DESCRIBING THE UNUSUAL BEHAVIOR OF CHILDREN WITH AUTISM

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The behaviors of children with autism have been described by professionals, by family members, and also by those with autism. This article analyzes four different types of reports that contain descriptions of those with autism: (1) case studies, (2) diagnostic reports and single-subject research studies, (3) family accounts, and (4) autobiographical descriptions. Authors describe the behaviors of those with autism differently depending upon their relationship with the person they are describing, their intended audience, their goals, and the genre they use for conveying their descriptions. Authors were found to use the following types of descriptions, to varying degrees in order to achieve their goals: (1) descriptions of what a child did on a particular occasion; (2) descriptions of what a child typically does or did; (3) descriptions of what a child should have done; (4) descriptions of how behavior was experienced by a child or family member; (5) descriptions of how a third party reported a behavior; (6) metaphoric descriptions of behaviors; and (7) descriptions of how behaviors mesh with traits often associated with autism. A detailed examination of how behaviors of children with autism are described indicates that the way someone with autism is regarded and described is strongly related to what the describer wants to accomplish. © 1998 by Elsevier Science Inc.

Educational Objectives: Readers will be able to recognize that the different behaviors exhibited by children with autism depend upon the goals, the audience, the frame of reference, and the point of view of the describer.

KEY WORDS: Autism; Behavior; Diagnosis

INTRODUCTION

The literature about children with autism is replete with descriptions and interpretations of their unusual behavior. The descriptions vary widely. Professionals writing long descriptions for purposes of illustration call them case studies, because they focus on single individuals and treat them as a single case example of a larger group of people with autism. The case studies have been presented in two distinct formats: expository, in which descriptions of behaviors are...
used to illustrate a logical point (e.g., Asperger, 1991; Kanner, 1943; Sacks, 1995) or as a type of diary in which behavior descriptions are organized as a running commentary about what happened on particular occasions with someone who has autism (e.g., Kozak, 1986, Tustin, 1992). The event descriptions in diaries are designed to show the course of autism over time as well as the successes and failures of different therapies.

Professionals and researchers also write shorter descriptions of children with autism and present them as part of diagnostic reports (e.g., Middleton, Pannbacker, Vekovius, Sanders, & Puett, 1992) or as subject descriptions in research studies (e.g., Blank & Milewski, 1981; Bonvillian & Nelson, 1976). Descriptions of clients in diagnostic reports and of subjects in research studies serve a variety of functions, the most salient being to demonstrate ways a person’s behavior is abnormal, to outline the nature and course of the problem and what might be done (or has been done) about it. Both diagnostic reports and subject descriptions present a history of the problem, along with test results and descriptions of current abilities and difficulties. Such descriptions can serve to qualify the subject as autistic, provide indicators of the person’s uniqueness, or illustrate the person’s deficits or competencies.

Health care professionals and researchers are not the only ones writing about children with autism. Family members or close affiliates write about their own experiences with the child diagnosed autistic (e.g., Maurice, 1993; McDonnell, J., 1993; Park, 1968). These affiliate or family accounts are made up of detailed descriptions of what people with autism do and under what circumstances. The focus of these accounts is not just on the child’s behavior, but also on the family member’s reaction to the behavior. Prominent in these family descriptions are expressions of concern about the social, physical, and developmental consequences of select behaviors.

There are also some descriptions of autism written by people who themselves are autistic. Autobiographic descriptions provide an important contrast to other renditions of autism made by professionals and family members. These descriptions sometimes depict the “inside” experience of the person executing the behaviors and their reactions to what they are doing or have done. They often appeal directly or indirectly to readers to empathize with them and understand why they do what they do.

Descriptions and explanations of behavior are a core ingredient of all of the types of reports about children with autism. Yet the way their behaviors are described and explained can differ considerably across the different reports and even within a single report. Behaviors can be described as particularized details (the child regularly used the phrase “don’t throw the dog off the balcony”) or they can be presented in more general terms using abstract category names (delayed echolalia). Behaviors can be described objectively, as if they are being observed by a detached witness. Or they can be described as a subjective experience, involving feelings, and thoughts associated with the be-
behavior. Descriptions also contain information about how and when behaviors occur and their typicality. Some descriptions are of a singular past event, others are of regularly occurring events of the past or the present. Some behaviors are described as being carried out by a single child, others are presented as typical for a group of children. Descriptions might also be of what children should do, rather than as what they actually do.

Descriptions also serve different discourse functions. Some illustrate a large point being made—that the child exhibits certain traits, that a child is difficult to deal with, that a child is autistic, that growth has taken place, that unusual behavior can be explained. Others descriptions are given as examples of problems that have been or have yet to be overcome. Finally, behaviors are often presented together in a list, providing a profile of the unusualness of a child.

The first half of this article focuses on the way the behaviors of children with autism are depicted in professional case studies, diagnostic reports and research subject descriptions, family accounts, and autobiographic descriptions. The second half of the article offers a taxonomy of types descriptive statements found within all of the four report types. The article ends by reflecting on the how writers might be going about making choices when they engage in the practice of describing the behavior of children with autism.

REPORTS DESCRIBING CHILDREN WITH AUTISM

Professional Case Studies

Case studies are typically designed to report something interesting about an individual case—a therapy that was successful (Blank & Milewski, 1981; Tustin, 1992), an instance that runs counter to expectations (Sacks, 1995), an example of something medically new about autism (Gillberg, 1986; Hansen, Brask, Nielsen, Rasmussen, & Sillesen, 1977), or an illustration of what autism consists (Asperger, 1991; Kanner, 1943).

Behavioral descriptions found in case studies are not objective reports, even when they are cast in scientific, objective language. Rather, behaviors are selected and interpreted in light of a prevailing theoretical paradigm or discourse agenda. For example, behavioral descriptions by speech-language pathologists focus on the communication of children in terms of their processing abilities or linguistic knowledge (see this issue); behavioral descriptions by psychologists tend to be less focused on communication and more on psychological traits (Blank & Milewski, 1981; Grandin & Scariano, 1986 [pp. 61, 62]), and behavioral descriptions made by those working within a psychiatric framework are likely to contain psychoanalytic constructs (Bettelheim, 1967; Kanner, 1943; Pinney, 1983; Tustin, 1992).
Case studies are usually written as expositions in which description of aberrant behaviors are listed and explained. The lists may be organized around a conceptual schema as when children’s processing problems are described in a bottom-up direction from perception to conceptualization, or when descriptions of behavior follow a developmental progression. An example of an ordered list of behavioral descriptions is the following excerpt from a case study of C, presented in the American Psychiatric Society’s Case Book (1981) (p. 148):

He did not speak till age four, and then for a long time used only single words. After this he acquired repetitive phrases and reversed pronouns.

Sometimes case study descriptions depict problem behaviors as unstructured lists. Elements of the lists relate to one another in that they are all behaviors that set the child apart from normal children, or that cause problems, or that are characteristic of those with autism. The following excerpt is from a case study of a 14-year-old who developed autistic symptoms after contracting herpes simplex encephalitis. The list is a discrete set of symptoms that together show how difficult the child was and how the child exhibited a behavioral profile of someone with autism (Gillberg, 1986 [p. 373]).

She constantly avoided gaze contact. She would carry with her small plastic objects and protest if these were removed. She would scream for hours if daily routines were changed in any way.

Case studies can contain multiple listings of an individual’s behaviors. The distinct lists are presented separately to illustrate different aspects of the child’s competencies or difficulties. For instance, a 4-year-old child, Peter, is described in the following two paragraphs, in the example below. The first paragraph lists behaviors that qualified Peter is autistic (specific examples of the general descriptions are omitted as indicated by the ellipses). The second paragraph offers some “notable behaviors” suggesting that Peter may be more competent than would be expected from the diagnosis or from the previous listing of behaviors (Blank & Milewski, 1981 [pp. 74, 75]).

After examining the child, two physicians (a pediatric neurologist and a child psychiatrist) diagnosed autism. Among the autistic features that Peter showed were the following: a severe language disorder . . . ; disturbances in the affective realm . . . ; abnormal responses to sensory experiences . . . ; problems of motor control . . . ; and absorption in repetitive activities and stereotyped movements . . . .

At the time of referral Peter was untestable, so that no intellectual assessment could be made. Although his functioning was impaired, he nevertheless displayed two notable behaviors. First, although he showed limited expressive language, the words he did express were often quite sophisticated . . . . Second he
was hyperlexic in that he could read aloud at about the fourth grade level, although he showed no comprehension of the reading material.

In the above three examples the authors depicted behaviors with a minimum of detail and no explanations. Not all case study descriptions are so sparse. There are many times when unusual behaviors are elaborated on, and explanations offered for what underlies them. These explanatory comments are usually part of the expository organization—as is the case in the following description of Tom, a 10-year-old child diagnosed as autistic, whose failure to generalize imitated behaviors is related to his excessive attention to the location of the action being imitated (Schuler, 1995 [p. 22]).

Tom exhibited some imitation skills when prompted, but he never used them spontaneously for social or cognitive purposes. He did not imitate gestures or vocalizations to initiate or maintain a social interaction, nor did he imitate the actions of others as a means to solve problems. When prompted to imitate, Tom was cued by the location of actions rather than by their progression over time.

Sometimes authors of case studies tuck within their listings a description of particular occasions in which a behavior occurred. In his classic 1943 article, in which he first argued for the diagnostic category of autism, Leo Kanner explained how a 5-year-old child, Donald T, came to his unusual use of “yes.” Kanner points to a specific interaction between Donald and his father. The uniqueness of the occasion is marked by Kanner by his use of the adverb “once” and by his use of direct quotes to depict the particular language used (Kanner, 1943 [p. 220]).

The word “yes” for a long time meant that he wanted his father to put him up on his shoulder. This had a definite origin. His father, trying to teach him to say “yes” and “no,” once asked him, “Do you want me to put you on my shoulder?” Don expressed his agreement by repeating the question literally, echolalia-like. His father said, “If you want me to, say “Yes.” If you don’t want me to, say “No.” Don said “yes” when asked. But thereafter “yes” came to mean that he desired to be put up on his father’s shoulders.

While event descriptions are rare for case studies framed in expository discourse, they are frequent in case studies written as diaries. Professionals writing diaries provide descriptions of children as play-by-play, day-by-day interactions. Tustin (1992), for example provided a running commentary on her sessions with Peter, her 6-year-old client with autism: (Tustin, 1992 [p. 201])

Session 77. Peter decided to move the contents of the bottom drawer to the top drawer. The bulk of the bottom drawer consisted of toy animals, “the beasts” as Peter called them. They were hauled up one by one by fastening them to a long
piece of string which was pulled slowly upwards. He began by hauling up the giraffe. I said “Are you thinking about the giraffe which has fallen down?” He said, “Yes, they’re trying to raise it up.”

Diagnostic Reports and Single-Subject Research Studies

Children’s behaviors presented in diagnostic or single-subject research reports are often presented as manifestations of an underlying disorder or as an instance of a symptom that characterizes the disorder. Both diagnostic and research reports tend to be written for professional audiences. Thus, they are likely to contain technical language that reflects the theoretical frameworks used by professional cohorts. In the example below, the psychologist has described behavior in terms of personality traits affecting intelligence. Terms such as “free her affect,” “reality testing,” and “intellectual controls” need to be interpreted from within the theory that generated them. The example is an excerpt from a psychological report about Temple Grandin, who is now a highly successful academic with a doctorate in animal science. The report was part of a letter written by a psychologist to introduce Temple to the principal of a junior high school to which Temple was about to transfer. Temple was 11 years old at the time (Grandin & Scariano, 1986 [pp. 61, 62]).

In summary then, Temple is a child of extremely high intelligence, whose problems are such that she cannot free her affect at this time and thereby make creative use of this intelligence. On the less positive side, one sees an openness that is a bit much, a level of reality testing that is poor under severe stress, and an impulsive quality that should not be present in an eleven-year-old. On the positive side, one sees no really bizarre material, one sees the working of intellectual controls, a functioning intelligence, and an ability to deal with situations as they come, even though her controls require much of her energy. Temple is not now psychotic, or close to it. One could call her a neurotic child—she has a well formed personality organization, and the controls to maintain this organization except in cases of severe stress.

In clinical reports descriptions of children’s behavior are usually located in the case history section (Ward & Duchan, 1996) and, in single-subject case studies, they are in the subject description section. The adolescent subject of a research study is described below in terms of his autistic symptomology and test performance (LaVigna, 1977 [p. 157]):

This subject was an 18-year-old male who was 7-years-old when first admitted to the hospital. He was described as hyperactive with an obsessive interest in mechanical and electrical objects which he would take apart if given the opportunity. He also would self-stimulate with water. On the Vineland Social Maturity Scale his age-equivalent score was 4.4. On the personal/social, fine motor and gross motor sections of the Denver Development Screening Test his scores were 5.0, 6.0, and 5.5 respectively.
Diagnostic reports and subject descriptions are often used to argue for the value of a particular type of therapeutic intervention. Because of their focus on how to ameliorate or eliminate problem behaviors, they tend to include descriptions of behaviors that exemplify deficits rather than competencies.

**Family Accounts**

Many parents or close affiliates of those with autism have written about their own experiences with a particular individual. These family histories or biographies tend not to be called case studies by those writing them, even though the description is a single case. Rather, they are seen as life experiences or stories, and are written much as a fictional narrative would be written, casting the behavioral descriptions as hurdles to be overcome. Rather than presenting the descriptions as exemplary of people with autism, the writers of family accounts present behaviors as examples of ways individuals (either family members or those with autism) struggle with their hardships (Senior, 1981 [p. 14]).

It was 4 January 1977. Bobby, aged four, zoomed along the Manhattan sidewalk, weaving among the morning rush hour pedestrians, further and further away from the 400-foot towers of the huge apartment complex he lived in. It was the coldest New York January in a hundred years, and his pajamas were a vivid spot of yellow, bright against the gray snow.

. . . Bobby had slipped through the security forces, with a strategic skill and determination remarkable in a four-year-old. Yet in most respects he was far behind normal development. Incapable of understandable speech, he lived in a world consisting of things, and he wasted neither attention nor eye contact on people. If his glance met yours by chance, you felt looked through, not at. People were things, too—things from which he was adept at escaping.

**Autobiographical Descriptions**

There are also some important descriptions of autism written by people who themselves are autistic. These first-hand descriptions, like those from their family members are cast as personal experiences, as slices of their lives. The descriptions are often written as first person narratives that build upon crucial life events. For example Paul McDonnell (McDonnell, J., 1993 [pp. 326–376]) described his life chronologically, presenting and reflecting on his experiences during different life stages (McDonnell, P., 1993 [p. 327]).

I always knew I was different from other kids, I just didn’t know what that difference was. For years I guessed I was retarded, mildly retarded, and that my parents were lying to me when they said that I wasn’t. That’s what kids always called me: retarded. Finally, when I heard the word autism and saw the film Rain Man, I felt that at least I had an explanation of my own life and experience. If
you have seen Rain Man, starring Dustin Hoffman and Tom Cruise, you proba-
ably have an idea of what I am like. I’m not as autistic as I was, but autism still
shows in certain ways. For example, in the past I used to ask the same question
over and over and I used to drive my parents crazy by doing that! I wanted to hear
the same answer over and over because I was never sure of anything. I remember
asking, “Is ‘probably’ more ‘yes’ than ‘maybe’?” I wanted an exact answer to ev-
erything; uncertainty used to drive me crazy.

TYPES OF BEHAVIORAL DESCRIPTIONS
How do authors with different backgrounds and agendas select the behaviors
that deserve description? And how do they determine the level of specificity
or detail needed to describe those behaviors that they have selected? Having
selected the level of specificity, how do authors go about picking the language
forms that best represent the behaviors they have picked to describe? In order
to answer such questions, one needs to find out the ways offered by the lan-
guage and genres that are available for authors to chose from. The following
seven types of descriptions were present in varying amounts for each of the
different types of reports.

What a Child Did on a Particular Occasion
Diary studies consist primarily of descriptions of what happened with a partic-
ular child on a specific occasion. Such event descriptions are also present in
other types of reports, to a lesser degree. Event descriptions that involve shifts
from other types of descriptions are often introduced with a temporal indicator
(“one morning” “one day”), and are usually cast in past tense. If the descrip-
tions contain several subevents, the sub-elements are described in chronologi-
cal order. Events descriptions are used by authors of all types of reports to il-
lustrate a point such as the severity of a problem (Examples 1 and 2 or Table
1), to indicate when a problem was first noticed (Example 3, Table 1), to con-
voy the emotional impact of a behavior (Example 4, Table 1), or to indicate a
child’s growth (Example 5, Table 1).

What a Child Typically Does or Did
A second type of description presented a person’s behavior as recurring or
continuous, and as happening over a period of time. Some habitual behaviors
are described as occurring regularly at the present time as are indicated
through the present tense verbs. In Example 1 of Table 2, the description “he
makes designs of anything with texture or nap” is to be understood as some-
thing he does regularly with a variety of objects. Verbs describing regularly
occurring current behavior may be action verbs as in the above example, or stative verbs, as in Example 2 of Table 2.

Past behaviors that occurred habitually in the past but are no longer habitual are described using past tense indicators. The verbs “would” and “used to” indicate the habitual nature of the behavior, with “would” describing recurring activities and “used to” describing activities as well as recurring feeling states or attributes (Examples 3 and 4 of Table 2). These past tense descriptions are often signaled with temporal indicators such as “in the past” or “after his first year at school.”

Table 2. Descriptions of What a Child Typically Does or Did

<table>
<thead>
<tr>
<th>Example</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>“Of greatest interest to me is Justin’s stim. He makes designs of anything with texture or nap, like the pile lining of his coat or the bodies of his huge stuffed animals.” (Kozak, 1986 [p. 160])</td>
</tr>
<tr>
<td>2.</td>
<td>“His speech is mostly echolalic, and very speeded-up, lilting, so that it sounds like a special Japanese autistic language.” (Kozak, 1986 [p. 159])</td>
</tr>
<tr>
<td>3.</td>
<td>“Many times a day he would suddenly flap his hands for several minutes.” (Neale, Oltmanns, &amp; Davison, 1982 [p. 222])</td>
</tr>
<tr>
<td>4.</td>
<td>“For example, in the past I used to ask the same question over and over and I used to drive my parents crazy by doing that!” (McDonnell, P., 1993 [p. 327])</td>
</tr>
<tr>
<td>5.</td>
<td>“After his first year in the school, he did respond reliably by several simple requests such as ‘come,’ ‘give it to me,’ and ‘put on your coat’.” (Neale, Oltmanns, &amp; Davison, 1982 [p. 223])</td>
</tr>
</tbody>
</table>
Other indicators of recurring behaviors are the direct use of adverbs or adverbial phrases describing repetitions or temporal duration (e.g., occurred many times a day, over and over, frequently, for several minutes). A less obvious but just as effective way to convey ongoingness is to describe a behavior in general terms. The terms are used to label type of behavior such as echolalia or self-stimulatory behavior. The terms, when applied to a person, indicate a continuing problem in this area. It is something a person has rather than does. In Example 4 of Table 2, Paul McDonnell described his general problem of asking the same questions repeatedly, and showed its repeatedness through the use of the term “used to” and “over and over.”

What a Child Should Do or Should Have Done

Descriptions of behaviors of those with autism often are accompanied by a tacit or explicit wish that the person would not be doing those things that are described. Sometimes descriptions of behaviors are accompanied by a second wish—that the person would behave in other ways. Table 3 contains descriptions of what people would like for a person (a child in these examples) to do now or to have done sometime in the past. They include being less indifferent to social interactions (Examples 1, 2, and 3), checking to see if an adult was near (Example 4), smiling (Example 5).

Descriptions of what someone should do or be doing tend to be joined to descriptions of what the wished-for behavior would replace. In the examples provided in Table 3, children are described as being indifferent, preferring to be alone, failing to check, and never smiling. Rather than just describing what a child does, as was the case for the description in Tables 1 and 2, the descriptions of wished-for behavior are paired with descriptions of undesirable existing behaviors. In Table 3, this positive-negative contrast is indicated by the use of the following terms: “indifferent,” “no X,” “just,” “never,” and “but.”

A Child’s or Family Member’s Experience of a Behavior

The above categories of descriptions focus on observable aspects of past, current, or hoped-for behavior. In addition to these, there are many descriptions that focus not just on observable behaviors, but on internal states associated with the observable behaviors such as the child’s or observer’s thoughts, feelings, or hopes. These are subjective descriptions of feeling states or thoughts underlying the behaviors. Example 1, in Table 4, names what the mother felt (panic) and then conveyed her thought directly using the fragmented and first person language of characteristic of a discourse genre called “represented thought” (Banfield, 1982; Duchan, Bruder, & Hewitt, 1995; Hewitt & Duchan, 1995, Wiebe, 1995). Represented thought renders a person’s thinking as
though the person were thinking aloud. In Example 1 of Table 4, the mother shifted from a description of what the child was doing to one representing the mother’s thinking—“Oh please, baby. Please don’t do that. Why are you doing that?”

The next three examples in Table 4 describe the inferred subjective experiences of the child with autism. Example 2 describes what a child must be feeling, and Examples 3 and 4 describe what a child must be thinking (e.g., must have a rule about kissing, or a schema of internal pain). In Example 5, Paul McDonnell (McDonnell, J., 1993) described his own internal experience of his rule having to do with doorways.

### Other People’s Impressions or Reports of a Child’s Behavior

Many descriptions of children’s behavior are depicted as direct observations or experiences. The authors of the reports usually write about something that they themselves witnessed or experienced. Sometimes other peoples’ experiences or observations are offered as a description. In these circumstances authors typically indicate to their reader that the description was not their own first-hand experience. They do this in a variety of ways. One of the most common ways writers indicate hearsay information in descriptive reports is

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1Chafe (1986) has studied some of the ways authors mark hearsay information as part of a larger system for qualifying information. He called the whole system of markers “evidentials,” and included in that system different ways English allows people to indicate not only hearsay evidence, but to indicate differences between beliefs and reality, between inferences and direct observations, and between hypothetical and actual information.
through the use of reportative verbs, such as “said,” “reported,” or “commented.” In Table 5, the authors of Examples 1 and 2 described children’s behavior (tantrums and motor and feeding development) as someone else’s observation by using the verb “reported.” The author of Example 3 used an experiential verb “felt” to describe a subjective experience of a third party. In Example 4 the mother used direct quotes to depict her own mother’s point of view. A fifth example is from Paul McDonnell who described his own rocking behavior from a third party’s point of view by saying that he realized that “rocking would look very stupid” to them.

**Table 4. Descriptions of the Experience of a Particular Behavior (by the Person Observing It or the Person Doing It)**

<table>
<thead>
<tr>
<th>Example</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>“I watched her, feeling very close to panic, as she repetitively sorted through puzzle pieces, then held them up two by two, always at right angles to each other, and stared at them. Oh please, baby. Please don’t do that. Why are you doing that?” (Maurice, 1993 [p. 40])</td>
</tr>
<tr>
<td>2.</td>
<td>“She had not been ‘upset’ for that brief moment, she’d been terrified: Her hands were up in front of her body, flapping away. Her mouth was open, looking almost ready to scream.” (Maurice, 1993 [p. 45])</td>
</tr>
<tr>
<td>3.</td>
<td>“...he moaned that a family of pains lived inside him all the time he was at school; the ‘children pains’ came from his feet and jointed the ‘parent pains’ in his tummy: and the ‘boy pains’ had sharp points.” (Tustin, 1992 [p. 181, quote from child, Sam]).</td>
</tr>
<tr>
<td>4.</td>
<td>“When I was a kid I had many rules about how things should be done. One rule had to do with walking through a doorway and not bumping my elbow. My rule was that I would be put in jail if I bumped the doorway more than two times in a week. I used to scream ‘I’ll be put in jail if I bump my elbow again. ’ If I accidentally bumped by elbow when I walked through a door, I would have to go back and repeat it; I would have to walk through the door again and get it right that time.” (McDonnell, P., 1993 [p. 348])</td>
</tr>
</tbody>
</table>

**Metaphoric Language to Describe (and Explain) Behavior**

Pervasive among descriptions of those with autism is an image that they are socially inaccessible. The metaphoric structures used to convey the feeling of inaccessibility are ones that treat the body as an impenetrable barrier. So one finds language that describes those with autism as being imprisoned within their bodies, and of bodies serving as a wall, shell, or fortress, keeping outsid-
ers out and the insiders (those with autism) in. Often these barrier metaphors are accompanied with a hope that the wall, shell, or barrier can somehow be penetrated. Examples 1, 2, and 3 in Table 6, convey a variety of ways this barrier notion is expressed metaphorically. The “encapsulating wall” in Example 1 becomes a softer “cloak” in Example 2. In Example 3, the experience of autism is described as one that is “inside”—again creating an image of separation between inside and outside experience.

A second set of metaphors focus on the unusual behaviors of those with autism. Children are depicted as doing animal-like things (Example 4 in Table 6) and as being aliens in their own land (Example 5). A recent example of this alien metaphor is from Temple Grandin who described her experience of autism as feeling as if she were “an anthropologist on Mars” (Sacks, 1995 [pp. 259, 269]).

**Behaviors as Typical Traits**

Most of the above descriptions of those with autism are designed by the describer to demonstrate the unusual behaviors of specific children and the problems or solutions associated with those behaviors. In many cases such descriptions of the particulars for a specified child are then related to characteristics that have been identified as typical of many children with autism. So, along with a description of a child’s particular language patterns is a description of

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**Table 5. Third-Party Descriptions of a Child’s Behavior**

<table>
<thead>
<tr>
<th>Example</th>
<th>Description</th>
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<tbody>
<tr>
<td>1.</td>
<td>“His parents reported that during these tantrums he became so much out of control that they feared he might seriously injure someone.” (Neale, Oltmanns, &amp; Davidson, 1982 [p. 227])</td>
</tr>
<tr>
<td>2.</td>
<td>“His mother reported that he showed normal motor development and good feeding behavior.” (Blank &amp; Milewski, 1981 [p. 74])</td>
</tr>
<tr>
<td>3.</td>
<td>“The psychologist felt Sam was overwhelmed with anxiety about what was happening inside him.” (Tustin, 1992 [p. 181])</td>
</tr>
<tr>
<td>4.</td>
<td>“Only once did she gently and sadly correct some overly optimistic statement I had made about Anne-Marie. “Well,” she said with a sigh, “Daddy and I did think she looked very ‘withdrawn’ the other night.” I could respond only with silence, knowing of course that ‘withdrawn’ was a fairly accurate, even kindly description of Anne-Marie’s social behavior.” (Maurice, 1993 [p. 35])</td>
</tr>
<tr>
<td>5.</td>
<td>“I realized that rocking would look very stupid to some people, and I sometimes feel self-conscious about it. But rocking helps me to relax, and I doubt that I will stop it any time in the near future.” (P. McDonnell, 1993 [p. 328])</td>
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</table>
Table 6. Metaphoric Accounts of a Child’s Behavior

<table>
<thead>
<tr>
<th>Example</th>
<th>Description</th>
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<tbody>
<tr>
<td>1.</td>
<td>“Encapsulated behind an invisible but seemingly inpenetrable wall.” (Kaufman, 1994 [p. 3])</td>
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<tr>
<td>2.</td>
<td>“… my belief that Karen was a normal, indeed, extremely sensitive and intelligent child hidden in an autistic cloak which my love and attention could strip off.” (Kozak, 1986 [p. xii])</td>
</tr>
<tr>
<td>3.</td>
<td>“I would like to tell them about autism: what it felt like from the inside and the difference it has made in my life.” (P. McDonnell, 1993, p. 329)</td>
</tr>
<tr>
<td>4.</td>
<td>“… and her communication for the most part consisted of wild sounds, not screams but low-pitched animal shouts.” (Kozak, 1986 [p. 5])</td>
</tr>
<tr>
<td>5.</td>
<td>Paul looks like another worldly child, a child strayed into our world from a different order of being. The changeling was always a very beautiful child, perfect in every way, but somehow disconnected. Paul is so beautiful, so perfect, yet he doesn’t seem to be with us, of us.” (J. McDonnell, 1993 [p. 54])</td>
</tr>
</tbody>
</table>

Echolalia as a symptom of autism. The generalized descriptions of the behaviors are often cast as “traits” that are caused by the autism. In the first example, in Table 7, Paul McDonnell (1993) described his own reaction to losing at gambling as a function of difficulties caused by his autism: anger at losing, compulsivity, and a problem understanding how slot machines work. Temple Grandin (Grandin & Scariano, 1986) offered another set of traits in Example 2, and Frances Tustin (1992) still another, in Example 3. In Example 4, Oliver Sacks (1995) reflected on whether the art work of two artists with autism is unique because of their autistic traits of repetitiveness and stereotype. Finally Asperger (1991) provided a fifth description of autistic traits, describing those with autism as “egocentric in the extreme” and using the trait of egocentricity to explain other general behavioral tendencies (e.g., “following their own wishes” and “disregarding the wishes of others”).

SUMMARY

This broad perusal of the different ways particular children with autism have been described reveals the many options available to writers of such descriptions. Descriptions can be formatted as part of long case studies or shorter diagnostic reports or subject descriptions; or they can be part of detailed renderings of family or individual life experiences. Descriptions can be of particular occasions or recurring events, detailed or summarized, objective or subjective, of others or one’s own experience, of past or present events. Below are five general conclusions derived from this sweep of published reports about the
behavior of children with autism. The conclusions are not offered as firm findings, but as suggestive possibilities deserving further examination.

Descriptions reflect the writer’s relationship to the person being described. Professionals tend to use objective language and write in general terms, describing symptoms rather than particular events or specific behaviors (except to illustrate a general point). The language used by professionals is mostly expository. Closer affiliates of those with autism tend to use subjective language writing about their own experiences as well as that of the person with autism, and use narrative formats.

Descriptions vary depending upon the intended audience. Professionals tend to write to fellow professionals as evidenced by their use of technical language. They provide lists that profile habitual behavior and select behaviors that are illustrative of traits commonly found among those with autism (self-stimulatory behavior, preservation of sameness, echolalia). Family members and people with autism writing for the popular press tend to center their descriptions on their own life experiences, use subjective language and narrative structures to describe how barriers were met and overcome.

Descriptions reflect the goals of the writers. Writers of diagnostic reports who want to make the case for a need for services reflect on behaviors that

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**Table 7. Descriptions of Behaviors as Traits of Autism**

<table>
<thead>
<tr>
<th>Example</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>“I would like to say that gambling can be extremely dangerous for high functioning autistic people. They can easily get angry at losing and get very compulsive, or just have the mistaken notion that they can start making a slot machine pay out a lot of money by putting lots of money into it.” (McDonnell, P., 1993 [p. 172])</td>
</tr>
<tr>
<td>2.</td>
<td>“This withdrawal from touch, so typical of autistic children, was followed in the next years by standard autistic behaviors: my fixation on spinning objects, my preference to be alone, destructive behavior, temper tantrums, inability to speak, sensitivity to sudden noises, appearance of deafness, and my intense interest in odors.” (Grandin &amp; Scariano, 1986 [p. 20])</td>
</tr>
<tr>
<td>3.</td>
<td>“Autistic children resist change, being upset if their usual routine is altered.” (Tustin, 1992 [p. 6])</td>
</tr>
<tr>
<td>4.</td>
<td>“Most autists are not artists, as most artists are not autists; but in the chance of their coming together (as in Stephen, or Jose), there must, I think, be an interaction between the two, so that the art takes on some of the strengths and weaknesses of autism, its remarkable capacity for minutely detailed reproduction and representation, but also its repetitiveness and stereotypy.” (Sacks, 1995 [p. 242])</td>
</tr>
<tr>
<td>5.</td>
<td>“Autistic children are egocentric in the extreme. They follow only their own wishes, interests and spontaneous impulses, without considering restrictions or prescriptions imposed from outside.” (Asperger, 1991 [p. 81])</td>
</tr>
</tbody>
</table>
will be targeted for intervention. Writers of autobiographies often combine their descriptions of an undesirable behavior with an account of why they did it, or how they conquered their compulsion to do it, or why they must continue to do it. Leo Kanner (1943) and Hans Asperger (1991) presented detailed descriptions of behavior as examples of commonalities across children so as to make a case for unified and unique syndrome.

Diaries contain many more event descriptions of particular behaviors happening on particular occasions than do the other types of reports. The day-by-day descriptions offer the readers detailed comparisons of a person’s behavior over an extended period of time.

Finally, in no case should a behavioral description be seen as the only possible “true” rendition of a behavior. Rather, any behavior can be legitimately described in many ways. This adds support to the notion that autism, like other categories of disability, is based on a particular and fluctuating construction of reality, varying with one’s goals, audience, frame of reference, and point of view (Biklen & Duchan, 1994; Duchan, Maxwell, & Kovarsky, in press).

REFERENCES


CONTINUING EDUCATION: SUGGESTED READING WITH QUESTIONS

Describing the Unusual Behavior of Children with Autism

SUGGESTED READINGS


**QUESTIONS**

1. The following is (are) described in this article as a type or types of report in which writers usually describe children with autism:
   a. DSM III
   b. *Journal of Speech Language and Hearing Research*
   c. Diaries
   d. Evidentials
   e. All of the above

2. Behaviors of children with autism were described in the following way(s):
   a. Specific vs. general
   b. Objective vs. subjective
   c. Diagnostic vs. progress reports
   d. High density to low density
   e. a and b

3. A description of a person using the phrase “don’t throw the dog off the balcony” was presented as an example of:
   a. A trait of autism
   b. An example of how Hans Asperger identified someone as autistic
   c. A subjective description
   d. A particularized detail
   e. a and d

4. Case studies written by professionals:
   a. Contain mostly event descriptions
   b. Tend to be cast as experiential descriptions
   c. Are typically written for family members
   d. Are not helpful because professionals don’t know the children well enough
   e. None of the above
5. A social construction view of autism:
   a. Is supported by the findings in this article
   b. Is not supported by these findings
   c. Is the opposite of an individual construction of autism
   d. Holds that children with autism have problems interacting socially
   e. Was not discussed in this article