Repeated Communication and Echolalia in Autism (A Case Study)

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Abstract
This study aims to examine the communication phenomenon of autistic children who are influenced by echolalia. One of the difficulties faced by autistic children in communicating, especially for children who experience severe barriers, is in mastering language and speech. This study uses a qualitative approach, in which the researcher describes the existing reality. The main informants in this study were a teacher at the Center for Emotional Focus Therapy and a teacher at the Behavior Therapy Center. The results showed that learning to communicate nonverbally with autistic children was more dominant by instilling language concepts through visual media by means of the teacher asking questions and the children answering things with their abilities. The teacher helps by showing visual pictures and asking autistic children to imitate them. As for verbal autistic children, both teachers emphasize adding or expanding vocabulary. The difficulty of autistic children in communicating is caused by having language disorders (verbal and nonverbal), even though language is the main communication medium. They often have difficulty communicating their desires both verbally (oral/speaking) and nonverbally (gestures/gestures and writing). Most of them can speak, using short sentences with simple vocabulary but their vocabulary is limited.

Keywords: Autism, Echolalia, Child Communication.
INTRODUCTION

Language is an act of conveying and interpreting messages between individuals in certain contexts. Through language, speakers carry out the act of conveying messages so that the speech partner understands according to the ideas that are in his mind. Children with autism have limited communication skills to be able to express themselves effectively and efficiently (Grossi, et al., 2013). This is due to cognitive impairment in them. These cognitive impairments affect their information processing practices and communication skills. Information that is heard, seen, felt, processed differently from normal children. This situation, De Wit, et al. (2007) is called a qualitative disorder in communication and social interaction. There are times when the child’s development is fast, there are times when the development is slow due to certain reasons (Luyster, et al., 2005).

Cognitive disorders in autistic children cause failure in communication so that they are not able to effectively relate one speech to another. As Nwora & Gee (2009) said that autistic children have no difficulty in expressing good syllables (eg common chatter). However, the child shows a significant weakening in vocal quality (eg unusual phonation). Unusual early vocalizations mark the emergence of problems in speech and language development in autistic children. Verbally, several abnormalities are typical of the language and speech of autistic children. As stated by Boeschoten (2007) abnormalities in autistic children include echolalia, irregular vocabulary development, reversal of pronouns, and pragmatic and morphosyntactic errors. It is also common to find speech and voice abnormalities. Moore (2012) said that the autistic child failed to use language appropriately and effectively in the area of communicative situations.

Abnormalities that exist in autistic children cause their speech to be different from normal children. In the production of speech, autistic children use very simple verbal language behavior, namely one or two words, followed by nonverbal language. Cognitive disorders that occur in children with autism cause communication disorders. Difficulty in language production is also a form of communicative disorder in the oral speech of autistic children. The difficulty in language production is also due to the difficulties experienced by autistic children in drawing links between one information and another from their interlocutor. Children with autism find it difficult to draw generalization conclusions so it is difficult to draw links between one information and another Jacobsen (2010). In Australia, the agency that oversees the problem of autism (Autism Association of Australia) revealed that 1 in 100 people have autism characteristics (Baird, et al., 2008).

Children with autism can be detected from many indicators, including difficulty in communicating even though communication is a basic human activity (Matson, et al., 2009). Children with autism have difficulty in developing verbal communication. They fail to understand what is being said to them. This communication problem in autistic children shows the interaction between various dimensions of language. This causes autistic children not only to fail to develop interpersonal communication but also fail to develop the concepts needed to form language content. This situation leads to a weakening of language performance, which is accompanied by abnormalities in the semantic and pragmatic systems. The core cognitive deficit in autism consists in the failure to associate mental states with either one’s thoughts or those of others (Wilczynski, 2007).

Based on the description above, the study of communicative disorders in the oral speech of autistic children is interesting to study. By knowing the communicative disorders in the oral speech of autistic children, it is hoped that it can provide input for parents, teachers, and therapists to train communication in autistic children right on target. In addition, the results of this study are expected to be able to help improve and encourage autistic children to communicate effectively at least to meet the needs for daily communication. In the course of research on autistic echolalia, further dimensions of variation within echolalia have also been identified. Of special importance is the exactness of the repetition, the degree to which the words in the utterance that is the target of the repetition are reproduced. This parameter is of direct relevance to immediate echolalia, and in this respect, distinctions have been made between three subtypes. First are ‘pure echolalia’, exact repeats of all or some portion of the words used in the prior target turn. Second are ‘telegraphic echolalia’, repeats of words that are not adjacently positioned in the target utterance. Third are ‘mitigated echolalia’, repeats that

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include some or all words in the target with additional words added. These three subtypes are illustrated below (Da Cruz, 2010):

(a) Speaker A: Where is mommy’s bag?  
   Speaker B: mommy’s bag [pure echolalia]
(b) A: Where is mommy’s bag?  
   B: Where hat [telegraphic echolalia]
(c) A: Where is mommy’s bag?  
   B: Mommy’s bag there [mitigated echolalia]

Within the autistic population, it is the prevalence of pure echolalia at a certain stage of development that seems to be the clearest potential case of abnormality in the use of repetition. This pure echolalia can preserve suprasegmental features of the target utterance as well as segmental ones, thus giving the impression of a speaker who is simply parroting the speech of the other party. Valentino (2012) suggested a reconsideration of echolalia as an interactional phenomenon that cannot be considered only from the perspective of the child’s linguistic ability or disability, but rather as an outcome of complex interpersonal processes that also involve the partner’s disposition and his or her expectations from the child.

METHOD

This study uses a qualitative approach (Assingkily, 2021). The data of this research are recorded speech dialogues of autistic children which are treated as linguistic symbols that construct communicative disorders/echolalia in the oral speech of autistic children. The source of research data is autistic children in Medan. In this study, researchers position themselves as the main instrument. As the main instrument, in conducting this research, the researcher plays a key role, both in data collection, data analysis, and in concluding research findings. Data collection techniques used in this research are recording and observation techniques. The data analysis technique used in this research is an interactive model.

RESULTS AND DISCUSSION

Children with non-verbal autism develop their communication skills by understanding words through sound (loud and weak), intonation, motion, pictures, cues, or routine activities carried out. This can be illustrated when the teacher asks a child with autism to sit, "sit!", then the child is less able to respond/understand the word sit completely. The teacher can help by patting the chair as a signal that the child is moving towards the chair and sitting on the chair. Another example is when a child with autism is asked to pick up a ball. When the teacher says "take the ball!", the tendency of non-verbal autistic children will find it difficult to respond to the command. But when the teacher helps by gesturing to touch or point at the ball and the child looks at it carefully, the child will do it.

Echolalia is a form of repetition of words, phrases, or sentences in the speech of other people. In general, every child goes through this period of development. At a certain age, children experience the process of echolalia (parroting). Likewise with autistic children but what makes the difference is the degree of echolalia and the length/time in this developmental stage (Goldin & Matson, 2016). Children generally have a fairly short time and a rapid degree of echolalia changes to better functional and social significance. Meanwhile, children with autism tend to find echolalia with a high degree of echolalia and less significant. Echolalia is the repetition of words or sentences, immediately or delayed, and is often associated with autism. Echolalia can only be considered a feature of autism if it occurs at a higher mental age. For an autistic child with a mental age of 5 years, it is not normal to still show echolalia and this is considered a qualitative disorder. Echolalia rarely occurs when the message to be conveyed is understandable. Some of the reasons autistic children tend to have echolalia
in communicating are the lack of understanding of autistic children in understanding language concepts in the context of pragmatic communication.

Two types of echolalia that are often found in children with autism are fast echolalia or immediate echolalia and delayed or delayed echolalia. Quick echolalia or often referred to as immediate echolalia is a meaningless repetition of a word or group of words that has just been heard. Slow or delayed echolalia, for example, if an autistic child is at home, suddenly he repeats the teacher's orders that the child gets at school. There are even autistic children who remember words or phrases that other people say and use within hours, the next day, a week, a month, even a year later. From the results of the data analysis of this study, it was found that the speech of autistic children showed an indication of the presence of echolalia. This is explained in full in the following quote.

T : "How much is that part?" (1)
AC1 : "Three". (2)
T : "The shaded one...Ndii!" (3) "How many parts are shaded?" (4) (Andi did not pay attention to Mr. Surya)
AC1 : "Shading". (5)
AC2 : “One” (6)
AC3 : “Three”.(7)

Context: Spoken when learning mathematics takes place. Mr. Surya explained the concept of a third part to autistic children.

The quote represents a form of communicative disorder in the speech of autistic children in the form of echolalia. Children with autism do echolalia to questions and commands because they do not understand or do not know how to respond. The speech is said to be a communicative disorder of echolalia because based on the description of the data in the speech, it was revealed that the repetition of words was done by an autistic child when asked by Mr. Surya. Through this speech, the repetition of the word "shading" is expressed by Andi without realizing or understanding the meaning of the word expressed. The question that Mr. Surya put to Andi through her speech and speech about how many shaded parts of the picture, Andi did not answer but instead repeated the word "shading" through her speech. Andi did the repetition because he did not understand the meaning of the question he was asking. Echolalia that Andi does in the speech is immediate echolalia. It is said to be echolalia immediately because as soon as Mr. Surya's speech is finished, Andi immediately repeats the words from the sentence. In another context, autistic children also do echolalia. The results of the analysis of the speech data of autistic children's echolalia found in this study are as shown in the following quote.

T : “At school”. (1) "If you meet a friend at school, do you say hello?" (2)
AC : "Hello". (3)
T : "How to greet him?" (4)
AC : "How?"(5) (pause with a smile)
T : “How about saying greeting?” (6) "Morning Aan". (7)
AC : "Morning Aan". (8)
M : "Morning Vin". (9)
AC : "Morning Vin". (10)

Context: Spoken at the time of learning Indonesian. Mr. Surya asked autistic children to make sentences based on pictures.

Rosen, et al. (2018) added that participants must detect a visual target that is surrounded by varying degrees of distracting information, individuals with an autism spectrum disorder are more impaired by the presence of distractors than are typically developing individuals. Based on this statement, it was revealed that there was a communicative disorder in the use of speech in the form of repetition of words and sentences by
Fahmi. The repetition of words and sentences is done directly and quickly because he is an autistic child who has good verbal communication. Through the speech of the autistic child, he repeated some of the sentences asked by Mr. Surya. Judging from the relationship between questions and answers expressed by autistic children, Fahmi's repetition of words through the speech includes echolalia. It is said to be echolalia because the repetition of the utterance does not understand its meaning. To ensure that the autistic child understands the meaning of the question, Mr. Surya asks another question through speech. Because the autistic child did not understand the meaning of the question and had difficulty answering how he greeted her, Fahmi repeated the question word expressed by Mr. Surya through his speech, namely "how" and then kept quiet while smiling. Even for autistic children who are already fluent in communicating, there is still direct echolalia to the speech they have just heard. Through her speech and speech, Mr. Surya gave Ndintoh a form of greeting addressed to Fahmi's friend. "How about saying hello?" "Morning Ana". Through his speech and speech, Fahmi did a complete repetition of the sentence expressed by Mr. Surya. Repetition performed by autistic children usually has extraordinary accuracy. Repetition is one of the characteristics of communicative disorders in the oral speech of autistic children.

The oral speech of autistic children in the following quotation is a form of communicative disorder in the speech of autistic children in the form of echolalia. The immediate repetition of some of the utterances that have just been heard most often occurs when the child interacts with the speech partner, and it turns out that the autistic child does not know the correct response to the previous utterance or question. Mr. Surya tried to ask Andi a question. From the answers made by autistic children to the questions given, the teacher knows the speech is echolalia or not. Through Mr. Surya's story, she asked Andi again, vegetables, vegetables, do you have carrots? If Andi answered yes or yes, it means that the speech was not echolalia. However, through Andi's speech, he did not answer yes or no, but Andi returned to echolalia in his original speech.

Children with autism experience qualitative disorders in the field of communication characterized by the use of strange and repeated language. Andi repeated part of the word "carrot" when asked by Mr. Surya. Through the story, Mr. Surya asked Andi to name other vegetables besides carrots. The speech event took place in the classroom when the autistic children took a break while drawing. Mr. Surya also asked about Andi's experience and Andi's vacation plans.

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T : Hei, Andi this morning what vegetables did you eat this morning?
AC : “Vegetable”
T : Vegetables...Vegetables, do you have carrots?”
AC : “Carrots”
T : “Carrots on?”
AA : "Already..already..!"
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Context: The speech takes place when the autistic children are resting. In a relaxed situation

Based on the explanation above, it can be concluded that echolalia is one of the communicative disorders that autistic children have. The findings of the research above are in line with the opinion of Sperry, et.al. (2010) who say that among verbally autistic children, several abnormalities are typical of language and speech. These abnormalities include echolalia, irregular vocabulary development, reversal of pronouns, and pragmatic and morphosyntactic errors.

Furthermore, Matson (2009) argued that because of the uniqueness of their mindset and behavior, autistic children have difficulty in: (1) communicating and relating to others, (2) understanding what other people think, (3) developing language skills. Children with autism often repeat the words they hear without understanding the meaning of the word (echolalia). This is in line with the opinion of Stribling (2007) who stated that the communication quality of autistic children is not normal as indicated by unusual language that is repeated or stereotyped.
CONCLUSION

Based on the research above, it can be concluded that learning to communicate with nonverbal children with autism is more dominant by instilling the concept of language through visual media; the teacher asks questions and the children answer something with their abilities. The teacher helps by showing visual pictures and asking autistic children to imitate them. As for verbal autistic children, both teachers emphasize adding or expanding vocabulary. The difficulty of autistic children in communicating is caused by having language disorders (verbal and nonverbal), even though language is the main communication medium. They often have difficulty communicating their desires both verbally (oral/speaking) and nonverbally (gestures/gestures and writing). Most of them can speak, using short sentences with simple vocabulary but their vocabulary is limited.

BIBLIOGRAPHY


