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ECHOLALIA IN AUTISM: ASSESSMENT AND INTERVENTION

by Barry M. Prizant, Ph.D.

Language and communication deficits have become a focus of research endeavors and clinical intervention procedures with individuals diagnosed as autistic. Diagnostic schemes for the autistic syndrome specify that language may never be acquired or may be delayed and include deviant or abnormal characteristics when compared to language of normal children (DeMyer, Hingtgen, and Jackson, 1981). Various studies report that 50 to 65 percent of autistic individuals acquire some vocal language (Prizant, 1978); however, it is often not clear whether recognizable speech or rule-governed linguistic behavior is used as evidence of language acquisition. What is clear is that in longitudinal accounts or retrospective histories of verbal autistic children, references to echolalic behavior are pervasive, if not inevitable. For example, in Kanner's (1943) early classic description of 11 autistic children, the eight who had acquired some language were described as echolalic (the remaining three were mute). Since that time, the prevalence of echolalic behavior in verbal autistic children has been estimated at 75 percent or greater (Baltaxe and Simmons, 1981).

The significance of echolalic behavior has been substantiated by the role it plays in the diagnosis of autism (Rutter, 1978)

and prognosis for the acquisition of more creative and complex communicative and linguistic skills (Lovaas, 1977). Controversy still remains, however, as to what significance it may have in communicative interactions. Furthermore, the role that immediate and delayed echolalia may play in language acquisition is rarely considered. In this discussion, I will consider these issues in reference to our evolving understanding of immediate and delayed echolalia, and crucial issues will be identified in reference to assessment and intervention strategies for individuals who demonstrate echolalic behavior.

ECHOLALIA DEFINED

In her excellent review of echolalic behaviors in autism and other clinical populations, Schuler (1979) emphasized that terminological problems and the lack of operationally defined criteria have precluded lucid discussions of echolalic behavior. She indicated that

The term 'echolalia' appears to be used loosely, to refer to some not well specified type of repetition of words and phrases. Distinctions as to degree of repetition and comprehension are usually lacking as well

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as considerations about the intentionality and context sensitivity of the behavior. (p. 411)

Clearly, the fault does not lie solely with theorists and researchers. Echolalic behaviors, both immediate and delayed, are best described as a continuum of behaviors in regard to exactness of repetition, degree of comprehension, and underlying communicative intent (Fay and Schuler, 1980; Prizant and Duchan, 1981). The confusion in the literature results from a lack of accepted definitional boundaries, which would be difficult to establish and would have to be arbitrarily determined. For example, are intonation and contrastive stress to be taken into account if a conservative definition is selected, that is, echolalia defined as *exact* repetition of segmentals? Researchers who have studied echolalia have, for the most part, limited their attempts at definition by focusing on observable linguistic structure of echolalic utterances as compared to the model utterances (see Fay and Schuler, 1980; Prizant, 1978; and Shapiro, Roberts, and Fish, 1970, for contrasting frameworks). The important issue of terminology and definition will certainly not be resolved here. For the purpose of this discussion, definitions of echolalic behavior will be extracted from the available literature, with the concept of continuum regarded as central to an understanding of echolalic behavior.

The clearest distinction that has been made differentiates two general categories of echolalic behavior based on temporal latency between the original production of an utterance and the subsequent repetition. Stated simply, *immediate echolalia* refers to utterances that are produced either immediately following or a brief time after the production of the model utterance. *Delayed echolalia* refers to utterances repeated at a significantly later time. The process involved with the production of delayed echolalia appears to involve retrieval of information from some type of long-term memory, whereas for immediate echolalia, reflexlike echoic short-term memory is most often implicated (Fay, this issue of

Seminars; Hermelin and O'Connor, 1970). Other pertinent issues regarding the definitions of immediate and delayed echolalia will now be discussed in specific reference to each category.

IMMEDIATE ECHOLALIA

Immediate echolalia has been defined as "the meaningless repetition of a word or word group just spoken by another person" (Fay, 1969, p. 39). Fay noted that the use of the term "meaningless" is a necessary qualifier, although this judgment is most often based on inference. Other definitions of immediate echolalia include "spontaneous and inappropriate repetition of an utterance" (Voeltz, 1977, p. 3) and "*exact* repetition of the last wedge of speech heard" (Philips and Dyer, 1977, p. 48).

Most researchers, especially those who are not students of psycholinguistics, have tended to assume that such repetitive utterances are devoid of communicative intent and signal a lack of comprehension of the model utterance. This position became predominant because of a limited understanding of the relative independence of production and comprehension processes, as well as the absence of a functional-pragmatic approach to research on echolalia. Due to a focus on semantic-syntactic models of language, immediate echolalia has most often been identified as meaningless because such utterances rarely contribute new information in conversation.

Variations from "pure echolalia" (Fay, 1967) or "rigidly congruent echoes" (Shapiro, Roberts, and Fish, 1970) have been identified as "mitigated echolalia" (Fay, 1967) denoting utterances that are produced with some modifications, including deletions, additions, and/or substitutions of words, or change in intonation, stress patterns, or paralinguistic features. An additional structural type of echolalia includes utterances in which most segmentals are neutralized or underarticulated. Such utterances may still be recognized as

