

Pronominal Reversal in Autism - A Note

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The missing 'I' has been listed as one of the cardinal signs and one of the most important distinctive features of the condition of autism ever since Kanner's early description of the syndrome. Kanner [1] wrote that the autistic child never uses the pronoun 'I' but uses 'you' when correct grammar required 'I'. This phenomenon named pronoun reversal is defined as an avoidance in using pronouns to refer to the self.

Earlier interpretations of the phenomenon of pronominal reversal including that of Kanner himself and others such as Arieti [2] and Freud [3] have been tied in with the notion of autism as a condition of extreme social withdrawal. Arieti [2] for instance, explained that the autistic refers to 'you' rather than 'I' because of refusal to incorporate feelings about himself which come from others. Freud equated the personal pronoun 'I' with ego. Failure of the autistic child to utilize 'I' according to Freud is either denial or unawareness of selfhood, while use of the word "you" indicates awareness of selfhood in others. Further, the child does not commit himself to anything that would imply 'I am' or 'I want'. He demonstrates total refusal to get involved with the world for the use of the word 'I' implies that 'I am in this world'. Avoidance of 'I' is a self protective mechanism 'If I do not really exist, I can-not be destroyed'. Interestingly the autistic child, according to Freud, may come to use both 'I' and 'my' with a symbiotic person who does not induce anxiety but resorts to psychic distance in the presence of antagonists.

The more recent past has witnessed a move from seeing autism as a condition involving social and emotional withdrawal to a view of autism as a disorder of development involving severe cognitive deficits. Autism is now considered as much a cognitive and linguistic disorder as it is a social and behavioural syndrome. In considering the nature and boundaries of the cognitive deficit attention has particularly focused on the possible importance of language. Rutter [4] on the basis of his comparative studies on autistics and developmental dysphasics claims confirmatory evidence for the suggestion that abnormalities of language constitute a central feature of the cognitive deficit associated with autism. He concludes that a disorder of language constitutes a crucial aspect of the cognitive deficit.

The nature of the cognitive deficit is a topic of debate among those who interpret autism as primarily a disorder of cognition. Rutter states that the cognitive deficit clearly involves a disorder of language, sequencing and abstraction. Hermelin [5] points out that the cognitive pathology seems to consist largely of an inability to reduce information through the appropriate extraction of crucial features such as rules and redundancies. Ricks and Wing [6] emphasize abnormalities in the handling of symbols and in the development of language. Churchill [7] on the basis of his experimental studies in language processing in autistic concludes that the autistic child has difficulty in processing multiple stimuli which have syntactical relationships. He contends that to use discriminative stimuli in two different dimensions or sets simultaneously appears to immediately exceed the linguistic competence of such children who consequently seem locked into a concrete world in which only one dimension can be responded to at a time.

Three major factors/disorders are now clearly implicated in autism, social abnormalities, cognitive deficits and language disorders. The question now arises as to how these are inter-related - are they merely coexistent or are they causally related and if they are causally related which is the more basic - the social abnormality, the cognitive deficit or the language disorder. It is to this question that I bring to bear my clinical experience with children who have had language disorders, both autistic and nonautistic.

Since the issue of pronominal reversal has been one of the central pillars of the debate on whether autism is a social-behavioral/cognitive linguistic deficit this paper will limit itself to the phenomenon of pronominal reversal in autistic and other childhood disorders as against that of its acquisition and use in normals.

Pronoun reversals occur when the child says 'you' to refer to himself or 'I' to refer to others. Normally 'I' and 'you' refer to the speaker and addressee in the ongoing speech event; each time the speech roles of speaker and addressee change 'I' and 'you' refer to different persons. According to Charneys by calling himself 'you' and others 'I' the child is matching the pronoun with the person or set of persons referred to when he was listener - his speech fails to encode the fact that he has now shifted roles with his interlocutors and that he is now he speaker while they are the addressees.

Authors such as Kanner, Arieti and Freud as we have seen earlier, postulate, that pronoun reversals can be directly attributed to a social deficit and/or social withdrawal. On the other hand arguments that pronoun reversals can be directly explained by a cognitive or linguistic deficit hold that reversals are a direct byproduct of echolalia which in turn is attributed to linguistic deficits or that both are caused by the same cognitive disabilities. While the latter interpretation has been gaining strength in the last decade or so, support for the former is still put forth by some researchers. Charney [8] studied acquisition and use of pronouns in normal children and found that they seldom made errors such as pronominal reversals though the pronouns had no independent meaning for these normal children at this stage. The pronominal reversals shown by autistics are therefore interpreted by her as being directly attributable to a social deficit.

Though pronoun reversals or pronominal confusion has been a part of the language disorder that was exhibited by the autistic children that I have had experience with, the observations that I bring to bear on the issue of pronominal reversal and its interpretation as a symptom of an underlying cognitive-linguistic disorder as against that of a social-behavioural disorder, stem from observations on two other groups of children - childhood schizophrenics and normal children.

My interest in this topic first stemmed from the observation of pronominal confusion in a seven year old boy K diagnosed as a childhood schizophrenic. K had apparently had a normal childhood upto the age of about 5-6 years. He was by all reports a bright studious child who was egged on by his mother, a teacher by profession who had ambitions of her son either becoming as IAS officer or a doctor. The behavioural disturbances were first seen in K around this age and was initially attributed to the academic vigours that he was subjected to. My interest in K was aroused when he was brought into the Child Guidance Clinic at the age of 7 to 8 years by which time not only was his behaviour bizarre but his language had also regressed. Diagnosed as a childhood schizophrenic on the basis of his medical and developmental history, family history and other evaluations he was observed to evince pronominal confusion in his speech. This was interpreted in the classical tradition of a disintegration of the ego. What interested me was the observation that while K showed no understanding of the proper use of pronouns yet at the time of his admission to the children's ward during this period he violently objected to having his personal clothes exchanged for hospital garments and insisted on keeping his personal belongings to himself. This discrepancy between improper use of the pronoun along with its classical interpretation on the one hand and K's general behaviour in terms of his personal belongings was striking. Could K have shown such a strong possessiveness about things that belonged to him if his ego had disintegrated? Repeated psychotic episodes despite treatment did in fact bring K to a stage where he no longer cared about either his belongings or his personal self. But this was 4-5 years later at which time his language consisted of grunts, groans and screams. I have since observed quite a few children, not necessarily schizophrenics who have had difficulty in using pronouns but whose general behaviour showed several indications of the child being aware of his separate identity.

The fact that young normal children do not reverse pronouns has been taken as evidence that a social impairment, specifically an impairment in self representation is responsible for pronoun reversals in autistics by Charney [8]. On the basis of her experimental investigations she posits that normal children do not have to master the shifting reference of a pronoun nor do they have to differentiate it from its surrounding linguistic context in order to avoid pronoun reversals. However, it is commonly observed that young children tend to use proper nouns (personal names) to refer to themselves for a fairly extended period of time before they start using pronouns, albeit without too much confusion. I am not aware of any literature on the use of personal names to refer to oneself in autistic children. However, the fact that the normal child moves from a stage of referring to himself and others by proper nouns to one where the pronoun substitutes for proper nouns is in line with the normal child's developmental use of objects and language first functionally and then representationally, with the representational use following the functional, as postulated by Menyuk [9].

The age at which normal children acquire the use of objects and language at first functionally and then presentationally i.e. the period from 18 to 30 months and their cognitive abilities during this period may provide us with further clues as to the peculiar nature of the language disorder in autistics such as the phenomenon of pronominal confusion. The description of the acquisition of cognitive abilities in 12-24 months old children arrived at by Piaget [10] indicates that the young child shows preliminary indication of classification or meaning - a precursor of mental recognition and understanding of objects, more systematic and precise imitation and progress towards the attainment of the object concept. This is followed by behaviour which is increasingly systematic and well organized. The child is now able to coordinate schemes and shows intelligent purposive behavior which is goal directed. By interacting with the environment the child learns about relations among objects. He anticipates events which do not depend on his own actions and recognises centres of forces independent of himself. He is now able to imitate novel behaviour of models. The object concept is now almost fully developed. The child shows active interest in producing new behaviour and novel events and attempts to develop new means of problem solving. He is increasingly adept at imitating new actions of models and can now comprehend complex series of displacement of objects. At around the age of two years there is a transition to symbolic thought when the child attempts to develop solutions to problems at a mental rather than physical level. He imitates absentee models and can reconstruct a series of invisible displacements because of new abilities in representation.

Those of us who have worked with autistic children know that this description of the cognitive abilities of the one to two year old normal child is hardly matched by much older autistic children. It is my belief that it is here that we need to look for the underlying cause of both the social and linguistic aberrance's shown by the autistic child, including phenomena such as pronominal reversal.

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