficiently constant or prioritized to be considered central. These areas may reflect internal contradictions or differences depending on the contexts or profiles of the participants, due to a possible discrepancy between frequency and order of evocation [4].

Standardized questionnaire: In the second phase, a quantitative questionnaire was administered to 61 pediatricians working in different contexts (private practices, public hospitals). The questionnaire was distributed in person as well as *via* social networks, in order to reach a larger and more diverse sample. It aimed to measure the frequency, coherence, and variations of the representations and practices identified in the qualitative phase.

Results

▪ Terminologies used by pediatricians to designate autism

The total number of words or expressions theoretically produced by the 30 pediatricians is therefore 150 (30 subjects x 5 free associations). Similar or synonymous words were grouped under the same term. We also removed repetitions of the same word by the same person. According to our results, the majority of pediatricians consider autism as: "Difficulty or communication disorders: F=38; RM=3.16" , others see it as "Impairment or social interaction disorder: F=17; RM=3.4" , for others it is "ASD: F=11; RM=3.66" , and others define it as "Hyperactivity: F=10; RM=5". These terms allow for the recognition of autistic individuals: in other words, the signs of autism (Table 2).

In the lower left quadrant, characterized by low significance in terms of frequencies (low salience) and a high mean rank of importance. We find the primacy of the term "Neurodevelopmental disorder: F=7; RM=3.5)" which was also expressed by other terms "Disability: F=5; RM=5" , "Mental disorder: F=5; RM=5" , and "Psychiatric disorder: F=5; RM=5)". These terms were noted in the responses of pediatricians, and they are more or less close to the clinical descriptions of the signs of autism. The terms "Suffering" and "Struggle and drama" also appeared in the pediatricians' responses. These two terms are far from being a "clinical" expression.

In the lower right quadrant, characterized by low significance in terms of frequency (low salience) and a low position in terms of importance (a low mean rank of importance), are the elements of the second periphery furthest from the central core. The terms "Stereotyped behavior: F=7; RM=2.33", "Solitude: F=7; RM=1.75" and "Chronicity: F=3; RM=3". These terms are more or less close to the clinical descriptions of the signs of autism. And for the terms "Multidisciplinary burden" and "Expenses" focus on the economic cost of ASD (Table 3).

Table 2: Distribution of expressions cited (salience) by pediatricians to designate autism and their average ranks of importance.

Mentioned expression (Salience)	Number of occurrences	Average rank of importance	Number of occurrences × Average rank of importance
Difficulty or communication disorders	38	3.16	120.08
Impairment or social interaction disorder	17	3.4	57.8
ASD (Autism Spectrum Disorder)	11	3.66	40.26
Hyperactivity	10	5	50
Stereotyped behavior	7	2.33	16.31
Neurodevelopmental disorder	7	3.5	24.5
Loneliness	7	1.75	12.25
Disability	5	5	25
Drama	5	5	25
Mental disorder	5	5	25

Psychiatric disorder	5	5	25
Intellectual disability	5	5	25
Suffering	4	4	16
Struggle	4	4	16
Multidisciplinary burden	4	1	4
Expenses	3	3	9
Chronicity	3	3	9
Learning disorder	3	1.5	4.5

Table 3: Analysis of the Hierarchical Evocations of Social Representations of "Autism" Among Pediatricians.

Number of occurrences	**Average rank of importance**	
	High (3 to 5)	**Low (from 1 to 3**
High frequency occurrence ≥ 9	**Core central zone**	**1st peripheral**
	- Difficulty or communication disorders (38)	
	- Impairment or social interaction disorder (17)	
	- Asd (11)	
	- Hyperactivity (10)	
Low frequency occurrence<9	**Contrasted elements**	**2nd peripheral**
	- Neurodevelopmental disorder (7)	Stereotyped behavior (7)
	- Disability (5)	Loneliness (7)
	- Drama (5)	Multidisciplinary burden (4)
	- Mental disorder (5)	Expenses (3)
	- Psychiatric disorder (5)	Chronicity (3)
	- Intellectual disability (5)	
	- Suffering (4)	
	- Struggle (4)	
	- learning disorder (3)	

▪ Social representations of autism among pediatricians and their impacts on the management practices of autistic children

The results from the qualitative study highlighted the relevance of conducting a second research, this time quantitative in nature. The objective of this quantitative study would be to illustrate and supplement the previously collected qualitative data, in order to better understand, as objectively as possible, the impact of pediatricians' social representations of autism on their practices in caring for autistic children. This approach would take into account their socio-professional experiences, their intervention contexts, as well as the meanings they attribute to the phenomenon under study [16].

In order to increase the number of participants, we used the "Google Forms" tool to create an online questionnaire, disseminated *via* several digital platforms such as Facebook, Instagram, and WhatsApp. This strategy allowed us to collect responses from different regions of Morocco and to instantly record the data. Participant recruitment was based on volunteering, with diversified geographical representation at the national level. Furthermore, the survey framework, its objective, as well as guarantees of anonymity and confidentiality were clearly presented in the general instructions and reiterated at each stage of the data collection process.

▪ Preliminary analyses: Distribution of pediatricians by gender

The pediatricians participating in this study are represented by a total of 61 individuals; the results in Figure 1 show almost equality between the two genders.

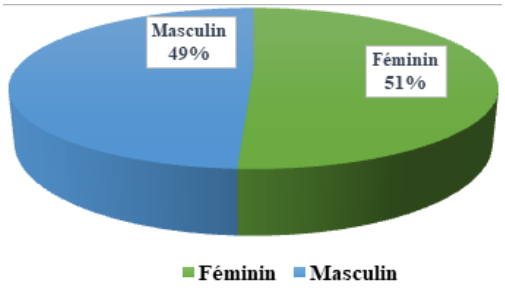

Figure 1. Distribution of pediatricians by gender.

Distribution of pediatricians by age: The age range of the pediatricians participating in this study fluctuates between a minimum of 25 years and a maximum of 55 years, with an overall average of 34.5 years (Table 4).

Table 4: Distribution of medical practitioners by age.

Minimum	Maximum	Mean	Standard deviation
25	55	34.51	7.74

Distribution of pediatricians by years of professional experience: The professional experience of the pediatricians ranges from 1 to 18 years, with an overall average of 7.02 years (Table 5).

Table 5: Distribution of pediatricians by years of professional experience.

Minimum	Maximum	Mean	Standard deviation
1	18	7.02	5.14

Distribution of pediatricians by professional status: All pediatricians participating in this study reported having the status of "Permanent Staff" (Figure 2).

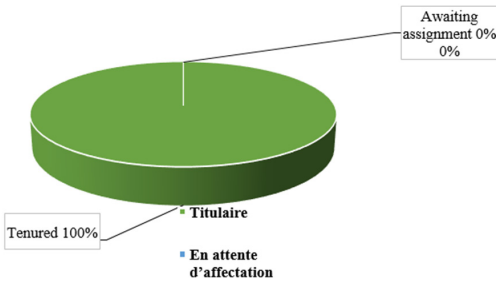

Figure 2. Distribution of pediatricians by professional status.

Distribution of the population by sector of activity: The pediatricians who participated in this study are almost equally distributed between the public and private sectors (Figure 3).

Social representations of autism among pediatricians: 71% of the pediatricians participating in this survey have positive social representations of autism, while 29% that is, only 7 pediatricians-hold negative representations (Figure 4).

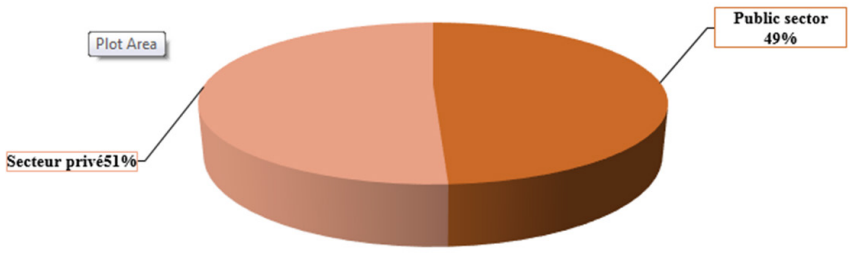

Figure 3. Analysis of the Hierarchical Evocations of Social Representations of "Autism" Among Pediatricians.

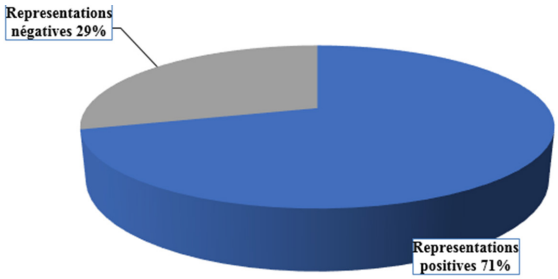

Figure 4. Social representations of autism among pediatricians.

Influence of social representations of autism on pediatric care of autistic children: All pediatricians surveyed in this study stated that they have medical support practices adapted to children with Autism Spectrum Disorder (ASD) (Table 6).

Table 6: Medical support practices for children with (ASD) among pediatricians.

Type of practice	Frequency
Non-adapted practices	0
Adapted practices	61
Total	61

Discussion

We initiated this study with an exploratory approach based on a qualitative methodology. This method allows us to analyze the relationship established between our research object, namely autism, and a group of individuals, in this case pediatricians, through the prism of social representation theory. To better understand the social representations of autism among pediatricians, we first focused on the terminologies they use to refer to autistic children, by comparing them with terms used in scientific discourse. The pediatricians' discourses reveal a general understanding of the notion of autism. Some consider autism as a "Difficulty or communication disorders," while others perceive it more as an "Impairment or social interaction disorder."

Based on the idea that social representations constitute systems of interpretation that govern our relationships with others, guiding and structuring both behaviors and social knowledge [17], we sought, within the framework of our study, to identify the link between social representations of autism and pediatric care. These practices can manifest in different forms: a simple "act," "recurrent practices" based on a certain level of knowledge and experience of the object in question, or "ways of doing" associated with particular social positions, involving interactions between various social groups. They can also take the form of genuine "strategies" [18]. The results of our study show that pediatricians who hold positive social representations of autism tend to adopt appropriate pediatric care practices for autistic children. These findings align with those of Moscovici and Flament [19], who emphasize that professional practices are largely influenced by social representations [20,21].

Conclusion

The objective of this study was to examine the social representations that pediatricians hold regarding Autism Spectrum Disorder (ASD), as well as to evaluate the potential influence of these representations on their pediatric support practices in the Moroccan context. The results highlight a social representation of autism primarily based on a pathological approach, centered on associated disorders. This work naturally deserves to be deepened, particularly through direct observation of pediatricians' practices in their interactions with children with autism spectrum disorders. Furthermore, research involving a larger sample, including not only more pediatricians but also other professionals such as psychiatrists, psychologists, or speech therapists, would refine the conclusions relating to the social representations of ASD. It would also be relevant to conduct a study considering the institutional context, whether private, public, or associative, in order to evaluate the influence of this professional framework on the representations in question..

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