ASPERGER SYNDROME WITH COMORBID EMOTIONAL DISORDER – TREATMENT WITH PSYCHOANALYTIC PSYCHOTHERAPY

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ABSTRACT
The purpose of psychoanalytic psychotherapy is to help the child to grow and develop normally. Children who are able to play, process their problems in the play. The therapist’s role is to engage with the play and verbalize the emotions and the interactions demonstrated in it.

This case-presentation illustrates how the child can express and work his inner fears and anxieties in play-situations with the therapist and shows how this interaction helps the child to develop and individuate.

Children diagnosed as having Asperger syndrome may have emotional problems, in which case psychoanalytical psychotherapy is one of the means of helping the child and the family.

Keywords: Asperger Syndrome, attachment, psychoanalytic psychotherapy, separation anxiety, theory of mind

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The purpose of psychoanalytic psychotherapy is to help the child to grow and develop normally. Children who are able to play, work their problems by playing, and the therapist’s role is to engage with the play and verbalize the emotions and interactions demonstrated in it. For children with autism/Asperger Syndrome the capacity to think symbolically has not developed and they cannot play, although they can spend hours e.g. spinning a toy car (1).

It has been suggested that the basic failure in Autism Spectrum Disorders is the lack of the development of a “theory of mind”, the inability to conceptualize the mental states of other people. This inability (or severely restricted ability) to conceive of other peoples’ minds (that is to reflect spontaneously on the thoughts, wishes, beliefs and feelings of others) is possibly not as pronounced in Asperger Syndrome as in autism. That there actually is a partial lack of “theory of mind” in Asperger Syndrome has recently been supported by a number of studies in experimental psychology, even though tests designed to tap this kind of dysfunction in school age children or adolescents have to be more complicated than the tests devised for demonstrating theory of mind deficits in classic autism (1). To have a theory of someone else’s mind presupposes a concept of an object as a discreate separate entity very far from the sensation-dominated objectless inner world (2,3).

In this case-presentation this 7-year old boy, who was diagnosed as having Asperger Syndrome had the capacity to symbolize, and could therefore use the therapist both as a transference and also as a real object. I assume that therapy fostered his ability to master his separation-anxiety from his mother, which helped him to symbolize and conceive his own and other people’s mind better.

BACKGROUND INFORMATION

I call this boy Leo. The delivery was normal. At the age of nine months he was suspected to have hypertonus in his lower extremities and problems with his motor development, but in the paediatric examinations his muscle tonus was normal and motor development in the normal range. Leo had learned to crawl and to stand normally, but he was not able to sit; otherwise his psychomotor development was normal. As a toddler Leo started to have problems with bodily functions such as defecation. He wanted to retain his faeces in his nappies and when he was five years he started to have different fears. At the
age of seven, Leo was referred to the neurological outpatient clinic because of his anxiety, fears and restlessness. He was very afraid of illness, germs and death. He was very close to his mother and he wanted her to be nearby all the time. Mother couldn’t take out the rubbish bin without Leo following her. These things disturbed the everyday-life of 7-year old Leo and his family. His mother felt that the interaction with him had always been difficult. She felt that she was alone with the son, as her husband didn’t spend much time with the family and she was mostly responsible for his upbringing. The mother said that during holidays Leo had more fears, but during the school time he functioned better. He had started normal elementary school at the age of seven and so far had no learning difficulties. His teacher described Leo as a very conscientious and particular, but his fears were also noticed at school and he had difficulties in making friends.

In the neuropsychological tests his cognitive capacity was higher than average, but there was a clear difference between verbal and performance scales - the former was low average and the latter showed high intelligence. He had difficulty in understanding speech and in reading and writing. He stuttered and made some mistakes with double consonants, but these linguistic problems were attributed to the emotional problems. In the projective test it was found that he had difficulty in controlling his fears and he had to struggle hard to control his anxiety. The psychologist was not able to say anything about his capacity for empathy because Leo was so anxious and fearful. However, he noticed that Leo experienced the same feelings as his mother: if she was sad, Leo was sad and if his mother was happy, he was happy. In the neurological examinations he showed minor motor clumsiness within the normal range.

He was diagnosed as having emotionally unstable personality disorder (F60.3) according to ICD-10 and he had many features of separation anxiety disorder. It was recommended that Leo should have psychotherapy twice a week. His parents were seen once a month by the therapist. Leo’s therapy lasted a year and a half. The therapy was interrupted because the family had to move to another place because of fathers’s job.

Leo’s mother has read about Asperger Syndrome and she wanted her child to be re-examined in the child-psychiatric clinic. In these neuropsychological tests, Leo’s results were higher and his psychic
state was better than when the original tests were done two years earlier when he was seven. He was not so anxious anymore. It was assumed that he had benefited from the therapy. The speech therapist found nothing unusual in his capacity to communicate - he did not stutter any more and she didn't recommend any speech therapy. Asperger Syndrome was diagnosed according to the Asperger Syndrome Diagnostic Interview (ASDI)(4), in which the result was a clear diagnosis of Asperger Syndrome according to the reports by the parents.

THERAPY
The first time I met Leo with his mother, he stood his back to me and seemed to be very shy and scared. He was not able to make eye contact with me. His mother was telling me about his difficulties and Leo was mechanically repeating his mother's views and thoughts. He didn't seem to have any own feelings or thoughts of his own. During the first few weeks of the therapy, he worried about whether his mother would come to pick him up after the therapy hour. He wanted to check many times through the window, looking for his mother. I talked about how he felt unsafe and scared not having mother nearby although he did know she existed. Leo walked back and forth in the therapy room and talked a lot in his attempt to control his deep anxiety. I tried to empathise with him by telling him how terribly sad and lonely he felt without his mother.

He usually spoke in a monotone without any logical content, but in such situations with great anxiety he stuttered and his speech was high-pitched. Mostly during the therapy I found his speech quite normal. He had some difficulties with the double-consonants; for example, with the Finnish word "lauta" (gameboard) he said "lautta" which means ferry. He told me that his two-year old second-cousins had the same problem, because he said "auto" (doesn't mean anything) when he ought to say "auto" (car).

He was very distressed when he didn't remember my name in the beginning, so I wrote my name for him on a piece of paper. I tried to help him to feel safer, firstly by structuring the setting (for instance ensuring we had a regular time and place to meet), and secondly by telling him that it was important to feel safe in the room, and that we would not hurt ourselves or each other even though we could feel and talk about bad things.
Leo started to take contact with me by drawings. He drew almost every hour. At first the drawings were of birds, very exact and colourful, but very soon he only used a pencil and began telling me stories about his drawings. The drawings were about disasters, mainly explosions, fires and wars. People were suffering and dying, but there was always somebody who stayed alive. It was usually children and mothers who remained alive, whereas the men died. In this way he was expressing his anxiety and fears: how he felt he could stay alive with his mother but not without her, and how he felt angry towards his father, unsafe with him and unable to identify safely with him.

He knew how to play different games for instance Monopoly, Hugo etc. He wanted to play such games with me but told me how stupid he is when losing the game. He told me that he couldn’t use his brain properly and he often hit his head with his fist or with some object, complaining that he had to use his brain more. He told me that if somebody fails in the game he will be punished and put in the jail and tortured. When I was the loser, Leo told me, “You are zero, and you don’t use your brain properly”. I told him how I now had the experience of how it feels to be stupid and miserable, and how one feels so stupid that one almost wants to die. Leo told me, “You can learn”. He said that he practises these games at home so that he can beat me. I told him that maybe now that he feels himself safer here, it is easier for him to concentrate and to play.

Even when we were playing together, I felt that Leo was in his own world without any real contact with me. For many weeks I concentrated on observing him and his play and verbalizing the terrors and fears he was expressing through the drawings and the play. When he played alone he was always the looser, and he called himself the constant looser and always the second one. It seemed to me that he felt he didn’t have the right to win, although he had a passionate desire to do so. He repeatedly conveyed this impossible wish of winning until Superman appeared in his play.

In his drawings, Superman never died because he found different ways to keep alive. He was a strong man with big muscles. Leo began to act being like Superman in our games when he started to tease and control me, for instance by suddenly changing the rules of the game, and telling me that now I had to use my brains more and more. I talked about how helpless and distressed one feels when you are forced to do something. I think Leo needed this superman figure to help
him to become a boy, a man like his father. For instance, different cartoon figures like Batman and Superman offer children the omnipotent phallic ideal which provides a model with which to form idealised masculine identifications (5).

In the war-drawings and plays with me the admiral was angry with his soldiers, because they had not killed all the enemies and he gave many orders. There was a chaos in the army, everybody was afraid and everything was out of control. The soldiers became angry with the admiral and hated him and the admiral became very angry if he was criticised. Leo asked me after the session if I had learned anything. He thought that I had learned, that one has to obey the orders from the admiral. In this way Leo told me how he felt unable to disagree or feel anger, for instance towards his mother. In such a conflictual situation he is unable to separate from her, because the feelings for this process are too dangerous for him.

Leo liked to play war games where the enemy, the bad ones, always won. The losers were miserable and were destroyed. When it was possible for him to involve me in the play, Leo suggested, that we throw the dice, and according to the number on the dice the soldiers would get wounded or die. Leo became intensely involved in such games, and would close his eyes in excitement to see what number he got. When he had a bad number he would make some excuse to throw the dice again. Some of my soldiers were defeated and were buried in a mass-grave. Some of my soldiers were losers and were humiliated, but not killed. For instance, they had to be in prison without food and were tortured and whipped and experienced pain. Others were slaves and felt afraid and sad. I talked to Leo about how the losers were feeling hurt and bad. Once I had to interrupt our session for a minute and leave Leo alone in the room, because the doorbell was ringing. When I came back, Leo told me how he felt bad to be alone when I left. I said that when you feel bad inside it hurts like whipping. Leo said that it hurts more than whipping and told me that it hurts so much that you might cry. At the time, he was not crying but he was sniffing. Mother had once told me that Leo never cries, but he would comfort her if she cried and felt sad. The parents also told me how Leo takes responsibility for their worries and anxieties.

After the holiday his drawings featured a lot of whipping and pain and he had a bodily reaction with stuttering and often needing to go
to the toilet. Leo told me that break felt really bad and he felt that I was torturing him by leaving him alone for a holiday. He thought that he had a good reason to hate me, because I caused him so much pain by leaving him alone for the holiday.

While we were playing, he told me about the wars and the great armies and generals in history and asked me about them. I don’t know very much about history, but I tried to share his interest in history and in great men, heroes and armies. Actually he really didn't know about history, but he was interested in powerful historical figures. They were like supermen models for him.

After about nine months of therapy Leo seemed more structured. He wanted to know the real rules in the games and to learn them. He beat me in the play while keeping the rules and he said,” You must be jealous of me, because I’m winning”. He started to play at being the mafia chief and I was the poor one who had nothing. He told me that I was greedy and wasteful. He said that he gets angry with me, because he thought that I was stealing his money. He then started farting. He said that he was afraid that I would stop his therapy, because I would become so jealous and would not want to see him any more, and I would destroy him. I told him that although somebody may be jealous, it doesn't mean that you have to destroy the object. I added that it is possible to manage being jealous in another way by coping the difficult feelings, and I said that it is also possible to have feelings of hatred and envy towards somebody you also really love.

Leo became less restless and didn’t resort the continual chatter in an attempt to control his anxiety. He was able to control his fears and his anxiety about separation and fears in age-appropriate way.

His mother told that her relationship with Leo was easier because he could stand her separations better. He felt more safe without her and he started to individuate and to have a more stable sense of the self. She also told me that he had made some friends and was managing better at school. He still had great difficulties in accepting himself as he was, and he felt very different and inferior, but he wanted to be like others and, most importantly, he started to identify with his father.

Five months later I discovered that Leo’s therapy was going to be interrupted, because the family had to move to another place, because of father’s job. I was very concerned that therapy would be ending just at the moment when he had started to get in touch with
his feelings and was afraid that I would stop the therapy, because of his jealous feelings towards me. In this stressful situation Leo reacted with somatic symptoms, such as stomach-ache and vomiting, and he started stuttering again. He told me that he couldn’t understand why this happens to him. He himself would have wanted to continue his therapy, as he told me that he would like to get his life in order. He lost his capacity to play in his sessions, but he started to talk intellectually and defensively with me.

I felt very sad because of this interruption, but we shared the hope that therapy could indeed continue and would not have to end. He wanted to leave all his drawings to me, so that I could keep them safe.

**DISCUSSION**

In Leo’s case, the main problem was his separation anxiety from his mother, and the main focus in the therapy was to help him to separate from his mother and to individuate and identify with male-figures.

Even though this boy had Asperger Syndrome he had some ability to conceive of other people’s minds and this ability improved during the process of therapy because of the strengthening of his psychic structures and because of his increased capacity to deal with separation from the object. These changes happened without any deep interpretation of unconscious processes or content, but were achieved by getting in tune with his affects and fears and verbalizing them, by describing the interactions between us and by engaging with his play.

Leo was able to develop a theory of mind because he felt acknowledged by the therapist and held in her mind, ie that his capacity to symbolize and have a theory of mind grew out of his capacity to become attached to the therapist and to feel that the therapist was connected to him – only after the attachment he would be able to move onto becoming separate.

The moving of the family took place at the time when Leo started to separate from his mother so we can’t know what might have happened if it had been possible to continue the therapy.

The experience of the internal world is traditionally referred to in psychoanalytic texts as psychic reality. From Freud’s earliest works (Freud, 1900a), it has been recognised that in the young child psychic reality has a concrete quality. An alternative perspective is to see the young child’s experience of mental states as characterized by an
equivalence between internal and external reality. The therapist creates an environment within which thinking about feelings and ideas can be experienced as safe, perhaps for the first time. There is then the opportunity for the patient to “find” himself as a thinking and feeling person within the analyst's/therapist's mind. The analyst presents a picture to the patient that is related to the patient's experience at that moment, but is also sufficiently different for the patient to learn the possibility of alternative perspectives (6).

Our developmental potential can be fulfilled only in a social context, and the first social context is the interactive relationship with the parents, in which infants find, but also, in part, create the objects that they need. Similarly in psychoanalytic developmental therapy, children find or create in the therapist an appropriate ”developmental” object (7).

Winnicott (3) was the first to recognize the full importance of play and the risks of interpretation. He saw play as fundamental to the analytic/therapeutic process with children and it has been said that Winnicott was more interested in the way that children themselves use play to reflect and facilitate the development of the self. Winnicott recognized that through playing, therapy of a deep-and meaningful kind may be done without interpretative work. Winnicott spoke of the importance for children of naming their emotions, intentions and body parts. Naming, he said, makes shared and therefore socially acceptable what previously was only private fantasy. Putting children’s experiences into words gives them greater self-awareness and hence greater control; it allows fantasy to be checked with reality (7).

There has been much debate about the role of parenting in the aetiology of autism, but the contemporary view within the psychoanalytic world is that the emotional distance between the child with autism and his or her parents may be the awful result, not the cause of autism. As child psychotherapists, we cannot ignore the large grey area of organic/psychological overlap that exists in which an understanding of the aetiology of autistic disturbance may be vital in helping us to frame realistic treatment goals for our patients. The therapeutic task is to experience in the countertransference the particular quality of the child’s internal world, then slowly and gradually to draw the child away from the barren and stultifying, but nevertheless safe world that he or she has created, into a world in which relationships, rather than meaningless rituals and totems, are what sustain life (8).
The present case study described the therapy of a boy, who had both Asperger Syndrome and comorbid separation anxiety disorder. During treatment, separation anxiety was cured, and simultaneously some features of Asperger Syndrome were relieved. This gives us a good example, that we must not forget the comorbid states when evaluating and treating children with Autism Spectrum Disorders.

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