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The solitude of not being thought of: the intersubjective roots of autism

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Abstract

This research project analyses the evolution and results of a specific type of Psychotherapy applied to small children who present clinical signs of autism, as well as to their parents. This clinical approach focuses in the correspondence between the child's autistic initial fold over and a similar initial experience of solitude felt by his/her parents as well. It highlights the existence of a double circle of autistic solitude, not only suffered by the child, but also experienced by his/her parents, since they have to face a child who does not demand them, who ignores them. This approach proposes that some disruption exists in the intersubjective process of emotional regulation that happens within the interaction between these children and their parents. This disruption makes both of them, child and parents, have serious difficulties to represent the other one's affective states and thoughts. In consequence all of them suffer the experience of solitude. This new conceptual alternative suggests that the roots of autism are essentially intersubjective.

Theoretical Framework

A critical analysis of the ideas sustained by Kanner (1943), Fonagy (2007), Frith (1998) and Meltzer (1975), allowed the conceptualization of *solitude* as the feeling that emerges when someone is *not being thought of by the other*, throughout desires, emotions and thoughts. When parents of an autistic child cannot mentally represent their child internal world they feel alone and have difficulties in responding empathetically to him/her. This fact causes the child's feelings of not being understood, therefore he/she feels alone. Amid this series of solitudes the parents feel fragile, depressed, devaluated in their role. The roots of both solitudes are intersubjective. (Kaufmann, 2007)

Objectives

1. To present a new approach to the problem of autistic solitude, which understands that first clinical signs of infants autism is deep-rooted in the initial prints impressed by intersubjective relations.
2. To present a new methodology of clinical work with an intersubjective focus, which includes relational or binding sessions father-son, mother-son and between both parents/carers, that allows the remission of autistic symptoms, promoting in turn important changes in the processes of child's subjective constitution, in the experience of the parenthood and in the unfolding of parental functions.
3. To evaluate therapeutic progress obtained by applying IDEA scale (Rivière and Martos, 2000) and IDEA R-K scale (Kaufmann, 2004)

Intersubjective psychotherapy

This clinical treatment includes between 2 or 3 weekly sessions with children that show autistic signs and with their parents. Psychotherapeutic framing includes: 1) relational or binding sessions father-son and mother-son that alternate, twice a week. 2) Interviews with one or both parents, once a week. 3) Child's school progress control . 4) Educational tutors guidance

Instruments used for therapeutic progress evaluation

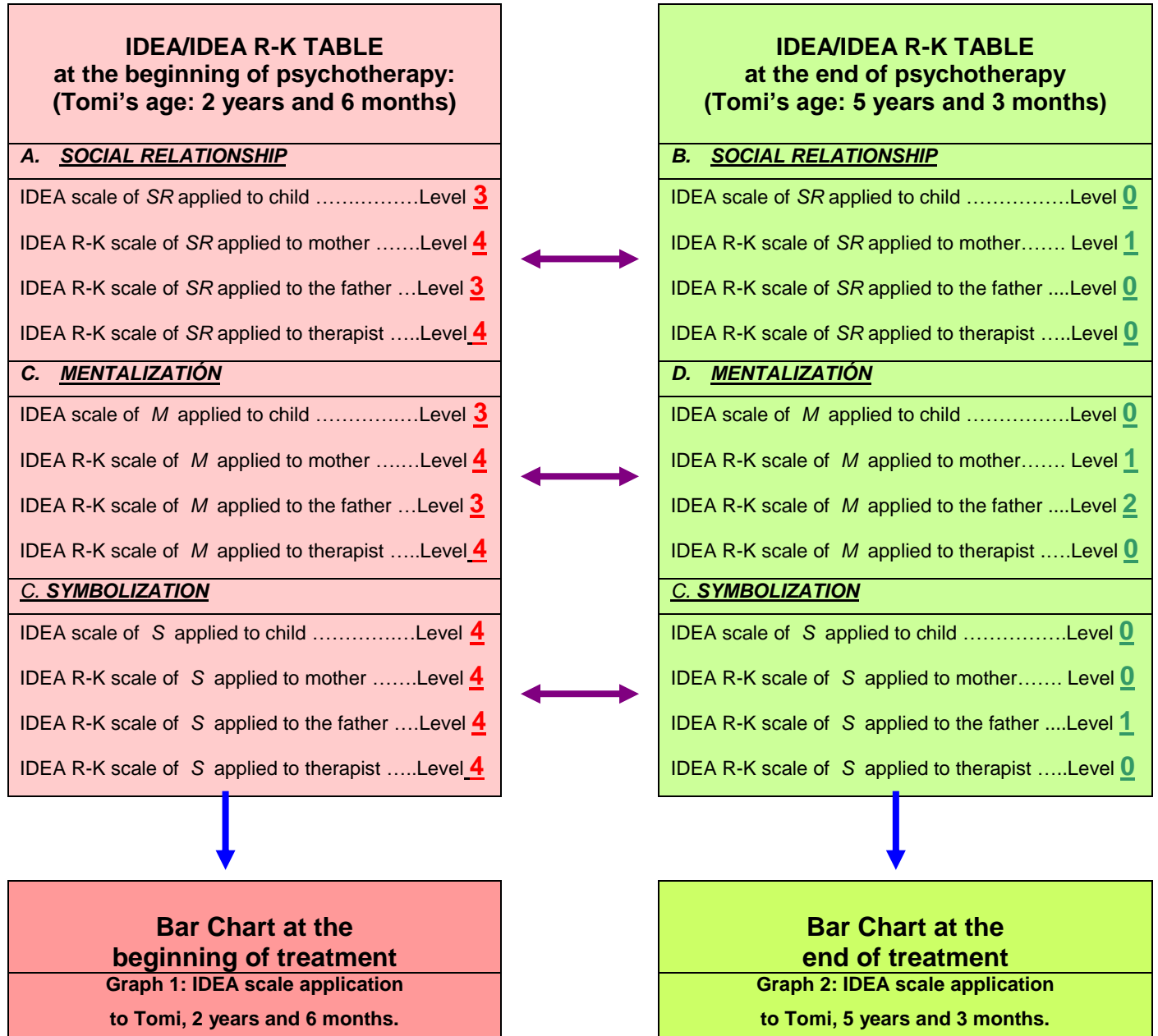
IDEA scale, designed by Rivière and Martos (2000), and IDEA R-K (Kaufmann, 2004) were used to evaluate the therapeutic process. ADL - Algorithm David Liberman (Maldavsky, 2004) was applied to estimate content validity of descriptive factors of IDEA R-K scale.

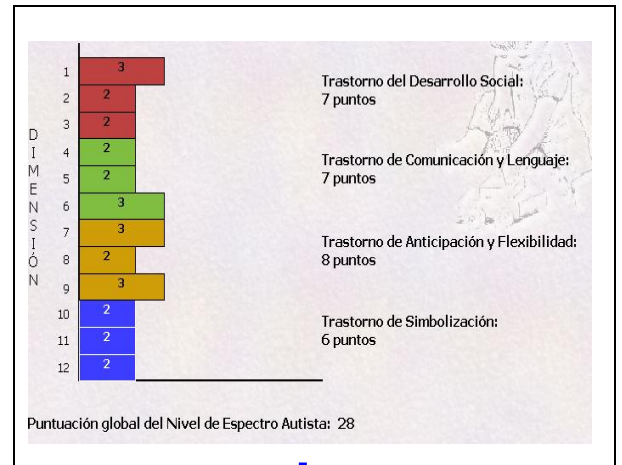
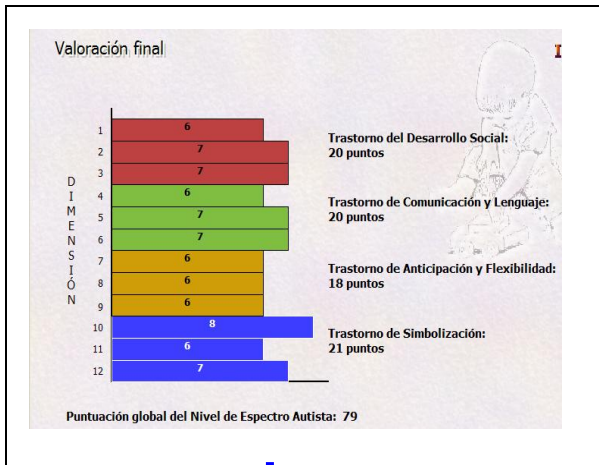
Cases

Project design is exploratory and longitudinal. It uses 'single case' methodology (Kazdin, 1982; Spence, 2007; Almond, 2007). During three years, treatments of three children were carried out by the researcher, who usually works as a children psychotherapist. At the beginning of treatment all children were between 2 and 3 years old. Initially, all of them presented clinical signs of autism. This poster shows up the results of Tomi, one of the three

studied children.

DATA PRESENTATION





Data Interpretation

1. Social relationship: Probably, Tomi's lack of demand -originated by genetic predisposition- turns off mother's demand towards him, which reinforces his distance, besides the impossibility of inaugurating intersubjective inscriptions of exchanges with people. Consequently, not having a symbolic support where to interweave their first communicative attempts, these degrade or disappear.

2. Mentalization: it is as if Tomi is not prepared to understand the others' mind because he/she doesn't find a model to identified to. It is also as if the parents feel and act as "dementalized" regarding the child: without recognizing him as being able to have affective states or thoughts different from theirs, as a defense towards the horror that supposes the lack of interpretable answers.

3. Symbolization: it is plausible that some symptomatic behaviours take place (rigidities in the body, escapes, sleeping difficulties) as forms of expression of a demand which was not understood.

Data Interpretation

1. Social relationship: When parents feel mobilized by the forms in which the therapist responds to and detects boy's demands; when they produce new insights throughout the interpretations they directly receive from her, they generate new intersubjective contexts of emotional mutual resonance. All of these helps Tomi to abandon isolation and to inaugurate inscriptions of subjectivity by demanding and feeling demanded.

2. Mentalization: When parents identify themselves with therapist's intersubjective positionings towards the child, they begin to understand Tomi's mental states and to act consequently, thereby they contribute to improve boy's reflexive and communicative faculties.

3. Symbolization: Tomi finds a symbolic support where he can restart to interweave his communication attempts that were originally degraded. He starts speaking again, when the therapist provides the parents, a frame for deciphering their son's intersubjective manifestations, and provides the boy, a frame for integrating his different forms of expression.



Main Results and Conclusions

Data shows there is a correspondence between children's difficulty of predicting affective and mental states and the forms in which their progenitors exercise their parental function. For example, when parents have initial difficulties in recognizing desires, necessities, affections, on children's most primitive forms of expression, it is highly probable that this propensity will heighten, since in subsequent exchanges, they will progressively increase the perception of children's answers as going far away from those they expect. As a result, parents behaviour will ultimately echo the 'mind blindness' (Frith, 1991), the "retrenched solitude" (Kanner, 1943), or the "dismantlement" (Meltzer, 1975), all characteristics or conditions usually attributed to autistic children.

Therapist's interventions aim to significantly counterbalance the limitations of intersubjective communication developed among children with clinical signs of autism and their parents. In order to achieve this, therapist should detect and describe which are the limitations that both, child and parents experience at the level of their feelings, thoughts or desires, and the reciprocal effects that such mental representations have previously promoted in all of them.

This new modality of therapeutic intervention changes the conditions that originally generated in the parents the unfolding of correlative behaviours to those of the son. Consequently, it reduces the vacuity that all of them feel, children as much as their parents, when their answers are not interpreted. Starting from these changes, clinical autistic signs decrease in children, and parents begin to redefine the parental experience, all of which leads to a substantial modification of the child's subjectivity and the correspondent parental functions.