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Reflections on Communication and Autistic Children

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All observers agree that a major defect shown by autistic children is their inability to communicate. Communication[2] is often lacking even in children who eventually shown improvement and develop an adequate use of speech. I shall stress this to indicate that while many remain mute or use an idiosyncratic form of speech, it is not so much the words but "relatedness" and the out-going social initiative and response that are so noticeably absent.

Kanner (1944) used the expression "extreme autistic aloneness which, wherever possible, disregards, ignores, shuts out anything that comes to the child from outside." This emphasis on a defensive reaction toward incoming stimulation was often interpreted as implying a negative response, a thrust away; this has perhaps delayed attempts to explain the phenomenon in terms of the inner and personal meaning (if any) to the child, of normal social contact. Bender (1960) emphasized this point in relation to therapy by saying that "the therapeutic approach should strive to help the struggling and terror-stricken personality to tolerate the malignancy of a disorder which disturbs all of its inner experiences." In an earlier paper, Potter (1933) considered that speech "through incoherence and diminution, sometimes to the extent of mutism," was important as evidence of disturbed thinking.

We are thus faced with the basic problem: Do we speak because we think, as is usually assumed, or do we think because we speak? The situation, of course, is not as simple nor as unified as that, and cannot be answered as a single alternative. Nevertheless, we are coming to see more and more clearly that the

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[2]The word *communication* is used here in its widest sense, implying not only speech, but also an emotional response and demand for attention, linked with some degree of receptive awareness of stimuli.

full experience of human communication is something not limited to the use of correct words.

We are well familiar with the barrier to communication caused by cerebral damage. When this occurs before or during birth, it may entirely prevent speech function from developing. The extent to which it prevents a cruder form of communication depends on many factors, ranging from the level of undamaged potential for intellectual development to the achievement of the complex neuro-muscular control required in the act of speaking or writing words. Easier to understand is the block caused by deafness when the input of verbal stimuli has to find a new way, whether by means of a hearing aid, lip-reading or sign language. The surprising thing is to discover how relatively easy communication can become when an intelligent, but "deaf-and-dumb" person is all intent on receiving the message. Even this desire had to be forcibly awakened in Helen Keller when she was first taken on by Miss Sullivan. We must continue to wonder how many potential Helen Kellers we may have missed by not forcing the door open soon enough.

Perhaps this crudely simple resume of the present trend of thinking about autism and communication may be enough to remind us of the enormous gap between the behavior of nerve cells within the brain and the accumulation of understanding, of storage, and of consequent thoughts and ideas which form the essence of adult human communication. This point was vividly focused for me in a chance reading from the writings of Isaac Penington (1616-1679):

> And the end of words is to bring men to the knowledge of things beyond what words can utter. So learn of the Lord to make a right use of the scriptures. . . .

That remark by one of the early Quakers may be understood in its context which had nothing to do with noncommunicating children. But if we think about Penington's sentence it may help us to put words, language and communication in a proper perspective in the maze of human functioning.

It will be recalled that the second of the nine points[3], perhaps the one most often criticized and questioned, attempted to put into words the autistic child's lack of self-identity. The expression used was "apparent unawareness of his own personal identity to a degree inappropriate to his age." In a paper dealing with the theory of parent-infant relationship, Winnicott (1960) used a similar context to illustrate how warm and interested maternal care permitted dependence while

[3]Reference to the descriptive statements of the British Working Party (Creak et al., 1961) headed by the author (Ed.).

leading on to independence (perhaps involvement is a better word than dependence):

> The ego support of the maternal care enables the infant to live and develop in spite of his being not yet able to control, or to feel responsible for what is good and bad in the environment . . . a phase in which the infant depends on maternal care that is based on maternal empathy rather than on understanding of what is or could be verbally expressed . . . the infant ego eventually becomes free of the mother's ego support, so that the infant achieves mental detachment from the mother, that is differentiation into a separate personal self.

This suggests that the establishment of a sense of personal identity derives from close warm care which permits the growth of this small human plant to the point of emergence into a relatively independent and personal life of its own. It is perhaps not without significance that this individuation occurs before, but leads on to the stage of verbal expression, very simple at first but all the time increasing in range and complexity.

Turning again to the nine points, the definition of point (1) went to some pains to link Mahler's (Mahler, Furer, & Settlege, 1959) concept of the autistic child's symbiosis with the mother figure (an attachment which is seen to owe nothing to communication) with what Kanner calls "autistic aloneness," and to place both in the category of imparied emotional relationships. Clinging is not a warmly felt awareness of a protecting person, and the aloneness is not shown as a graduation to independence. Nor is it the positive outgoing protest and hostility shown by the normal infant when from time to time his loving figure prevents him from doing something potentially detrimental that he wants. It is the lack of any accompanying personal involvement, dare we say communication, which seems again so characteristic of the autistic child.

Turning for further guidance to a strictly neurological basis related to the act of self-awareness, I came across a paragraph in a Wayneflete lecture by John Carew Eccles (1952) which seemed to suggest a possible link:[4]

> Another word that needs comment is 'self.' It will be used to connote a unity that derives from a linking by memory of conscious states that are experienced at widely different times . . . spread over a lifetime. Thus, in order that a 'self' may exist, there must be some continuity of mental experiences and, particularly, continuity bridging the gaps of

[4] Again having nothing to do with autistic children, the Wayneflete lectures were focused on speculations suggesting a neurophysiological basis of the mind.

> unconsciousness. . . .[5] On the other hand, mental experiences restricted to the so-called 'specious present' exist without such continuity of memory linkage. In a brief interval of time, we have a multitude of transient mental experiences *that are not linked together* (Eccles' italics) and vanish past all recall in a few seconds. Perhaps such mental experiences are all that animals and very young children have, all their learning processes being subconscious and strictly speaking unremembered, *hence they would lack a self* (my italics) as defined above.

These widely differing quotations may seem to have little to do with the problem of communication manifested by the young autistic child, but they may go some way to bring together certain clinical aspects with which we are familiar. Were it the case that a basic fault lay in the capacity to record experiences and thus to build up meaningful concepts, we could begin to see the inner life of an autistic child as a series of interruptions, all unrelated, without meaning and therefore disturbing. Each unrecorded pattern is erased as soon as it happens. You could think of it as nothing leads to anything, or even that anything leads to nothing.

These speculations began as a result of a visit paid to me by an adult autistic boy and his two parents:

> He is now approaching the age of 20 and was 5 when I first saw him. The boy has never been without speech but tended to be repetitive at an early age, learning and repeating rhymes and songs rather than conversing. He lives at home, has no social life but earns a living with routine machine-tool work. Skilled when he has learned what to do, the boy shows no initiative. He makes no friends and his chief interests are the underground railway, which he knows like the back of his hand, and also traction engines. It is difficult not to feel bored at a certain empty unresponsiveness in his very restricted conversation.

We decided to take photographs in the garden, particularly one of all three standing beside a plant they admired. He persistently stood too far off to come into the picture until finally I said; "Stand in here, between mother and father." He seemed puzzled and annoyed and walked away so that we had to do without that one. This ordinary incident prompted me to think: I came to the conclusion that his irritation resulted from my incomprehensible request. I had, after all, asked him to "stand in," to "stand here," and to "stand between." How could he possibly do all three? Nor had he any idea of *why* a photograph requires

[5] To illustrate this point, Eccles instances sleep, concussion and convulsions.

grouping, distance, and focusing. Put that way with no linkages and no resultant visual concept of what I could mean, it was indeed an incomprehensible, and therefore disturbing request. So he moved away from it, but in an entirely different manner from some one registering impatience, boredom, or simply lack of interest. Nor did he question, or seek an explanation. In other words, communication failed.

At this point, I should like to refer to a recent conference held in London on February 26, 1972. Rather a small seminar than a conference, it was entitled Communication in Psychotic Children. The group, small enough to encourage a frank dialogue, comprised participants with extensive clinical experience in diagnosing, caring for, and attempting to treat psychotic children.[6] The gathering provided an opportunity for an open and challenging exchange of ideas, also allowing us to take a look at the new frontiers in research.

The subject was communication or lack of it. It was pointed out that autistic children not only fail to communicate, but also fail to receive our attempts to communicate with them. This may be so at a simple level:

> A small boy (able to speak in a limited way), clutching his pants, asked his teacher: 'May he go toilet,' to which she replied 'Yes' and again 'Yes, certainly' with no result. Not until she said 'You may go toilet' was he able to accept, and took himself off with evident relief. Surely here was a comparable situation to the failure to respond to 'stand in here. . . .'?

This focused attention on how meaningful concepts are built up in the developing child, with a word of warning about the complexity (in terms of neurological communication) of the systems that are involved. Language is clearly not built up from a series of anatomical centers—*the* speech center, *the* hearing center—being damaged or delayed in the developmental pattern, but a complex fault in building up a communication system with a meaningful part to play in that individual's life. How and when is such information stored and recorded, so that it becomes meaningfully linked with subsequent happenings? One has the impression that the autistic child is bombarded with a welter of meaningless stimulation, speech fails to communicate, and inevitably attention is not gained or is positively rejected.

At the present time, sophisticated EEG work (Hutt, Hutt, Lee, & Ounsted, 1965) sought to explain this, or at least link it with EEG evidence suggesting a

[6]Significantly, the opening remarks stressed that the variously-used terms "early childhood autism," "schizophrenic syndrome," and "psychotic child" cover a clinical area which cannot be precisely defined.

state of over-arousal. This research had led to consideration of the role of the reticular activating system, but it was clear that to regard this as an answer was totally inadequate. The Hutts and their associates believed there might be both a defensive under-arousal, and an over-arousal which flooded the receptive system resulting in widespread and *extending* inhibition, thus preventing learning and memory. The experience, as well as trauma, could also prove useless as an act of communication. They referred both to possibly connected biochemical faults and to certain ways in which the EEGs of autistic children resemble those of infants. Much of this work is being reviewed and revised in view of changing concepts. Nevertheless, a sound clinical approach can only be made by the accumulation and sifting of such evidence. Do we really know how normal children learn to think? We know they do so, sometimes eagerly, often in a confused or tentative way, and it is rare in the normal child to have this happen without a verbal clue from time to time. Indeed, if the more recent approaches to the problem of early autistic patterns (as shown in children before speech has begun) have taken a definite and lasting direction in the last 5 years, it is to support the view that the basic handicap is built in, and that much of the resulting emotional distortion (which indeed can be infectious to the family as a whole) is secondary.

This concept was expressed in an unusual way by one of the speakers at the aforementioned seminar who likened human speech to "a sort of human preening, to get yourself accepted." This is a great deal less frivolous than it sounds. Thinking back over many years' work with autistic children reminds me that in their intense loneliness (a point always made by Kanner) they appeared not only to have nothing to communicate, and nothing to communicate with, but also seemed to have no urge or direction toward acquiring these elemental human attributes.

Following two papers which emphasized that no positive help can be given without some to-and-fro communication between therapist and patient, Lawrence Bartak gave a more detailed account of autistic behavior in relation to communication.[7] A number of views leading back to the entire concept of the role of communication in human life were expressed. For the autistic child, the degree of understanding as to what is expected of him will be reflected in the degree of autistic withdrawal and disturbance that he shows. When, as so frequently, he fails to understand the demand, he may show more disturbance. If he can understand, there is often a decrease in such behavior and he will go ahead to do what is asked of him. This implies that much of the time the autistic

[7]See also Rutter, Bartak, and Newman (1971).

child is neither simply unwilling nor involved but wholly at a loss. So his confusion overflows into increased autistic behavior.

The language faults often show "impaired ability to comprehend components of phrase structure" (as in the garden story); this will also impede the children's understanding of anything complex in the speech of those trying to communicate with them. Bartak suggested that one might go further than this and question whether the autistic child can regard speech as more than yet another noise impingeing on his consciousness. The child may indeed be unaware of communication as a normal human exercise. While methods that aim at introducing speech and language may actually succeed, they obviously must be actively linked to an understanding of the meaning of the imparted instruction to "hear" and "understand."

This brought me back to where I began, namely a deeper awareness of the autistic child's built-in difficulties. It is as if the echoes and the inward associations of things said fail to attach themselves to any growing awareness of the personal and social relatedness we all develop towards the world in which we grow up. In this situation, such children create for themselves an emptiness so that those of us who love them, or seek to care for them or improve their lot, will find ourselves nearly as lost as our patients. There the story might end were it not for the massive investigation and research into this difficult area of abnormal developmental patterns in early childhood. Would it be too bold an assumption to suggest that the nature of communication, what it means to the human being, and how it gets established in each individual, is possibly the key note to the whole?

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