

Autism: Descriptive Cases

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Literature on autism deals with varied controversial issues. One of them is language disability. De Myer [1] mentioned that a neurobiological irregularity in the central nervous system accounts for the language and perceptual motor deficiencies found in autistic children. However, Boucher and Warrington [2] has maintained that autism is not primarily a language disorder but argue for an underlying cognitive deficit. The failure to acquire language in a developmentally retarded autistic child has been assumed to be due to deficient motivational structure [3].

At the Audiology and Speech Therapy School we have come across 6 cases which fit into the diagnostic category of autism and one case which presented autistic symptoms following history of illness. Case presentations follows:

Case reports

Subject 1: Vikas, male 3 ½ years

Symptoms: Cannot speak, echolalia, stays aloof, sits in one place for hours together, thumb sucking.

Milestones: Normal motor milestones with mild delay in speech. Mother reported that he understands simple instructions and expression was through gesture which she could not follow.

At native place he was locked in the house daily for 2 years as mother and grandmother used to work in the farm, 2 elder siblings used to attend school.

In the clinic we found that the child had clear speech which was echolalic and could be observed only when he was in good mood. He was highly irritable becoming acutely distressed when asked to do anything. If asked to remove finger from mouth it resulted in tantrum. An invitation to play with ball disclosed unawareness of what to do and therefore irritable.

After few trials the patient's visual discrimination was observed on shape matching and colour matching. Psychological evaluation on Gesell development schedule gave an I.Q of 60. Receptive auditory skill was observed. Patient could follow simple commands like "wear your shoes, wipe your face, put the marble in the pocket" etc and later on patient started vocalizing and used to say "(ana)" while pointing to some toy. Patient showed splinter skill of lining up objects in rows.

In all the sessions child used to always hold a brush in his hand and according to mother he used to have it day and night. Patient discontinued after this, as mother had to go back to village.

Subject 2: Deep, male 6 years

Symptoms: Patient screams and shouts, running about all the time, patient hits hard on his stomach,

face etc., bangs his head.

Milestones: Moderate delay in motor milestones, with mild delay in speech. The child was highly restless and had severe self-mutilatory behaviour and used to run about shouting and screaming. Mother gave information that he says few words like ai, dada, aji but not meaningfully. The child gave indications of following instruction such as go there, get that thing etc., but it was inconsistent. Language and psychological assessment was attempted but due to his behaviour we could not succeed. Subsequently we observed that the child showed concept of forms. This was not observed on formal testing but with reinforcers (biscuits). Psychological testing on Gesell's developmental schedule put the child at an I.Q. level of 45.

Later on, spontaneous two word sentences were noticed, also once the child uttered two lines of maruthi nursery rhyme. This was observed when his self-mutilatory behaviour had improved. Auditory comprehension was very inconsistent.

As patient's father had to undergo major hip-joint surgery, they did not report further.

Subject 3: Gaurav, male 4 ½ years

Symptoms: Patient does not speak and hear, always in his own world, nods his head all the time.

Milestones: Marked delay in motor milestones with profound delay in speech. The child came from an upper socio-economic group and highly educated family. The history and interviews with mother indicated "severe bad mothering aspect". Elder sibling of this child, female 9 years also showed behaviour problems with rocking. The child was attending hard of hearing school and they came to us for an audiogram. Subsequently mother gave the history that child was over-sensitive to only one sound in environment and that was opening of a biscuit tin -even if he was not in the same room but hearing the sound he would come running to ask for biscuits.

In the clinic we observed the child for 4 to 5 sessions only. He was mute except for infrequent vocalization, he spoke no words. Neither was there indication that he understood words. Extreme degree of withdrawal observed.

Mother had to take up a job as father expired in car accident and therefore discontinued.

Subject 4: Annie, female 2 ½ years

Symptoms: Extreme rocking, grunts, allofnes, screaming.

Milestones: Normal motor milestone with severe delay in speech. Child came from a very low socio-economic group. Mother was the only earning member in the family. Mother had rejected this child, but father took extreme interest in helping her.

When she came to us, there was no meaningful expression, frequent guttural vocalizations were made. No external stimuli disturbed the child from rocking.

Re-evaluation after 1 ½ years showed fair visual discrimination ability. Child could do shape matching with trial and error. Also showed good auditory vocal associations - she could consistently vocalize approximations on hearing some words. Speech production consisted of approximate vocalization of a few words.

Ba-ball bay-bye, bye

mammam - water; verbs like give - de, take -g

were used meaningfully, subsequently the child developed neurological problem (brain tumour) and died.

Subject 5: Ajay, male 7 years

Symptoms: Jumps screams, indulges in repetitive activity and muteness.

Milestones: Normal motor milestone with speech. Patient came from higher socio-economic group. Child was admitted in a regular school and was excluded because of his behaviour. Now patient attends class for mentally retarded children. Initially patient did not given any eye contact. Constant screaming and jumping was observed.

Subsequently patient started maintaining eye contact intermittently.

Some preferential use of visual rather than auditory discriminative stimuli was seen.

Sporadically uses 3 words sentences which shows well formed syntax pattern; but without context.

Auditory receptive skills have not been observed.

Patient is being handled for behaviour modification in our department.

Subject 6: Sam, male 4 years

Symptoms: Echolalia, not aware of dangers, hyperactive, withdrawn.

Milestones: Normal motor milestones with normal development of speech. Patient showed autistic like symptoms following fever for 8 days with vomiting. Patient came from a village. Following illness - patient could not walk for 2 months, lost speech completely; also lost toilet control. Socially he was withdrawn. Child showed echolalia at word and sentence level.

The child was very restless. Most of the utterances were delayed reproductions of what he had heard. There was evidence of preservations on these echolalic utterances. On Gessell's development schedule - I.Q. was 37. Visual discrimination tasks were inconsistent. No evidence of visual vocal association was observed. On auditory reception skills he carried out simple tasks like sit down, stand up etc.

Though the patient could repeat words and sentences, there was little indication that words had any meaning for Sam. He lacked language as a tool for grasping reality and communication.

Patient had four other siblings and parents found it extremely difficult to come for therapy.

In reviewing the literature one does find the revival of the views on a social aspect in autism. Out of the 6 cases that has been described here, we found four of them having "bad mothering aspect". Two of these four cases attended therapy for a period of 4 to 6 weeks. Our observation during this period showed that there was unmasking of symptoms to certain extent due to socialization. With the existing contraversies one still groops in the dark while dealing with these children. But there is no short-cut, one has to work hard and try to search for the best possible solution from the existing ones.

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2. Boucher J & Warrington E K, Memory deficits in early infantile autism: Some similarities to the amnesic syndrome

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3. Lovass O I, *The Autistic Child. New York: Irvington 1977*
