

The Inner Fortress: Symptom and Meaning in Asperger's Syndrome

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This article shows that psychodynamic perspectives are particularly relevant in working with people who have Asperger's syndrome (AS). It is believed that a central problem among people with AS is difficulty in understanding their own mind and the mind of others. Recent discussion of factors involved in fostering change in psychoanalytic psychotherapy stresses the importance of a theory of mind, known as *mentalization*, that refers to the effort by the therapist to understand the patient's mind. It is in this demonstration of the activity of coming to know the mind of another that psychodynamic perspectives may be particularly helpful in working with persons with AS to come to understand their own mind and to know the minds of others. Psychodynamic psychotherapy is also important in helping persons with AS to deal with difficulties and frustrations that they have encountered in their life.

The personality constellation that is known as Asperger's syndrome (AS) occupies a unique place in developmental study and psychotherapy. Patients with AS show a distinctive way of thinking and acting that is most often characterized by unusual language, perseverative behavior, particular personal preoccupations and, often, uncoordinated or clumsy movements (Atwood, 2007). This syndrome appears to be determined by an unusual brain configuration that is attributed to both genetic determinants and, possibly, prenatal and perinatal developmental interference (Klin, McPartland, and Volkmar, 2005). However, many patients with AS have remarkable intellectual gifts and have much to offer to society. This article reviews the contributions of psychoanalysis as both a means for understanding wishes and meanings, and also as an approach to intervention that is particularly appropriate in working with children and adults with AS. Psychodynamic psychotherapy may be a particularly relevant mode of intervention for persons with AS. Emphasizing realization of insight within an empathic relationship between therapist and patient, psychodynamic psychotherapy provides a means for persons with AS to gain increased awareness of their own mind and those of others, as well as to realize an enhanced sense of personal integrity through the co-construction with their therapist of a more integrated life-story (Schafer, 1992).

Baron-Cohen (2000), Klauber (2004), and Molloy and Vasil (2002) suggest that in discussions of AS one should move away from viewing this unique character style as psychopathology or as a deficit state. However, provision of an AS diagnosis for children provides a means for

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obtaining special educational and social services that are important for these children and their families (Atwood, 2007). Considering the many problems in making a diagnosis of AS (Frth, 2004; Gernsbacher, Dawson, and Goldsmith, 2005; Simpson, 2004; Volkmar and Klin, 2000), there is little to be gained from portraying AS as a specific psychiatric diagnosis. Molloy and Vasil (2002), Hacking (1999, 2006a, 2006b), and Nadesan (2005) caution that the diagnosis of differences in cognitive style such as that characterizing persons with AS as a social construction that has been turned into a particular form of psychopathology. Constructing difference as pathology fails to recognize the range of intellectual ability, talent, determination, and unusual means for seeing beyond presumed facts in science and the arts that people with this cognitive style so often show (Atwood, 2007). At the same time, to the extent that some patients with AS may be miserable and frustrated by their awareness of being different from others, psychoanalytic approaches are able to respond to this suffering while fostering enhanced self-esteem.

Psychoanalytic perspectives have made important contributions in understanding the character style of children and adults with AS (Rhode and Klauber, 2004). Patients with AS often appear opaque to those who know them. Psychoanalysis is able to help us to understand the purpose of the barrier or fortress that these persons construct to protect themselves from a world experienced as overwhelming. Psychoanalysis permits us to appreciate the resilience and talents of these patients and to recognize that the regimented world that they have constructed functions to avoid stimulation experienced as overwhelming (Bergman and Escalona, 1949). With its focus on intersubjectivity and concern with fostering insight (Target and Fonagy, 1996; Sugarman, 2003, 2008; Fonagy, 2008), psychodynamic psychotherapy may be of particular assistance in helping them to realize an enhanced sense of personal coherence and self-esteem, and increased satisfaction in relations with others (Fonagy, 2008; Friedman, 1988; Galatzer-Levy and Cohler, 1993; Kohut, 1959; Racker, 1968; Trevarthen, 1980, Trevarthen and Aiken, 2001). In the first place, a primary issue among patients with AS is the struggle to come to know one's own mind and that of others, a capacity that is referred to as a *theory of mind* or *mentalization* (Atwood, 2007; Fonagy, 2008; Hodges, 2004). Following Fonagy (2008), the patient with AS may fail to realize mentalization as a means of self-protection from a world experienced as overwhelming and confusing. As the patient experiences the therapist's effort to understand him, the patient may begin to view the process of getting to know the mind of another as something one can learn over time and that need not be frightening. In the second place, within the psychotherapeutic relationship, as patient and therapist begin to share an imaginary or creative space, this shared play that is so essential to psychotherapy.

Writing about his eleven-year treatment of Tim, an adolescent whose idiosyncratic pattern of thinking and acting is consistent with the AS personality constellation, Broomfield (2000, p. 743) observes that "Tim's play held meaning for him, however slim others might judge that meaning to be. Given my interested drive to understand his play, it evolved . . . leading to more mature, sublimated playing with ideas and words in his now established preference to talk." Broomfield's explicit demonstration of his interest in Tim's theory of mind, as shown in Tim's play, provided an opportunity for Tim to learn how we come to know our own minds and those of others (Target and Fonagy, 1996; Sugarman, 2003; Fonagy, 2008).

THE PARADOX OF AS

Twelve-year-old Gabe sits hunched over the group table, immersed in his advanced calculus text, totally unaware of his surroundings in a group of six early and mid-adolescent boys living

together in a dormitory in a psychoanalytic school designed to help troubled children and adolescents. The oldest child in an accomplished professional family, Gabe, was enrolled in the University of Chicago's Orthogenic School following consultation with a child psychiatrist who portrayed him as a high functioning autistic boy. Gabe lived for his numbers and delighted in describing to others the wonders of calculus as an elegant way of creating a sense of predictability and order in a world that he otherwise experienced as chaotic and disordered. At such times, he became excited and animated about his special interest, although he was seemingly unconcerned with whether others were prepared to listen to his detailed, complex explanation of his special interest. Otherwise, Gabe appeared to be sad and difficult to reach. His parents reported normal developmental steps except that he talked in whole sentences by the age of two, and walked with a strange waddle. He excelled at school but was teased by his classmates for his clumsiness and preoccupation with details. Indeed, outside of calculus, to which he had been introduced by a teacher who had recognized his unique mathematical talent, Gabe had difficulty carrying out ordinary tasks of daily life. His father was particularly noted for his work in the sciences and appreciated and encouraged Gabe's intellectual gifts. Both parents showed infinite patience and support while recognizing and feeling sad by Gabe's personal struggles, and were particularly troubled by his concern that he was different from his classmates.

Starting from Gabe's fascination with calculus, the Orthogenic School therapeutic staff found additional mathematics resources in an effort to help Gabe feel as comfortable as possible with the study of numbers until he felt safe enough to begin exploring the world of people. Milk and Oreo cookies were always at hand as Gabe worked on his advanced mathematics texts that the staff borrowed from the mathematics faculty at the University of Chicago. The staff supported Gabe in his study of postcomputational mathematics, recognizing that this was the one part of his world that he could easily master, whereas understanding others presented a far greater challenge. Supported by his psychoanalytically educated dormitory and classroom staff, including his counselor-therapist, Gabe began to tentatively explore the world of feelings and to enter into the group discussions held each afternoon when the students returned from their classrooms to the dormitory. Over more than five years of psychoanalytically informed residential treatment, Gabe was able to feel more comfortable with himself and to talk about his feelings. Better able to anticipate the thoughts and feelings of others, Gabe made some friendships among the other boys in his dormitory. It was particularly good to hear that over the long summer holiday, he called up two of his friends from the School who lived in his city and invited them to go to the movies with him. He went on through higher education and was later recruited by a Silicon Valley computer firm where he married an understanding and admiring woman coworker.

THE DIAGNOSIS OF AS

Gabe is, in many ways, the ideal type of a group of persons portrayed by the Viennese pediatrician Hans Asperger (1906–1980), who published a paper in 1944 describing the accounts of four boys showing a distinctive developmental course in which, despite their high intelligence and good language skills, the boys had difficulty with social relations and, particularly, with the capacity to understand and relate to other people. It is developmental asynchrony in AS that poses a paradox in understanding both the determinants of this character style and the most effective way of helping these patients who so often have remarkable talents and yet have difficulty managing their own life. Klin et al. (2005) report that Asperger used the term *autistic pathology* in describing these boys. His use of autism as a diagnostic term followed from Bleuler's (1916)

initial use of this term to portray the egocentricity and problems in human relations that were reflected in his young patients' relations with others. (Bleuler had used this term in describing the extreme aloneness and self-preoccupation characteristic of what he termed *dementia praecox* or the group of schizophrenias.) Asperger's paper reflects his own empathic appreciation for his patients' talents, and he describes the singular attainments they often demonstrated. His account emphasizes the ways in which the search for sameness and constancy in their life was adaptive.

Asperger's account of the young people in his pediatric practice that was published in the midst of the turmoil of the Third Reich received little notice in psychiatry until Lorna Wing's (1981) report on her discovery of this paper, which led to its translation into English in 1991 by Uta Frith, who also reported on Asperger's subsequent work. This paper, based on Asperger's Viennese pediatric practice, was published a year after German émigré Leo Kanner's (1943) report on a group of American children with delayed mental development who often lacked speech, were not toilet-trained, and who showed unusual motor movements and a fixation on sameness. Kanner had also relied upon Bleuler's (1916) term, *autism*, in his portrayal of these children. Since the publication of these two papers, there has been continued uncertainty regarding the relationship between those generally high-functioning AS children and adults who think in idiosyncratic ways and have difficulty reaching out to others, and those patients who are diagnosed with classic autism. This later group shares in common with AS persons such common traits as perseveration and unusual ways of perceiving the world, but may also show both profound retardation in language use and problems in managing self-care.

Some studies maintain that AS is a personality configuration that is distinct from autism (Van Krevelen, 1971; Wing, 1991; Hodges, 2004; Simpson, 2004). Autism is evident from the first months of life. Children with autism are unable to use language to communicate with others, show delayed habit training and problems managing self-care, and show a nearly complete lack of interest in others (Shapiro, 2000). Other studies suggest that AS is on a diagnostic continuum or spectrum that is continuous with autism (Shapiro, 2000; Frith, 2004; Klin et al., 2005). This more recent position views AS as a form of high-functioning autism determined by the same biological factors as the autism spectrum as a whole. However, Klin and his colleagues (Klin et al., 2005; Klin, Volkmar, and Sparrow, 1991; Volkmar and Klin, 2000) suggest that issues such as the of lack of consistency in diagnosis, and circularity of reasoning about the origins of AS that is founded on specific personality traits, make it difficult to determine the relationship between AS and the autism spectrum.

While recognizing the possibility of a continuum between people showing the personality constellation of AS and those more profoundly troubled people with primary autism (Wing 1991; Simpson, 2004), this discussion focuses on the meanings that those with AS make of self and of the world about them, and that are reflected in their relations with family and friends. It is clear that this unique personality constellation is founded on a complex interplay of familial genetic factors (Folstein and Santangelo, 2000; Rutter, 2005), and issues in their developmental neurobiology (Lincoln et al., 1998; Schultz et al., 2000; Minshew et al., 2005). What is important for this discussion is the contribution of psychodynamic psychotherapy in helping patients with AS to deal with their feelings of isolation and alienation from others. As therapist and patient work together to make sense of the way in which the patient experiences self and others, the very effort to understand the patient's experiences contributes to the patient's capacity for communication, mentalization and, most importantly, for an expanded sense of self-awareness.

MENTALIZATION AND COHERENCE: DEVELOPMENTAL AND PSYCHOLOGICAL PERSPECTIVES IN AS

Patients with AS often show an unusual mode of thinking, relating to others and difficulties in knowing the mind of others (a theory of mind) or mentalization (Baron-Cohen, Leslie, and Frith, 1985; Target and Fonagy, 1996; Fonagy and Target, 1998, 2003; Fonagy et al., 2002; Sugarman, 2003). These patients have difficulty in integrating experiences to realize a coherent understanding of the world (Frith, 1991). Hodges (2004) notes that patients with AS have difficulty in being able to understand others, in engaging in pretend play, and in using imagination. These patients have particular difficulty in being able to predict or explain others' intentions. Other people remain an enigma that creates anxiety and uncertainty. They deal with this problem by turning to a more predictable world of numbers, schedules, and physical laws that are experienced as more predictable and reliable than the interpersonal world. Patients such as Gabe often confront others with a monologue based on idiosyncratic interests without awareness that others might not be interested in this detailed information. This mode of presentation is adaptive for them in their effort to reduce uncertainty that might occur when meeting others whom they are unable to understand. Hodges (2004) observes that persons with this distinctive personality configuration have difficulty in predicting the mental state of another person and difficulty understanding how another person predicts the mental states of other people. It follows that they typically have difficulty expressing sympathy or being empathic toward others. They show poor social judgment and don't know how to act appropriately in social situations, such as a visiting a person who is ill or participating in a job interview.

Patients with AS often have a remarkable ability to memorize odd and unusual bits of information but find it difficult to organize these bits into an integrated account or gestalt. Because they are unable to make sense of and integrate experiences, they hold peers and family members hostage listening to an amazing array of unintegrated information that they have amassed on a narrow topic. They are able to recollect dates, places, and names of those present at events many years in the past but cannot bring these bits of information together in understanding their significance. The dates that they have memorized, such as when a family member was hospitalized for a serious illness or the exact day of the week when a family member died, are presented in a flat tone of voice and with an absence of eye contact. Klin et al. (2005) report that this fascination with information that is viewed by others as irrelevant begins during childhood.

Bergman and Escalona (1949) described the problems that some children with AS have in modulating stimuli. These children have unusual sensitivities to both the external world and also to relations with others. Bergman and Escalona adopt Freud's concept of a protective barrier, developing from earliest infancy, that functions to modulate the intensity of stimuli. Children whose protective barrier is too thin deal with this overstimulation by developing a preoccupation with sameness. They move away from situations that threaten to disrupt their precarious protection, avoiding anything new and unfamiliar. These children develop superb memory as a further means for keeping the world predictable. Their selective memory for seemingly irrelevant thoughts protects them against the impact of unexpected or novel experiences. Preoccupation with sameness and perseveration offers them a means for self-calming and for maintaining sensory integration in an effort to manage the anxiety and feelings of being unsafe when encountering the world outside the self (Bettelheim, 1967; Kranowitz, 2006; Klauber, 2004).

Possible developmental and neurological factors that might account for this distinctive character style are not clear. Klin et al. (2005) review findings from several different studies that show a genetic influence among patients with AS. These patients have been reported to have close relatives, particularly fathers, with some of the same character style as AS patients, including a somewhat remote and idiosyncratic mode of thinking, feeling, acting and relating to others. Gillberg and Ehlers (1998) report that autism, and specifically AS, is caused by genetic factors, perhaps intertwined with prenatal or perinatal distress. Some of the personality traits of AS, such as problems with mentalization and empathy, are genetically linked to parents and other first-degree relatives. Gillberg (1992) maintains that because patients with AS may see with their parents problems in being empathic with others, their experience of less than optimal empathy enhances their understanding their own mind or that of others and contributes to a lowered-sense of self esteem (Kohut, 1977; Kohut and Wolf, 1978). In this manner, genetic factors have both a direct genetic effect and an indirect environmental effect for offspring with AS who grow up in a home with poor parental empathy.

However, there is a tendency to look for *soft signs* consistent with this character style in an effort to discern a possible genetic linkage, even in the absence of agreed-upon diagnostic criteria. Further, the kinds of intellectual preoccupations reported among AS patients are more common in our culture among men than among women. This sex difference may reflect the interplay of biology, development, and social factors, because concern with technology and other intellectual preoccupations has, in the past, more often been associated with masculine than feminine interests. Gillberg's (1992) discussion poses the same critique that has been made of the work of Bettelheim (1967) and of Henry (1971) who emphasize parental psychopathology as a primary factor in the development of social-cognitive problems among offspring with AS.

Neurological findings among AS patients are inconsistent. Neuroimaging studies to date have been inclusive regarding central nervous system pathology as a factor contributing to this character style (Gillberg and Ehlers, 1998; Klin et al., 2005). AS patients have higher scores on measures of intellectual functioning than those with autism (Gillberg and Ehlers, 1998). Rickaby, Carruthers and Mitchell (1991) have reported that more than two-thirds of a very small group of persons with AS had experienced perinatal distress. Gillberg and Ehlers (1998), in reviewing the small number of studies reporting on pregnancy and birth complications, note that instances of brain dysfunction are lower in persons with AS than among even those persons with so-called high-functioning autism.

THE WORLD OF THE PERSON WITH AS: FIRST-PERSON ACCOUNTS

Personal narratives written by self-advocates diagnosed with AS provide rich insight into the ways in which the cognitive and sensory differences that characterize the dis/order affect the individual's experiences of self and other. Notably, these narratives, particularly in the cases of persons who have learned to navigate the social world with some measure of success, feature descriptions of the distanced or systematic ways in which the person with AS comes to understand how neurotypical humans express emotion and relate to one another. At the same time, they often reflect a journey of self-knowledge, wherein the narrative's author comes to recognize and accept the contributions that his or her distinctive style of perception and communication offer. For example, animal scientist Temple Grandin (1995, 2005) has remarked in her memoirs that she

feels like an “anthropologist on Mars” when interacting with others who, she has learned, think in words and not, as Grandin and animals do, in pictures. Grandin has applied her cognitive differences to become a leader in animal welfare and humane slaughter.

Dawn Prince-Hughes, an anthropologist with AS, describes in her personal narrative (Prince-Hughes, 2004) a childhood of isolation and frustrated adolescence due to her difficulties with interpersonal relationships, which culminated in her deciding to quit high school and live homeless for several years. Only in early adulthood, when she began observing and working with primates, was Prince-Hughes able to begin to understand human emotions and social interactions. Like Grandin, Prince-Hughes found that an anthropological orientation toward learning to understand the behaviors of others suited her cognitive style and did not overwhelm her with sensory stimulation in the way that direct immersion in social situations did. Eventually, she was able to gain an appreciation of the rules and expectations governing interaction among humans to a great enough extent that she was able to meet a supportive partner and raise a son. However, Prince-Hughes maintains that it is crucial for a person with AS to understand his or her cognitive differences and accept them, rather than attempt to cover them up with appropriate social norms.

Prince-Hughes explains in her narrative that her obsession with symmetry, order, mechanics, and patterns—characteristic of many individuals with AS—is not, initially, a defense against the outside world so much as a deep sense of connectedness with stimuli and a compulsion toward beauty and aesthetics. She describes an array of sensory “addictions” and synesthetic relationships she experienced between sounds, colors, and tastes, but adds that, later on, her “arranging, cataloging, and gazing rituals . . . took on a new dimension. No longer born of an aesthetic need for beauty and order, they reflected the fact that I was having anxiety problems as well” (Prince-Hughes, 2004, p. 37). Importantly, Prince-Hughes also emphasizes that the difference in communication style of persons with AS, coupled with intense anxieties, often gives therapists and others the mistaken impression that they lack emotions or the desire for self-expression.

PSYCHOANALYTIC PERSPECTIVES ON PSYCHOTHERAPY FOR PERSONS LIVING WITH AS

While acknowledging the neurobiology and distinctive thought pattern that is characteristic of AS, this discussion focuses on psychodynamic intervention that is designed to help these persons deal with issues of self-esteem and feeling different from others (Klauber, 2004). This approach to intervention is guided by concepts founded on psychoanalysis as a means of understanding intentions and actions and is based on the method of empathic listening that emerges in clinical psychoanalysis as a two-person psychology (Kohut, 1959; Racker, 1968).

Psychoanalytic perspectives on the study and psychotherapy of patients with AS has been regarded with suspicion by psychiatry, psychology, and education (Volkmar, 2000). In part, this misunderstanding of psychoanalytic perspectives stems from a misreading of such psychoanalytic contributions as Bruno Bettelheim’s (1967) controversial book, *The Empty Fortress*. The first chapter of this book should be read as a stand-alone essay on the significance of intersubjectivity that is so important in the parent–infant relationship. Bettelheim stresses the manner in which mother and baby together make a relationship. Bettelheim’s discussion of the parent–infant relationship presages work by Beebe (2003) and Beebe et al. (2005), Greenspan (1997, 2000), Stern (1985, 1995), Trevarthen (1980, 2001), and others who have written about the significance of

intersubjectivity of this relationship for the child's personality development. Bettelheim regarded psychological symptoms as a reflection of a world that is viewed as threatening and overstimulating in the manner portrayed by Bergman and Escalona (1949). With the goal of countering this overstimulation, Bettelheim offered a well-structured and predictable therapeutic environment that was designed to make the child's world less complex and difficult to manage than the child had experienced before enrolling at the Orthogenic School. Bettelheim and his colleagues at the University of Chicago's Orthogenic School provided both the ideal type of developmental study and also a mode of psychoanalytically informed intervention in which all aspects of the Orthogenic School's physical and interpersonal environment were designed to support the child's treatment.

Unfortunately, although understanding the plight of these children with AS and other forms of personal distress, Bettelheim did not appreciate the plight of the parents of these children who appeared to him to be emotionally distant and unempathic regarding their child's plight (Shapiro, 2000). He failed to recognize the travails of these parents in trying to arrange services for their children and also failed to recognize the child's own contribution to the relationship (Harper, 1975; Lerner and Busch-Rossnagel, 1981). By the time these parents arrived at the Orthogenic School, they were exhausted and confused as a consequence of trying to find services for their troubled child. In their discussion of these children and their parents, Bettelheim (1959, 1967) and Jules Henry (1971) failed to account for parents' own suffering when claiming that parental psychopathology was responsible for their child's disturbance. Talking with parents at the time of their child's enrolment at the Orthogenic School while I was serving as the School's director, I was impressed with the parents' exhaustion and need for respite while both trying to find services for their children and also trying to support their child, whose development they so often found perplexing.

It is clear that Bettelheim was not precise in his use of diagnostic terms (Sanders, 1999). At least one of the three children whose lives are discussed in the book (Joey) would now be more likely considered to be a child with AS. Although well-versed in German, Bettelheim apparently did not know of Asperger's (1944) paper. As was common among his colleagues at the time, he was not careful in differentiating between autism and the character style that Asperger had described. Bettelheim's (1967) report was inappropriately critical of the parents of very troubled children who were enrolled at the Orthogenic School. However, what is often overlooked in the stinging critique of Bettelheim's work is a recognition of Bettelheim's careful, detailed account of these children and their personality development during the time they were at the School. Just as Hodges (2004) and Fonagy (2008) later emphasized, Bettelheim was concerned with the manner in which these troubled children understood self and others, and with the implications for the child's life and relations with others that were a consequence of problems in mentalization and in realizing central coherence or personal integration.

Bettelheim (1967) carefully documented the manner in which the School's treatment philosophy worked to help the child to know his own mind and begin to understand the mind of others. He showed that the idiosyncratic but personally meaningful perseverations have meanings, and that the barriers to a relationship that the child with AS creates (the apparently empty fortress of the book's title) reflect the child's present best effort to adapt to a world experienced as overwhelming. He also showed that the AS character style can be modified over time when children are cared for by a psychoanalytically informed therapeutic staff. In particular, Bettelheim maintained that if the child experiences others as an enigma and as making demands with which

the child cannot comply, then the child turns inward. The child replaces his sense of the world as fragmented, confusing, and unstable with the certainty and predictability that is provided by schedules, timetables, and mathematical proofs. This is clear in our discussion of 12-year-old Gabe's preoccupation with the rigor and creativity of the calculus and postcomputational mathematics. The goal of psychoanalytically informed treatment is to help the child to feel less different from others and to be able to form satisfying relationships, while recognizing and supporting the child's distinctive talents and interests in ways that foster enhanced adaptation and increased personal satisfaction.

Bettelheim's (1959, 1967) account of Joey, the mechanical boy, shows the psychoanalytic approach of the Orthogenic School working with AS children. Bettelheim was influenced by the Frankfurt School of Critical Theory (Jay, 1973; Hohendahl and Fisher, 2001), and he emphasized the problems of technology and loss of autonomy in mass society that was symbolized in the character style of children with AS (Bettelheim, 1960) when wrote his 1959 account of Joey for the popular scientific journal, the *Scientific American*, that was later reprinted in *The Empty Fortress*. His intent was to show how a focus on technology in modern life had led us away from appreciation of the human endeavor (Sutton, 1996). Nine-year-old Joey arrived at the School, a wistful, frail boy who was fascinated with electronically controlled things and, particularly, with radios. All the expected developmental milestones had been realized at the appropriate age.

Certain that the world during the Cold War was on the brink of nuclear disaster, Joey's sense of impending personal and collective catastrophe may have been consonant with the times, but it also held a special meaning for him. From the moment of awakening in the morning until bedtime, Joey carried with him a prized cigar box to which he had attached a variety of vacuum radio tubes. He explained that his magical radio was his life-source, without which he would surely perish. Imaginary wires led from this radio, and Joey would plug himself in as he moved through the day. Staff and other children respectfully walked around the imaginary wires that he plugged into imaginary sockets as he moved about the School. Joey would explain in detail to anyone who asked him about the variety of radio tubes and the history of radio with its own imaginary wires. He poured over catalogs that he had ordered that portrayed vacuum tubes available for purchase and was an avid reader of popular science publications.

Joey had turned the world into a collection of motors and machines that could run without human intervention and that turned themselves on and off. Bettelheim (1959, 1967) describes how, after helping Joey to feel comfortable with his mechanical world, he was able to develop a relationship with his favorite counselor. His fascination with the mechanical world yielded to trust in his counselor-therapist. Together they visited the School's enormous candy closet that was always available to children and staff. Joey would carefully select his favorite powerhouse candy for his favorite counselor to feed him.

Bettelheim's (1959, 1967) portrayal of Joey focused on the meanings that Joey made of his perseverations with radio, vacuum tubes, motors, and machines. Over time, the School's staff came to understand that Joey's preoccupations with technology symbolized his belief that machines were more reliable than people. Bettelheim's report includes copies of Joey's drawings that show his development from preoccupation with the mechanical world to seeing people and machines working together. Over time, Joey began to trust his counselors and teachers and allowed himself to be cared for by them. Understood in more contemporary terms, it might be said that through provision of constant care and the effort of the staff to understand his idiosyncratic view of the world, Joey had learned to understand his own mind and that of others. Most

important, he was able to acknowledge his own feelings. He was even able to sustain the loss and to mourn the departure of his favorite counselors and teachers when they left the School. Following his nine-year stay at the School, Joey subsequently entered a career in a field associated with electronic innovation.

Gabe, Joey, and other sensitive young people with AS offer evidence of the value of psychoanalysis in understanding these patients. Contemporary psychoanalysis has shifted from an intrapersonal or one-person psychology that is focused on drives and defense, to a relational psychology that recognizes the two-person relationship fostering change in psychoanalytic psychotherapy. The experience near mode of observation that is emphasized in contemporary relational approaches to psychoanalytic psychotherapy (Kohut, 1959; Racker, 1968) has provided a unique opportunity for understanding both the vulnerabilities and resilience of persons similar to those described by Asperger (1944).

Over the past decade, there have been a number of case reports of work with AS children and adolescents. Pozzi (2003), Topel and Lachmann (2008), and Gould (this issue) have reported on psychoanalytically informed psychotherapeutic work with children and adolescents. These accounts emphasize helping the patient to understand the minds of others within the therapeutic relationship itself, using the experience near world of patient and therapist working together in order to understand the patient's own mind. Gould (this issue) reports on psychodynamic psychotherapy in her work with a 6-year-old boy seen for two-and-a-half years in treatment. She emphasizes her patient's increased capacity for imagination and creativity as she helped him to learn to play. Gould maintains that a central problem in working with AS children is the child's need to learn reciprocity in relationships. As David learned to engage in fantasy play, he became acutely aware of the needs and wishes of his therapist and himself. She maintains that children such as her patient David cannot trust the unknowable and spontaneous and need always to be in control. Unable to understand their own mind or that of others, adults and other children are viewed as unreliable. Shared play with the therapist permits the child to learn to understand the mind of another and to negotiate relationships with others in expansive and exciting ways.

Topel and Lachmann (2008) have reported on psychodynamic psychotherapy with an 8-year-old boy and a middle-aged man that are informed by self psychology. The approach in their paper recognizes the significance of mother-infant psychotherapy (Beebe, 2003; Stern, 1995) that is focused on helping mothers and infants to recognize reciprocity that is mirrored again in the psychotherapeutic relationship itself (Beebe et al., 2005). Topel and Lachmann (2005) maintain that a fundamental problem among children and adults with AS is the patient's experience of the world as unresponsive. Focusing on the AS patient as person, rather than upon the patient's deficits, Topel and Lachmann and Gould (this issue), emphasize affective attunement in the two-person encounter of patient and therapist as the key to helping the patient to learn mentalization that fosters enhanced awareness of one's own mind and that of others. In Topel and Lachmann's (2008) report on the work with 8-year-old Carl, board games became important in fostering Carl's awareness of others. This boy developed the capacity in the board games that he played with his therapist to keep in mind his own strategies and also to anticipate and plan for the strategies employed by the therapist, Carl learned about intentions and developed enhanced self-esteem through winning the game. Carl's dream about an ant colony became the impetus for constructing an ant farm in an aquarium. Talking together with his therapist about the ants helped this boy to learn to anticipate the ants' moves; therapist and patient together discussed whether ants could communicate and how they might talk with each other. Report of work with Sam, the

forty-two-year-old man, is less detailed but also focuses on helping the patient to learn to know his own mind and also to know the mind of others to have successful relationships.

Using an object relations perspective, a group of therapists from London's Tavistock Institute (Rhode and Klauber, 2004) have reported on the psychodynamic psychotherapy of children showing the idiosyncratic signs of problems in mentalizing, realizing central coherence, and difficulties with physical clumsiness that are most often recognized as evidence of AS. Two of the cases are of preschool children under age five, two of children in middle childhood, and two of adolescents. Physical clumsiness has been a characteristic found among persons with AS since Asperger's (1944) report. In all these cases, the child initially presented as feeling physically and damaged, and particularly vulnerable. The children seen in the Tavistock clinic appeared to be unusually sensitive to sensation. These children lacked the capacity to modulate sounds and lights; they felt bombarded by sensations. However, they were unable to contain their own feelings. These children and adolescents tried to avoid contact with others who were experienced as unpredictable and not worthy of trust. Instead, they retreated into obsessive thoughts that provided a comforting sense of sameness. The therapists at the Tavistock Clinic stressed the importance of helping their patients to gain a greater sense of comfort living in their own bodies. Focus on creating a sense of separateness from others was also a prominent part of the psychotherapy offered through the Tavistock program. These case reports show that a focus on helping these young people to make sense of their feelings fostered the development of the ability both to know their own minds and also to learn how to understand another.

Reviewing the accounts of psychodynamic psychotherapy with the seven children and adolescents in this book, Rhode and Klauber (2004) observe that these children dealt with their confusion about self and others through bossy, controlling behavior. They retreated into obsessive interests and often appeared unable to distinguish between themselves and others who they viewed as the source of their own problems. These children were unable to contain their own feelings, and initially found it difficult to communicate with their therapist.

CONCLUSION

Psychodynamic psychotherapy emphasizes the relationship between patient and therapist and, as they work together, the therapist is able to help the AS patient to understand that patients, just as therapists, have feelings and thoughts that can be understood and recognized through attention to their relationship. As patient and therapist talk about the patient's life, the patient is gradually able to integrate the disparate aspects of prior experience and to develop a coherent life story. With the attainment of mentalization realized through learning from the therapist how to know one's own mind and that of others, the AS patient is able to realize a coherent self and life story (Fonagy, 2008; Sugarman, 2003, 2008). Common among all the reports discussed of psychodynamic psychotherapy used with AS patients from somewhat different perspectives within psychoanalysis is a recognition of attunement to the patient and to the process of co-creating new meanings of the patient's verbal reports and play.

As has been shown by these examples, it is important to recognize that the idiosyncratic interests and preoccupations of AS patients have meanings for these patients. Acknowledging that issues in mentalizing and in realizing a coherent sense of self are central issues among AS patients, psychoanalytic psychotherapy provides an ideal means for helping them to come to

know their own mind and those of others. The therapist's very act of trying to understand the AS patient within the context of the two-person relationship of psychotherapy becomes a way of modeling how one goes about getting to know another in a safe environment where the patient does not feel overwhelmed. Psychoanalysis is unique as a psychological therapy in its focus on the relationship between patient and therapist in which the therapist's personality and focus on the empathic process of coming to understand the patient is central. It is this dynamic that commends psychoanalytic psychotherapy as a particularly relevant means for helping children and adults who show the personality constellation including both unusual talent and unusual vulnerability so well characterized by Hans Asperger.

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