

Working with the Asperger's Patient and Broadening our Therapeutic View

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On an ominous wintry day in March, a group of intrepid psychotherapists gathered at my home for the CPPNJ Essex/Morris/Union/Somerset get-together to discuss "Treating Patients with Asperger's Syndrome Psychoanalytically."

For most, the idea itself was intriguing, as many psychoanalytically inclined theorists and practitioners do not believe that psychodynamic psychotherapy can be an applicable method of treatment for the Asperger's population. Not so, says Alan Sugarman in his paper *Psychoanalyzing a Vulcan: The Importance of Mental Organization in Treating Asperger's Patients*. Although the group also read Simonetta Adamo's *On not being able to enter Noah's Ark*, our conversation focused on Sugarman's paper.

Along with warm camaraderie, our group shared delicious snacks and a like-minded intellectual curiosity about this condition as well as poignant personal experiences. Many of us pointed out, from both clinical as well as personal experience, that intimacy - such as direct eye contact, conversation beyond the most rudimentary and physical affection such as a hug -generally makes the Asperger's person uncomfortable. In turn, this disappoints and upsets the other person who is desirous of greater connection.

The etiology of Asperger's Syndrome remains baffling. Many parents report that they knew that something was "just not right" with their baby,

even in infancy. As a result, this syndrome appears to be more constitutional than acquired. And, as with Sugarman's patient, many Asperger's patients have not suffered extreme trauma or parental misattunement that would account for their functional handicap of lack of attunement to themselves and others.

The questions before the group were: What can be done, if anything, to help the Asperger's patient avoid a life of shallow interpersonal experience and oftentimes low-level vocational attainment? Can our skills as psychoanalytic practitioners be used to help the Asperger's patient extend beyond his/her natural predilection toward isolation and avoidance of intimacy? And if we, as psychoanalytic psychotherapists, treat the Asperger's patient, can we truly call our work "psychoanalytic" if we are not working with the unconscious, or at least attempting to uncover unconscious material and eventually offer interpretive feedback?

I think we all admired Sugarman's description of his work with his patient: an overly-intellectualized young adult who saw himself as a "Mr. Spock-like" person who related only to what can be understood rationally. (His inability to mentalize and his lack of empathy were akin to Star Trek's half-Vulcan half-human Mr. Spock.) The patient, to whom Sugarman refers as Spock, was a bright young man with good verbal skills but who lacked the ability to connect with others. His narcissistic ideal of himself left no room for self-insight or understanding of others.

In the initial stage of treatment, Spock dismissed Sugarman's comments and interpretations with a "that would not be logical" rebuke. The therapist's traditional attempts to uncover inner conflicts were met with disdain and rejection. Sugarman admits that it took a little while before he realized that the patient's main difficulty lay with Asperger's Syndrome. At that point he wisely abandoned that approach. Instead, Sugarman began to focus on forming a bond with young Spock by appealing to his Vulcan logic and enlisting him to wonder why he could not maintain male friendships or the interest of any female. Our group easily understood the value of forming a bond with the patient and engaging with him on a level that was meaningful to him in the present.

Through the therapeutic alliance, young Spock became curious about his analyst's mind and subsequently about his own. This was the beginning step in mentalization. From many personal examples shared by those in our group, one of the main symptoms among Asperger's patients is the inability to comprehend how much the person's own actions influence how others respond. In the therapy, Spock grew to understand the importance

of his own thoughts, feelings and actions as active elements of his interpersonal life. Spock's human side began to develop.

As a group, we concurred that Asperger's patients can be treated psychoanalytically if, like Sugarman, we accept the idea that our essential work is to facilitate curiosity and self-awareness in our patients. This idea is the kernel of psychoanalysis. Exploring the unconscious, although sought after, need not be the sine qua non of a psychoanalytic experience.

Psychodynamic psychotherapy, more than any other psychological modality, values the transference and countertransference facets of the patient/therapist bond as crucial to being a formative change agent. Working with the Asperger's patient is no exception to this approach.

As the anticipated snowstorm began, everyone took her last nibble from the array of treats and high-tailed it home.

Bibliography:

Adamo, Simonetta M.G. (2010). *On not being able to enter Noah's Ark*. Child Psychotherapy, 36 (1): 48-60.

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