A Brief Overview of the Principles of Psychotherapy with Asperger's Syndrome[1]

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ABSTRACT

People with Apserger's syndrome understand and respond to the world in a very different way from other people. Individual psychotherapy can be an important approach, in addition to other therapies and case management, for children with Asperger's syndrome. A frame of reference for the therapeutic relationship with Asperger individuals is described. This addresses the perspective of those with Asperger's as well as the perspective of others in their lives. The cognitive concepts theory of mind, central coherence, and executive functioning are briefly reviewed with an emphasis on how they help us to understand the Asperger mind, and with examples of their presentation and use in clinical assessment and psychotherapy. Perspective, intention, and awareness, as they relate to the therapeutic interventions, are illustrated with brief vignettes.

KEYWORDS

awareness, cognitive concepts, intention, perspective, therapeutic relationship

CHILDREN WITH Asperger's syndrome (AS) and other very high-functioning autism spectrum disorders may present with anxiety or depression, or with behaviors that are seen as oppositional or inattentive. When these symptoms and behaviors are secondary to AS, it is important for the therapist to recognize and address them in the context of

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understanding the Asperger child's mind and behavior. In this way, the therapist and child can develop a therapeutic relationship that is meaningful and useful to the child.

Recently, it is much more common for children to be diagnosed with AS. When the diagnosis is made, a number of supportive and therapeutic interventions may be suggested. Currently, individual psychotherapy is rarely considered, especially long-term, relationship-based, individual psychotherapy, even when a child therapist is in a consultation or case management role.

Psychoanalytic theories do not generally help us understand these patients, although they may help us understand our own reactions to these patients. Yet psychoanalytic therapy is a process in which we try to understand the person we are treating. Winnicott (1965, 1987, 1992) describes establishing the 'good enough' relationship in a 'holding environment' that allows for growth in the mother–child (parent–child) relationship and in the therapeutic relationship. In therapy, this allows the patient and the therapist to know the patient.

Psychoanalytic theories and therapy assume that there are reasons for and meanings of thoughts and behaviors. These behaviors and thoughts are an attempt at mastery, or an attempt at soothing and comfort, in response to patients' experiences of their internal and external world. The therapist and patient develop a relationship in which they strive together to understand the patient in a way that is accurate, a way that is consistent with the patient's experience. The therapist is aware of and uses counter-transference to further this understanding, to be present with the patient, and to engage with and respond to the patient. In this article, I address individual psychotherapy that is informed by and best understood from this perspective. Although it is not cognitive therapy, it is also informed by an understanding of the cognitive features of AS. These cognitive concepts provide a language that reflects and articulates aspects of the patient's experience and helps us to understand that experience. I discuss ways that these cognitive features present clinically, with examples of how this understanding can be used directly by the therapist with the child and in consultation with his family.

In psychotherapy with more typical children, therapists try to understand the child through the metaphor of his or her play, behavior, and other communication. We want to understand the conscious and unconscious intention of the communication . . . the underlying meaning. This attribution of meaning is inaccurate and not useful with a child on the autism continuum, even one who is so high-functioning that AS may not be obvious. It is this attribution of inaccurate meaning that children and adults with AS often experience in everyday life situations and relationships. This attribution of meaning assumes conscious or unconscious intention, neither of which may be present.

In individual psychotherapy with Asperger children, it is the task of the therapist and child, in a relationship in which both are learning together, to understand the child's mind, meanings and experience. That understanding can inform collaboration and consultation with parents, teachers, and others. This supports the child's development of an awareness of self and others, the child's understanding of perspective, and it often increases his or her ability to cope more successfully in a world that is often very difficult for the child to understand.

Literature review

Researchers and clinicians have written a great deal to describe and explain the autism spectrum. Some that address psychotherapy for this kind of developmental disorder express skepticism, and suggest an important reason for this skepticism. Today, autism spectrum disorders, including Asperger's syndrome, are generally accepted to be

biological. Asperger (1944/1991), who described the high-functioning end of the spectrum, saw this as a biological condition, and noted similar traits in some of the children's parents. Bettelheim (1956, 1967) described disturbed parenting as the cause for autism. The goal of psychotherapy was to provide treatment for a child, based on the belief that the child's condition was caused by an unresponsive mother. He suggested that appropriate treatment required separation from the parents. Although Kanner originally saw autism as biological, he supported Bettelheim's psychogenic explanation, and felt that this condition resulted from a combination of biological and psychogenic factors (Kanner, 1973; Kanner & Eisenberg, 1956). Frith, Happé, Siegel, Tantam and others have discussed that psychotherapy for those on the autism spectrum is associated with Bettelheim's psychogenic myth of the 'refrigerator mother' (Frith, 1989; Happé, 1994; Siegel, 1996; Tantam, 2000). This belief had the very disturbing effect of blaming the parent for something that is biologically based and cannot be cured. Siegel (1996) writes that dynamically oriented play therapy is not useful if it addresses the resolution of conflict through play. Frith (1989) recognizes that for some therapists it is difficult or impossible to keep from attributing intentions or meaning to the child's play or conversation, even when this is not the child's meaning.

Despite these reservations, many do recognize positive aspects of individual work with a therapist. Siegel (1996) describes this work as educational, as one way to help the child to learn how to play. Gutstein and Sheely have developed a series of exercises based on their Relationship Development Intervention model that they recommend for therapists, including psychotherapists, as well as parents (Gutstein, 2001; Gutstein & Sheely, 2002a, 2002b). This is essentially a program for teaching skills. It differs from many behavioral programs in that it is informed by a developmental model and provides very small steps that are easier for these children to follow and practice.

Klin and Volkmar (2000), as well as Tantam (2000), address counseling or psychotherapy that utilizes the therapeutic relationship to address concrete practical and interpersonal problems. Counseling is also recommended in dealing with emotional and interpersonal problems occurring in adults who recognize their Asperger traits, and are having career or marital difficulties (Tantam, 2000). Attwood (1998) suggests marital counseling with a focus on understanding perspective, for conflict that can arise in a marriage in which one of the partners has AS.

Pope (1993) describes the psychotherapy of a young adolescent with AS, as part of a multimodal approach. While he recognizes the reasons for skepticism towards individual treatment for these children, he supports informed individual psychotherapy as one of the elements of a treatment process. Pope describes a therapeutic relationship and process that takes into account an understanding of these children, with the primary goal being the development of a relationship that could serve as a model for other relationships.

In *Autism and Personality: Findings from the Tavistock Autism Workshop,* edited by Alvarez and Reid, therapists describe long-term, developmentally informed, psychoanalytic psychotherapy that recognizes the differences in the needs, experiences, and presentation of these children. Alvarez and Reid (1999) believe 'that it is only in the synthesis of findings from research in epidemiology, biology, neurology and psychology with those from qualitative research . . . that we shall gain a full understanding of the autistic condition.' Youell (1999), in a chapter of the Alvarez and Reid book, presents her case study of a boy with AS. She describes and illustrates the need for the therapist to be active in ways that allow the therapist and the child to observe the child, and to articulate that observation. The therapist and child both learn about each other's minds. She describes the counter-transference feelings and reactions she experiences as she

learns to know this child. Youell recognizes the absence of intention, not only as a challenge in understanding the child, but also as a mitigating factor for those who know and like the child.

Most current autism literature addresses theory of mind and executive functioning issues. Beginning with Baron-Cohen's seminal study, a number of researchers have studied theory of mind (Baron-Cohen, 1989, 1995; Baron-Cohen, Leslie, & Frith, 1985). Mitchell reviews theories of autism and describes research on theory of mind and executive functioning, as they relate to cognition on the autism spectrum (Mitchell, 1997). Understanding global vs local processing helps to make sense of some of the strengths and unusual abilities of some with AS, as well as some of their weaknesses, including executive functioning deficits. Frith (1989) identified this as 'central coherence'. She described its relevance to understanding the Asperger mind, and Happé later wrote about this also (Happé, 1994, 1997).

In my book for psychotherapists, I address psychotherapy and case management that integrate the cognitive concepts of theory of mind, central coherence, and executive functioning in the assessment and treatment process, to develop a therapeutic relationship that reflects an understanding of the mind and perspective of the person with AS, the experience of the therapist, and the experience of others in the Asperger person's life (Jacobsen, 2003).

Developing an understanding and a frame of reference in therapeutic work

Learning about the Asperger child

Those with AS are often described as having difficulty understanding and accepting the perspective of others or even recognizing that others have a perspective. Yet the key to psychotherapeutic work and case management with AS, and the challenge for the therapist, is *our* understanding of *their* perspective.

Long before AS was in the diagnostic manual, I saw these children in my practice. Most of these children are very high functioning, compared with many on the autism spectrum, yet they exhibit the communication, interpersonal issues, and behaviors that disturb others and make life a struggle for them. They were generally seen in weekly or twice-a-week individual psychotherapy.

What I knew about psychoanalytic and other personality theories, psychodynamics, unconscious motivation, subtle or 'understood' meanings was not helping me to understand these people's minds or their experiences. They could seem self-centered, detached, uncaring, or even hurtful. Yet, they were often attached to people in their lives. They could be pleased or upset when they pleased or disappointed others. Why another person was pleased or disappointed was often a mystery to them. They seemed odd to others, and others often seemed odd to them.

In understanding the minds of these children, I was often the 'clueless' one. I may tell a child that I want to understand . . . and I need the child's help to do this. I cannot expect children to understand my meanings so that we can communicate. The process of understanding them became central to the treatment. As we understood their meanings, their experiences, and their thoughts, there was often a decrease in anxiety and depression, and an increase in mastery.

These children had intense interests and an amazing memory for a great deal of information. Often they were good at logic, at linear reasoning. They could have very strong feelings, but their feelings and thoughts did not seem connected. They seemed to have a different kind of brain. Rather than having conscious or unconscious motivation, they

were often oblivious on every level to their effect on others, and sometimes oblivious to their own actions. The mind of the other was an enigma. Their play, if they did play, did not tell me about them in the way that the typical child's play does. Even pretend play was not projective. As I engaged in a conscious process of understanding and articulating these children's experience, this process brought awareness to the child of his or her own mind and another mind, mine. The 'aha' of understanding was not an emotional experience for these children. It was an 'aha' of intellectual understanding. Intellectual knowledge formed the basis for understanding how to deal with the world around them.

A frame of reference for the therapist

I developed a frame of reference to help in my role with these children. Though not a true analogy to the Asperger experience, the analogy that worked for me was one in which I might find myself in the 'alien' role. If I were to live in a very different culture, as I tried to learn what is appropriate, I might constantly commit faux pas. I would undoubtedly be misunderstood, behave in ways that seemed inappropriate or even offensive, and I would misunderstand others. I would need to learn new rules, the meaning of my behavior to others, and I would probably have to do that cognitively translating, rather than emotionally 'getting it'.

Whom would I want to help me? I would want that person to describe the culture in a way that I could understand. It would be more supportive, and less lonely, if that person were also interested in understanding me. It would help if that guide were interested in my perspective and respected my experience, as I tried to find a way to be with others. That is the person I need to be in a relationship with those with AS. From that perspective, we work to understand their experience, as well as help them to develop awareness of the perspective of others. They do live in a world with others, and they do have to deal with the consequences of their effect on others.

Cognitive concepts in understanding and treatment interventions with Asperger's syndrome

Theory of mind

A theory of mind is a concept of another person's mind. If we have a theory of mind, we can recognize that another person's belief is based on his experience or knowledge, and not necessarily on what we know to be true (Baron-Cohen et al., 1985).

Tom The lack of theory of mind in autism was dramatically illustrated in my clinical assessment sessions with a moderate functioning, 14-year-old autistic boy. Tom and I played a board game during our session. When we returned to the waiting room, Tom said to his mother,

> 'I won once and Paula won once'.
>
> 'Does your Mom know what we did?' I asked. He looked confused. I suggested that she might not know what he was talking about, because she does not know what we did.
>
> 'Oh, okay,' he said, and then told her the name of the game we played and that we each had won once.

Tom's 'Oh, okay' was not a recognition that his mother couldn't know. It meant, 'Oh, now I know what to do, because you gave me some new information.' During the next session I asked Tom, 'Does your mother know what we are doing right now?' He looked

genuinely confused. He guessed, 'Yes? No? Yes?' He knew this was a question with a yes or no answer, but not what the answer was. I tried to help by asking, 'Do you know what she is doing now?' He looked distressed, as though he should know, but did not. Finally, I said, 'I cannot see her, so I do not know what she is doing. Can you see her?' That was an easy 'No'. Tom knew he could not see his mother, but he did not know whether she knew what we were doing. That would require a theory of mind.

Most people with AS *can* understand another person's mind . . . to the extent that they know what knowledge another person has. They recognize minds as having knowledge based on exposure or lack of exposure to information in the same way they know what is on an audio- or videotape, based on whether the recorder was on or off when something happened. They can even identify someone else's false belief, based on false information. They have a theory of mind as it relates to what someone knows. They do not imagine the other person's affective experience as it relates to the information. They have feelings themselves, but they do not know someone's mind in a way that includes the emotional meaning to that person.

Typical children, from about age 4, have a theory of mind (Baron-Cohen et al., 1985). They *also* experience what they imagine is the experience of the other person, perhaps a projection of what they might feel in a similar situation. *Experiencing affect and information together* occurs in identification and empathy. It underlies the projection in projective play. With AS, even play that seems projective is not projective, because the child's cognitive and affective experiences are separate.

Robert Robert was an 8-year-old who had an excellent memory, easily comprehended logical and concrete material, and was interested in insects and dinosaurs. He had difficulty managing his affect and could have extended tantrums when overwhelmed. Robert was in a group that addressed social skills, and he and I started a 'group' in his therapy sessions with me. Our group included several animal puppets. He spoke to me and to the puppets. I spoke for all the puppets. One day Robert wanted me to invite a new puppet, the bee. I had the bee puppet say that it was worried, because sometimes it stings people or animals. It did not want to sting anyone in the group.

> 'Don't worry, Bee,' Robert said. 'You won't sting me.'
>
> 'I won't?' I had the bee ask. 'But sometimes I get angry and lose control. I don't want to sting you if I get angry.'
>
> 'You don't sting when you are angry,' Robert said. 'You sting when you are afraid. I won't scare you. I know you won't sting me, because you won't be afraid of me.'

I was very surprised at what appeared to be the projective nature of Robert's statements.

> 'Oh, Robert,' I had the bee say, 'when I sting I seem angry, but I am afraid. You understand how I feel. You know when I get scared.'

Then Robert looked intently at the bee, putting his face quite close to the puppet as he spoke.

> 'Of course I know that, Bee,' he said. 'I know everything about you.'
>
> 'You see, Bee,' Robert went on to explain, '*you* are an insect, and *I* am an entomologist!'

I was looking for projection, but what I got was information, not information about Robert's tantrums, but information about why bees sting.

Projective psychological testing is not projective for these children. In addition, they

attend to details, which can be very misleading interpersonally, in play, and in psychological testing. The concept of central coherence helps us to understand their attention to details.

Central coherence

Central coherence (sometimes described as global vs local processing) is the process of constructing a higher meaning from diverse information. With very weak central coherence, one focuses on details without relevance to a central meaning (Frith, 1989; Happé, 1997).

Strong central coherence enables one to comprehend and remember the gist of a story or situation, to get a sense of the whole. In attempting to reconstruct a story, describe a place or situation, the details will not all be remembered. Those that are remembered may not be completely accurate, but the global meaning will be understood and the remembered details will be consistent with the global meaning, or gist. With very poor central coherence, details are remembered and focused on without relevance to a global meaning.

This concept explains some of the strengths of AS, and it is also useful in understanding some of the challenges that the therapist and child may need to address. These people have an interest in facts and remember a lot of information. Learning new information or explaining what they already know can be overwhelming, if every detail might be as important as another. They may not know where to begin, or where to end. Environmental changes may be overwhelming, if every detail is very important. A change may be experienced as something that has to be learned anew, rather than something that is essentially similar.

Attending to details is something that many people do in their areas of interest or their work. In an area of expertise, it is common to be familiar with and attentive to the details *and* the global meaning. Most people, however, are able to comfortably recognize and describe the global, without the details, when that is important. Those with AS have difficulty separating the gist from the details, even when they do understand the global. This may be true for some very gifted people who have been extremely successful. Perhaps they notice and attend to details that lead to important new understanding, details many of us would overlook.

Dan Dan was an 11-year-old boy who had developed an interest in people's minds and had begun to pay attention to people. Schoolwork, however, was an ongoing challenge. Although he wanted help from adults, he had difficulty accepting directions that would enable him to do less work.

By agreement with the school, Dan's parents could shorten his assignments. To Dan, this seemed arbitrary. He could not comprehend that his parents could discern what was most important or relevant to learning. Only knowing *everything* would do that, and there was not enough time to learn everything. Time was even more of an issue for Dan, because he was an excruciatingly slow reader. We figured out together that he could read words fast. He read so slowly, because every word might be important, if he were to understand.

In social studies class, Dan easily memorized the factual information. His teacher presented material in a way that was meaningful to him. This teacher was trying to give the students opportunities to develop new tools that might help them. At one point, she asked the students to skim the chapter first. She wanted to give them the sense that they could get main ideas quickly, and then learn more about the particulars later. This way of learning was useless to Dan. He was very disturbed by what he understood to be a

requirement of the assignment. Reading every word might even be cheating. His teacher accepted that skimming was not useful to Dan. He did not recognize the gist easily. He had difficulty recognizing what was relevant, even when he learned all of the details. The teacher only wanted him to skim if that was a useful tool for him. We had to clarify this in a meeting at the school in order for Dan to move on. This meeting addressed issues and provided an opportunity for the teacher and Dan to better understand each other's minds.

Sometime later, Dan asked me to explain central coherence again. I reminded him that he remembers details that I may not recall. I recall what I see as most important or the main idea. My memory of some details is inaccurate, by Dan's standard of accuracy. He does not think of one detail as being more important than another. He knows that others do see a main idea and think that is what is most important. Sometimes he understands the main idea, but not why anyone can know it without knowing all the details first. I reminded Dan of the social studies skimming assignment. For him, reading slowly and carefully enables him to learn. Skimming does not. Then, I asked him if what we had been talking about made sense to him.

'Yes,' Dan said. Then he added, 'I do understand . . . but only the details.'

I have learned that I should check my perception of a joke with these children. Sometimes I think they are joking, when they are giving me factual information not intended to be funny. Dan had purposely made that comment about the details. He knew it was funny, and he thought (probably because of many things we had discussed before) that I would think so, too.

The mother of another Asperger child provided an excellent example of the difference between attending to the central meaning and attending to details as memorable and important. This concept explained something that had happened years ago, when she and her husband (who also has AS) were first dating. He said he was going to tell her a story that she would never be able to forget. She knew she would not remember the story. It had a lot of details with no meaning to hold them together. She clearly remembered the event and its meaning to her, but not the story itself. Her husband told me the story the next week in a phone call. We had not discussed central coherence, and his wife had not talked to him about it, so it surprised me when he said that this was 'a demonstration of a coherent story, in that people will link one detail to the next.' Then he told me this story:

> A glass, half filled with water, is held up against the ceiling by the end of a broomstick. The broom is at a 45-degree angle between the ceiling where the glass is and the adjacent wall and is held up by a rose on the wallpaper. There's a string tied around the rose that stretches across the room. The other end of the string is tied around a crystal doorknob. Outside that door, on the street, stands an elephant, with the end of its trunk around the doorknob. The street is strewn with glass ashtrays. Rolling down the street, smashing the ashtrays as it goes, is a Sherman tank piloted by six red army ants.

The friend who told him that story said he should visualize it and then repeat it immediately from the pictures in his mind. That was enough for him to remember it ever since. He sees it as coherent. He suggested that perhaps he had neglected to have his wife visualize it and then repeat it right away. That would explain her not remembering it. She remembered that he told her those things. She did visualize the story as he told it. She repeated it at the time, but knew that she would not remember it very long. She did not see this series of visualized images of details as coherent. It was not a logical progression. There was no central idea or gist to hold it in her memory.

Executive functioning

Executive functioning is the capacity to control our own attentional focus. It enables one to do or to attend to more than one thing at a time. It enables us to recognize what is relevant and shift our attention. With strong executive functioning, we are not distracted by the irrelevant and can shift our focus to the relevant. Weak central coherence may very well partially explain the poor executive functioning we see in AS. Those with AS often do not recognize the relevance in situations or information that neurotypicals recognize. Generalizing requires noticing what is most relevant in a situation, then noticing it in another situation. We then see two or more situations as essentially similar.

On occasion, I talk about aspects of executive functioning directly with a child. I have said that it is like having 'an executive' as part of your brain. This 'executive' pays attention while you are also doing other things, knows what is happening around you, and directs your attention. It is the executive part of your mind that can be aware that the therapist has come into the waiting room, even when you are busy reading. The executive knows when someone says your name or talks about something you are interested in, even when you are engaged in an activity or another conversation.

Relatively poor executive functioning is very important for adults to understand, if they have children or other adults with AS in their lives. I often say, 'If you want him or her to know something, tell him. If you want him to do something, tell him. Try to say it without irritation, as if it is the most natural thing to be so specific. Say it with the most clear and concrete language possible. It is often useless to expect him or her to notice what seems obvious to you.' Direction and correction, as long as they are given in a positive way, can be helpful and reassuring.

These children are often told that they are wrong or inappropriate for behavior they are unaware of. In addition to examining perspective, therapeutic interventions must address awareness. Judgment cannot be part of increasing awareness. Awareness without judgment takes intention into account.

More on awareness, intention, and perspective in treatment

Joey Joey never seemed aware of anything except the specific thing he was doing or talking about. I have a small drawer of individually wrapped hard candies that this child liked to eat. He was completely unaware when he dropped wrappers on the floor, but picked them up and threw them away, if I noted that he had dropped them.

I told Joey that I do not think he intends to put the wrappers on the floor. He does not do it on purpose. It just happens, and he does not notice. He agreed. Joey knows that littering is wrong, and sometimes illegal. I told him that this situation worried me some. Someone who saw him dropping papers (in another place, outside his home or my office) could think he was littering on purpose. That person would be wrong, of course, about his motive or intention. However, it would not be wrong for someone to think such a thing, based on what that person saw.

Weeks later, this child opened a candy, put it in his mouth, and the wrapper dropped to the floor. While he continued talking, he bent down, picked it up, and put it in the wastebasket. I noted that he picked up the wrapper that he had dropped and threw it away. I had never seen him do that before. 'I did?' he asked with disbelief. I was surprised to learn that he had no awareness of what he had done. 'Well, the executive works by itself without our always being aware of it,' I told him. Maybe his executive is 'up and running.' This child knows about metaphors and likes them. 'No,' he said very seriously. 'My executive isn't up and running very well yet. I would say that my executive is going sputter, sputter, sputter.'

Joey's parents are also working on making him more conscious. When he does school work at home, he may be upside down on a chair, his arms and legs curled around each other, around his body or the chair. He sometimes makes incomprehensible noises. On the one hand, he is home where he should be able to make himself comfortable. On the other hand, these are the behaviors that make others uncomfortable. Often he is not aware of how he affects others. He is not even aware of what he is doing.

We developed a plan that would address awareness, rather than teaching him rules for what most people think of as appropriate. We decided that it was respectful of him and his needs to allow him to behave this way at home with his family, as long as his noises were not disturbing anyone else. The important thing, for now, was that he be aware of what he was doing. This was explained to him. His parents were going to occasionally ask him to describe his physical position.

Joey agreed to be audio-taped, at times, while he was working on the computer, when he tended to make many noises that he did not know he was making. He and his parents understood and accepted that the purpose of the tape was to make him aware. For this to be effective, everyone involved must accept that the tape is for information. It is a mirror. It is *not* a judge. The intention of this intervention is awareness, not criticism. The child himself may make a change, at least in public, once he is aware of how he looks or sounds, but that is his decision.

Repetitive habits, eye contact, response time, conversation and relationship issues can all be addressed by addressing awareness and perspective as these things occur in the room with the therapist and in parent consultation. In exploring eye contact, for example, if we assume that the children are not looking for a reason that serves them, we can ask about this in an effort to understand. One child described being distracted and overwhelmed by eye contact, and then could not listen as well. Some of these children have told me they are looking in their minds as they talk, perhaps describing what they see. Most people use eye contact to regulate communication, and poor eye contact seems uninvolved, shy, rude, or disrespectful. Asperger children can often tell you this, because they have been told so often, but they may not really understand it. We can try to understand their experience and their intent. We can clarify the perception of others. Then, without judgment, we can address the dilemma, and even a possible way to handle it. Could they solve this by glancing now and then, not enough to disturb their thinking, but enough to satisfy the other person? We can explore whether, in this glance, they can notice anything that might be of use to them. Does the person seem to agree or disagree, to understand or be confused?

Some similarities to other psychotherapeutic work

I have explored a therapeutic relationship that addresses the differences of those with AS. There are also similarities in this therapeutic work. One is the monitoring and use of our own reactions or counter-transference. When someone becomes more relaxed and less careful, do I experience this as spontaneous when I am comfortable and as impulsive when I am uncomfortable with it? These children often feel overwhelmed. In psychotherapy, as they become more comfortable, I have felt overwhelmed by their behaviors or communication. When my own reaction includes a wish for someone to act different or even to be different, I need to observe and examine this.

Psychoanalytic therapies have produced theories of development and personality that reflect or explain the experience of patients in treatment. It is this process, rather than specific existing theories, that informed my struggle to understand the Asperger children I found in my practice. In psychotherapy, we try to understand what something means to our patients in order to understand the people we are with, whether or not they fit our

usual way of understanding others. And we try to express our understanding in a way that makes sense to our patients, a way that is consistent with their experience of themselves and helps us both to know them, so they can be who they are and still function in the world as it is. This is what we hope to do in psychotherapy and in case management as well.

Summary

In psychotherapy with AS, it is important for the therapist to understand the cognitive features of AS, and it is very useful if the therapist is able to articulate these cognitive features. The cognitive concepts theory of mind, central coherence, and executive functioning help us to understand the behavior and communication of those with AS. Individual psychotherapy that is useful and appropriate for these children is informed by an understanding of AS. The therapist recognizes that the attribution of projected meaning to play and the attribution of intention to communication and behavior are inaccurate, and instead focuses on awareness and perspective.

Individual psychotherapy can provide an opportunity for the therapist and the child to learn about each other's minds and perspectives. This occurs in the context of the therapeutic relationship, sometimes directly utilizing the cognitive concepts that reflect or make sense of the Asperger experience. This understanding supports the child's self-awareness and awareness of others. It can increase his or her ability to cope more successfully in a world that often does not understand the child, and that can be very difficult for the child with AS to understand.

Conclusion

Children may be referred for therapy with symptoms of anxiety or depression. They may be described as oppositional or inattentive. When AS is present, but has not yet been diagnosed, it is important that the therapist recognize the Asperger component. The therapist, the family, other professionals, and the child can then understand and address these symptoms or behaviors as they relate meaningfully to the cognitive processes and experiences of the Asperger child.

When an autism spectrum diagnosis is made, psychotherapy can appropriately be included in the intervention and support recommendations. If the therapist understands the cognitive issues and communication of these children, this understanding can be used in psychotherapy and the therapy can provide an opportunity for a relationship in which the child can feel known and develop an awareness of his own and another's mind, behavior and perspectives.

Note

1. This overview includes material the author presented at The 6th Annual Stanford Symposium on Developmental Approaches to Psychopathology, April 25–26, 2003 at Stanford University, as well as material included in Paula Jacobsen's book, *Asperger Syndrome and Psychotherapy: Understanding Asperger Perspectives* (Jacobsen, 2003)

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