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Psychoanalytic psychotherapy in the treatment of children and adolescents with Asperger's

The treatment of autism spectrum disorders has a controversial history in psychoanalytic psychotherapy. In "The Many Faces of Autism", Rhode (2004) argues that the controversy is largely based on a misunderstanding in which psychoanalytic psychotherapists blame parents for the child's disorder. He argues that this perception is based on at least two facts: that Leo Kanner (1943) described the parents of autistic children he met as being highly intelligent and emotionally distant. This is also the origin of the term "fridge mother". In addition, Bruno Bettelheim (1967) described how the parents of autistic children in his care had a significant negative influence on their children. These erroneous generalisations have done much damage to this area of psychoanalytic psychotherapy and live on in both imagination and recommendations (e.g. Aarons & Gittens, 1992). The 'refrigerator brain' hypothesis has subsequently been refuted and credit for challenging it is originally given to Bernard Rimland and his article *Infantile Autism: The Syndrome and Its Implications for a Neural Theory of Behavior* (1964). It is noteworthy that Kanner and Rimland were in correspondence on the subject of autism, and the book includes Leo Kanner's laudatory foreword.

Francis Tustin (1972), the pioneer of the psychoanalytic theory of autism, later pointed out that the parents of the autistic children in his care were very devoted and sensitive. Parents of children with autism should by no means be blamed for their child's condition as a matter of principle. On the other hand, as with 'neurotypical' children, it cannot be assumed that parents' influence on their children is always solely and exclusively positive. There are descriptions of psychogenic autism - i.e. autism caused by psychological factors - but little actual empirical evidence, unlike the brain structural abnormality of autism (Park et al., 2016). Given that descriptions of possible psychogenic autism

have mostly been associated with very severe trauma and deprivation (Cecchi, 1990; Tustin, 1994; Reid, 1999; Rutter et al., 1999; Simms, 2017), examining them with sufficient statistical power is difficult due to the rarity of the phenomenon. For understandable ethical reasons, double-blind experiments are not feasible for these questions, so it leaves us with an emphasis on a naturalistic research design and careful case studies. However, it is clear that not all children with autism have experienced significant trauma (of inadequate parenting) and, similarly, not all children who have experienced trauma form an autistic syndrome.

Autism spectrum disorder treatment recommendations for children and adolescents emphasise learning and practising social and communication skills through a variety of structured methods (Howes et al., 2018). It has been suggested that Asperger syndrome is not primarily suited to introspective treatment (Klin & Volkmar, 2000; Fitzgerald & Bellgrove, 2006). It has even been suggested that psychoanalytic treatments should be completely neglected in the treatment of autism spectrum disorders (Aarons & Gittens, 1992). However, can psychoanalytic psychotherapy have a place, especially in the treatment of mild autism spectrum disorders? How can analytic therapy's focus on the therapeutic relationship, meaning and emotions be useful for a child or young person with Asperger's?

Psychological theories on Asperger syndrome

Although there is no universally accepted psychological theory of Asperger's syndrome, there are several formulations that have been used to try to understand and explain the psychological structure of the Asperger's person. The following are some of the best known of these.

The theory of mind is a central and widely accepted theory of autism spectrum disorder, according to which many of the symptoms of autism are explained by the difficulty of understanding other people's mental states or thoughts – of putting oneself in the other person's shoes (Baron-Cohen, Leslie, and Frith, 1985). Deficits in theory of mind can occur at multiple levels. *At the first level,* one predicts another's mental state from one's own starting point ("I think that George is thinking"). *At the second level,* one predicts the other person's first-level state of mind ("George thinks that Tina is thinking"). It is thought that a normal "theory of mind" develops during the second year of life and explains the child's ability to engage in symbolic play. The theory has been criticized for being mainly cognitive and not taking into account the bodily manifestations of internal states such as gestures, facial expressions, tone of voice, and body movements (Trevarthen, Aitken, Papoudi, and Robarts, 1996). In addition, many individuals diagnosed with high functioning autism or Asperger's do well on tests of theory of mind (Bowler, 1992) and Happé (1994) has suggested that the ability for theory of mind is not equally impaired in Asperger's syndrome. She further hypothesized that abnormal theory of mind development might manifest itself in other ways and explain the positive schizophrenia symptoms (hearing voices, strange experiences) of Asperger's subjects through overactivation of theory of mind.

Ozonoff, Roger and Pennington (1991) and Tager-Flusberg & Sullivan (1994) have put forward the theory that individuals with autism spectrum disorder have difficulties with executive control, which in turn affects the development of theory of mind. Although the theory has received empirical support from neurophysiological studies (Bailey et al. 1998; Bishop, 1993; Dawson & Fischer, 1994), its main problem is that similar deficits in executive functioning can be identified in other psychiatric disorders such as ADHD, obsessive-compulsive disorder and schizophrenia. However, executive function theory does not explain features of autism spectrum disorders that are more emotional than cognitive in nature, such as eye contact, facial expressions and gestures, or emotional problems. Moreover, behaviour and emotional experience can also shape brain structure, not just the other way around (Schore, 1996).

According to the theory of central coherence (Frith, 1989), autistic symptoms may be the result of an imbalance in the ability to integrate information and experience, in which case it is not so much a disorder as an imbalance that explains, on the one hand, the strengths of individuals with autism spectrum disorder. In normal information processing, information is gathered from many different levels simultaneously and then integrated according to context. Frith called this process central co-

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herence. The theory is that in people with autism spectrum disorder, this ability does not function normally, and the focus may remain narrowly on one level or another. The theory explains the ability of an autistic person to control and remember amazing details. Similarly, one can understand the difficulty of functioning in social situations when the experience is not integrated into an impression but remains more fragmented.

The empathy-systematicity theory suggests that individuals with autism spectrum disorder have a brain structure that is particularly typical of the male gender, which is more prone to systematicity than empathy (Baron-Cohen, 2002). Baron-Cohen suggests that women are more prone to empathy than men, and use empathy to predict the behaviour of others. Men, on the other hand, make predictions based on their analysis of the system and the rules and variables that govern it. This would explain the skewed gender distribution in autism spectrum disorders. There is little empirical support for this theory so far, although there is indirect and clinical support.

Peter Hobson of the Tavistock Clinic (1993, 2002) has proposed a theory that focuses on affective interactive awareness and relating. Hobson's starting point has been psychodynamic and he has examined the processes of normal social development from early development and how they compare with the developmental processes of autism. He proposes that babies need to reach three levels of early development. First, the experience of self in relation to others through shared experiences. Then the baby is able to make perceptions and gain understanding of his or her relationship to others through eye contact, tone of voice, facial expressions, etc. Eventually, the baby will also learn to recognise his own subjective experiences through these gestures. According to Hobson, the infant must be structurally equipped for this development, and he suggests that individuals with autism spectrum disorder lack this structural capacity, so that, for example, theory of mind cannot develop normally. A crucial difference in Hobson's theorising from other psychological theories of autism is that, in his view, cognitive deficits should be seen as the result of impaired emotional development due to structural abnormality, not the other way around. On the other hand, Hobson argues that this distinction is not clear-cut and that, particularly in early development, it is not reasonable to separate affective and cognitive development because of the holistic nature of development.

It has also been found that early neglect and severe abuse affect development can manifest symptoms that are similar to those of an autism spectrum disorder (Simms, 2017). Reactive attachment disorder resembles autistic symptoms in terms of social difficulties, but the most severe abnormality in social communication usually improves as children receive good care. The Simms (2017) study also identified post-institutional autistic syndrome, which more clearly resembles autistic spectrum disorder. Although these children also clearly benefit from good care with a reduction in the intensity of autistic symptoms, their difficulties in social development seem to be more persistently rooted (Simms, 2017). It appears that trauma may, in certain cases and circumstances, contribute to the development of autistic symptomatology (Simms, 2017; Reid, 1999; Rutter et al., 1999; Tustin, 1994). The phenomenon is not yet well enough understood to make generalisations. Nor can it be thought that these findings invalidate the evidence for a strong biological origin of autism in terms of aetiology, but perhaps this perspective can help to further our understanding of a complex phenomenon. In my view, Hobson's theory also provides one way of understanding the autistic syndrome that follows from severe treatment deprivation. For example, Holloway (2016) has proposed trauma-induced autism as one form of autism alongside 'traditional' autism and Asperger's.

The psychodynamics of an Asperger's person

People with Asperger's are, of course, all individuals, and therefore no completely generalizable view of the psychodynamics of Asperger´s can be determined. However, the aim here is to present and summarise convergent findings and observations on the treatment of children and adolescents with Asperger's, mainly from the perspective of psychoanalytic theory.

In *Asperger's children: psychodynamics, aetiology, diagnosis & treatment* (2016), Holloway points out that all Asperger's children, adolescents and adults in his care have exhibited a fragmentation of the

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self and a projective identification with distant objects. Case reports vividly illustrate how children and adolescents in their psychotherapies with Holloway have found very creative descriptions of different aspects of their personalities. It is interesting how sometimes the categorical thinking and classification typical of Asperger's children seem to emerge in relation to their self. Holloway describes all the Asperger's he has treated as having a dichotomous 'victim vs. bully' split in the personality in some way. Holloway describes that most typically this division emerges as a heightened sense of personal justice: strong experiences of justice and injustice, fairness and unfairness. While such dichotomous divisions are always present in Holloway's observations, there can also be multiple and more subtle personality dissections as vividly illustrated in the cases of Thanos and Alan in the book. The concept of splitting was originally coined by Freud (1940), and Kernberg (1976) has since summarized that splitting involves two implicit ways of responding that do not interact with each other, but explicitly exclude each other when the defence is at work: good and evil cannot then coexist in others or in the self. Holloway's findings on the treatment of Asperger's children and adolescents partly contradict this definition. In the case of these patients, it has been shown that these split sides are quite aware of each other and interact with each other, for example, so that the more aggressive 'bully' may protect the 'victim'.

Projective identification is a typical defence for individuals with borderline personality disorder and comes alive in psychotherapy in the therapist's countertransference, but for Asperger's, projective identification is not known to the therapist but is directed towards more distant, external objects (e.g. animals, cartoon characters, film characters), in which the personality dissection becomes visible. Holloway suggests that perhaps the reason why the strong emotions of projective identification are not directly experienced in the therapeutic relationship may be related to the difficulty of the Asperger person in forming relationships and understanding their own and others' emotions in the first place. Bringing emotions directly into the therapy relationship could be felt as too intense.

The role of trauma

Does trauma play a role in Asperger's syndrome and personality formation? Tustin (1994) has suggested that autism is a reaction to a specific trauma in which the newborn is initially in very close contact with the nursing mother, which is interrupted by a sudden and unexpected realisation of separateness that the baby does not have the capacity to tolerate. Tustin described this premature separateness as a 'black hole of non-existence', which is reflected in these children's images of, for example, falling endlessly, losing body parts, burning or freezing. Although this could be interpreted as a description of the psychogenic origin of the disorder, Tustin did not hold parents responsible for their child's autism. However, modern psychoanalytic theorists have placed more emphasis on the neurological basis of the disorder (e.g. Grotstein, 1997; Jacobsen, 2014). Interactionist views have also been put forward on the relationship between biology and interaction in the genesis of the syndrome.

Based on the neurological observations of mirror neuron function Mitrani (2010) has hypothesised that children with autism spectrum disorder may be inherently hypersensitive and precocious in detecting and feeling affect, making them overly sensitive and strongly aware of the feelings of uncertainty and anxiety associated with normal mothering. In this case, the 'normal' interaction becomes traumatic due to biological abnormality, which in turn further affects neurological development. Holloway suggests that Asperger's syndrome could also involve a similar mechanism of personality development, although he makes it clear that this does not detract from the reality that people with Asperger's have a biologically based neurodevelopmental disorder.

Dawson and Lewy (1989) have explored how the causality between primary and secondary disorders can be very complex and non-linear: a primary disorder (such as a neurological abnormality) can lead to self-reinforcing negative experiences and thus lead to secondary disorders. Mundy and Sigman (1989) suggested that a baby who does not interact sufficiently - because he or she perceives emotional experiences as too stimulating or disturbing - may also miss out on developmentally stimulating interactions, which are also very im-

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portant for brain development. Even if the parents are willing and able to provide this experience for the baby, it is not experienced because the baby is not able to reach this experience. It can also be theorised that Winnicott's (1953) notion of a 'good enough' object as a safeguard for psychological development is not sufficient in all cases, and that there are situations in which 'good enough' is not enough to prevent streams of psychological development in which biology has already done too much of the digging.

On the other hand, as already noted, there are also indications that severe deprivation and trauma can produce autistic-like symptoms, and for example Cecchi (1990) has described in great detail the case of a little girl in whom autistic symptoms are described as a reaction to a horrific traumatic event. Allured (2006) also stresses that the assessment should take into account the difference between a true autistic disorder and an autistic-like depressive reaction, but notes that in many cases these two aetiologies overlap, as the autistic syndrome also predisposes to traumatic interactions. This raises the question of whether Asperger's and trauma are inherently linked? Not that trauma causes Asperger's, but that certain neurological abnormalities predispose an Asperger's baby to traumatic (beyond endurance) experiences, which in turn affect both psychological and neurological development. Holloway suggests that Khan's (1963, 1964) theorisation of cumulative trauma is particularly well suited to the psychodynamics of the Asperger's child. Khan's idea is that a single break in the parent's ability to protect against overwhelming experiences is not traumatic, but becomes traumatic when repeated. This kind of traumatisation is very subtle and not very visible. Khan (1963) points out that the child may also have an inherent sensitivity which makes it impossible for the child to act as an adequate shield. He goes on to suggest that this kind of trauma affects the child's development in such a way that a coherent self does not emerge, but rather several dissociative parts of the self.

The significance of stereotypical behaviour

One of the key features of Asperger's diagnosis is restricted and repetitive behaviour, which can be very inflexible. Central coherence theory suggests that the brain is "tuned" to this way of perceiving and making sense of the world, with a high level of attention to detail. Often this tendency to focus on particular details also affects social interaction and being with others. But could repetitive and restricted behaviour, such as specific interests, be more than just an abnormality of brain structure?

Steiner (1993) has suggested that the specific and narrow interests seen in Asperger's children (and adults) can be seen as self-protection against primitive fears, whereby these interests become a psychological escape mechanism. Burying oneself in details and the repetitive talk about one's own interests that occurs in some Aspergers may be reassuring and necessary for inner balance (Youell, 1999), even though it is not really communicative. Talking about interests in a non-reciprocal manner may also serve as keeping the other at an appropriate distance where reciprocity is poorly or only partially present. Klauber (2004) stated that in one particular treatment he tried to find meaning in what the child had chosen to be interested in and what she was possibly trying to communicate with her choice for a long time. However through examining his countertransference Klauber came to the conclusion that the content of the child's repetitive and monotonous behaviour might not necessarily be linked to a specific meaning or anxiety, perhaps it never existed, or perhaps the meaning was buried under hundreds of repetitions and monotony.

Alvarez (2004) has described that attachment to a time-consuming, mind-filling repetitive activity also involves over-activating certain parts of the mind, which then develop enormously, and draws a comparison with a situation where one would only exercise the muscles of one hand. The other parts of the mind are then naturally much less exercised. Collecting and organising facts in the mind exercises this particular aspect, but Alvarez suggests that it also hinders the development of the freer, associative, imaginative (also anxiety-provoking) and reflective parts of the mind. She goes on to say that instead of true symbolic

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play, the child may become involved in repetitive behaviour. This may also happen within play in themes and events. Alvarez points out that often ritualistic behaviour may indeed be ”meaningless” and ”empty”, as in Klauber's example, but warns against being satisfied with this, noting that the motivations and emotional states behind the same ritualistic behaviour may vary, such as boredom, anxiety or the desire to annoy. This distinction is not easy and may require very close observation. The ability to play, which also allows children to be in touch with their thoughts and feelings and gives them a tool to deal with them, is often not equally available to children with Asperger's. They are more at the mercy of a concrete and literal world where the distinction between reality and fantasy is not clear. So could it be useful to try to open up this world, where the symbolic function gives the mind room to be flexible?

Psychotherapy techniques for children and adolescents with Asperger's

The criticism of psychoanalytic psychotherapy in the treatment of Asperger's has been at least partly related to the use of interpretation in psychoanalytic psychotherapy. It has been argued, probably rightly, that it is not useful in the treatment of this group to try to understand their behaviour primarily in terms internal conflicts in the patient's important relationships and by making interpretations of transference. Some psychoanalytic writers have also come to this conclusion (e.g. Jacobsen, 2004). The idea that transference interpretations are not useful is also linked to the assumption of what is the psychoanalytic view of aetiology in Asperger's and, more generally, in autism spectrum disorders. This assumption is partly based on misunderstandings, but psychoanalytic thinking about Asperger's and autism spectrum disorders has also evolved over the last 50 years and theorists have clearly taken increasing account of the neurological reality of the phenomenon. In psychoanalytic child psychotherapy, the focus of technique has increasingly shifted to the 'here and now' and to developmental psychotherapy techniques, where interpretation has less relevance or only takes place at a level where the psyche can be said to be fairly well developed. Developmental psychotherapy, better known as mentalisation psychotherapy, is perhaps the most widely known development of modern psychoanalytic psychotherapy, which explicitly emphasises working in a 'here and now' therapeutic relationship and identifying, naming and understanding the meaning of experiences in the mind. *Mentalizing in Child Psychotherapy: Guidelines for Clinical Practitioners* (2008) suggests that this type of mentalizing psychotherapy technique might also be particularly appropriate for children with Asperger's, who may have impaired but partially functional mentalizing abilities.

Paula Jacobsen (2004) has argued that psychoanalytic theory in general does not help us to help this group of patients, although it may well help us to understand the therapist's own reactions to their treatment. She has adapted her techniques a great deal in trying to understand children with autism. In my view, Jacobsen ends up emphasising psychotherapeutic treatment, which somewhat resembles neuropsychological rehabilitation. She puts forward approaches that draw on the concept of theory of mind, the theory of central coherence and the aspect of deficits in executive control. Jacobsen compares the role of the psychotherapist to that of a person in a completely alien culture who is assisted by a person of goodwill who wants to help and understand someone who is struggling to adapt. However, she stresses the importance of the psychotherapeutic relationship as a means of using both the patient's and the therapist's understanding of the other's inner world. Jacobsen stresses that her own approach differs from behavioural therapy approaches in that it is not about teaching skills per se, but learning takes place as part of the therapeutic relationship. Jacobsen argues that the emotional and cognitive experiences of the Asperger's child are separate, so that no play is truly projective, not even when it appears to be. She offers an interesting example of this in her article:

> Robert was an 8-year-old boy with an excellent memory and an interest in insects and dinosaurs. Robert had significant difficulties in regulating his emotions and could have very intense tantrums when he felt uncomfortable. Robert and therapist Jacobsen had created a game in which a group of animal puppets worked on social skills. Robert ac-

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ted as himself in the game and the therapist spoke for all the puppets. One day, Robert wanted to invite a new wasp puppet into the game. The therapist spoke on behalf of the wasp puppet that he was worried because sometimes when he gets angry he gets stung and he doesn't want to sting anyone in the group.

Robert: "Don't worry, you won't sting me"

Paula: "No? But sometimes I get very angry and lose control. I don't want to stab you if I get angry"

Robert: "You don't stab when you're angry, you stab when you're scared. I'm not going to scare you. I know you won't stab me because you're not afraid of me."

At this point Paula describes being very surprised by Robert's strong comments, the projective nature of the effect.

Paula: "Ah, I understand Robert. When I sting, I seem angry, when I'm actually scared. You understand how I feel, you know when I feel scared."

Robert: "Of course I know its a wasp. I know all about you. You see, you're a wasp and I'm an entomologist!

Jacobsen says that she thought for a moment she was getting information about Robert's emotions through projection, but she was getting information about the boy's knowledge of insects. With Asperger's children, this possibility of the absence of projection is important to bear in mind, but there are also descriptions where projection seems to be present and its use in therapy is useful.

As noted earlier, Holloway (2016) suggests that projective identification with distant objects is a characteristic feature of the syndrome, according to his findings. The following is a description of the 34th therapy session of a 9-year-old boy, Joe, in psychotherapy:

Joe uses Play-Doh to make a figure which first becomes a snake, and which then he turns into a human figure. Joe attacks this figure with Play-Doh implements. It gets hurt, stabbed and finally cut apart.

Robin: "Oh, he's really getting it, eh?"

Joe: "He's weak so he gets it."

Robin: "Weak?"

Joe: "Yeah. Like my own weak part."

Robin: "So what about that part?"

Joe: "Everybody would like to get rid of their weak part."

Robin: "Well, it sure looks like you would. You really don't like that part of you?"

Joe: "No, not at all."

It is possible and likely that at this point in the therapy Joe and his therapist had already talked about the different sides of Joe (which seems to be a key part of Holloway's way of working), but it is noteworthy that the connection between play and reality is made by Joe, not the therapist. In Jacobsen's example, one is left wondering whether, even in the absence of any projective content, Robert's knowledge of the wasp's reactions could have been used at some point to his advantage in his treatment, even if this did not involve interpreting immediately. In my own encounters with children diagnosed with Asperger's, I have found that for some of the children, the play may have been quite vivid and interests may have occasionally paralleled what the children were experiencing. One Asperger's child who had experienced a parental divorce was playing an idyllic family game at our meeting. I wondered aloud (aware of her situation) that sometimes even happy families find that the parents can no longer be happy together and may divorce. The child was very interested in this and wanted to wonder with me why and how could this happen? One child used to draw sinking ships. When he was drawing, I commented that the people on the ship must be really scared and terrified. He got very excited about this and started drawing more and more horrible things on the ship. It would seem strange to say that the children's reactions had nothing to do with their own experiences. It should also be noted that I have also met a number of children diagnosed with Asperger's who have played in a more emotionally "empty" and mechanical way.

Holloway's (2016) work with the fragmented parts of personality is largely mediated by the

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quest for integration and, with it, better self-regulation. In the examples, the patients describe the communication and interaction between their different 'parts' quite imaginatively. The following is an extract from the treatment of Thanos, aged 14. At the beginning of his treatment, he has been giving long monologues about the computer game *eRepublik*, in which he and other players participate in the government of countries and make policy. Here the therapist starts to become more active and the monologue starts to become more of a dialogue:

> Thanos: "And because I'm not an adult, I'm only fourteen, I don't get the respect I need, nowhere. But I can get it online. Only beacuse they think I'm an adult. Online, they respect what I say and the suggestions I give."
>
> Robin: "I'm sorry, everyone needs respect. I hope you get it here?"
>
> Thanos: "You take me seriously."
>
> Robin: "Okay, wel, now I'll take you seriously about what you've been telling me about the eRepublik game. You've been telling me about your interactions with the online Turkish government., the.."
>
> Thanos: "My contributions."
>
> Robin: "Right - your contribution to the Turksish government, the Greek governmemt, the Bulgarian government, and the Macedonian government. So by now you know what I usually do – I talk about your internal geography, your internal aspects. So now..."
>
> Thanos: "Now you're going to do it again?"
>
> Robin: "You got it. It sounds to me like there are three or four internal... aspects to you, like a Turkish part, a Greek part, a Bulgarian part and maybe even a Macedonian part."
>
> Thanos (sounding uncertain, but interested): "Go on."
>
> Robin: "Well, uh, the Turkish part. It sounds to me like this could be, I mean based on what you've told me, the … ah ... more angry, aggressive, even more uncivilized part."
>
> Thanos: "Well, yeah - most people look down on Turks as uncivilised, or they used to"
>
> Robin: "And this seems to be the aspect that can feel powerful, that starts the fights with your sister Leila, that lets you feel sort of powerful and in control."
>
> Thanos: "And what about the other parts?"
>
> Robin: "Well, the Greek part sounds to me like how you want to see yourself. It's the, well, bright, intellectual, civiliced, even superior part of yourself."
>
> Thanos: "Well, the Greeks were pretty superior in history."
>
> Robin: "Maybe not so much during the Ottoman Empire, but let's focus on you. The Greek part seems to feel superior, intellectually superior and successful. It seems to look down on the other parts as being more, uh, primitive, stupid and controlled by their feelings. And maybe even there is arrogance - you remember we talked about how other kids might experience you as arrogant?"
>
> Thanos: "Sure."
>
> Robin: "Well maybe this Greek part sort of looks down on your other parts because it feels intellectually above them?"
>
> Thanos: "Interesting. But what about the other parts?"
>
> Robin: "I'm not quite so sure about them – the Bulgarian part seems to be the victim part, especially compared to the Turkish part which seems to be more of a, uh, dictator or bully part. The Bulgarian part seems to contain the victim part of you we've talked about, so that this is the part that feels overpowered, misunderstood, disrespected, abused, and fearful - like we've talked about."
>
> Thanos: "Let's not get too much into that talk part!"
>
> Robin: "No, but maybe you'd let me make one more link. I wonder if it's the Bulgarian part that needs to calm and soothe itself with the compulsive masturbation we talked about last time. I'm not sure, but maybe it

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sort of, uh, tries to debase the other parts by pulling them into the masturbatory activities – so if they take partm Bulgaria can say they are just as, uh, low as it is."

Thanos: "And Macedonia, the Macedonian part?"

Robin: "Ok, I'll take the hint and Bulgaria. Macedonia I'm least sure about. Your heritage is Macedonian. But in eRepublik, you want to be Greek and definitely not Macedonian, like you just told me. So maybe how strongly you want to feel Greek in the game, not Macedonian, has something to do with your parents, and not wanting to be like them. I mean the way they fight."

Thanos: "Uh, you're right about that. They fight and then they have make-up sex. I don't want to be like that. But let's suppose you're right about these different parts. Sounds kind of right, but than I'll give you a big 'so what'?

Robin: "Yeah, well, what stands out for me we've already partly talked about. It's the way each of the three or however many parts seem to want to be the strongest part and to get control of your personality. Like each of the parts we've talked about, at least three of them, seems to put down the other parts."

Thanos: "Well, maybe it feels a bit like that"

Robin: "And even more, like in the eRepublik game, there seem to be alliances between different parts; battles, attempted takeovers, sabotage, propaganda, the whole thing."

Thanos: "I'm not sure I get that yet."

Robin: "Well, I'm not sure either. But alliances - maybe the Turkish and Bulgarian parts get togetherto pull down the superior Greek part? And sabotage, maybe the Bulgarian part tries to weaken or degrade the others by pulling them into the masturbation? And propaganda - the Greek part strutting about how intellectual and superior it is?

Thanos: "I'm not sure."

Robin: "Well neither am I. But now it's out there for us to wonder about."

I think this example beautifully illustrates the potential of psychotherapeutic work with a young person with Asperger's.

Anne Alvarez (2012) has written about psychotherapeutic work at different levels. She has also worked and written on the treatment of severely disturbed children, including children with autism, but also children with Asperger's. Alvarez has stressed the need to meet the patient at the level at which he or she can be found. Alvarez describes three levels of psychotherapeutic work, the most complex of which is the 'explanatory' level, which is essentially classical psychoanalytic work and requires the patient to be able to hold at least two different feelings or thoughts in his mind and make a connection between them. The second, "descriptive" level requires the patient to hold only one thing (thought or feeling) in mind and to name it. The aim is to give meaning to the experience, but no more complex links are made. The last, simpler, "vitalising" level, which is essentially about conveying to the patient that there is meaning in his experience through interaction and the psychotherapist's own interest and attitude. Holloway notes that with Asperger's children and adolescents, the ability to switch between levels very fluidly is often required and describes the changes as happening suddenly and unexpectedly, unlike in the treatment of "neurotypical" children. Alvarez (2004) has also written perceptively about the relationship of personality development in Asperger's syndrome and the differential diagnosis: when a distinct personality disorder may be considered to be developing or already present, which should also be considered in the treatment of the patient.

The role of psychoanalytic psychotherapy in the treatment of Asperger's

Autism spectrum disorder and its manifestations is a phenomenon that is far from being fully understood. Neuroscientists and psychoanalytic theorists alike who are interested in this phenomenon will certainly agree. My own interest in what psychoanalytic thinking about Asperger's syndrome might have to give has been sparked by my experiences with these children. I have found it difficult at times to find the lack of reciprocity described in the diagnostic criteria. I have felt a good connec-

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tion with these children and in my responses and transference I have experienced the possibility of psychotherapeutic work. Combining these observations with treatment recommendations that do not place much emphasis on psychotherapy, or at least not on psychoanalytic psychotherapy, I have felt confused. I have been pleased to note that I have not been alone with my observations and that psychoanalytic psychotherapy has been boldly undertaken with this group of patients and that efforts have been made to update psychoanalytic theory on the subject.

It is clear that the treatment of people with Asperger's must take into account the neuropsychological element of the disorder. Although Jacobsen's ideas about the focus of treatment on adapting to the neurological deficits associated with the disorder and his rather warmly described creative interaction with children are easy to understand as an important part of treatment, her ideas seemed to be somewhat distant from psychoanalytic thinking. Holloway and Alvarez's ideas about Asperger's and related phenomena make, I think, a clearer contribution to psychoanalytic psychotherapy techniques with this patient group. Central to psychoanalytic thinking is the meaningfulness of experience, and those who have worked with Aspergers psychotherapists have, in my view, creatively discovered and accessed the dynamics of their minds with these individuals. However, in treating children and young people with Asperger's, I think that we need to be aware that their way of experiencing things is fundamentally different and that understanding this also requires more from the psychotherapist than is usually the case, as Polmear (2004) beautifully captures in his description of psychoanalysis of adults with Asperger's.

Criticism of psychoanalytic psychotherapy in the treatment of Asperger's has mainly focused on the assumption of interpretations that link the person's maladaptive behaviour to his or her previous, possibly problematic, interactions. In my view, this criticism is well founded and I do not believe that treatment based on such assumptions alone could be recommended for a person with a neuropsychological disorder. However, modern psychoanalytic theory of psychotherapy for children and adolescents in general and for this group of patients is very different from working exclusively at this level. The aim is to meet the patient at the level where he or she can be found: where psychotherapeutic work can be done.

I think it is very useful for a psychotherapist to be aware and familiar with the manifestations of autism spectrum disorder. Autism spectrum disorders are often associated with emotional distress and sometimes the patient may come to psychotherapy only for these problems, so that the autism spectrum disorder is hidden. Intensive psychotherapeutic work has the potential to provide a very accurate picture of the way a child or young person experiences the world. In this case, it can be very important to help identify a possible autism spectrum disorder as a factor behind the symptoms. In my view, an awareness of the diagnosis and neurological differences helps to target psychotherapeutic work and to understand the patient. In addition, treatment goals must be realistic - autism spectrum disorder cannot be eliminated, although functioning and the ability to form enjoyable relationships may improve significantly.

I also think it is important to point out that while psychotherapy can be very helpful for a child or young person with Asperger's, it is likely to work best when combined with the right kind of support and understanding at home and at school. Sometimes an important role of the psychotherapist can be to work to ensure that the patient's particularities are adequately taken into account in other settings, which also leaves more energy for psychotherapeutic work, while minimising stress.

Asperger's children and adolescents are fascinating in their uniqueness and pose a challenge to psychotherapists as biology has built up barriers that interfere normal reciprocity and interaction. In these children, the very part of the mind that is most human is impaired: the ability to connect with others and, by extension, the ability to connect with one's own mind. I believe that this is exactly where psychoanalytic psychotherapy could have something important to offer Asperger's children and adolescents.

Abstract

This article is a literature review of psychoanalytic theory's views on psychotherapy for people with Asperger's, focusing on treatments for children

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and adolescents. Psychoanalytic therapy in the treatment of autism spectrum disorders is a controversial topic. At the heart of the controversy seem to be perceptions of the aetiology of the disorder, which is also subject to misunderstandings. The autism spectrum is theoretically discussed on a more general level although Asperger's syndrome has been chosen as the focus of this article. I wanted to look specifically at psychoanalytic psychotherapy with children who have mild autism spectrum disorders, where the ability to communicate is often broadly functional in the patient.

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