

CHAPTER 22

## Duality of Function of Language in Communication with People with Autism

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### Abstract

In our treatment of autistic children and young people, we emphasise first the promotion of a secure relationship between ourselves and our patients. Central to this process is the vitality affect of speech: the rhythm, intonation, modulation, rather than the meaning of the words *per se*. These patients often respond with excitement and joy when communication is on the affective level, and when the vitality affect of each person mutually resonates and is shared. Communication becomes less aversive and difficult.

This approach is based on the observation of developmentally primitive amodal perception in these patients especially in vitality affects and physiognomic perception. The insecure attachment of these children leads to distorted perception which is often evaluated as threatening. Speech has a dual function, it conveys emotion as well as linguistic meaning. It is believed that oversensitivity to this vitality affect carried by speech is one factor promoting communication difficulties for autistic children.

## Introduction

To date, the author has undertaken clinical research focusing upon the characteristics of amodal perception seen among people with autism. Through this work, he has demonstrated that one of the foremost characteristics of their modes of perception is that the amodal form of perception is seen even in older people with autism (Kobayashi 1996, 1998, 1999). Amodal perception is perception that is not tied to any one modality, for instance a rhythm can be perceived whether it is felt or heard or seen. Amodal perception in infants has been extensively discussed (Stern 1985). Physiognomic perception (Werner 1948) is one such form of amodal perception, and is characterised by inanimate objects being perceived as if they were alive. In amodal perception, experience is affected by the psychological or physiological condition of the subject.

Not only can the amodal perceptions of infants be categorised in traditional ways such as fear, joy, anger, etc., but also, Stern (1985) argues, affect can be seen in another way. These are vitality affects and refer to the form of the experience and they arise directly from encounters with people. They are intersubjective in nature. They are described in dynamic kinetic terms such as 'surging', 'explosive', 'fading away' (Alvarez 1992). When the modes of object perception among autistic people are observed in detail in the clinical setting, it is not uncommon to see them suddenly exhibiting fear or displaying reactions of distaste towards something they are familiar with, as if they were seeing something unfamiliar. The author has conceptualised this phenomenon, calling it the 'perception metamorphosis' phenomenon (Kobayashi 1998).

In the autistic person, attachment formation with the caregiver is difficult from early infancy. For this reason, they find it difficult to establish a base of security, and they are prey to strong feelings of wariness or fear. In this frame of mind, stimuli are likely to take on persecutory or intrusive tones, making the person suddenly display fear and avoidance reactions even towards objects they are entirely familiar with. The author assumes the existence of perception metamorphosis phenomenon as background to such perceptual behaviour.

However, the type of perception characteristically seen among autistic people cannot be regarded as an abnormal phenomenon entirely removed from the perception of most people. In fact, in the healthy infant, amodal perception is carrying out an important role in enabling communication with their caregivers; communication in early infancy at the stage before

acquisition of words. In other words in emotional communication, the existence of amodal perception in the form of physiognomic perception and vitality affect is indispensable (Stern 1985). Believing it should be possible to nurture emotional communication with the autistic person, attempts have been made to evaluate the type of therapeutic approach required.

Now, the dual function inherent in language in the communication with autistic persons will be discussed using two case studies.

### Case 1: K

K is male, autistic with severe mental retardation, whose age at start of therapy was 22. First words were uttered at age 4½. At 6, he was diagnosed autistic. Severe panic attacks were seen from the time he was enrolled in kindergarten. He was placed in a special class for handicapped children from grade school (about 6 years), but severe panic attacks reappeared following transfer to a different school in the third year of junior high school (ninth grade). At 18, self-injury to his eyes and vandalism appeared. At 19, he even jumped out of the window of his apartment impulsively, causing injury to his spine. For these reasons, he was hospitalised in a children's ward of a psychiatric hospital for four years starting when he was 20. However, because his behaviour disorder did not improve, he was moved to a rehabilitation facility for mentally handicapped people where the author is involved as a consultant doctor.

Alongside pharmacotherapy, the author started therapy of both mother and child together. In the company of his mother, K would always stereotypically repeat the same questions. He would address his mother with words indicating his ambivalence, repeatedly saying, 'I want to do this', 'I cannot do this', 'I want to go home', or 'I cannot go home', phrased as questions. He had also come to ask his mother, 'Will you die when you turn 80?'. According to the mother, this question started after K started saying he wanted to go to New York when he turned 50. At the time, the mother replied that by that time, she would be past 80, and would no longer be alive. She indicated that this exchange must have left a deep impression on K, as he has been constantly repeating this question. The mother was seen diligently responding to the content of K's questions. However, because K would keep repeating the same questions, the mother's tone would gradually convey her impatience. How this transition

in her frame of mind was elevating the psychological tension between the two was evident to the author. In addition, during the time K was questioning his mother, she would constantly be concerned with his appearance, pointing things out to him, or straightening things out for him herself.

The characteristics of communication between mother and child were as follows. The mother would be trying her best in attempting to communicate with K in words. It was as if she were speaking to someone with a full command of language. K, on the other hand, would repeat the few words he was capable of using. And the mother would be intent upon responding to his words to the best of her ability. However, because the exchange did not constitute true dialogue between the two, the mother would gradually become irritated with K's endless repetitions of the questions. In turn, K would be left with no choice but to offer further repetitions of his questions.

### Case 2: M

M is male, autistic with mild mental retardation, whose age at first visit was 27. The subject had exhibited behaviour characteristics such as not meeting one's gaze, absence of babbling, lack of composure, and an obsession with turning things around and around from early infancy, and was diagnosed as autistic at 18 months. First words were uttered at 3, hyperkinesia was marked. Entering a school for handicapped children, he gradually became capable of study, and in third grade, he transferred to a special class for the handicapped. In fifth grade, due to repeated physical punishment inflicted by an overenthusiastic homeroom teacher<sup>1</sup> his hyperkinesia disappeared, but he became habitually anxious and fearful instead.

Following the death of his beloved uncle when he was 14, anxiety about death provoked him to repeating loudly over and over again, 'Mom, when are you going to die?' After some time, the mother, out of desperation, answered, 'I will die in 2050'. Since then, whenever M was not feeling too well, or when things were not going his way, he came to recite the question, 'What's going to happen on January 1st, 2050?' Following graduation from high school, he was enrolled in a workshop, but was victimised by a violent female. Because she came to the shop every

1 This is a care worker in the room which is not the classroom.

Thursday, M came to express his anxiety towards going to the workshop in the form of 'The year 2050, Thursday'. Around the same time, M was experiencing strong conflict regarding the purchase of a weekly magazine called *AERA*. Finally, he came to utter the phrase, 'AERA, 2000th anniversary, Thursday', with great apprehension.

At 27, the subject was enrolled in a rehabilitation facility where the author works as a consultant doctor. Perhaps due to anxiety towards life in the unfamiliar environment, he was constantly repeating the phrase 'AERA, 2000th anniversary, Thursday'. Having no idea what this phrase meant at first, the attending staff member asked M, 'Is the 2000th anniversary edition of AERA going to be on sale on Thursday?' To this, M fell into a panic, and screaming, 'I can't take any more' he shooed the staff member away.

However, once M became accustomed with life in the facility, he learned the names and birthdays of the staff members, and would approach them saying, 'So-and-so, born January 27th'. When staff members would respond in kind saying, 'M, born November 17th', M would respond, 'So-and-so, born January 27th', and await the same reply eagerly. The staff came to recognise that this verbal exchange was a form of play for M. They also noticed that when M spoke their names, the rhythm, intonation and tone would be different each time, which they copied in responding to him. M came to display great joy in these exchanges. And after such exchanges of names and birthdays, he came to approach the person, making a face as if he were playing a staring game, to which we responded by copying his expression. To this, M would show even greater joy, and would make all sorts of faces, waiting until the other responded in kind.

## Discussion

### *Emotional communication and linguistic communication*

Apart from being the exchange of information on the semantic level, the concept of communication has, as its basis, an emotional level, which is the sharing of affect. On the linguistic level, there is a two-way flow of information. On the other hand, communication on the emotional level is believed to be much like the sympathetic vibration of two tuning forks of equal pitch, in which when one tuning fork is made to vibrate, the other will resonate in kind. In other words, in the emotional world, it is as if both

parties have a constitution capable of resonating with each other simultaneously.

*Emotional communication and perception modes*

Emotional communication is in part an amodal form of perception, influenced by vitality affect and how things are perceived is readily transformed by the psychological condition of the subject.

*Feelings of security and perception modes*

Feelings of security cannot be fostered between a child and its caregiver when attachment formation is hindered between the two. Thus, security is not easily nurtured in the autistic child. The absence of security is a condition in which the subject views the environment with strong wariness, and can be called a state in which the mind is contracted. In this state of mind, outer stimuli take on the appearance of a torrent flooding into one's self, which is perceived as menacing or intrusive by the subject.

However, when security is nurtured, outer stimuli take a sudden turn, taking on pleasant hues. Everything in the outer world starts to appear enticing, arousing curiosity. Perhaps this can be called the psychological world of the healthy infant. In this manner, the presence or absence of security is capable of readily transforming the way things are perceived.

*Dual function of language in communication: vitality affects and meanings*

Words contain the expression of affect, in addition to their function as a tool for conveying meaning. In other words, words have dual functions in the sense that they harbour both meaning and vitality affect.

Thinking over the development of communication between an infant and its caregiver, the primary issue is the deepening of emotional communication between the two. At this level, it is not the meaning of words *per se*, but vitality affect which takes on an important role. Building up a relationship allowing for the mutual resonance of vitality affect is the point of importance in deepening communication at this stage.

In the first case presented, whereas the child K was responding to the vitality affect of words, the caregiver was trying to respond to the meaning of the words, and this discrepancy in communication gave rise to the obsession of his words. Put another way, this state can probably be called the collapse of emotional communication, at the very core of communication.

In the second case, because the subject M and caregivers were able to resonate in terms of vitality affect leading to favourable development of emotional communication, his words did not become obsessive.

When the exchange through vitality affect, i.e. emotional communication is deepened, a sense of security is fostered between the parties concerned. This security lessens the menacing tones shadowing outer stimuli, imbuing them with pleasant overtones instead. When one is no longer overwhelmed by the vitality affect of words, the meaning of the words *per se* rise to the fore, making it relatively easier to communicate via words.

#### *Dual function of perception, communication and language*

As stated in the preceding sections, communication is structured from the primitive stage on the emotional level, and a linguistic level of communication, which has been formed as the product of development and differentiation. This dual structure of communication is inherent in words, which is the central theme of this chapter.

The difficulty that autistic people face in the formation of the primitive mode of communication between themselves and their caregivers is inseparably associated with the function of their peculiar primitive mode of perception. In other words, it is seen that mode of perception, level of communication, and the dual function of language are each deeply associated with each other. In short, at the level of primitive communication, the amodal perception is inevitably active, and in that state, it is the vitality affect of words which has the greater power over the literal meaning of words.

Therefore, in constructing therapeutic strategies for autistic subjects, evaluating how we can support the establishment of primitive communication becomes a theme of pressing importance. This is the reasoning behind the author's having focused upon the amodal perception of autistic people.

It is seen that timely responses tailored to their primitive perception modes are of vital importance in establishing communication with these subjects. Taking care to intervene in ways enabling resonance with their flux in affect, and how to go about forging a relationship in which we can hand down to them the culture we have acquired – these become the issues in point. For this, the first step is for us to enter into their world, i.e. the world of primitive, amodal perception. It is only after rich experience has

been shared between the therapist and such subjects in their world that the wish to venture into our culture will blossom.

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### References

- Alvarez, A. (1992) *Live Company*. London: Tavistock/Routledge.
- Kobayashi, R. (1996) 'Physiognomic perception in autism.' *Journal of Autism and Developmental Disorders* 26, 661-667.
- Kobayashi, R. (1998) 'Perception metamorphosis phenomenon in autism.' *Psychiatry and Clinical Neurosciences* 52, 611-620.
- Kobayashi, R. (1999) 'Physiognomic perception, vitality affect and delusional perception in autism.' *Psychiatry and Clinical Neurosciences* 53, 549-555.
- Stern, D. (1985) *The Interpersonal World of the Infant*. New York: Basic Books.
- Werner, H. (1948) *Comparative Psychology of Mental Development*. Chicago: Follett.