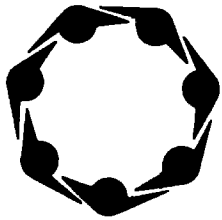

An Adlerian Approach to Autism

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Autism is a psychological term, literally meaning living in terms of the self (Tustin, 1972). It has undergone many changes in usage. According to Ritvo and Freeman (1981), the term was first introduced by Bleuler as an adjective referring to self-referential characteristics of some pathological thought processes. When Kanner (1943) added the term to the child psychiatric literature, its form was still that of an adjective referring to the lack of affective relating to others and the environment. By the 1950s, autism had been redefined as a disease or illness, acquiring the form of a noun. Ritvo and Freeman (1981) suggest that it is most accurately described today as a behavioral syndrome, and together they sponsored a behavioral definition that was adopted by the National Society for Autistic Children. This definition has four essential features: disturbances of (1) developmental rates and sequences, (2) responses to sensory stimuli, (3) speech, language-cognition, and nonverbal communication, and (4) the capacity to relate appropriately to people, events, and objects (Ritvo & Freeman, 1981).

References to autism in the Adlerian literature have been few. Berner and Spiel (1958) presented a paper at a

symposium at the Second International Congress for Psychiatry, abstracted in the *Journal of Individual Psychology*, entitled "A Special Group of Autistic Delinquents." They clearly used the term as an adjective, describing the group of interest as marked by affective emptiness. Harrison, Damon, Czesak, and Tomlin (1982) presented a case study of an autistic child at the thirtieth annual convention of NASAP in Santa Rosa. This child was enrolled in a private school based on Adlerian principles, and the presenters demonstrated the power of the student body in helping to develop some of the child's innate social interest.

This article will briefly discuss three current theoretical approaches to autism, and then, using two case histories, suggest what might be the essence of an Adlerian approach to working with such children.

Three Current Approaches to Autism

Psychoanalytic. This was the dominant approach for many years due to the popularity of the writings of Bettelheim (1950, 1967). True to the basic concepts of psychoanalysis, Bettelheim viewed autism as the result of problems in the early infant-parent relationship. During certain critical periods in the first two years of life the child becomes frustrated with the world due to a lack of satisfying responses from care givers, and decides to stop trying. The child has "the conviction that [his or her] own efforts have no power to influence the world, because of the earlier conviction that the world is insensitive to [his or her] reactions" (Bettelheim, 1967, p. 46).

Bettelheim's treatment approach is to not encourage the autistic child to see the world as it really is (which is exactly what this child cannot do), but to create for the child a world that is totally different from the one he or she has obviously rejected.

Existential. Moustakas (1959, 1966) has written extensively concerning the treatment of autistic and schizophrenic children from an existential or relationship therapy perspective. The basic premise is not unlike psychoanalytic theory: "The growth of the self has been impaired because of [the child's] rejection by others and he has come to reject himself" (Moustakas, 1959, p. 3). Treatment consists of developing a new, living relationship through play therapy and the sensitive response of the therapist to the child's feelings. As the child establishes a significant relationship with the therapist, he or she repels the negative, diffused attitudes that had previously stifled the development of

his or her full potential as a human being. With self-regard restored, the child is free to experience new ventures and establish new meaning and value in relationship with others.

Moustakas (1959) carries this premise to its full extent in his work with an apparently autistic child, Bruce. He noted each time Bruce repeated a particular behavioral response, he appeared to be experiencing it uniquely. Thus his behavior was a means to experience and relate to his environment. Moustakas then chose to share this relationship by doing everything Bruce did, whether it was standing on top of a cabinet or climbing on pipes to the ceiling. The relationship for Moustakas is both the means and end in therapy, and he advocates doing whatever is necessary to develop it.

Behavioral. Much of the therapy with autistic children today is behavioral in nature. The pioneer in the application of learning principles to the treatment of autism was Lovaas (1977). In 1964, with a group of hospitalized children and no treatment program, he and his colleagues began systematically using operant techniques to develop language skills in these children. They chose language because they felt it, more than anything, separated autistic from normal children. They first established imitation behaviors to enable the acquisition of verbal responses. Next, they taught the meaning of these responses through discrimination training.

All behavior is considered learned in this approach, including language, and so the problem is to teach it. Naturally, the behavioral approach has been extended to all aspects of the syndrome. For example, Freschi and DiLeo (1982) present a behavioral approach to dealing with the self-abusive behaviors frequently observed in autistic children.

Components of an Adlerian Approach

There are components of each of the approaches described above that are compatible with an Adlerian approach. It is especially interesting to note Bettelheim's emphasis on the child's "conviction," as it relates to the Adlerian concept of "private logic." He even goes so far as to comment that all children with the same deprivation as infants do not suffer the same problems. However, while Adlerians would accept the idea that autistic behavior is the result of the child's convictions about the world, they are unlikely to choose a therapeutic approach that removes the child from the world.

Moustakas (1959, p. xiv) makes specific reference to Adler as providing some of the premise for relationship therapy. Adlerians cer-

tainly do recognize the importance of the social group and of relationships within society, but are unlikely to see the relationships as means and end in therapy.

Adlerians are also interested in behavior, and would share many of the basic behavioral approaches to management or therapy, but would define them differently by focusing on behavior as goal directed as opposed to stimulus bound. Thus, while behaviorists would view autism as a set of behaviors that have been learned (caused) by some kind of stimulus condition (organic brain damage, psychosis, genetic factors, etc.), Adlerians may view these behaviors also as reasonable choices given the child's understanding of his or her condition.

If we make the assumption that all behavior is movement, directed toward finding a way to belong, the issue of control becomes important. That is, what control must I exercise to maintain my current course? The issue of control is important in this case because of the deliberate and forceful nature of autistic-like behavior. It is not simply that the child does not respond to cuddling, the child forcefully resists cuddling. The child does not aimlessly flap his or her arms; this action, once chosen, maintains itself with great intensity. There are two consequences of this behavior. First, stimuli in the environment are kept under constant control, because the child is producing the most salient of them. If the problem of autism is one of an inability or defect in the ability to process stimuli, repetitive behaviors are a good way to reduce the number of salient stimuli and thereby gain some control over the environment. Second, other people are kept under control. Clancy and McBride suggest that autistic children "show a high degree of skill in manipulating people for their ends" (1969, p. 243). This has resulted in a lot of guilt on the part of parents because they cannot "reach" their child, and probably reinforced the psychoanalytic interpretation of problems in the infant-parent relationship. Thus the immediate purpose (goal) of the autistic-like behaviors may be to control the environment of the child.

This would suggest that these behaviors are very important to the child, and may help explain why they are so resistant to change. In fact, all the attempts by therapists to force the child to stop these behaviors probably set up the conditions for a classic power struggle. The child is desperately hanging on to some behaviors that have enabled him or her to maintain control over the environment. The therapist is focusing all efforts on eliminating those behaviors.

A technique for extricating oneself from a power struggle and still interact with the child is to do the unexpected. The child expects us to engage in combat, and when we do something different it takes the child by surprise. We have borrowed from Moustakas's approach to

Bruce described above, and instead of struggling against the child, have done exactly what the child was doing. If the child flapped his or her arms, we flapped our arms, if the child ran around the room, we ran around the room, if the child yelled, we yelled. In both cases, described below, the recognition reflex on the part of the child was dramatic.

Case Examples

Both children were residents of the Institute of Logopedics, a residential treatment center for children with language disorders located in Wichita, Kansas. The children received one hour a day of instruction in a diagnostic classroom, an assessment, demonstration, and teaching technique established at the institute as part of the school psychology training program at Wichita State University. The children were worked with in order to assess their skills in a learning environment and provide the instructional staff with recommendations concerning intervention strategies.

The Case of Ralph. *Presenting data.* Ralph was a six-and-a-half-year-old boy who had suffered from encephalitis at the age of three, resulting in paralysis of the left foot and hand. He was reported to have been developmentally normal prior to that time. Behaviorally he made continuous loud noises, ran away from the group, seemed to prefer being on the floor, and liked to put things in his mouth. He was able to make distinguishing sounds, but there was almost no language present. Ralph's attending skills were weak, spanning one to three minutes, and eye contact could not be gained upon verbal command, only upon the physical movement of his head.

Intervention. Ralph came to the diagnostic classroom for eight forty-five- to sixty-minute sessions. During the first few sessions Ralph was reluctant to go with the teacher to the classroom and delayed the process by running away or by sitting on the ground. He would attempt only three puzzle type activities, and all other materials were totally refused. He seemed withdrawn from the classroom as he lay on the floor or moved from corner to corner of the room. Food was introduced as a reinforcer with no success.

Although Ralph moved from object to object with little apparent planning, there was something deliberate about his behavior. To avoid a power struggle, the diagnostic teacher began to imitate Ralph's behavior during the fifth session. As Ralph became preoccupied with objects on the floor or with looking at the ceiling or with making loud

noises, the teacher did the same thing. This began by lying on the floor next to Ralph and imitating the noises he was making. Ralph looked intensely at the teacher, and smiled for the first time.

During the last four sessions, following implementation of the imitation technique, Ralph extended his attention span up to twenty minutes and became more independent in walking to and from the classroom and up and down stairs. He increased his eye contact and smiles as well. When his attention span broke, or he began to wander off, the teacher immediately began to imitate his behavior, and continued to do so until he settled down again, generally from five to fifteen minutes.

Comment. The change in Ralph following the start of the imitation strategy, and particularly the change in the relationship between Ralph and the diagnostic teacher, was dramatic, and lends support to Moustakas's contentions. But the fact that it also led to an apparent change in attitude on his part toward doing what the teacher requested suggests a diminishing power struggle.

The Case of Albert. *Presenting data.* Albert, age seven, was diagnosed as autistic and severely mentally handicapped when he was three. He had a hard time engaging in activities in the classroom. He seemed to enjoy listening to a music box, and the teacher had used this and also touching as reinforcers. He was being taught to sign as his verbal communication consisted only of vocalizations.

Intervention. Albert came to the diagnostic classroom for three forty-minute sessions. During the first session he spent over half of his time moving about the room manipulating objects and making vocalizations. He did not attend to any person or object for more than a minute. He briefly watched the therapist put beads on a string and attempted to do the same with limited success. He lost interest, his vocalizations increased in frequency and volume, and he began to move around the room. At that point the teacher began to imitate his behavior. He stopped what he was doing and stared at the teacher for almost a minute, then continued his behavior, keeping a close eye on the teacher.

On the second day Albert began by exploring every part of the diagnostic classroom and putting all objects he found in his mouth. At times, when he saw the teacher imitating his behavior, he smiled. During this session he was able to sit at the table and perform many of the tasks requested by the teacher.

On the third day, although he continued to move around the room, objects kept his attention for longer periods of time. His vocalizations were less intense than before. Albert smiled at the teacher and

when he picked up objects they did not go immediately into his mouth. He was able to string more than five beads.

Comment. One could explain the improvement in Albert's behavior by his becoming used to the classroom over three sessions. However, that is very dramatic improvement for a three-day period. It is certainly likely that some improvement would have been noticed, but his immediate response to the imitation suggests that this was an important factor in his cooperation.

Summary and Conclusions

Clearly, the technique of imitation cannot be considered a complete Adlerian theory of autism or its treatment. The use of this technique, however, can be a way to begin an Adlerian intervention.

First, this technique is the very essence of encouragement. Rather than deny the significance of the behavior to the child, the therapist demonstrates a profound understanding of its importance by engaging in it with the child. This is exactly the sense in which Moustakas understood it.

This technique is also paradoxical in nature. The therapist does not simply ignore the behavior in an effort to extricate him- or herself from the power struggle, but actually engages in the behavior, encouraging the child to develop the symptoms even more. It is a basic tenet that a symptom must be fought against in order to be maintained (Dreikurs, 1967).

Finally, this technique is a beginning attempt to elicit cooperation on the part of the child, so necessary for the development of social relatedness. By cooperating with the child, and agreeing to let the child lead, the therapist models cooperation. In both case histories, the child responded by increasing his cooperation with the therapist and engaging in instructional tasks.

In summary, we conceptualize autistic-like behaviors as serving the purpose of exerting control over the environment, and as being highly significant to the child. By accepting the importance of these behaviors, and engaging in them with the child, the therapist encourages, reduces the power struggle, and elicits cooperation. This opens the door for further treatment and intervention.

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In education we are striving not to teach youth to make a living, but to make a life.

—William Allen White
