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Current Problems of Speech and Language Therapy in Autism Spectrum Disorders – Subjectivity, Purposefulness, Methods and Scientific Evidence

SUMMARY

The article deals with the current problems of speech and language therapy in autism spectrum disorders, which are connected with subjectivity, purposefulness, methods and scientific evidence. The author points out the importance of the category of subjectivity in treatment of autism spectrum disorders, referring it to people with autism spectrum disorders, their families, but also to therapists themselves. She mentions the person-centred care (PCC) concept in this context, lists the potential threats to subjectivity in treatment of people with autism spectrum disorders and relates the problem of subjectivity to cooperation with families of people with autism, as well as cooperation within a multidisciplinary team. Furthermore, the author emphasizes the significance of knowledge about emotions and awareness of cultural factors as important in the therapy of people with autism spectrum disorders. Writing about the purposefulness of speech therapy in autism spectrum disorders, she draws attention to the selection of goals, their hierarchy and dynamics in their implementation, and underlines the importance of the problem of organizing therapeutic treatment, especially in the face of current changes in the social reality. In the final part the author discusses the problem of therapy methods in autism spectrum disorders, including the issue of scientific evidence and evidence-based practice. She indicates possible reasons why this problem has become the subject of lively debate and discusses the doubts related to the use of evidence-based practice (EBP) paradigm in speech therapy. Next, the author presents the problem of scientific evidence behind the EBP trend from the perspective of philosophy of science. In its light, EBP is a creation of human thought mediated in a specific philosophical concept, i.e. in empiricism, and realizes the ideal of science in line with this tradition. Recognizing the unquestionable value of empirical research and the contribution of empiricism to the development of science, the author suggests that, when distinguishing between different types of knowledge (variously defined scientific evidence, individual experiences, etc.), we should not overestimate or undervalue any of them.

Key words: autism spectrum disorders, speech and language therapy, subjectivity, person-centred care, purposefulness, methods, scientific evidence, philosophy of science.

Autism spectrum disorders (understood according to DSM-5) have become a subject that is both difficult and widespread, constantly relevant and approached from the perspective of medicine, psychology, speech therapy, linguistics, pedagogy, social sciences, and in the recent years also anthropology (Ochs, Solomon 2018) and philosophy (Ripamonti 2016). Nowadays, self-advocates and people individually involved in the problem of autism have become increasingly active. As the body of knowledge and experience is growing, new questions arise and new answers are given to the questions previously asked. They pertain to the broadly understood therapeutic procedure: methods, but also approaches and attitudes. A multitude of therapy methods proposed, their diversity and origin in frequently very different theoretical concepts generate lively discussions concerning the scientificity, effectiveness and ethics in the therapeutic procedure.

As pointed out by Stanisław Grabias, autism is one of the biggest challenges faced by speech and language therapy these days. Moreover, this is a problem which no discipline of science (medical sciences, psychology, pedagogy) can handle satisfactorily (Grabias 2017, p. 31).

This article contains several reflections on the current problems of speech therapy in autism spectrum disorders. It is based on the author's own experience of working with children and young people with autism disorders, and deals with the issues of subjectivity, purposefulness of therapy, treatment methods and their evaluation, including the scientific evidence problem.

1/ **Subjectivity.** Owing to a broad range of phenomena that contribute to autism and result from it, diagnosis and therapy of autism spectrum disorders are particularly associated with being engaged in conversation, undertaking cooperation, co-experiencing – and all these require a subjective approach. Subjectivity is an important notion in the contemporary humanities (see e.g. Warmbier 2016), but at the same time rarely defined, often understood quite flexibly and denoting then a kind of a primary concept (Spendel 1991, p. 58). Definitions of subjectivity are formed in various disciplines and within the framework of diverse theoretical models.¹ An analysis and comparison of these definitions for the purposes of

¹ According to a psychological definition authored by T. Tomaszewski, human subjectivity consists in the fact that “a human being is someone, has a specific identity and a more or less distinct individuality which distinguishes him or her from others, and a person's actions depend largely on him- or herself” (Tomaszewski, 1985 p. 72). On the other hand, in Ch. Barker's constructivist definition, published in *Studia kulturowe* (2005), subjectivity is “the condition of being a person and the processes as a result of which an individual becomes a person, that is how we become established as subjects (in the biological and cultural sense) and how we experience ourselves (also with reference

speech and language diagnosis and therapy go beyond the goals of this text and should be carried out separately. Nevertheless, the concept of subjectivity does exist in speech therapy and refers not only to people undergoing treatment, but also to their families, guardians, teachers and to therapists themselves. A particularly interesting context for further evolution of this idea is the person-centred care (PCC) approach originating from the “humanistic” psychology and developed in the recent years in medicine, especially psychiatry (see e.g. Gask, Coventry 2012) and in other fields connected with health care: nursing, psychology, occupational therapy, etc. (DiLollo, Favreau 2010, p. 91). This approach is focused entirely on the patient as a person and not solely on his or her disease. The focus is on the key role of empathy which takes into account the subjectivity of all participants of the treatment and therapy process: the patient, his or her family and guardians, doctors and other specialists (Botbol, Lesic-Tosevski 2013). The issue of applying PCC in speech therapy is discussed by A. DiLollo and Ch. Favreau (2010). They point to the fact that speech therapists tend to prefer structured and task-oriented therapies. Furthermore, they propose that PCC should be the basis of the therapeutic relationship, because this approach improves therapy results, satisfaction and quality of life in patients (clients). The authors define the PCC approach in speech therapy as the main focus on the person (as opposed to exercises), recognition and appreciation of knowledge and experience of the person, as well as respect for the person’s autonomy and competence in decision making and problem solving with regard to physical and mental health (DiLollo, Favreau 2010, p. 91).

As far as autism spectrum disorders are concerned, the following phenomena seem to be the ongoing threats to the subjective treatment of a person undergoing therapy: perception of the person solely in terms of one’s own knowledge and ideas about autism; using stereotypes (including those connected with popular opinions about autism); superficial and narrow interpretation of behaviour, especially so-called difficult behaviour; infantilization; conventional therapy which is not adjusted to the person’s needs and capabilities; lack of flexibility; perception of atypical development only in terms of differences and deviations from typical progress; failure to respect the right to have a choice, and directive-based communication style.

In connection with the fact that self-advocates and people individually committed to the issue of autism have been increasingly active in the recent years (Chrostowska 2018), therapists, including speech and language therapists, are faced with new questions not only about methods, but also about broadly under-

to the indescribable)” (Barker 2005, p. 250). In special education, C. Kosakowski defines subjectivity as “emphasizing the strengths of a person with deviations from the norm, highlighting what has not been disturbed” and not emphasizing “what isolates people with disabilities and deviations from the norm” (Kosakowski 2003, pp. 36–37).

stood goals and boundaries of therapeutic influence. It is emphasized that going beyond the conventional specialist activity towards openness to individual relations and experiences is a right direction. Moreover, the problem of language used to talk about autism is raised. Finally, in the face of heated discussions and divergent opinions, proper balancing of the conclusions is necessary.

In therapy of autism spectrum disorders the problem of subjectivity pertains also to cooperation with the family and in a multidisciplinary team. Cooperation with the family, emphasized particularly in such therapeutic models as DIR Floortime, Son-Rise etc., is one of the vital dimensions of ASD therapy, not only with respect to children. In addition to such obvious elements of this collaboration as: building up knowledge together and development of strategies for conduct, communication and learning – in the case of ASD, knowledge of emotions and awareness of cultural determinants, including a system of beliefs and values specific to a given person and family, acquire major importance. The problem of autism spectrum disorders is associated with constant expansion and dissemination of knowledge, but also with tentative answers to many questions.² Hence, in reflection on autism there are many open issues and diverse interpretations. Autism has acquired strong social and cultural connotations in the recent years. Consequently, discussions about autism require not only knowledge, openness and empathy, but also constant efforts to understand and respect various perspectives and points of view.

An interdisciplinary team, which is a model form of cooperation in the field of specialist treatment, in the case of ASD is composed of: psychiatrist, neurologist, psychologist, educator, speech therapist, SI specialist, teacher, etc. Without questioning the validity of this model, we should not ignore the difficulties which may be associated with it. Even though many-sidedness itself is welcome, it may generate actual problems, sometimes difficult to solve, in the case of a major disagreement (I will return to this issue in the final part of the article).

In the case of autism, these problems result from the specific character and complexity of the disorder; inadequate knowledge about it; diverse theoretical perspectives (e.g. in the field of psychotherapy), but also from economic, social and cultural conditions which determine the functioning of particular professions in our country.

In the work of a multidisciplinary team, divergent opinions may pertain both to the diagnostic process (see e.g. Bishop 1989), particularly to diagnosis of these forms of autism which are more subtle or not easy to distinguish from other disorders, and to therapy. The divergence may result from various therapeutic approaches, different interpretation of certain phenomena (e.g. difficult behav-

² About certainty of cognition, one of the major epistemological problems, see: Marcos (2012, pp. 38–48).

your) and doubts regarding the scope of competence. As far as competence is concerned, a sharp division between the domains of particular specialists is not always possible and appropriate. Autism is a complex and multi-dimensional disorder. Due to the specific character of language deficits in ASD which are primarily semantic and pragmatic in nature, it is necessary to take care of the relationships, to create conditions which facilitate acquisition of relevant skills, and to look after a person's wellbeing. These goals shall not be fulfilled if speech therapy is approached too narrowly and "modularly".

2/ Purposefulness.

The primary goal in therapy of autism is to develop linguistic, communication and cognitive (cultural) skills, while improvement of performance becomes a secondary procedure (Grabias 2015, p. 30). Nowadays, it is strongly emphasized that therapy should be functional. This is a considerable challenge in autism spectrum disorders due to significant variation in levels of skills and capabilities of people with ASD; comorbidity including language disorders; a multitude of therapeutic approaches, models, methods and techniques; problems with evaluation of usefulness and effectiveness of methods; still insufficient knowledge about the mechanisms of language disorders in ASD, etc.

Due to the fact that mostly semantics, pragmatics and prosody are impeded in ASD (Kaczyńska-Haładyj, Panasiuk 2015), the goal of speech and language therapy should relate to these aspects, which ought to be emphasized because therapy is sometimes delineated too narrowly (even though this phenomenon becomes noticeably less frequent), takes the form of general development activities, or lacks a clear idea, e.g. is limited to doing various exercises intended for people with ASD. The issues raised by J. Panasiuk in relation to ASD diagnosis should be taken into account correspondingly in therapeutic procedure. In diagnosis, the paradigm of problems goes far beyond the medical criteria and comprises all types of behaviour manifested through language, e.g. cognitive interpretation of the world, emotional evaluation of the reality, declared beliefs and values, referral to contextual and situational determinants of communication behaviour, ability to interpret and use non-verbal signs (Panasiuk 2017, 155).

The purposefulness of therapy demands that the current knowledge of causes and mechanisms of autism should be taken into account. However, as we know, these have not been fully identified yet. The multifactoral etiology is indicated, "symptoms may be a part of such a development path which has many various sources" (Greenspan 2006, p. 33).

As far as mechanisms are concerned, we should not limit ourselves to one theory explaining deficits in ASD. Along with the amply documented theories, such as those concerning theory of mind, central coherence or executive func-

tions (Pisula 2015), new ones are emerging, including the social motivation theory (Chevallier et al 2012) and DIR theory (Greenspan 2006, pp. 401–416). What is more, research is carried out to explain how specific language deficits originate. Similarly to etiology, mechanisms of autistic disorders also cease to be defined by one deficit.

Due to the fact that various language disorders can co-exist in ASD, e.g. aforementioned dyspraxia (of various severity levels), stuttering and other, it is necessary to establish a proper hierarchy of therapeutic goals which should be determined individually in each case. Implementation of the goals is dynamic and ought to be adjusted to age, current capabilities and difficulties (see: Danielewicz 2010, p. 134), but also to the situation and psychophysical condition of a child or an adult. It is important that young people and adults should participate in the selection of therapy goals (see: Novak, Kapolnek 2001, 113).

The aims of speech and language therapy are related to the overall goals of therapy for people with ASD. It would be difficult to juxtapose and compare thoroughly the general goals set in various therapeutic models and proposals. They are not always verbalized explicitly and commensurate with each other, this is why their detailed comparison may not be possible (see e.g. Knapp, Turnbull 2017, p. 15; Greenspan, Wieder 2006/2014, pp. 48–66; cf. also Hyde-Wright, Cray 1990, p. 89). However, I would like to point to the fact that the overall goal of a therapy can affect significantly the shape of a detailed therapeutic programme, selection of methods, techniques and strategies of the procedure, as well as decisions taken in doubtful or crisis situations. Taking into account biological, psychological, but also social and cultural perspectives, we can ask a question (frequently raised these days) whether a therapy of a person with ASD should be aimed at correction and approximating to typicality or rather at unlocking the potential and enhancing capabilities. Even though these options are not always strictly opposed to each other (depending how typicality is understood), they have some influence on the procedure and the style of communication with an autistic person and his or her immediate environment.

Therapy programming comprises also organization of the procedure (time of commencement, intensity, internal structure of the activities). Nowadays, it seems to be determined mostly by the tradition of intensive early intervention; education law concerning psychological and pedagogical assistance; standards of care applied in health centres, educational institutions and private medical practices; as well as by psychological and cultural factors: a general belief that, as far as therapy is concerned, “the more the better”; a concern that the child’s development may be neglected; a need for certainty and safety. However, there are questions and doubts: for example in the case of children the importance of early intervention is unquestionable (Pisula, 2005, p. 113), but the value of intensive early interven-

tion is not entirely obvious. As E. Pisula writes when discussing the results of empirical research, a claim that there is a straightforward correlation: the earlier the better, is not completely true, and data concerning the association between therapy effectiveness and intensiveness are not fully consistent, either. None of the aforementioned factors (early commencement, intensity) “works in isolation and thus none determines the effectiveness of the influence” (Pisula 2010, p. 22). The changing reality (different working time, pace of life, progressing technicization, intensive sensory stimulation, inflow of information, changes in forms of education of the youngest children, reorganization of family life) contributes additionally to the importance of this problem and draws our attention to the value of moderation. Therefore, organization of the procedure is highly significant both in terms of a number of activities and their internal structure. It has to be based on real needs and capabilities, as well as on rational evaluation of outcomes (taking into account developmental norms).

3/ Scientific methods and evidence. A separate and difficult issue pertaining to speech therapy in autism spectrum disorders is the choice and evaluation of therapeutic methods. Due to the direct association between autism and important aspects of a person’s being and functioning: sensory, cognitive, emotional and social, as well as still inadequate knowledge of causes and mechanisms leading to this disorder, therapeutic methods proposed have a special status: they are awaited eagerly, commented widely and popularized quickly. They are often expected to guarantee reliability and success, and to provide a therapist or a parent with a safe theoretical and practical basis. Contradictory approaches and a multitude of therapeutic programmes, models, methods and techniques raise questions about their correctness, sufficiency, effectiveness and ethics. Therapeutic approaches in ASD are usually divided into directive and non-directive or behavioural and developmental/relational (socio-developmental). They are perceived as either extremely oppositional or approximating each other to a certain extent (Waligórska 2019, p. 755; Pisula, 2005, p. 114). Therapeutic programmes comprise those focused on behaviour, programmes centred on developmental theory, inclusive/behavioural and integrated (see: Danielewicz 2010, p. 134).

As far as speech therapy practice in ASD is concerned, speech therapists typically choose among therapeutic models and methods proposed, or opt for the eclectic approach. Sometimes there are doubts whether it is appropriate to combine different methods. Due to the fact that the main approaches in ASD therapy originate from different philosophical concepts, their simultaneous application often seems contradictory. On the other hand, application of a technique associated with a given method does not have to entail the adoption of the entire method, mod-

el or approach (see: Greenspan 2014, p. 273; cf. also NPDC model³). However, this issue needs to be considered from a different perspective: of speech therapy strictly. As an autonomous science, speech therapy imposes its own distinctive standards of procedure. According to S. Grabias, a speech therapy standard is a model set of actions used in therapy of a particular speech disorder, constructed in such a way as to ensure its effectiveness (Grabias 2015, pp. 13–14). As far as ASD is concerned, a speech therapist diagnoses speech disorders (in the area of cognitive, linguistic and communication competence and related skills), and interprets them in relation to the current knowledge of biological, psychological, social and cultural determinants of autism and information about the person concerned. Next, the speech therapist designs a therapy, determines its goals, strategies and methods, and prepares organization of the procedure (Grabias 2015, pp. 15–16). Thus, it does not mean that a speech therapist is obliged to follow a given model, but rather to make use of available approaches, methods and techniques in order to achieve the correctly set therapeutic goals in an ethical and effective way. While analysing the currently available methods we should be aware that the approaches from which they have originated (e.g. behavioural or developmental) are based on divergent theoretical assumptions, including different definitions of language and ways of understanding it. The awareness of these assumptions helps us predict which method or technique can be used to achieve specific therapeutic goals. Furthermore, we should stay open to development of new solutions.

3.2. The selection of therapeutic methods and the practical application of new data on autism are connected the issue of scientific evidence, strongly associated today with the evidence-based practice (EBP) approach originating from medicine. It emerged as evidence-based medicine in opposition to academic medicine which is focused on basic examinations, and to case study-intuitive medicine in which doctor's experience and intuition are strongly emphasized (Chrzastowski 2019, p. 46). Evidence-based medicine is the art of decision-making in clinical practice and health care which takes into account data from scientific research, clinical situation and patients' preferences (ebm.org.pl accessed on 09.01.2020). Furthermore, it aims at improvement of health care quality – its effectiveness and safety. Nowadays, this approach has become increasingly important in the fields other than medicine, that is in nursing, lifesaving, psychology, pedagogy,

³ The model of the National Professional Development Center on Autism Spectrum Disorders (NPDC) does not refer directly to various approaches in autism therapy or to any differences in their principles, but it is based on therapy techniques confirmed by research (evidence-based practices) and on general features of high-quality influences. The model presents the systematically eclectic approach (technical eclecticism) in which empirical data, as opposed to theoretical assumptions, determine which repertoire of techniques is used. At the same time it differs from free eclecticism (in which it is the therapist who decides about the use of particular techniques on the basis of his or her individual experience) (Waligórska, 2019, pp. 755–756).

speech therapy, education and others. The idea of quality improvement in medical, therapeutic and educational services, which takes into account safety and ethics and is effectiveness-oriented, cannot be overestimated. The requirement to verify of treatment, therapy and learning through extensive and orderly empirical research is aimed at avoiding random, hasty and harmful actions. It is particularly important to speech therapy, as a relatively new discipline but at the same time very advanced already and prestigious in the society, hence EBP is popular also in the field of speech pathology. Nevertheless, the increasing significance of EBP is constantly accompanied by questions, doubts and critical opinions, also in Poland (Ostapiuk, Wojciechowska, Grabias, Woźniak 2018; Grabias 2019, p. 292). This problem has both the theoretical and practical dimensions and is additionally complicated by the fact that practical procedure in certain areas of life often precedes theoretical reflection (Grabias 2015, pp. 14–15; Grabias in: Ostapiuk, Wojciechowska, Grabias, Woźniak 2018, p. 387).⁴

The implementation of EBP and its growing position have resulted in a dichotomous and frequently emphasized⁵ division into scientifically confirmed and non-confirmed methods. The methods drawing on EBP, that is on a specific methodological paradigm, are usually regarded as scientifically proven. In speech and language pathology, the opposition viewed in such a way is difficult to accept. Firstly, the fact that a method has not been confirmed as EBP does not mean that no scientific research has been conducted or that the research carried out has demonstrated its ineffectiveness (cf. probably efficacious treatment). Secondly, a method may give different results when its particular aspects are researched, e.g. the behavioural method yields high results with respect to improved performance of exercises in tests measuring intelligence level, whereas the outcomes pertaining e.g. to language development are more dubious (Rogers, Visamara 2008 after: Mesibov, Shea 2011, pp. 118–119). Thirdly, the substantive value of a given method does not depend straightforwardly on empirical research and its results, which will be discussed below.

The focus on one research paradigm has long caused reasonable concerns about further development of science (this is emphasized e.g. by Feyerabend 1975/1996). It is also indicated that EBP relies on outcomes of research too much and fails to pay enough attention to theory in which this research is grounded (Chrzastowski 2019, p. 53). It is too narrow, mechanistic and formalistic, and undermines the autonomy of practitioners in a given field (Hjørland 2011). Its

⁴ Moreover, it seems that during a therapeutic process questions may arise which are not asked in research. Therefore, results of scientific studies may not always give answers to issues raised by therapists.

⁵ This emphasis seems not to follow directly from the principles of EBP. In my opinion, it results from the combination of reflection on EBP with a universal tendency to think in terms of opposition.

popularity caused the disproportion between empiricism and rationalism to the disadvantage of the latter one, which is unfavourable to clinical practice (Kelly 2018, Webb 2018). Owing to its assumptions and structure, EBP prefers in advance the methods with easily measurable goals, approaches based on manuals and protocols, randomized trials, which are best suited to measure specific problems especially in biological sciences but – depending on the object of research – are not the only or the best research methods in general (Mesibov, Shea 2011, p. 120). Moreover, the issues of experience and intuition are widely debated and it is asked whether and how EBP takes them into account. In addition, alternative solutions are proposed, e.g. definition of “best practices” of a general character, not related to any specific method (Danielewicz 2010, p. 134, cf. Waligórska 2019, p. 755), and in English-speaking countries – creation of concepts with wider boundaries, such as experience-based practice and research-based practice. Referring to the problem of evidence-based practice, S. Grabias writes that the Polish speech therapy “started dealing with this problem a long time ago and developed it in a much more refined manner. The speech therapy practice in Poland has always been related to the current medical and psychological knowledge of brain functioning and other biological abilities. [...] The subtlety of the problem lies in the fact that language – a creation generated by the brain – is a mental being after all. It has its own structure and a place among mental activities and operates in accordance with different rules than biological structures of the brain” (Grabias, 2019, p. 292).

From the perspective of philosophy, EBP is a certain way of scientific thinking and acting mediated in a particular philosophical tradition, that is empiricism and positivism⁶ (Hjørland, 2011; cf. Kelly 2018; Webb 2018). Hence, it pursues the ideal of scientific knowledge which is in line with these traditions (see: Amsterdamski 1983, pp. 9–18). It is a product of human thought and its objectivity is only apparent; it is grounded in specific values despite the neutral worldview declared (Goldenberg, 2006; Chrzóstowski, 2009).

The philosophical provenance of EBP is also related to the monistic concept. The EBP approach was transferred in a short time from medicine onto other areas of knowledge about a human, including social sciences (see: Goldenberg 2006) and education, which differ significantly from medicine (see: S. Grabias’ aforementioned note about the mind). Speech therapy itself is internally varied, and if we wanted to pursue the EBP ideal in speech therapy we would encounter different problems every time, because the “architecture” of the procedure e.g. in dysphagia differs from the one in communication competence development (see: Grabias in: Ostapiuk, Wojciechowska, Grabias, Woźniak 2018, p. 388).

⁶ Understanding of the concepts: *empiricism, positivism, scientific evidence, evidence-based practice* and related problems, see: Hjørland (2011, p. 1304).

Nowadays, the discussions about research methodology and clinical practice, relationship between empiricism and rationalism, valuation of the context of discovery and the context of justification are very intense and frequently grounded in the cultural background. A. Marcos, a contemporary philosopher of science, has an interesting opinion on this issue. He writes that: “philosophy of science can and should develop in new dimensions: to take into account new contexts, integrate science with other areas of life in a network of systemic relations, direct it towards practicality and openness to other traditions than the analytical one [...] and hence towards growth of tolerance for the ways and styles of lecture which do not have to be always subordinate to the analytical canon” (Marcos 2012, p. 59).

I wish to emphasize that the discussion of the scientific evidence problem would entail a thorough historical, epistemological and cultural analysis; comparison of various definitions of knowledge and scientific evidence; a study how EBP is applied in various fields (because each of them is conditioned differently); examination of the reasons why EBP has a strong and secure position in the scientific and social discourse, as well as the causes of critical opinions on this approach (also in medicine from which it originates), etc. In this article I have not undertaken such an analysis. Instead, I have outlined the selected problems regarded by me as important to speech therapy in autism spectrum disorders. The brief discussion of them does not mean underestimation of scientific evidence or belittlement of the contribution of empiricism to the development of sciences, especially biological ones (cf. Marcos 2012, p. 59). It neither denies that speech therapy is based on biological knowledge nor equates the results of scientific research with individual experiences (contrary to the frequently presumed opposition). However, setting the EBP approach in the philosophical, social, cultural and economic context and treating it as a product of human thought allows us to view it from a distance which is beneficial to the development of science and everyday therapeutic practice and important for ethical reasons.⁷

To sum up, the reflection on current problems of speech therapy in ASD comes down to the discussion of the issues of subjectivity and purposefulness of therapeutic influence. An informed choice of the methods, determined by the goal, as well as epistemological awareness (Webb’s concept (2018)), gives coherence and meaning to the entire therapeutic procedure. The scientific perspective (including philosophical and anthropological-cultural) and the practical perspective

⁷ An interesting ethics-related context for the considerations presented in this article is the ethics of J. Filek. He writes e.g. that “ethics is something more than science in the understanding of the 20th c scientism, and forcing it into a straitjacket of scientificity takes place at the expense of abandoning it. On the other hand, the widespread forms of practising ethics as a science are definitely worthy of respect. However, their mistake and misunderstanding consist in the intention to eliminate ethics itself by them and to replace it” (Filek 2014, p. 12).

should be considered in the evaluation of methods. Research results and variously defined scientific evidence, broadly understood practical experiences and reflections, also individual ones, represent diverse types of knowledge and have different value, but none of them should be either overestimated or disregarded. Moreover, opinions of people with autism spectrum disorders are particularly valuable for evaluation of effectiveness and ethicality of a therapy.

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BIBLIOGRAPHY

- Amsterdamski S., *Między historią a metodą. Spory o racjonalność nauki*, Warszawa, Państwowy Instytut Wydawniczy, 1983.
- Barker Ch., *Studia kulturowe. Teoria i praktyka*, transl. by Agata Sadza, Kraków 2005.
- Bishop D. V. M., 1989, *Autism, Asperger's syndrome and semantic-pragmatic disorder: Where are the boundaries?*, "British Journal of Disorders of Communication", vol. 24, pp. 107–121. DOI: 10.3109/13682828909011951.
- Botbol M., Lecic-Tosevski D., 2013, *Person-Centred Medicine and Subjectivity* [in:] *Interdisciplinary Applications of the Person-Centered Approach*, ed. J. H. D. Cornelius-White, R. Motschnig-Pitrik, M. Lux, New York, pp. 73–79.
- Chevallier C., Kohls G., Troiani V., Brodtkin E. S., Schultz R. T., 2012, *The social motivation theory of autism*, "Trends in cognitive science", 16 (4), pp. 231–239.
- Chrostowska B., 2018, *Mówienie we własnym imieniu z perspektywy osób ze spektrum autyzmu*, [in:] *Otwórzmy świat ... O komunikacji, kontakcie ze światem i zaburzeniach osób ze spektrum autyzmu*. Ed. A. Kominek, Bookpress.eu, pp. 99–110.
- Chrzastowski Szymon (2019). *Praktyka psychoterapeutyczna oparta na dowodach – za i przeciw*. "Psychoterapia" 2 (189), pp. 45 – 57. DOI: 10.12740/PT/109317.
- Danielewicz D., 2010, *"Czas podłogowy" w pracy z dzieckiem z autyzmem*, [in:] *Wybrane formy terapii i rehabilitacji osób z autyzmem*, ed. E. Pisula, D. Danielewicz, Kraków, Wydawnictwo Impuls. pp. 133–152.
- Diagnostic and Statistical Manual of Mental Disorders DSM-5*, American Psychiatric Association, Polish edition: *Kryteria diagnostyczne zaburzeń psychicznych. Wydanie piąte. DSM-5*, 2013, ed. P. Gałecki, M. Pilecki, J. Rymaszewska, A. Szulc, S. Sidorowicz, J. Wciórka.
- Feyerabend P., 1975/1996, *Przeciw metodzie*, Wrocław, Verso Brook.
- Filek J., 2014, *Etyka. Reinterpretacja*. Kraków.
- Gask L., Coventry P., 2012, *Person-centred mental health care: the challenge of implementation*, "Epidemiology and psychiatric sciences", vol. 21, no. 2, pp. 139–144; DOI: <https://doi.org/10.1017/S2045796012000078>.
- Goldenberg M. J., 2006, *On evidence and evidence-based medicine: lessons from the philosophy of science*. "Social science and medicine" 62(11), pp. 2621-2632. DOI:10.1016/j.socsci-med.2005.11.031.
- Grabias S., 2015, *Postępowanie logopedyczne. Standardy terapii*, [in:] *Logopedia. Standardy postępowania logopedycznego*, ed. S. Grabias, M. Kurkowski, Lublin, Wydawnictwo UMCS.

- Grabias S., 2017, *Jaka jest współczesna logopedia i dokąd zmierza?* Interview with Prof. Stanisław Grabias, PhD, by Ewa Biłas Pleszak, PhD [in:] *Współczesne tendencje w diagnostyce i terapii logopedycznej*, ed. by D. Pluta-Wojciechowska, B. Sambor, pp. 29–34.
- Greenspan S., Wieder S., 2014, *Dotrzeć do dziecka z autyzmem. Jak pomóc dzieciom nawiązywać relacje, komunikować się i myśleć. Metoda Floortime*. Kraków, Wydawnictwo Uniwersytet Jagielloński.
- Hjørland B., 2011, *Evidence-Based Practice: An Analysis Based on the Philosophy of Science*, “Journal of the American society for information science and technology”, 62(7):1301–1310, 2011, DOI: 10.1002/asi.21523.
- Hyde-Wright S., Cray B., 1990, *A Teacher's and A Speech Therapist's Approach to Management*, [in:] *Child Language Disability* vol. II: *Semantic and Pragmatic Difficulties*. Ed. K. Mogford-Bevan, J. Sadler. Clevedon, Philadelphia, Adelaide, pp. 75–100.
- Kaczyńska-Haładyj M., Panasiuk J., 2015, *Postępowanie logopedyczne w przypadku osób dorosłych z zespołem Aspergera*, [in:] *Logopedia. Standardy postępowania logopedycznego*, ed. S. Grabias, J. Panasiuk, T. Woźniak. Lublin, Wydaw. UMCS, pp. 517–554.
- Kelly M. P., 2018, *The need for a rationalist turn in evidence-based medicine*. “Journal of Evaluation in Clinical Practice”, vol. 24, pp. 1158–1165.
- Kosakowski C., 2003, *Węzłowe problemy pedagogiki specjalnej*. Toruń.
- Knapp J., Turnbull C., 2017, *Kompletny program terapii SAZ dla osób z zaburzeniami ze spektrum autyzmu w wieku rozwojowym od 3 do 5 lat. Podręcznik terapeuty zawierający materiały do nauczania 140 umiejętności rozwojowych krok po kroku*. Gdańsk, Wydawnictwo Harmonia.
- Mesibov G. B., V. Shea, 2011, *Evidence-based practices and autism*. “Autism” vol. 15(1), pp. 114–133, DOI: 10.1177/1362361309348070.
- Novak J. M., Kapolnek K. M., 2001, *Speech-Language Pathologists Serving Clients With Mental Illness: A Collaborative Treatment Approach*, “Contemporary issues in communication science and disorders”, vol. 28, pp. 111–122.
- Ochs E., Solomon O., 2018, *Towarzystwo autystyczne*, [in:] ed. A. Witeska-Młynarczyk *Antropologia psychiatrii dzieci i młodzieży. Wybór tekstów*, Warszawa.
- Ostapiuk B., Wojciechowska D., Grabias S., Woźniak T., 2018, *Dyskusja po dyskusji na konferencji w Chorzowie, czyli o niektórych problemach logopedii w Polsce*. “Logopedia” vol. 47-1, pp. 369–398.
- Panasiuk J., 2017, *Standardy, wytyczne i wskazówki do przygotowywania oraz adaptacji narzędzi diagnostycznych i procesu diagnostycznego dla dzieci i młodzieży ze spektrum autyzmu oraz zespołem Aspergera*, [in:] *Diagnoza specjalnych potrzeb rozwojowych i edukacyjnych dzieci i młodzieży*, ed. K. Krakowiak, Warszawa, Ośrodek Rozwoju Edukacji, pp. 154–173.
- Pisula E., 2010, *Efektywność działań terapeutycznych podejmowanych wobec dzieci z autyzmem*, [in:] *Wybrane formy terapii i rehabilitacji osób z autyzmem*, ed. E. Pisula, D. Danielewicz, Kraków, Wydawnictwo Impuls, pp. 13–28.
- Pisula E., 2015, *Autyzm. Od badań mózgu do praktyki psychologicznej*, Gdańsk, Gdańskie Wydawnictwo Psychologiczne.
- Polski Instytut Evidence Based Medicine, ebm.org.pl accessed on 09.01.2020.
- Pużyński S., 2007, *Choroba psychiczna – problemy z definicją oraz miejscem w diagnostyce i regulacjach prawnych*, “Psychiatria Polska”, vol. XLI, no. 3, pp. 299–308.
- Ripamonti L., 2016, *Disability, diversity and autism: philosophical perspectives on health*. “The New Bioethics: A Multidisciplinary Journal of Biotechnology and the Body”, vol. 22, no. 1, pp. 56–70, DOI.ORG/10.1080/20502877.2016.1151256
- Samochowiec A., Samochowiec J., 2009, *Oczekiwania i wyzwania a możliwości współczesnej psychiatrii*, “Terapia”, no. 11-12 (233).

- Spendel Z., 1991, *Rozważania nad ludzką podmiotowością*, "Folia Philosophica", vol. 8, pp. 47–61.
- Tomaszewski, 1985, *Człowiek jako podmiot i człowiek jako przedmiot*, [in:] *Studia z psychologii emocji, motywacji i osobowości*, ed. J. Reykowski, O. Owczynnikowa, K. Obuchowski, pp. 59–74.
- Waligórska A., 2019, *Zintegrowany model terapii autyzmu opartej na dowodach – model National Professional Development Center on Autism Spectrum Disorders (NPDC)*, "Psychiatria Polska", 53(4): 753–770, DOI: 10.12740/PP/99163.
- Warmbier A., *Spór o podmiotowość: perspektywa interdyscyplinarna*, Kraków.
- Webb W. M., 2018, *Rationalism, empiricism, and evidence-based medicine: a call for a new Galenic synthesis*. "Medicines", vol. 5/40, pp. 1–9, DOI:10.3390/MEDICINES5020040; online: www.mdpi.com/journal/medicines.