

Social Representations of Autism Among Speech Therapists in Morocco and Their Influence on Communication Support for Children with ASD: A Psychosocial Perspective

Auteur 1 : ZERROUK Zineb

ZERROUK Zineb : PhD of Social Psychology of Development and Organizations, Mohammed V University, Faculty of Letters and Human Sciences, Rabat, Morocco.

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Abstract

This article investigates the social representations of Autism Spectrum Disorder among speech therapists in Morocco and examines how these representations shape their communication support practices. Despite the increasing prevalence of Autism Spectrum Disorder, public health and educational responses remain limited in the Moroccan context. Grounded in Moscovici's theory of social representations, this study adopts a mixed-methods approach to identify the ways in which speech therapists perceive and label autism and assesses whether and how these perceptions influence their professional behaviors. The research sample consists of 80 speech-language pathologists working in both the public and private sectors, selected based on their relevance to the research problem. The analysis reveals a discordance between predominantly negative representations and the reported use of communication strategies that align with international best practices. This contradiction calls attention to the implicit frameworks guiding therapeutic engagements and raises implications for policy and training reforms.

Keywords: Social Representations, Autism Spectrum Disorder, Speech Therapy, Professional Practice, Morocco, Communication Support

1. Introduction

Autism Spectrum Disorder (ASD) is a neurodevelopmental condition characterized by deficits in social communication and restricted, repetitive behaviors. Worldwide, there has been a rise in the number of diagnosed cases, accompanied by advances in diagnosis and intervention. However, in Morocco, public awareness and clinical infrastructure have not kept pace. Between 108,000 and 180,000 children are estimated to be affected, yet many go undiagnosed due to insufficient resources and a lack of specialized training among professionals. The limited number of public institutions and the high cost of private care further hinder access to quality services.

Among the healthcare professionals involved in the early detection and management of autism, speech therapists play a critical role. Their ability to support language and communication development is essential in addressing some of the core challenges faced by children with ASD. However, their beliefs and representations regarding autism may influence their therapeutic approaches in subtle but significant ways.

2. Research Problem and Objectives

In the Moroccan context, the sociocultural understanding of autism varies considerably, influenced by traditional beliefs, stigmatization, and limited professional exposure. Against this background, our research seeks to explore the following questions:

What terms and concepts do Moroccan speech therapists use to describe autism?

Do social representations of autism influence the communication support practices of speech therapists?

Are these practices conducive to the developmental progress of children with ASD?

Our core objective is to examine how autism is conceptualized as a social object among speech therapists and to identify any correlation between these representations and their clinical behavior. We hypothesize that positive and scientifically informed representations of autism will be associated with more adaptive and effective communication support practices.

3. Theoretical Framework

The conceptual foundation of this study is grounded in the Theory of Social Representations, as originally formulated by Serge Moscovici in 1961. Moscovici conceptualized social representations as “a system of values, ideas and practices with a twofold function: first, to

establish an order which will enable individuals to orient themselves in their material and social world and to master it; and secondly, to enable communication among the members of a community by providing them with a code for social exchange and a code for naming and classifying unambiguously the various aspects of their world and their individual and group history” (Moscovici, 1984, p. 14).

Social representations thus constitute a form of everyday knowledge, distinct from scientific knowledge, that allows individuals to make sense of complex or unfamiliar phenomena through shared beliefs, symbols, and narratives (Jodelet, 1989). These representations are socially constructed, collectively maintained, and contextually situated, and they influence how individuals perceive and interact with various social objects — including conditions such as autism. In professional contexts, particularly in the helping professions such as speech therapy, social representations act as implicit cognitive frameworks and cultural artifacts that shape perception, judgment, and clinical decision-making (Rateau et al., 2011).

To deepen the analysis, this study draws specifically on the structural approach to social representations developed by Jean-Claude Abric (1976,2001). According to Abric, social representations possess an internal organization consisting of a central core (noyau central) and peripheral elements. The central core is composed of a small number of elements that are stable, consensual, and deeply rooted in the collective memory of a group. These elements provide the representation with its coherence, meaning, and resistance to change (Abric,2003). For instance, in the professional discourse around autism, elements such as “communication impairment” may be part of the central core due to their alignment with dominant diagnostic criteria (APA, 2013).

The peripheral system, in contrast, is more flexible and sensitive to individual experiences, social roles, and contextual variations. Peripheral elements allow the representation to adapt to specific contexts, integrate contradictory information, and respond to social change (Moliner, 1996; Flament & Rouquette, 2003). This dual structure enables representations to maintain coherence while accommodating new or competing information — such as evolving scientific understandings of autism or changes in therapeutic practices.

In applying this theoretical model to the field of speech therapy and autism, we aim to uncover how Moroccan speech therapists cognitively structure their understanding of autism and how this influences their professional practices. The use of free association techniques (Vergès, 1992) to identify high-salience terms offers a pathway into mapping both the stable and dynamic elements of their representations. Understanding this internal structure is crucial for

identifying potential gaps or contradictions between belief systems and clinical behavior, particularly in a context where training, resources, and public awareness about ASD remain limited.

In sum, the theory of social representations provides a powerful psychosocial lens to explore how health professionals interpret and act upon complex clinical phenomena such as autism. It also offers a framework for designing interventions aimed at shifting representations in a way that supports more inclusive and evidence-based professional practices.

4. Methodology

This research employed a mixed-methods design combining qualitative and quantitative data collection and analysis:

4.1 Qualitative Phase

Eighty speech therapists from both public and private sectors participated in a free-association task. They were asked to list the first five words or phrases that came to mind when they heard the term "autism." The responses were analyzed using Vergès' hierarchical evocation method to determine frequency and rank of importance, thereby revealing the core and peripheral elements of their representations.

4.2 Quantitative Phase

A structured questionnaire was administered to the same group to measure the perceived influence of their representations on actual clinical practices. The questionnaire also collected sociodemographic and professional data to investigate potential correlations.

The sample was predominantly female (67.5%), with an average age of 30 years. Most participants worked in the private sector (77.5%) and had an average of six years of professional experience.

5. Results

The hierarchical analysis of free associations provided a structured map of how Moroccan speech therapists conceptualize autism. Two central elements emerged with high frequency and importance scores: "communication disorder" and "fixed gaze". These components not only reflect key clinical features typically associated with autism spectrum disorder (ASD), but also reveal a dominant deficit-based framing of the condition. The focus on impaired communication underscores the extent to which speech therapists anchor their representations

in observable symptoms, particularly those aligned with their scope of practice. Meanwhile, the recurring mention of “fixed gaze” suggests an emphasis on non-verbal behavioral signs, often interpreted as markers of social disengagement or atypical interaction.

Surrounding these central concepts, a constellation of peripheral elements was identified. These included terms such as “material burden,” referencing the perceived financial or logistical strain associated with caring for autistic children; “child withdrawal” , alluding to the commonly held view of autistic individuals as socially isolated; “neurolinguistic disorder” , which reflects attempts to integrate scientific terminology into lay or professional understanding; “art,” possibly symbolizing alternative modes of expression or therapeutic tools; and “parental challenge” , which captures the emotional and caregiving demands faced by families. These peripheral terms indicate a broader range of influences, encompassing both professional knowledge and personal or societal experiences.

Quantitative findings further illuminate the paradoxical nature of these representations. Despite the fact that 65% of respondents expressed predominantly negative or deficit-oriented social representations of autism, 71.3% of participants reported employing communication support practices widely recognized as effective. These included visual supports such as pictograms, the PECS system (Picture Exchange Communication System), and MAKATON, a multimodal communication program combining signs, symbols, and speech. This discrepancy suggests that while speech therapists may hold traditional or stigmatizing beliefs about autism, their clinical behaviors are at least partially shaped by training, institutional expectations, or professional guidelines that prioritize functional support strategies.

Interestingly, statistical analysis revealed no significant correlations between the nature of therapists' social representations and sociodemographic or professional variables such as age, gender, years of experience, sector of employment (public vs. private), or prior exposure to professional training related to autism. This lack of association implies that these representations are not necessarily influenced by individual characteristics or levels of experience, but may instead reflect broader cultural or systemic discourses within the Moroccan healthcare and educational landscapes.

Taken together, these findings highlight a disjunction between representation and action—a phenomenon that warrants further investigation into the mechanisms by which professional behaviors are maintained or modified, even in the presence of stereotyped beliefs. This also raises important questions about the role of unconscious bias, institutional practices, and the

internalization of clinical norms in shaping day-to-day interactions with children diagnosed with ASD.

6. Discussion

The results of this study highlight a compelling paradox: while a majority of Moroccan speech therapists express social representations of autism that are predominantly negative or deficit-oriented, they nonetheless report employing therapeutic strategies that are consistent with internationally recognized best practices in communication support for children with Autism Spectrum Disorder (ASD). This apparent contradiction invites a deeper exploration into the interplay between explicit beliefs and actual professional behaviors.

One possible explanation lies in the mediating role of environmental and contextual factors within the professional setting. Workplace norms, institutional protocols, continuing education initiatives, and exposure to peer practices may serve as corrective frameworks that enable therapists to adopt more appropriate clinical methods, even in the presence of reductive or stereotypical beliefs. In this regard, the professional environment acts not merely as a passive backdrop but as an active agent of behavioral alignment, mitigating the direct influence of social representations on practice.

Drawing on Jean-Claude Abrie's structural approach to social representations, the persistence of core elements such as "communication disorder" in the representational field underscores the cognitive and emotional salience of certain diagnostic features in shaping the therapists' worldviews. These central elements, deeply embedded in the collective consciousness of the professional group, are likely informed by formal education, clinical training, and shared discourses within medical and paramedical networks. Their relative resistance to change explains the pervasiveness of deficit-based frameworks, even among practitioners with exposure to more holistic or neurodiversity-affirming models.

In contrast, the presence of peripheral elements such as "art," "parental burden," and "child withdrawal" reflects a broader range of individual experiences and situational adaptations. These peripheral items are more malleable and context-sensitive, shaped by specific encounters with children, families, and institutional challenges. They suggest that, beyond the rigid confines of the core representation, speech therapists are also influenced by emotional engagement, personal values, and the perceived realities of caregiving. This multidimensionality of representation reveals a dynamic and sometimes conflicting interplay between theoretical knowledge, social influence, and experiential learning.

Furthermore, this study contributes to a growing body of literature exploring the construction of professional identity in relation to sociocultural environments. In the Moroccan context—where autism continues to be underdiagnosed, stigmatized, and misunderstood—the professional identity of the speech therapist emerges at the intersection of biomedical knowledge, cultural norms, and the scarcity of institutional resources. Therapists must navigate a field marked by ambiguity, contradiction, and evolving expectations, all of which shape how they define their roles and responsibilities.

The findings thus underscore the importance of considering social representations not as static determinants of behavior but as dynamic constructs that interact with institutional, interpersonal, and affective dimensions of professional life. Interventions aimed at improving autism care should not only target knowledge and skills but also engage with the deeper symbolic and emotional representations that professionals hold. In doing so, it becomes possible to promote a more reflective, adaptive, and inclusive approach to therapy—one that aligns both belief and practice in the service of children with ASD and their families.

7. Limitations and Future Research

This study's limitations include its reliance on self-reporting, which may be affected by social desirability bias, and the absence of observational or longitudinal data. Future research should include ethnographic or clinical observations to validate reported practices.

We also recommend expanding the sample to include other professional categories (e.g., psychologists, special educators) and exploring regional differences in representations. Qualitative interviews may provide deeper insight into the emotional and experiential dimensions of professional engagement with autism.

Conclusion

The study demonstrates that while speech therapists in Morocco possess the technical means to support autistic children, their social representations often reflect outdated or deficit-based views. This disconnect underscores the need for targeted interventions that challenge stereotypes and foster more holistic and individualized models of care. Transforming professional representations through education and experience is crucial for enhancing the quality and inclusiveness of services for children with ASD.

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