Through the looking glass -
The applicability of a symbolic interactionist view of self-concept to children and young people with autism spectrum disorders.

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This paper considers the applicability of a symbolic interactionist view of self-concept to children and young people with autism spectrum disorders, and is written from the perspective of the deputy lead of the Family Inclusion Team (FIT) with a specialist interest in autism provision at a Special Educational Needs School in London. The school serves more than 200 learners aged 2-19 with complex learning difficulties, emotional, behavioural and communication difficulties and those with Autism Spectrum Disorders (ASD). The learners with ASD make up 48% of the learner population. The learners with autism all have dual or multiple diagnoses, most commonly severe learning difficulties. My responsibilities include offering support and interventions to the families of learners with autism; and enabling class teams to better understand the unique ways autism manifests in individual learners. This includes developing class teams’ skills in identifying the strengths and needs of learners with autism; setting personalised learning intentions and developing the needed strategies to support learners in achieving these intentions; as well as develop meaningful ways of assessing progress and determining next steps in learning.

This paper investigates the social psychological concept of the looking-glass self with regards to the development of self-concept in children and young people with autism. The looking glass theory proposes that an individual’s self-concept develops from interpersonal interactions and through the perceptions of others, especially with regards to significant others in the early life of an individual (McIntyre 2006). This paper examines the applicability of this theory to children and young people with autism when research show that these individuals experience difficulty with Theory of Mind (ToM). ToM is the ability to attribute mental states to yourself and others and to understand that others have beliefs, desires, intentions, and perspectives that are different from your own (Premack 1978). Research suggests that individuals with
autism do not employ a ToM and have particular difficulties with tasks requiring the individual to understand another person’s beliefs (Baren-Cohen, Frith & Leslie 1985). These difficulties persist when children are matched for verbal skills and have been taken as a key feature of autism (Happé 1995) and manifests in qualitative differences in social interaction and communication skills, as outlined in ASD diagnostic criteria. This paper also considers how sensory processing difficulties in autism (when multisensory integration is not processed adequately to provide appropriate responses to the demands of the environment) can potentially influence the development of early communication and interaction skills which will impact on individuals’ ToM abilities.

Throughout the paper the author will reflect on her own professional experiences where children and young people with autism have demonstrated aspects of ToM both at school with peers and teaching staff, and at home with their families. Whilst there may not be consistency in their ability to do so, and they might not always be able to generalise this skill, there seems to be a value in investigating discrepancies between observations in practise and the theoretical research underpinning the concepts of ToM and the development of self-concept. The paper will consider how interactive approaches and an awareness of sensory processing difficulties can enable the development of social and interactions skills (Loyd 2011:2). If we as educators can enable learners with autism to develop aspects of ToM, then there is the potential for the looking glass self to be applicable to these learners which in turn can influence intrinsic motivation that can have a meaningful impact on learning and applying social and interaction skills in real world contexts.

This paper’s stance is from an interactive model of disability which highlights difference over deficit. This model views disability as the result of an interaction between an individual with a disability and society (Wedell & Lindsay, 1980). This model allows for dialogue between different perspectives and for individuals with autism to be viewed as people rather than as a collection of deficits (Loyd 2011:22). The author acknowledges the stance of advocates of autism who feel that science is focused on discovering what appears dysfunctional in ASD when instead research should be aimed at the natural functionality and benefits of what are reality in ASD (Bogdashina 2013:246).
Symbolic interactionism and the looking-glass self

Symbolic interactionism is a sociological perspective on self and society based on the ideas of George H. Mead (1934) and Charles H. Cooley (1922). A central theme of symbolic interactionism is that human life is lived in the symbolic domain, and that symbols are culturally derived social objects with shared meanings that create and maintain social interaction. Symbols, through language and communication, provide the means by which reality is constructed. Reality is therefore primarily a social product, and concepts like the self, mind, society and culture is dependent on symbolic interactions for its existence. Even our perception of our physical environment is shaped by our interpretation of it through symbolic systems.

Basic concepts of symbolic interactionism include symbols, meaning, interaction, and the self. An essential feature of the self is that it is a reflexive phenomenon. Reflexivity enables us to act toward ourselves as objects, to reflect on ourselves, argue with ourselves, and evaluate ourselves. It is through our ability to use language and role-take that we are able to see ourselves from the perspective of another and thereby form a self-concept. The looking glass theory proposes that there are two types of others that are critical in the development of the self: significant others that include people who are important to an individual, whose opinions matters; and generalised others that refers to the concept of community, a group, or any organized system of roles that are used as a point of reference from which to view the self. Cooley (1922) describes the importance of others in the formation of self-concept through his looking glass theory proposing that individuals see themselves, to some extent, as they think others see them. Self-conceptions and self-feelings, for example pride or shame, are a consequence of how people imagine others to perceive and evaluate them (Cooley 1922:184).

Contemporary symbolic interactionism refers to this process as reflected appraisals and emphasises the importance of this process in the development of the self (Sullivan 1953). Socialisation, particularly during childhood, involves learning social roles and associated values, attitudes, and beliefs. At first this takes place within the family setting, before developing in larger arenas for example peer groups, school, and work settings. It is important to note that socialisation is not a passive process of learning roles and conforming to other's expectations. The self plays and
active role in the manner and selection of aspects considered important in its environment and with regards to itself. It can be argued that the metaphor of the looking glass self fails to reflect the influence derived from the self-categorisation of other individuals as part of the self.

In other words, people are not shaped by the reflections from others, but rather are shaped by the creation of a collective social identity that contrasts ‘us’ against relevant ‘others’ (Turner et al. 1999). This is in accordance with a stance like the interactive model of disability mentioned earlier, and the view that disability is the result of an interaction between an individual with a disability and society. What messages about their selves are we mirroring back to our learners with SEN as educators and significant others in their lives? Do we reflect back to them that we see children and young people with value and unique abilities who can play a meaningful part in their school, family and community; or do we reflect back to them a collection of deficits and passive dependence on others, and how does this influence the way they see themselves.

**Autism Spectrum Disorders**

Nancy Getty, diagnosed as an adult and the parent of twins both diagnosed with autism, considers autism “a mystery of the mind, a neurological disorder that seemingly distances an individual into a realm of communication deficits and social blindness so that the individual appears lost within a world of different perceptions and awareness” (Bogdashina, 2013:243). Autism is a social disability manifesting uniquely in each individual affected by it which is why it is described as a spectrum of autistic disorders; it is a lifelong developmental disorder and can occur in combination with other developmental disorders and learning difficulties (Frith 2005:206).

The fifth revision of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders or DSM-5 (2013) redefined the autism spectrum to encompass the previous diagnoses of autism, Asperger syndrome, pervasive developmental disorder not otherwise specified, and childhood disintegrative disorder. These disorders are all characterised by social and communication difficulties; stereotyped or repetitive behaviours and interests; and in some cases,
cognitive delays. Sensory processing difficulties are included in the criteria for the first time, under the 'restricted, repetitive patterns of behaviours' descriptor.

Almost every activity we take part in requires integration of the senses to make these activities successful. Our sensory processing system detects, registers, and analyses sensory input and organises and adjusts our reaction, resulting in appropriate motor and behavioural responses. Individuals with autism's senses may be working well but there can be difficulties in the way their brain's filtering and processing systems. Such distortions mean that individuals with autism can experience an altered perception of their environment (Caldwell 2008:20). If an individual with autism is subjected to more sensory information than can be processed, it can lead to an autonomic storm, also known as fragmentation or meltdown (Caldwell 2008:22). When this occur, individuals with autism reports that all their sensory impressions break up, parts of their brain shuts down and their body experiences a range of feelings like confusion, pain, agony and terror. When this occurs for our learners, we know that each individual with autism will experience this in different ways and in different intensities, and it will affect their ability to self-regulate in many different ways. Therefore the strategies to support our learners during these times of anxiety will differ uniquely to support their individual needs.

Another unique quality of autism is with regards to its onset. The onset of autism symptoms can occur within the first year of life, although ASDs can follow two different possible developmental courses: one course of development follows a gradual onset in which parents report concerns in development over the first two years of life and a diagnosis is made around 3–4 years of age. Early signs of ASDs in this course include decreased looking at faces, failure to turn when name is called, failure to show interests by showing or pointing, and delayed pretend play (Zwaigenbaum et al. 2009); the second course of development is characterised by normal or near-normal development followed by loss of skills or regression in the first 2–3 years. Regression may occur in a variety of domains, including communication, social, cognitive, and self-help skills; however, the most common regression is loss of language (Martínez-Padraza & Carter 2009).

I have found this second course of development to be the most confusing for parents and the hardest to come to terms with. I am working with a mother whose son is 5
years old and has lost his ability to speak, has developed significant sensory processing difficulties, and lost many self-care skills (for example toileting and feeding). Not only has this been difficult for her and her family, but it also meant there was a delay in his symptoms being recognised and diagnosed – she had to convince her doctor that he is losing skills and that his development was markedly different from her other neurotypical children. She was made out to be an over-anxious mum. Her son received a diagnosis a year later after being seen by a specialist.

Although research indicates that autism has a neurological and genetic basis, the cause of autism remains unclear (Baron-Cohen et al., 1999). Psychological explanations for the behaviour of individuals with autism have been formulated which impacts on our understanding of how individuals with autism develop a perspective of themselves, significant others and the world around them. It has been suggested and demonstrated through experimental research that individuals with autism have a fundamental difficulty in perspective taking and that this difficulty accounts for the challenges in social interaction and communication that characterise the condition (Loyd 2011:25).

**Autism and Theory of Mind (ToM)**

Theory of mind is the capacity to mentally represent thoughts, beliefs, and desires, regardless of whether or not the circumstances involved are real (Leslie 1991). This might explain why individuals with autism find both ToM and pretend play difficult. Hobson suggests that neurotypical development includes skills such as a social referencing abilities that later supports the comprehension and reaction to other people’s feelings (Hobson 1995). Setbacks during early years’ development can influence the development of shared attention which will impact on social referencing abilities and the way ToM develops. Baron-Cohen (1991) emphasize that autism involves a specific developmental delay that varies in difficulties experienced because difficulties arise at different stages of growth.

To demonstrate empirically whether individuals with autism have difficulty in ToM, Baron-Cohen designed and conducted a series of experiments that followed the argument that the way to determine whether someone can understand belief is if they can understand that people hold false beliefs, and so the Sally-Anne test was
devolved (Baron-Cohen, Leslie, & Frith, 1985). It was carried out on children with autism and matched peers of typically developing children and those with Down's syndromes. The study found that there was a significant difference in the ability of those with autism to acknowledge false belief compared with matched peers suggesting a specific deficit in ToM independent from developmental delay. The view that these abilities are absent in children and young people with autism is now contested and it is speculated instead that ToM exists on a continuum as opposed to the traditional view of a concrete presence or absence (Leslie 1991).

Research suggests that individuals with autism are unable to attribute mental states to others and that they can understand physical causes of emotion but have difficulty understanding mental causes of emotion (Baron-Cohen 1991). Learners at our school might be able to understand that bumping your head will result in a bruise and in someone being upset or crying, but for them to understand that someone is happy because of a surprise party can be more difficult to understand (surprise parties and even the unpredictability of presents can actually be a source of anxiety and not happiness for these learners). Recent research however points to the possibility of these learners developing coping mechanisms that facilitate a spectrum of mindful behaviour (Dapretto et al. 2006).

Although experimental studies suggest particular difficulties in understanding complex mental states causing emotions (Baron-Cohen, Spitz, & Cross, 1993), comparable studies with relation to pretence, reports that individuals with autism can understand some mental states in connection with emotions. This suggests that these difficulties are not absolute and that there are circumstances where individuals with autism can understand mental states and show empathy towards significant others. Uta Frith, who refers to ToM as mentalizing (Frith 2005:80), agrees that mentalizing difficulties should not be seen as a total inability to acquire knowledge about mental states and that these difficulties form part of a severe developmental delay. This is compatible with the idea that the neurotypical mentalizing mechanism that allows fast-track learning is impaired in children with autism, but that learning that occurs over a longer time period is possible. Intuitive mentalizing abilities is not the only way social and communication skills can be learnt, instead mental states can me learnt through explicit rules of logic (Frith 2005:94).
Another factor to consider is the environment in which mentalizing demands are made on learners. Learners with autism who have an understanding of mental states can struggle to do so under the stressful demands of real-life social situations. In controlled and safe environments where these learners are supported by familiar educators can enable these learners to logically work out what the answer should be, even if they lack intuitive mentalizing (Frith 2005:95). But in unfamiliar environments that place more demands on their sensory processing abilities and unpredictable social demands these same learners can become anxious and unable to self-regulate. Some of our post-16 learners are capable of working out the maths involved in transactions, can be successful at role-playing situations like buying an item from the shop; but when confronted with the smallest out of place occurrence on their trip to the shops, can become so anxious that they are not able to manage the social interaction of buying their desired item. A boy of 12 that I support can have real difficulties with engaging with unfamiliar people and peers and the anxiety he experiences can manifest in pinches and slaps to avoid the situation. But in his classroom, surrounded by his familiar peers he is able to identify when a favoured peer is in distress and will even bring her transitional object that calms her. In this situation he is not only able to recognise her distress but has also noticed what would support and comfort her.

Another reaction to emotions for some individuals with autism is an acute awareness of the emotions of others and becoming distressed by the emotional behaviour of those around them. These individuals seem to automatically tune into the mood of their educators and share their emotions, their hypersensitivity seem to amplify these emotions which is then fed back (Bogdashina, 2013:70). Again many of our parents have reported that their children are aware of their family members’ emotions and will also get upset or try to comfort the person that is upset. Other learners are unsure of how to react when another learner is crying, and might laugh excitedly resulting in an inability to regulate their own emotions. Social stories can support turning these instances into learning opportunities where an adult can name the emotion the learner is seeing and explain the context of that emotion. The idea of gradations in ToM capacity are also compatible with autism as a spectrum and perspective taking as emerging in infancy and developing beyond false belief.
Autism and the development of self in early years

“The human baby is the most socially influenced creature on earth, open to learning what their own emotions are and how to manage them” (Gerhard 2004:10). As babies we experience our feelings for the first time and start to learn how to identify and manage our emotions. We begin the process of organising our experiences in a way that will affect our behaviour later in life (Gerhardt 2004:20). This paper has already indicated that distortions in early development can affect how an individual with autism develops communication and interaction skills. It can also affect the way in which individuals with autism make sense of their world.

Neurotypical babies constantly adapt and learn from new experiences and the world around them. Everything we know about ourselves and the world around us has come through our senses. Because their sensory processing systems are still developing they experience a sense of flooding. Perception is the process by which we collect, interpret and comprehend this information from the outside world by means of our senses (Bogdashina 2010:16). The brain and nervous system of a neurotypical baby supports the gradual development of perception: the world is in bits, for which we have not yet formed concepts, the concepts bring the bits together, and the concepts form our perception (Williams 2003:67). Perception becomes the key to filtering out irrelevant information.

Without filtering a certain degree of incoming information, the conscious mind wouldn’t be able to make the number and depth of connections needed to impact on the development of communication, perspective and interaction with others (Williams 1998:83). Children with autism seem to be able to turn off one or more of their senses as a protective strategy when they cannot cope with flooding sensory information (Bogdashina 2010:39). Sensory deprivation that occur very early in life can either be caused by “hypoperception” (“closed sensed”) when not enough stimulation comes in, or by self-imposed sensory deprivation – when a child shuts down his or her senses to avoid painful experiences (Bogdashina 2010:37). Autism is a classic example of withdrawal.

Withdrawing in this way will influence the way a child interacts with their new world and with the significant others. A mother I support reports that her son, who has complex needs in addition to his autism, was withdrawn from a very early stage in
his life, and that this affected their interaction. He was also very tactile defensive which made cuddling, holding and comforting him difficult. Because his gaze didn’t follow her, he didn’t find comfort in social cues like seeing her prepare his bottle and knowing it meant he will soon be fed. To enable parents to play with their children in a way that would be meaningful for that child, we offer stay-and-play sessions for parents and their young children to help parents understand the different ways in which their child can interact, and how to connect with them in a way that will be meaningful to both of them. For this we use strategies like an autism-friendly environment and play-based interaction similar to Intensive Interaction strategies.

Intensive Interaction is an approach for teaching communication skills to children and adults who have autism, severe learning difficulties and profound and multiple learning difficulties. The approach focuses on teaching the Fundamentals of Communication including enjoying being with another person, sharing personal space and sharing attention to name a few (Caldwell 2008). Research indicates that individuals with autism can show perspective when participating in interactive approaches like Intensive Interaction, play-based learning or drama education (Loyd 2011:2). These approaches have also shown potential to maintain social and interaction skills and support further and generalised development over time and in different contexts.

Early signs of sociability are not absent in all children with autism and some will smile and babble, look pleased to see their parents, stretch out their arms to be picked up and play peek-a-boo games. None of these social interactions require mental state attributions (Frith 2005:103). Families I work with often report similar early interaction in their children with autism. One mother reports playing hide-and-seek games with her 10 year old son and he responds with anticipation and enjoyment; children that seek comfort and a cuddle from their parents when they are upset or after a meltdown, when they might not seek affection at other times. Learners with autism in our EYFS (Early Years Foundation Stage) classes will seek comfort and reassurance from favoured supporting adults; an awareness and empathy of peers’ emotions and offering the other learner their favourite toy as comfort. Young people with autism in the Post-16 class who have memorised passages from films such as Troy (2014) and can recite long monologues which corresponds with their state of mind and feelings at a particular moment.

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This paper aims to highlight that some learners with autism show gradations in their individual capacity to demonstrate ToM, and that these learners can demonstrate an understanding of emotions and empathy towards significant others (even if that is not consistent or they find generalising this skill to unfamiliar environments challenging). The questions remain whether the concept of the looking glass self is applicable to these individual. How does self-concept develop in learners with autism and do they see themselves, to some extent, as they think others see them.

**Autism and developing a different kind of self-concept**

Frith and Happé (2005:210) argue that awareness of others and awareness of self tend to go together, and that is why the development of self-concept in autism is likely to be different. Frith (2005:211) expands on this by questioning whether there might be an awareness that is all self and does not include the reflection of the self in other selves as suggested by the looking glass theory. She refers to this different kind of self-awareness as self-knowledge, and proposes that individuals with autism, who acquire a conscious ToM, might first and foremost have attained knowledge of their own mind. This would mean that they can possess detailed knowledge about themselves, but not about others. She draws the conclusion that children with autism do not know that their inner experiences are different from other people’s inner experiences.

The phenomenon ‘all self-no other’ or ‘self-other equivalence’ and ‘self-other difference’ is well known in autism (Moore, 2007). An explanation of this theory that individuals with autism have developed awareness of self but not of others can be linked to sensory processing difficulties. The argument to be made is that it is a state entered into by individuals who are overwhelmed with the processing demands of too much information. Bogdashina refers to this as a fluctuating state of ‘all self, no other: all other, no self’ (Bogdashina 2013:107). Researchers supporting the view of a deficit in ToM (Leslie & Frith, 1990) criticise this theory because it does not provide mechanisms through which deficits in perspective taking arise and because the experimental evidence supports the theory but does not directly test it. Other researchers like Bogdashina argue that an ‘experiencing self’ theory does not deny
the existence of self in autism but emphasises the difficulty with experiencing it (2013:109).

The latter argument proposes that although individuals with autism’s ToM might be different due to their sensory experiences leading to different cognitive interpretations, they could develop a Theory of Autistic Mind instead (Bogdashina 2013:108). But how can we know this when a lot of children and young people with autism find communication difficult or is pre- or non-verbal? Lack of abstract language doesn’t mean that ‘language-less self-consciousness is inferior to ‘highest self-consciousness with language thinking’ (Bogdashina 2013:123). 'Non-language thinkers’ do have mental language(s) that are qualitatively different from the conventional one but equally complex. Language-less self-consciousness, typical for some individuals with autism, especially those who lack verbal language, and those who develop it later than neurotypical children, make them open to experiencing self-experiences which they remember better than neurotypical children as their memories are not ‘translated’ into verbal (culturally determined) concepts (symbols).

A study by Lee and Hobson (1998) demonstrated that adolescents with autism, learning difficulties and delayed language abilities are also able to talk about themselves.

Understanding oneself and other people involves being able to decentre, take different points of view and see yourself as both similar to and different from other people (Loyd 2011:20). Self-other equivalence can be presumed through joint or shared attention, imitation or enjoyment, sharing interests or achievements with others. Self-other difference can be revealed through turn taking or expressing your own opinion and appreciating that your own opinion may differ from that of others. Interactive approaches make use of this knowledge and focus on developing reciprocal relationships through interaction (also referred to as 'transactional' or 'social pragmatic' approaches). This focus on the socio-communicative features of autism through these approaches is relatively recent and under-researched compared to approaches that attempt to modify behaviour (Charman & Stone, 2006).

The interest in interactive approaches with individuals with autism follow trends in SEN and grew out of a desire to move away from behavioural approaches and towards approaches in education that value process and understanding over product and skills (Nind, 2000: 184).
Whilst interactive approaches which aim to support individuals with autism in understanding and relating to others exists, the spectrum quality and complexity of autism means more needs to be done to investigate and research these approaches (Loyd 2011:22). It points to another challenge for research in autism which relates to the way in which studies relating to the theory are designed. Although current studies provide a broader view of perspective taking that is more integrated with real world social contexts, they are still conducted experimentally and there are not comparable studies that analyse closely either perspective taking in real world social contexts or eliciting and/or enabling factors within these contexts (Loyd 2011:33). As a result, just as "little is known about the competence of children with autism to participate in everyday narrative discourse with family members, teachers and peers, outside of laboratory environments" (Solomon, 2004: 254), little is known about perspective taking more generally in real world social contexts. One of the aims of the new SEND Code of Practice (introduced in September 2014) and Education and Health Care Plans is to give a voice and focus to these issues and the impact they have on individuals with autism and their families. Through giving families the opportunity to highlight the real world challenges they face, education and health care can work with families to address these difficulties with approaches that have an impact on the development of self-concept, independence, and intrinsic motivation. These reciprocal approaches have the potential to encourage learners with autism to step out of their world, and into our often sensory chaotic and confusing world – whilst developing our understanding of why this can be so difficult.

It is important that as educators and significant others in the lives of children and young people with autism, we continue to be mindful of how and what we reflect back to these learners. Our reflections must enable our learners to develop a self-concept that is meaningful to them and to see their difficulties not as deficits, but as a different, validated way of experiencing life.
References


