

Echolalia

Echolalia is the literal and rote repetition of the speech of others. Echolalia in young, typically developing children is referred to as imitation. If verbal imitation is frequent in speech and persists after the age of 36 months it is likely to be described as echolalia. Echolalia is a widely recognised communicative feature of autism spectrum disorders¹. While imitation is a language development stage observed in children developing typically, echolalia in autism tends to be used for longer into a child's development, and makes up a larger percentage of utterances in children with autism than in typically developing children^{2, 3}.

The underlying purpose of echolalia has been a matter of debate for several decades. Early researchers focused on the supposed underlying cause of echolalic language and, influenced by the psychoanalytic theories of the time, suggested that echolalia was related to a failure of ego development³. Behaviourists of the 1970s considered echolalia to be a non-functional and undesirable symptom of autistic language development, requiring extinction (stopping any echolalia) through behavioural modification². Since the 1980s, research has largely focused the functions of echolalia across the three different forms of echolalia, as discussed below.

Immediate echolalia

Immediate echolalia is rote repetition that immediately follows another's speech. It has been theorised that this form of echolalia provides a way for a child with autism and severe comprehension difficulties to maintain a social interaction². Research has found that immediate echolalia may be non-interactive or interactive, serving a range of communicative functions for a child with autism, including turn taking, answering questions, requesting, rehearsing and self-regulation².

Delayed echolalia

Delayed echolalia is repetition of speech that occurs at a later time and may be produced with or without communicative intent. Delayed echolalia is also referred to as 'scripting'. Research⁴ has found that, like immediate echolalia, the delayed echolalia observed in their study had a range of functions and was used both non-interactively and interactively, with or without comprehension and with varying degrees of relevance to the context. The functional categories for non-interactive echolalia included rehearsal and self-directive utterances (giving instructions to oneself), while interactive categories included turn-taking, gaining attention, affirmation, requests, protests and directives.

Mitigated echolalia

Mitigated echolalia is echoed speech which is produced with a change in wording or intonation made by the speaker. Roberts³ (in press) found that the proportion of echolalia that was mitigated increased as children's receptive language skills improved. This suggests that mitigated echolalia is evidence of developing linguistic competence; i.e. the ability to process speech and to derive the rules that govern language. Roberts suggests that mitigation is an important developmental stage for children with autism and that it is likely to be a positive prognostic indicator.

In summary

Echolalia in children with autism appears to serve a variety of functions. These may include: a coping strategy in response to highly demanding communicative interactions that require a particular type of response⁵; a way to maintain social interactions and communicate a variety of functions as well as a language learning strategy^{2,3}.

REFERENCES

¹ Kanner, L. (1943). Autistic disturbances of affective contact. *Nervous Child*, 2, 217-250.

² Prizant, B. & Duchan, J. (1981). The functions of immediate echolalia in autistic children. *Journal of Speech and Hearing Disorders*, August, 241-249.

³ Roberts, J. (in press). Echolalia and language development in children with autism. In J. Arciuli & J. Brock (Eds), *Language and Communication Impairment in Childhood Autism*. IASCL series 'Trends in Language Acquisition Research': Amsterdam: John Benjamins Publishing.

⁴ Prizant & Rydell, (1984). Analysis of functions of delayed echolalia in autistic children. *Journal of Speech and Hearing Research*, 27, 183-192.

⁵ Rydell, P.J. & Mirenda, P. (1991). Effects of high and low constraint utterances on the production of immediate and delayed echolalia in young children with autism. *Journal of Autism and Developmental Disorders*, 21(2), 131-157.