

**The role of relationship in the treatment of autism:
Perspectives from Relationship Development
Intervention and psychotherapy.**

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Attestation of Authorship

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning.

Signed: _____ Date: _____

Ethics Approval

Ethical approval has been given in a general approval of dissertations of this type. The approval number for Dissertation 588869 is 02/33 and was given on the 27th April, 2004, 2007.

Patient confidentiality has been strictly maintained and written informed consent has been obtained from all people used in case illustrations. Pseudonyms have been used for all patients and some biographical details have been altered.

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Abstract

Psychoanalytic theory has had a controversial history in working with autism, being considered by many, in the light of modern research, to be fundamentally misconceived. This view has been challenged by Hobson's work and research, which suggests that psychoanalytic theory complements rather than conflicts with emerging theory on autism. Gutstein's work has been in developing Hobson's (and other's) hypotheses around autism into a clinical programme for remediating autism. In this dissertation, a psychoanalytic history is briefly reviewed, followed by a modified systematic literature review of both Hobson and Gutstein's work. Similarities of Gutstein's programme to psychoanalytic theory and practice, are discussed, and areas where each could contribute to the other are explored, along with suggestions for further research, particularly in the area of episodic memory.

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Chapter 1: Autism, some introductory observations

The boy called out from the dark, “Auntie, speak to me! I’m frightened because it’s so dark.” His aunt answered him: “What good would that do? You can’t see me.” “That doesn’t matter,” replied the child. “If anyone speaks, it gets light”, (Freud, 1905, p224n).

Introduction

In this chapter I briefly describe what might be observed in the behaviour of a child with autism, and what has led to my personal interest and involvement in this field.

The rate of frequency of occurrence of autism is discussed, and a psychodynamic view of the aetiology described and critiqued. Links to the origins of relationship are introduced.

A diagnosis of autism

A three year old boy with fair curly hair and blue eyes is sitting on the floor at Play-centre, engrossed in a game with train-tracks. He makes no attempt to play alongside or with other children, in fact he seems to be oblivious of their existence. If you sit beside him you find he is able to talk, but not to communicate. Instead of talking to you, he recites whole books, verbatim, to himself. If he hears a spoken word that reminds him of a book he knows, he switches to reciting that whole book. As a baby this child never pointed at things, or brought things to a caregiver to share. He never responded to his name, or used ‘checking’¹ behaviour with his Mother. He loved to be kissed, and would push his cheek into others’ faces and smile, but never with any shared eye contact. At two, he knew all his numbers, and appeared to know the value of these. He knew letters, and was able to read many logos, which he was obsessive about. This child, with his strange combination of talents and deficits, is autistic.

For parents, from the moment of diagnosis, there begins a long and difficult journey, first in grieving for the ‘lost’ child, then in researching how best to treat autism. At the time of my grandchild’s diagnosis, faced with a bewildering set of choices, some claiming to be proven effective, others with unproven promises of magical cures, his parents decided on the most accepted mainstream treatment of a behavioural approach, Applied Behavioural Analysis, (ABA) In this programme, skills are taught and problem

¹ Checking behaviour involves an infant looking to a caregiver and reading their facial expression to know if something is, eg., acceptable or scary, fun or disgusting.

behaviours are targeted. Children work with a trained practitioner for 30 – 40 hours per week.

From the start, these parents found ABA problematic. The way this programme ‘encouraged’ a child into activities and behaviours that weren’t his felt impinging² and unhelpful in achieving what they wanted, which was to be able to have a connection with their child. Both parents felt like outsiders in the parenting of their own child, and after about three weeks of ABA they began searching for something else. By chance my daughter came across a programme called “Relationship Development Intervention”(RDI) (Gutstein, 2000). She was excited by what she read, and although RDI was only about twelve years old at the time, its developmental, and relational approach made sense to her.

Since then, this child has slowly become a little ‘self’³, who is emotionally connected to his family and others. The opportunity came three years ago for me to go to Houston, Texas, to begin training in RDI, which has been very exciting. Consequently, I have been studying psychotherapy alongside RDI, and although working with RDI clients is very different from working with psychotherapy clients, I am constantly struck by what feels the same. As my grandson and the little boy who is my supervision case, become less and less autistic, and I experience changes in my psychotherapy clients, I feel awed by the power of relationship and connection to make changes, even where there is such a total deficit in emotional attachment, as in autism.

This is why I want, for this dissertation, to explore what it is that feels like the common denominator in these two quite different fields, and to compare and contrast them. RDI is reporting success with adolescents and young adults, and it seems likely that in the future I could have clients in psychotherapy who present with symptoms that belong on the autism spectrum.

² Impingement refers to the failure of a caregiver in respect to warding off, or protecting an infant’s central psychic reality, or true self, from disturbing intrusions. (Winnicott, 1965)

³ A self is the inherited potential which experiences a continuity of being, and its own rate of development, and way of being in the world (Winnicott, 1965).

Autism rates

Autism appears to be increasing at a rate that is faster than most other disorders, although there is controversy over whether this is related to increasing knowledge and recognition. In spite of changes in diagnostic criteria, a research project in 2004 cites evidence of an increase from 16 per 10,000 babies born in 1985, to a current prevalence rate of 62.6 per 10,000 for the entire autistic spectrum disorders from the UK, up to 67 per 10,000 in the US, and 71 per 10,000 in Sweden (Merrick, Kandel, & Morad, 2004). Although many factors are at play, the article concludes that autism is increasing.

Aetiology of autism

Leo Kanner, the child psychiatrist, who first described and named autism, originally believed that these children had an "...innate inability to form the usual, biologically provided affective contact with people" (Kanner, 1943, p.250). He later changed his mind to go with the prevailing view of autism as being the result of a mother's psychopathology. This popular view was largely due to the work of Bruno Bettelheim whose concept of 'refrigerator mothers' held relevance from the 1950's through to the 1970's, where autism was thought to have been caused by mothers who were emotionally cold (Bettelheim, 1967). This work has since been challenged, and discredited (Pollak, 1997; Sutton, 1995). Donald Meltzer and his colleagues, who offered an intrapsychic view of infantile autistic psychosis, believed it to be related to depression in the mother, with the child not wanting to further burden their depressed mothers, and so dismantling their dependency aware egos (Meltzer, 1975). Alice Miller, who wrote about child abuse and its consequences, believed these children had experienced a history of suffering (Miller, 1991). Francis Tustin, a psychotherapist who spent a great deal of her life working with and studying autism, described autism as "...an early developmental deviation in the service of dealing with unmitigated terror" (Tustin, 1991, p.85). Tustin saw autism as a survival mechanism against a massive traumatic awareness of body separateness.

In comparison to these views, other early observers of what appears to have been autism have held a more tentative view of the aetiology. Melanie Klein described a little boy, Dick, who appeared to have been autistic. She wrote that he had "...a complete and apparently constitutional incapacity of the ego to tolerate anxiety..." (cited in Hobson,

1990b, p.326). Later, Mahler (Mahler, 1968) also appeared to have held a similar view of the aetiology of autism. She writes:

one cannot help but feel that the primary etiology of psychosis in children, the psychotic child's primary defect in being able to utilize (to perceive) the catalysing mothering agent for homeostasis, is inborn, constitutional, and probably hereditary, or else acquired very early in the very first days or weeks of extrauterine life. In other words, there seems to be a predispositional deficiency (cited in Hobson, 1990b, p 48).

The view that a mother causes autism has not stood the test of scientific scrutiny (Epstein, 2000b, p.632). But in spite of wide acceptance of a neurobiological aetiology, there are still lingering pockets of belief in a psychogenic explanation that blames a mother (Epstein, 2000b; Tustin, 2002). In some countries, (eg. South Korea), it has been suggested that the stigma around a diagnosis of autism is so great, that a diagnosis of 'active attachment disorder' which indicates failure on the mother's part, is seen as preferable because it doesn't indicate a permanent or genetic link, which would stigmatise the whole family (Monastersky, 2007). Epstein suggests that a psychoanalytic view of blaming mothers for causing this disorder in their children, although now seen as having been a cruel and unwarranted mistake, did accord some hope that it could be cured, and a fully functioning child could emerge (Epstein, 2000b). In an epilogue, she summarizes how "...historical efforts to explain and cure autism were not the psychoanalytic tradition's finest hour" (Epstein, 2000a, p.746). Hobson's work might possibly mitigate this, in suggesting that a psychoanalytic view has important insights to offer the study of autism, many of which will be discussed in this dissertation.

The current overwhelming evidence is that autism is a global, neurological disorder that likely has multiple causes interacting in subtle and complex ways. (Gastgeb, Strauss, & Minshew, 2006; Mesibov, Adams, & Schopler, 2000; Minshew, Goldstein, & Siegel, 1997; Volkmar, 2000). Gutstein describes how a consensus has been reached by prominent researches, that autism is a "...neurologically based informaton processing disorder which impacts those on the spectrum in very specific ways, regardless of their IQ or language abilities" (Gutstein, 2006, p.2).

Minshew, a professor of psychiatry and neurology at the University of Pittsburg, who has spent the last twenty years researching autism, describes the disorder as a common, heritable neurodevelopmental condition with complex genetic architecture (Minshew &

Williams, 2007). Gutstein, in words that can be understood by a lay person, explains Minschew's work. According to this explanation, autism results when the pre-frontal cortex and the limbic system of the brain do not have the usual neural pathways connecting them. Although both these parts of the brain can function independently, in normal development there is a wide path of communication between the two. In autism, this path is absent or restricted (Gutstein, personal notes, lecture 2004).

However, even if science does find a successful medical treatment, the theory unpinning much of psychotherapy, and RDI, would suggest that the kind of 'wiring' that is needed for a person to become able to communicate and operate in a complex and dynamic society, occurs in the earliest months and years between a child and their caregiver, beginning soon after birth (Hobson, 2002; Sroufe, 1995; Stern, 1977). As a diagnosis of autism is usually not conclusive before a child is well into his/her second year, these neural pathways will already be impaired. For these children, the reasons that we form relationships, the enjoyment of connection and interacting, are not there. Autism is a disability that is defined by a deficit in the essence of relating, closeness and connection. The aim of RDI is to bridge the gap between theory and practice, in order to 'reconstruct' the early foundations that are a prerequisite for success in real-life situations, such as having friends, a partner, and satisfying work. The pathway is a relational one, there is no way to 'train' or 'drill' children to have appropriate feelings and understanding of relationship (Hadwin, Baron-Cohen, Howlin, & Hill, 1996; Hadwin, Baron-Cohen, Howlin, Hill, 1997).

As it is in RDI, relationship is pivotal in psychotherapy. We work in a relational, interpersonal way with clients in an effort to help them with their problems in living and relating. Central to what Hobson is saying about autism is that it is the "developmental outcome of profound disruption in the usual patterns of intersubjective coordination between the affected individual and others" (Hobson & Bishop, 2003, p.342). Sue Gerhardt describes the development of emotional life as "...a matter of coordinating ourselves with others, through participating in their states of mind, and thereby predicting what they will do and say" (Gerhardt, 2004, p.31). Hobson would take this a step further, suggesting that without emotional involvement with other people, "...the whole of mental development is terribly compromised" (Hobson, 2002, p.183).

The fact that people with autism do not have these strong emotional pathways in no way distracts from their need for emotional and relational connection, they are still human beings, with the same universal needs (Gutstein & Sheely, 2002). Gutstein is a clinician who specialised in working with autism, and who became dissatisfied with the kinds of results he was achieving with his patients, for the very reason that he wanted them to “smile when he walked into the waiting room because they were happy to see him, not because they received an M&M as a reward”(Gutstein, 2000 back cover). From this point of dissatisfaction, Gutstein immersed himself in developmental theory, to try to discover what was missing and how he could devise a programme that would really help. The outcome of his work is RDI.

Chapter summary

In Chapter 1 I have described how autistic behaviours might present in early childhood, as well as my personal experience of and motivation for this topic The prevalence of autism is discussed, as well as a psychodynamic view of its aetiology. The concept of relationship as a central link for this dissertation is introduced

Chapter 2 contains the method.

In Chapter 3 the deficits of autism, and what past and present psychoanalysts have written are explored. Hobson and Gutstein’s views of autism deficits are introduced.

Chapter 4 reviews the work of Peter Hobson.

Chapter 5 reviews the work of Steven Gutstein

Chapter 6, contains a discussion around comparing and contrasting psychotherapy with RDI. It includes a discussion of episodic memory, and a conclusion.

Chapter 2: Method

Aims and research questions

The aim of this dissertation is to explore RDI as a clinical treatment for autism from a psychodynamic perspective.

Research questions guiding this work are:

- 1) How has psychodynamic psychotherapy contributed to an RDI understanding and treatment of autism?
- 2) Can the RDI programme for working with the deficits of autism have insights and/or benefits for psychodynamic psychotherapy, and vice-versa?

Method

My method is in the form of a modified systematic literature review. Systematic literature review has evolved from the Evidence Based Practice model, as a way of reviewing and appraising the literature contributing to best current practice (McKibbin, 1999). Originally designed for medical practice, and using mainly quantitative data, the approach has been modified to include qualitative research, which is better suited to psychotherapy (Fonagy, 2003). My review is further modified, in that it includes a short case study as an appendix.

For this dissertation, the work of Peter Hobson and Steven Gutstein is reviewed. Hobson's work was chosen for several reasons, the main one being that Gutstein, the founder of RDI, cites Hobson's theories of intersubjectivity as one of his main influences in the development of the programme. Secondly, Hobson's theories form a vital link between the role of relationship in psychotherapy and RDI. A third reason is that Hobson has trained and worked as a psychoanalyst, as well as being a professor of developmental psychopathology, and is therefore bringing a multidisciplinary perspective to the topic of autism. A fourth reason is that Hobson advocates a psychogenic approach in understanding autism, while at the same time recognising autism as congenital. This is important, in that it contrasts to previous 'mother-blaming' psychogenic explanations, while still valuing a psychodynamic perspective.

From Hobson's two books, monograph, and around thirty research papers, the focus of this review is chiefly on his second book, "The Cradle of Thought"(2002), as this is a

clear account of his work, and weaves together the twenty years of research, thinking and writing, that have lead to his theories around what is distinctive about human thinking, and how it emerges into its characteristic creative, flexible and imaginative form.

In reviewing Gutstein, I have necessarily included literature from outside psychoanalytic writing, in order to describe RDI, including six books (apart from Hobson) which are pivotal to the programme. These include: Fogel, 1993; Rochat, 2001; Rogoff, 1990; Siegel, 1999; Sroufe, 1995; and Stern, 1977. Study material and notes, taken from RDI training seminars in Houston are included.

The dissertation is in four parts.

- 1) A history of psychoanalytic theories of autism
- 2) Hobson's work as it relates to the topic.
- 3) Gutstein's development of RDI
- 4) A synthesis and discussion.

Search criteria

Because this study is comparing and contrasting psychotherapy with RDI, I began with a search for any existing literature that linked these two fields. I could not find any, and Gutstein confirmed that he was unaware of any such studies (personal communication Feb, 2007).

In a search of the databases, I have used the electronic databases Psychoanalytic Electronic Publishing, (PEP); PsychINFO; and MEDLINE via PUBMED. Because RDI is a new field, at the time of this search, although there were two research projects accepted for and awaiting publication, there were no articles about RDI on the databases. (The second paper was published in mid-October, just before the completion of this dissertation). Instead, I made searches which included combinations of psychotherapy AND words/concepts which relate to RDI. These searches brought up Object Relations Theory and Intersubjectivity, which are included in the discussion. This was followed with a search for a psychodynamic history and aetiology of autism. The results are listed in the table below.

Table 1: Results of database search

Database	Search terms	Results	Number Used
PsychINFO	Psychotherapy AND autism	416	9
	Psychotherapy AND use of the object	0	
	Psychotherapy AND episodic memory	0	
	Psychotherapy AND regulation	633	2
	Psychotherapy AND history of autism	54	6
	Hobson, R.P. AND autism	33	32
PUBMED	Psychotherapy AND autism	934	9
	Psychotherapy AND use of the object	56	5
	Psychotherapy AND episodic memory	55	5
	Psychotherapy AND regulation AND autism	19	2
	Psychotherapy AND history of autism	0	
	Hobson, R.P. AND autism	32	32
P.E.P	Psychotherapy AND autism	245	9
	Psychotherapy AND use of the object	16	6
	Psychotherapy AND episodic memory	3	3
	Psychotherapy AND regulation AND autism	58	3
	Psychotherapy AND history of autism	146	9
	Hobson, R.P. AND autism	1	1

Inclusion and exclusion criteria

Many of the articles used from the different databases were the same, with the total number of new articles being 68. Reference lists of articles that were particularly relevant to my study were used to locate a further 12 articles. Articles based around medical issues or drugs were excluded, as well as any that related to behavioural approaches to autism, and psychoanalytic case studies, as these did not relate to the topic. With the exception of papers relating to a history of autism, and some written by Hobson, articles about autism that were older than 7 years were excluded as there has been an explosion of research during the last five years, much of which has superseded earlier work. A critique of RDI was located with a Google search.

Chapter 3: What is autism? An overview

Introduction

In this chapter the deficits of autism are described, from both a modern, and an historical psychodynamic perspective, as well as the prognosis in autism for a quality of life. Hobson's critique of this historical outlook is reviewed, and the chapter concludes with Gutstein's perspective of the deficits of autism.

Autism, a definition

Autism is a pervasive developmental disorder, which shows qualitative impairments in social interactions, imaginative activity and both verbal and non-verbal communication skills. Children with autism tend to have limited interests and activities, and these are ritualised and stereotypic. They have a desire to maintain sameness in their routine and surroundings. Symptoms appear within the first three years of life (Kabat, Masi, & Segal, 2003).

Autism can be considered a spectrum disorder encompassing Asperger's and Pervasive Developmental Disorder – not otherwise specified, (PDD-NOS). The latter may also describe children who fall along this spectrum, but don't meet the full criteria for autistic disorder. The spectrum may not clearly present as mild moderate and severe, as different children can have different combinations of symptoms (Kabat, et al., 2003).

This disorder was first described in detail in America in 1943, by Leo Kanner, a child psychiatrist, who studied a group of 11 children, who he noticed had all the same traits, and who were unable "to form the usual, biologically provided affective contact with people" (Kanner, 1943, p.250). He originally called the disorder "early infantile autism", as it seemed to him to be a state resembling the earliest part of infancy, where a baby knows only of its own needs, and is not yet aware of an 'other'. Kanner originally believed autism to be constitutionally determined, but later began to view it as a response to a dysfunctional family interaction, chiefly that autism was brought on by unloving, cold and impersonal "refrigerator" mothers, an idea prevalent at the time (Kanner, 1949).

At around the same time, another child psychologist, Hans Asperger, was describing a similar group of children. Both men had trained in Vienna, but Asperger had stayed in Europe. Both descriptions were similar, although Asperger's children had no significant delays in early linguistic or cognitive functioning (Kabat et al., 2003).

Other clinicians began to acknowledge "Kanner's syndrome", and although the terminology differed, the children had the same characteristic pattern of deficits. Later studies showed the persisting nature of the patterns into adulthood (Rutter & Lockyear, 1967, cited in Howlin, 1998; Howlin, 1998).

The effect of autism on quality of life

Figures from two major surveys, with over 400 Autistic Spectrum Disorder (ASD) individuals in each, one by The National Autistic Society of Great Britain, (Barnard, Harvey, Potter, & Prior, 2001) the other by Seltzer and Krauss (Seltzer & Kraus, 2002) in the US, found that a substantial majority of adults on the autism spectrum, regardless of how high functioning they are, do not find paid employment, and if they do it is menial and low paid; they do not live independently or have satisfactory friendships with their peers; and they rarely marry or have children (Howlin, 2003; Howlin & Goode, 1998; Howlin, Goode, Hutton, & Rutter, 2004; Renty & Roeyers, 2006; Seltzer & Kraus, 2002).

A brief psychoanalytic overview of autism

Melanie Klein

As mentioned earlier, Klein, in a paper written in 1930 portrayed a little boy, Dick, whose clinical picture was highly suggestive of autism. She described how, in this child "...symbolism had not developed. This was partly because of the lack of any affective relation to the things around him, to which he was almost entirely indifferent" (Klein, 1975, pp223-224). Klein felt that this incapacity to symbolize was related to the abnormality of his "object relations", and what appeared to be a failure to understand people *as* people, toward whom he could show "opposition and obedience" or be "intelligible" (ibid). She interpreted this impairment as being a result of "anxieties rooted in the child's relations with others..." and as "a manifestation of defenses against his own destructive impulses toward the mother's body" (Morra, 2002, p.287). Klein

saw the essential feature of Dick's case as an inhibition in development, rather than a regression.

Margaret Mahler

Mahler differentiated between autism as a syndrome, and "autistic-like withdrawal as a temporary defense" (Mahler, 1968, p.56), but felt that for both conditions, "... the primary defect (was) in being able to utilize (to perceive) the catalysing mothering agent for homeostasis..." (p.48). An autistic child was unable to use his mother to help orient him/herself to his own inner and outer emotional world. Mahler understood the autistic child's "...spectacular struggle against any demand of human, of social contact..." as a defensive manoeuvre (cited in Hobson, 1990b, p.330). She wrote:

The child, being devoid of emotional ties, is unable to cope with the complexities of external stimuli and inner excitations that simultaneously threaten his very existence as an individual entity. Autism is an attempt at dedifferentiation and deanimation. It may be looked upon as the mechanism by which such patients try to shut out, to hallucinate away, the potential sources of sensory perception, particularly the infinitely variable ones of the *living* world, which demand emotional social responses (Mahler, 1968, p.69).

Bruno Bettelheim

Bettelheim believed that the precipitating factor in infantile autism was the conscious or unconscious desire of the parents that their child should not exist. He likened autistic children to child prisoners in concentration camps with the analogy that the mothers of these children were like the SS guards (Bettelheim, 1967).

Francis Tustin

Tustin believed that autistic children were unintegrated rather than disintegrated. She emphasized both their lack of capacity to symbolize, and their deficit in fantasy life. For much of her life she believed that the child regressed to a normal phase of development, but later changed her opinion, to understanding autism as a developmental deviation (Tustin, 1991). She describes "...the freezing of ongoing psychological development, the retraction of interest in people, the addiction to inanimate objects" as being associated with trauma and "unbearably painful awareness of bodily separatedness from the suckling mother" (Tustin, 1993, p.35). She explains how "the seeming loss of the nipple from the mouth leaves what the children often describe as a black hole in the

breast, and in the mouth” (p.37). Tustin attempted in her writing to articulate the inner life of an autistic child, to describe what life was like for them. For example;

pencil sharpeners are often felt by the child to be equated with his cruel biting mouth this feeling that they have bitten off “tit-bits”, means that, in flickering moments of separateness, they feel surrounded by cut-up, broken things (cited in Hobson, 1990b, p.123).

Donald Meltzer

Meltzer and his colleagues attribute “autistic states” to a

passive devise of allowing the various senses, both special and general, internal and external, to attach themselves to the most stimulating object of the moment (effecting) the dismantling of the self as a mental apparatus, but in a very passive, falling-to-bits way (Meltzer, 1975, p.12).

This results in children being unable to sensually integrate meaningful perceptions, or to experience people as being able to help them contain and assimilate emotional experiences. Thus the children are intrinsically impaired in deriving a sense of self with an internal world.

Anne Alvarez

Alvarez, a child psychotherapist at the Tavistock, understands autism in the light of developmental theory. She describes how she became aware that her patients seemed to be missing “the very experience of being alive” (Mariotti, 1994, p.165). She cites the work of Stern, (1985) and Trevarthan (1978) in understanding how, for a child’s emotional and cognitive development, “...the baby needs to have experience of and interaction with a consistent human caretaker, an “animate object” (Alvarez, 1993, p.104). She understood that, for autistic children, who have difficulty “assimilating the experience of an animate object” that this was a problem the therapist faced. She writes about “reclamation” as a response towards patients who she suspects of being “incapable of projection”; that this “...projected part may never have belonged to the personality in the first place, at least not in a solid way” (Mariotti, 1994, p.167). She states:

I do not believe one can help patients to reintegrate missing parts of themselves in a surgical manner...Instead, something may need to grow for the first time. This is a slow delicate process and may be more akin to the way mothers, by attunement (Stern, 1985) and shared mental states, provide alpha function for their babies, than to older psychoanalytic models of recovering lost splits and lost projections (Alvarez, 1993, p.121).

A discussion of psychoanalytic views: Peter Hobson

In a paper written in 1990, Hobson has reviewed some of the psychoanalytic approach's 'credentials' in thinking about autism (Hobson, 1990b). His aim was to "challenge a more or less prevalent view that psychoanalytic approaches to autism are so fundamentally misconceived as to merit outright rejection" (Hobson, 1990b, p.324). In doing this, his hope was to examine what was of value in a psychoanalytic view.

Much of the research that Hobson and his colleagues have been involved in directly corroborates the observations that these psychotherapists have contributed. In their studies, Hobson (et al) have viewed autism as being like a photographic 'negative' of normal development, in order to consider "how a young child's engagement with other persons influences the development of their sense of self" (Hobson, Chidambi, Lee, & Meyer, 2006, p.vii). Hobson demonstrates with careful and detailed research, how children with autism do not have the same degree of shared, involved feeling with others. Someone else's smile or delighted voice does not give them a feeling of warmth (Hobson, 2002, p.14). This manifests in their being less engaged with others, so that they are oblivious to what others might feel about their achievements, or of others' attitudes towards them, or to a shared world. They are not so able to 'read' and therefore use, the facial expressions and body language of others to make sense of their own world. Although they are able to imitate others, Hobson and his colleagues have shown that they rarely imitate the style or tone of the actions of others, which suggests a reason for their relative lack of guilt or empathy. Hobson writes that "...this compromises their propensity to adopt and conceptualise person-anchored perspectives" (Hobson et al., 2006, p.153).

Klein's observation of autism as an early profound disruption in a child's interpersonal-affective relatedness, has, therefore, been corroborated by this current research (Hobson, 2002; Hobson & Bishop, 2003; Hobson et al., 2006). Klein talks about an interpersonal deficit leading to a lack in the ability to symbolize; Hobson's account describes the

“characteristically “autistic” defects in the cognitive, language and social spheres...” (Hobson, 1990b, p.328).

Similarly, more recent research confirms what Mahler observed about an autistic child’s inability to use a mother’s facial expressions, in order to navigate his/her emotional world, (also known as “social referencing” (Feinman, 1982; Gunnar & Stone, 1984; Rogoff, 1990). Without this ability autistic children have no effective way of orientating to and understanding other people and their world. The autistic child, in Mahler’s words, is unable to benefit from their mother as a “beacon of emotional orientation” (Mahler, 1968, p.69).

In a discussion of Tustin’s work, Hobson recognizes her comprehensive, and intimate contact and experience with autistic children. He writes, that although Tustin was careful to cite evidence for her formulations, “what autistic children do and say may have highly idiosyncratic denotations and connotations...” (Hobson, 1990b, p.330). He also comments on her equivocal treatment of the possible impact of maternal psychopathology (ibid). In spite of her controversial ideas, he sees her contribution as prompting questions for research, such as considering if “the most basic building blocks of human social experience and representation...exist in recognizable form in autistic children” (ibid).

Similarly, Meltzer, in his work, has captured an important aspect of autism, that is the “mindlessness” and the “dismantling of the self” where children are unable to perceive that others are able to ““contain” and help them to assimilate emotional experience” (Meltzer, 1975, p.12). Hobson later describes a “...self that float(s) unanchored” (Hobson, 2002 p.210).

How Steven Gutstein views autism

Gutstein spent many years examining autism in the light of developmental research, attempting to find a consensus, as a basis for formulating a treatment plan for autism. What he came up with was an understanding of autism as consisting of areas of “core deficit” that are present in every person on the autistic spectrum, (although there are individual differences within this) and which result in impaired social and emotional

function, and the huge obstacle to quality of life, that is autism (Gutstein, 2000; 2004;2005).These deficits are in:

Declarative (experience sharing) communication

Gutstein (2000), drawing on the work of Camaioni, (1997) distinguishes between two kinds of communication, *declarative* and *imperative*. Declarative is the kind of language we use to share experiences, our ideas, feelings, goals, intended actions, predictions, memories, plans etc. An imperative form of communication is what we use as a ‘means-to-end’; for example, acquiring information, testing or demonstrating knowledge, asking for someone’s service etc. Declarative language often has a rich non-verbal component and invites a type of response from the other which is never rote or scripted. Autistic people have an inability to share their experiences and feelings, so use little or no declarative language.

Referencing

Referencing refers to the ability to ‘borrow’ another’s perspective, in order to help resolve uncertain situations, or to find reassurance. We might check out if the other is approving or disapproving, or if they are finding us boring or interesting. People who are autistic are often able to learn to recognize and label various facial expressions, but they are not able to ‘borrow’ or ‘read’ the other’s perspective during an interaction.

Regulating

Gutstein (2000) describes the back-and-forth ‘dance’ in interactions with others. This dance is always spontaneous, unpredictable, and reciprocal. Autistic people can learn to follow procedures and scripts, but not to ‘dance’.

Episodic (autobiographical) memory

Autistic people may have very good or even excellent procedural memory, but lack autobiographical, or episodic memory. This is very different to remembering details. It involves extracting from memories what is personally meaningful to the self, and using this to reflect on the past and anticipate the future. This allows us to avoid negative consequences, and repeat positive ones.

Flexible thinking

Autistic people are able to understand rule-based, black-and-white thinking, but are not able to adapt their thinking quickly, accept what is ‘good enough’ or see grey areas.

They struggle when it comes to being able to ‘go with the flow’ if plans change, and find it difficult to adapt to these changes.

Gutstein’s (2000) understanding and approach to treatment involves an attempt to ‘re-do’ what failed to happen developmentally. In her understanding of autism, Alvarez (1993) talks about a need to “re-grow” in a process that is “akin” to how mothers support the psychological development of their baby. This concept bears a resemblance to the concept that Gutstein works with in RDI.

Conclusion

In this chapter autism was described from both an historical and current perspective, including Gutstein’s understanding, and Hobson’s critique of historical psychodynamic views. In chapter 4, Hobson’s work is reviewed.

Chapter 4: A review of the work of Peter Hobson

Introduction

Hobson's ideas follow on from a prevailing opinion that babies are born pre-programmed to acquire cognitive function and language. Hobson believes (along with psychotherapy theory) that this capacity develops through the baby's interaction with other people over his/her early months and years of life. He views emotional engagement between the baby and caretaker as the vital part of mental development, and sees autism as a neurological condition that demonstrates the profound impact of what happens when this interaction is inhibited. This chapter reviews the research pathways that lead to Hobson's conclusions, and which are comprehensively illustrated in his book, "The Cradle of Thought" (2002).

Hobson's work

Hobson arrives at his theories via several routes. The first of these is a clinical method of observation. For example, he cites the careful observations of Kanner's early descriptions of autism, and the essence of detachment and inaccessibility of an autistic child that is described by a mother (Case 9, Charles: Kanner, 1943). Kanner's child was not able to recognize others as "beings with whom he could become emotionally engaged ... there seemed to be something lacking in the boy's sense of his own self, in that neither his presence nor his conversation conveyed self-assertion or self expression..." (Hobson, 2002, p.10).

Hobson demonstrates how this method of study gives a "feel for autism...and what it can teach us about normal human development", but this is not enough to "distil out what is truly unique to autism..." (Hobson, 2002, p.11). To broaden the picture Hobson turns to experiment. By setting carefully designed tasks for groups of children with autism, and matched groups without autism, the picture becomes clearer.

In a third approach Hobson looks to psychoanalysis, which has a primary concern with "...the close connection that exists between what happens *within* an individual person's mind and what happens *between* one person and another" (Hobson, 2002, p.22). Hobson sees this avenue as "casting light" on the kind of mental functioning that his observations and experimentation around autism have revealed. He demonstrates with an example of a client session, how in therapy, the way we relate to people in everyday life emerges in the session in relation to the analyst, and suggests that it is

psychoanalysis that is showing us that “we have been trying to fit the pieces together in the wrong way” (Hobson, 2002, p.22). Hobson sees psychoanalytic research as responsible for alerting us to the developmental importance of the role of the caregiver in an infant’s ability to think.

In Chapter Two, entitled “Before Thought”, Hobson introduces the debate among developmental psychologists about whether the infant “*means to communicate*”, (Trevarthen and Kugiumutzakis, cited in Hobson, 2002, p.35), or whether it is just the mother believing that impression. Hobson sides with the view of Tronick et al, that the mother and infant are mutually engaged with each other in a genuinely reciprocal way; that is, they both modify their own reactions according to feedback from the other (pp.35-36).

The chapter describes how games which have a predictable and regular structure and sequence of actions, such as ‘peekaboo’ and ‘this little piggy’ allow the infant to take a progressively more active role in their interactions. These games are also, of course, a source of shared and pleasurable communication. For example, a baby may be delighting in the anticipation of a game, and smile towards a mother, in a way that suggests “we are sharing this” (Hobson, 2002, p.43). Hobson sees this kind of early communication as “providing a kind of scaffolding for the introduction of language itself”. He describes:

a social life that deepens so swiftly that it serves the eight-month-old as a fountain of pleasure, a reservoir of reassurance, and a well-spring of mischief. It also swirls that same infant into a whirlpool of pulls, pushes and other emotional currents that wrest the infant from a kind of self-centredness and liberates the very processes of thought (p.43).

Hobson suggests that although autism is rarely diagnosed within the first year of life, there are possibly clues before this that something in a baby’s development is awry. Recorded interviews with parents have shown that those infants who were later diagnosed as having autism, showed less greeting and waving, less raising their arms to be picked up, and they were less liable to direct anger and distress towards people. They also failed to point at objects to share, or to bring an object to an adult to share (Wimpory, Hobson, Williams, & Nash, 2000).

Whereas typical babies are emotionally connected to people, and play their role in the communicative ‘dance’, for autistic children there is “something profoundly lacking in their orientation towards people...and... in their emotional engagement” (p.59). It is against a backdrop of autism, Hobson believes, that we can understand the richness of what normal development entails.

In Chapter Three, “The Dawn of Thinking,” Hobson quotes Trevarthen, who describes what he calls ‘secondary intersubjectivity’, which is where objects and events become the ‘shared focus’ between the mother and infant. The baby begins showing the mother things, gesturing in response to things, and is affected by another’s reaction to things. For example, the infant is influenced by the mother’s reaction towards an object or activity, in deciding if it is safe or attractive, or perhaps disgusting or frightening. The baby “registers that the other person is connected not just with herself, but with objects and events in the world” (Hobson, 2002, pp 62-63).

From here, Hobson describes what he calls ‘leaps’, rather than ‘steps’, in the origins of thinking. The first of these occurs with the development of symbolic, or pretend play, in the child. The second can be observed in the child’s growing obstinacy, which “shows us something important about the child’s understanding of herself in relation to others” (Hobson, 2002, p.79). The third is the emergence of language. Hobson sides with Jerome Bruner, in his belief that “language emerges in the context of joint attention between an infant and her caregiver” (cited in Hobson, 2002, p.83). He further suggests that we develop language “in order to affect the hearts and minds of others” (p. 85). For autistic children, who do not “relate to the world-according-to-the-other” (p.88), there will likely be deficits in these three areas. An indication of this might be that many children with autism never learn to talk, and Hobson observes that if the purpose of language is to communicate and share, for them acquiring language may appear pointless, except maybe in a simple form as a way of getting needs met. When they do acquire language in a more sophisticated form, autistic people have an oddness, in that they tend to understand only literal meanings, and fail to pick up on the subtleties of what the speaker really means (p.90).

Hobson sees symbolizing, and in particular, language, as “poised at the interface between communication and thought” (Hobson, 2002, p.94). Thinking develops from

this point from the kinds of 'identification' the child experiences with the feelings and attitudes of others, where they assume the stance of the other while maintaining some awareness of their own state. In other words, thinking continues to evolve 'through someone else'. The infant is able to take on the perspective of another as part of her own, while at the same time, using this to understand her own attitudes and perspectives. For example, if something makes a noise that alarms a baby, she may look to her mother and modify her own feelings according to what the mother's response tells her.

Contributing towards this gradual process of awareness is the three person relationship between mother, father and infant, which psychoanalysts have described as critical in creating mental space (Hobson, 2002). From this vantage point, the infant can view what goes on between others, as well as having an extra dimension in her own relationships.

In Chapter Five, "The Fragile Growth of the Mind", Hobson retraces the development of thinking from an attachment perspective, and the effects of the caregiver's emotional relationship with her infant. He demonstrates how the infant's connectedness enables her to experience and deal with the whole range of feelings and not become overwhelmed. Hobson demonstrates these ideas with research that explores what happens when mothers who are diagnosed with borderline personality disorder relate to their infants. For these mothers, "...emotional disturbance intrudes when they become deeply involved with other people" (Hobson, 2002, p.133). Hobson reasoned, that in order to think, or to be "sensitive and responsive to others" (ibid), one needs to be free from emotional turmoil. The research found that mothers with borderline personality disorder were "less sensitive and more intrusive towards their infants than were the other mothers" (ibid). At two months old these infants already showed signs of being less able to recover equilibrium after stress, and to re-establish harmonious contact. At twelve months, although both groups of infants performed at a similar level on non-social tasks, the infants of mothers with borderline personality disorder were less able when it came to social tasks. They were less likely to refer to or engage with another person. Hobson suggests that there is so much that is acquired through others, that infants are disadvantaged when engagement is disrupted. He believes that the vital

importance of interpersonal relationship, and its impact on the developing mind has been overlooked until recently (except among psychoanalysts).

Chapter Six, entitled “The Inner and the Outer”, begins with questions around how difficulties in thinking can mirror a person’s personal relationships. It outlines how “The Strange Situation”⁴ (Ainsworth, Blehar, & Waters, 1978) demonstrates the way a secure infant is able “*to use another person to regulate their own emotional states*”, which allows them to have the mental space to think (Hobson, 2002, p.153). Insecure infants are “stuck in aggressive or attention seeking patterns of relatedness” which affects their ability to reflect and think (p.154). Further empirical research using the Adult Attachment Interview⁵ (Main, 1996) details the “impressive evidence that mothers’ styles of talking about their childhood relationships are related to the mothers’ qualities of attachment with their infants” (Hobson, 2002, p.156). From this research Hobson gathers together his argument, for a strong link between ability to think about traumatic past events, and kinds of current personal relationships.

He again turns to psychoanalysis and Freud, who believed that if a person could not recall emotionally laden events in a way that enabled them to be thought about, those events continued to exert effects. “ ‘Thinking about’ is replaced by some other form of mental and behavioural expression” (Hobson, 2002, p.161). For the person who has not been helped to integrate strong feelings, action can replace thinking.

Chapter Seven, entitled “Fettered Minds,” brings the discussion back to autism, and what happens when a “profound lack of social engagement fetters the development of creative flights of thought” (Hobson, 2002, p.182). Hobson believes that autism develops because of a “disruption in the system of child-in-relation-to-others” (p.183). He points out here that he believes there is something wrong in the brains of these children, that autism is not the result of bad parenting. But he sees autism as possibly

⁴ The ‘strange situation’ involves infants around 12months old, in a series of short separations and reunions, and analyses how secure or insecure they are from their responses.

⁵ In an Adult Attachment Interview, an adult’s responses to questions about their backgrounds and childhoods are analysed, and a rating of secure or insecure is given, according to the way they describe these.

being able to show what the conditions are that make symbolic thinking possible, and what “social experiences contribute to intellectual life” (p.184).

The chapter goes on to consider the case of congenitally blind children, and the curious frequency with which the clinical features of autism occur in these children. Hobson found that even for those children who were blind and did not show autistic features, their engagement with people was still severely affected. They had “the *kinds* of difficulty in social engagement that are typical of autism” (Hobson, 2002, p.192). Hobson concludes that this study provides further evidence on the serious nature of barriers in personal relations.

Similarly, in examining the findings of Michael Rutter (et al., 1999) of infants exposed to the terrible conditions in the orphanages of Ceausescu’s Romania, Hobson found that the appalling treatment of these babies, and the subsequent adoption of some of them into caring homes, revealed some unexpected findings, which “dovetailed” his own research with blind children, that this level of deprivation led to behaviours that were characteristic of autism (although these children also displayed behaviours a-typical of autism, such as making spontaneous efforts to communicate). Although the research team concluded from the study that autism would not be expected to be a result of this severe deprivation, Hobson suggests that these findings represent a challenge to traditional accounts of autism (that is, autism as a strictly neurological condition). His hypothesis of autism as an intersubjective deficit, that happens *between* an affected person and others, accounts for the findings from these studies, as well as indicating the essential role of intersubjective experience in a developing self.

In Chapter Eight, “Self and Others”, Hobson illustrates how “we can maintain a clear sense of ourselves only when we can think properly” (Hobson, 2002, p.207). He again turns to borderline personality disorder to explore a lack in the *quality* of self awareness, in areas such as sexuality, professional identity and self worth. In other words, where “problems with thinking are associated with problems in finding and defining themselves” (ibid).

Hobson’s point is that there is a quality of thinking that is related to deficits in social engagement. An observational study of an autistic person, L. who was “apparently

oblivious to what others may think of him...”(Hobson, 2002, p.209) helps to illustrate what Hobson describes as a “.self that float(s) unanchored” (p.210). He believes that “thinking cannot become a flexible and creative medium for human intelligence without passing through the minds of others” (p.210-11). A vital part of experiencing oneself as a person is to feel a person among others. He writes: “In the course of our social interactions, each of us is pushed or pulled or nudged or drawn or wrenched towards the psychological position of the other” (p.215).

A part of this emotional responsiveness occurs in the action of “imitation”. Hobson believes it is the propensity that young children have to imitate their parents, that is “basic to our intellectual prowess” (Hobson, 2002, p.215). Hobson (et al’s) many experiments have demonstrated that although autistic children can easily imitate an action, they are not able, or moved, to imitate the quality or the style in which the person performed the action (eg. was it gentle or rough?) Matched groups of non-autistic children automatically did this.

This has implications for developing an understanding of a self. If a child is unable to identify with the characteristics of someone, and make them their own, they are unable to access a vital process that is happening all the time, and which involves continuous shifts into the roles and attitudes of others.

In spite of this, many autistic adolescents have “a very painful and moving awareness that they are not like other people” (Hobson, 2002, p.226). With the understanding that typical adolescents are “deeply preoccupied with how they compare to their peers” (ibid), Hobson and his colleagues set out to find out what more able adolescents with autism think about themselves, given their lack of engagement with the attitudes of others. They administered an interview to two matched groups. Their results showed that although the group without autism, but with mild retardation, “carry a richly social world in their minds, in which they themselves have a place”, those with autism “hardly made reference to family, friends or peers” (p.233). Autistic adolescents did not describe themselves in the context of their relationships. Hobson believes that without a propensity to take on the attitudes of others, a process involving identification, we cannot “acquire the special human form of self-reflective awareness” (p.238).

In the final chapter of this book, Chapter Nine, called “Understanding Minds”, Hobson summarises his work, and concludes how, once the infant is able to understand that she

has a mind, and that other people have minds, this opens the door to a world of symbolic play, and the dawning of an insight that she is one among many. The infant has been “lifted out of the cradle of thought...and taught to fly” (Hobson, 2002, p.274).

Other writing by Peter Hobson

Over the last twenty years, Hobson and his colleagues have worked towards teasing out the subtleties of what autism is, and what it contributes to our understanding of normal development. They examine aspects of autism such as self awareness, pride and guilt, embarrassment/coyness and self consciousness (Hobson et al., 2006). Other papers explore intersubjective engagement in autism (Garcia-Perez, Lee, & Hobson, 2006) and imitation and identification (Hobson & Hobson, 2007). Although in reading these, there appears to be a lot of ‘sameness’ to them, Hobson is building a huge evidence base for his hypotheses. A recent publication, in May 2007, investigates “the propensity to *identify with* the subjective orientation of another person” (Hobson, Lee, & Hobson, 2007, p.320). The conclusions again support their hypothesis, and Hobson writes how,

for almost two decades now, we have been marshalling arguments in favour of a developmentally grounded perspective on autism. An implication is that facilitating the development of communicative skills among individuals with autism may involve more than teaching specific forms of behaviour, and instead require a focus on affective relatedness in order to foster more person-centred engagement (eg. Greenspan & Weider, 2006; Gutstein, 2000) (Hobson, Lee, & Hobson, 2007, p.329).

A critique

A recent monograph by Hobson and his colleagues (Hobson et al., 2006) includes a critique of some of Hobson’s ideas. (Muller, Carpendale, Bibok and Racine, cited in Hobson, 2006). These authors disagree with Hobson’s view of identification. They argue that “children with autism may not be impaired in the process of identification but in the ability to engage with another person’s emotions” (Hobson et al., 2006, p.175). They suggest this could be related to abnormal brain development. They interpret Hobson, when he says that infants “clearly differentiate and integrate their own directedness and the directedness of others”, as meaning that infants “are capable of taking an external perspective on themselves” (ibid). They infer that Hobson is suggesting that the gradual differentiation of self and other occurs during the first year of life, whereas they believe that “the orientation of the other *as other*” (ibid), happens in the second year of life. These authors believe that Piaget’s idea of reciprocal

assimilation is “better suited” to “describe the process of differentiation and coordination of attitudes” than is the concept of identification (p.177).

Hobson has replied to this critique, stating that their interpretation of “the orientation of the other as *other*” occurring in the first year, is erroneous. He points out that he has laboured the point in other published works (especially Hobson, 1993a) that this occurs around the middle of the second year. Hobson accepts that the word ‘orientation’ was ill-chosen, and not sufficiently explicit. He feels an important reason for this type of misinterpretation is because of the difficulty in “capturing in words, what it is like to be an infant” (Hobson et al., 2006, p.181).

In replying to the critique around identification, after clarification of what is meant, Hobson states, “...it does not seem to matter very much whether identification is thought of as a description or an explanation of interpersonal connectedness” (Hobson et al., 2006, p.185). He explains that “recurrent episodes of experiencing attitudes to particular objects and events *through others* is the basis on which toddlers in their second year come to distinguish person-anchored attitudes from the objects of those attitudes...” (ibid). He also states that although he believes that identification plays a pivotal role, it is not the whole story. He accepts that Piaget’s (cited in Hobson, 2006) concept may be part of a wider picture that will evolve in the future, in our growing understanding of early development.

My own critique of Hobson, is that, although I find his theories comprehensive and widely based, I find little mention of the possibility of an infant’s, and also a mother’s, particular innate temperament as being part of the intersubjective mix between parent and care-giver. I would argue that this has considerable influence, along with the external experiences the infant has in relating (Stern, 1985).

Conclusion

Hobson’s views have evolved over two decades from varied perspectives, and from a variety of research styles. He and his colleagues are building a convincing picture of autism as an intersubjective deficit, that happens *between* an affected person and others, and his recent work suggests that effective remediation will likely require addressing this (Hobson et al., 2007). Psychoanalysis has shown us that this kind of deficit cannot be ‘taught’, but can only develop through what Winnicott would describe as “the use of

the other” (Winnicott, 1969). Gutstein has taken up this challenge, in his development of RDI, and this is discussed in the next chapter.

Chapter 5: Steven Gutstein and Relationship Development Intervention (RDI)

Introduction

This chapter reviews the work of Steven Gutstein, as the founder of the programme for addressing autism called RDI. It briefly discusses what led to RDI's conception, gives an overview of the basic concepts that inform the work, the research, and a critique.

Gutstein and his work

Steven Gutstein earned his Ph. D. in clinical psychology from Case Western Reserve University. From 1979 to 1987 he served as an Assistant Professor of Psychiatry and Pediatrics at Baylor College of Medicine and the University of Texas Medical School, as well as being director of Pediatric Psychology for Texas Children's Hospital. He is a founder, and is currently the director of the Connection Center, which is the centre for RDI.

Gutstein describes his childhood as being “emotionally detached and alone” during his mother's cancer and following her death” (Gutstein, 2000, p.xvi). He became the “eternal guest, tolerated and even welcomed, but always excluded from deep emotional connections” (Gutstein, 2000 p.xvi). In his academic life his passion has been in providing for others the experience of emotional connection. He believes in a capacity for emotional intimacy, no matter what the obstacle. In encountering autistic children he felt a kinship, where, “these individuals, for entirely different reasons were perpetual outsiders in the world of emotional encounters” (Gutstein, 2000, p.xvi).

In his first book, Gutstein (2000) describes his dissatisfaction with the results he was achieving in his work with autism. Although his patients made good eye contact, were tolerated by their peers, and received excellent grades for conduct, it felt as if something very important was missing.

even for these highest functioning children, their abilities were not enough to have a real caring friendship with another child...None could, on their own, maintain the topic of his conversation with a pal, or share a tender moment. Some key element was missing that kept them from learning the critical parts of friendship (Gutstein, 2000, p.xvii).

Gutstein began studying and consulting with world experts in the fields of child development and neurology. One of his fundamental discoveries was the difference between what is called *instrumental* interactions, and those which are referred to as *experience sharing*. His research showed that Autistic Spectrum Disorder (ASD) people could function well for instrumental purposes, (where interaction serves as a means to obtain a desired object or outcome), even displaying behaviors usually considered missing in people with ASD, such as eye contact and showing affection.

Experience sharing involves sharing a part of oneself with a partner. It is the reason we desire and enjoy the company of others. Gutstein concluded that what he had been working on with his patients was an instrumental style of development, and what was being left out was experience sharing. Referring to Hobson's work, Gutstein began to understand autism as a range of neurological disorders that children are born with, which "...collectively interfere with the type of information processing that makes Experience Sharing so simple for the rest of us" (Gutstein, 2000, p.xix). Autistic people are not able to link their own feelings and experiences to the continuing stream of emotional information that surrounds them. This limits their capacity to perceive others' emotions, or to enjoy and participate with others in a meaningful way.

Realizing that social skills were still being taught in an instrumental way, Gutstein returned to the literature, believing that an effective clinical treatment would parallel typical children in the way they develop this capacity. Working alongside his wife, Rachelle Sheely, (also a Ph.D. in Clinical Psychology, with a primary interest in autism), Gutstein created RDI.

It is not possible within the confines of this dissertation to give anything but a brief summary of several critical features of RDI. These are taken from a paper written in 2005 (Gutstein, 2005). References quoted are cited in this paper. A case study (Appendix 1) illustrates the concepts described here.

Relationship Development Intervention (RDI)

Rather than providing instruction in skills, RDI is designed to engage the child with a parent in on-going interactive ways, which are fashioned to follow a progressive developmental path. Psychotherapy theory might refer to this as empathic attunement (Kohut, 1977). Prior to beginning this work, there is a careful assessment, over several days, to ascertain where the child might be on that pathway, their particular strengths and limitations, and the parents' strengths and obstacles.

An emotional feedback system

Competence in experience sharing is something which happens in a gradual systematic fashion in typical development, with mastery of early abilities being the springboard for new challenges (Hobson, 2002; Rogoff, 1990; Sroufe, 1995). For typical children, there is parent-infant emotional feedback, which helps parents regulate this sequence (Fogel, 1993; Sroufe, 1995; Tronick, 1989). However, with ASD children, there is an absence of this emotional feedback, so that parents are unable to gauge their infant's emotional state, and the infant is unable to use or interpret their parent's emotional expressions.

RDI teaches parents to use simple activities to promote this feedback system. Once children are regularly engaging with their parents with unprompted facial gazes, and responding to the parent's joint attention, then they can move on to more complex experience sharing. (See Appendix 1, case study for examples)

Apprenticeship in co-regulation

Parents of typically developing children act as, what Gutstein (2005) calls "senior co-participants in interactions with their children" (p.9). They carefully regulate the degree of support their child needs to participate with them in an activity, so that both experience enjoyment and success (Fogel, 1993; Rogoff, 1990; Sroufe, 1995). ASD children fail to master this co-regulation system. RDI teaches parents to "...carefully pace their demands for co-regulation..." (Gutstein, 2005, p.10). They need to ensure that their child is maintaining their on-going social referencing, while supporting their children in developing a sense of self efficacy, and to share in social interactions. Success in this motivates children to want to be co-participants in these encounters.

Participating in dynamic systems

Social relationships involve constant changes and challenges, with new information creating a disruption to a child's existing cognitive state. Typically developing infants thrive on this variety and benefit from it, using it to develop more sophisticated ways of understanding and organizing their experiences. For example, they adore playing games such as "peek-a-boo". ASD children do not want to play these games and lack the ability to take part in activities where there is change and novelty. Rather, they seek static, predictable activity where they know what will happen.

RDI parents learn to add these unpredictable moments in small, manageable amounts, usually into known games, then gradually to build this up, allowing the child the opportunity to take this up and become an active participant. (An example of this in the case study would be the game of 'sitting on the ledge').

Developing declarative communication

ASD children tend to almost exclusively use an 'imperative' form of communication, which is instrumental, that is, directed towards having one's needs met. Typical language consists of a larger proportion of 'declarative' language, (around 80%) which is language that shows an intent to share with others something of one's experience (Camaioni, 1997; Tomasello & Farrah, 1986).

RDI parents learn to emphasize a declarative language style, and to slow down and simplify their language to enable their child to process what they have said and think about their reply. Parents are taught not to over-talk, or use prompting techniques such as questioning to elicit responses from their children.

Constructing optimal learning environments

Without the advantage of having mastered the foundations of experience-sharing in their infancy and toddler years, children with autism are hugely vulnerable to objects and activities in their environment that distract them and compete with social partners for their attention (Joseph & Tager-Flusberg, 1997).

RDI parents learn to simplify their environment, as well as the general pace of everyday life. For these children, there needs to be time throughout the day to practise their newly

emerging experience-sharing skills. Gradually, parents are able to increase the amount of environmental ‘noise’ to a level that is more like the real world.

Research

To date there have been two research papers exploring RDI. The first had an abridged version published on line, with the full version accepted for and awaiting publication. The second was published mid October this year. Both attempt to evaluate progress made by children in RDI.

The first study (Gutstein, 2003) was a preliminary evaluation of the effectiveness of RDI. It is a quantitative study that is a retrospective review of treatment effectiveness, using two samples of convenience. Although the two groups were not matched or controlled, the eligible population was defined, and there was careful detail provided on the selection process and the differences between groups, as well as discussion on the shortcomings of a study of this type.

Data was found by reviewing charts of children aged 2-10, whose families consulted at the Connection Centre from January 2001- November 2002. Selection of children for the study group was dependant on an initial diagnoses on the Autism Diagnostic Observation Schedule (ADOS), which is a reliable valid measure of autism spectrum deficits (Lord et al., 1989), and an interval of at least 8 months between an initial ADOS and a follow up ADOS. Seventeen children whose families participated in RDI were compared to 14 children matched for age, IQ, and language, who were receiving other therapies. The study was evaluating for changes in two fields, the first being diagnostic classification, and the second for classroom placement, eg moving from special education groups into mainstream, or needing a lesser amount of special support.

The results were encouraging, with the RDI group showing a decrease in symptoms, and with 82%, after 16 months, attending regular classes without significant support. None of these improvements were noted in the control group.

The rigor of this study was compromised by it being retrospective. These details are discussed in the paper, which cites the problems of the study. Limitations included the small sample size, the fact that a variety of measures were used to evaluate cognitive

functioning, that the study was based in one place, and that lack of random assignment and matching could lead to bias in the selection, with important variables leading parents to select RDI rather than other interventions. I wondered about other variables that couldn't be accounted for, such as parents involving their children in biomedical treatment that could affect their progress (Bodfish, 2004). Another obvious source of bias would be that the research was carried out by the same person who was developing the programme.

However the two groups were roughly the same in gender, age, and interval of intervention. Testing was blinded, with the independent tester not knowing which group the child was from. All testing was carried out by trained psychologists, and is clearly detailed in the study.

Although this study wasn't rigorous, it never claimed to be. Its results are still very interesting, and it measured what it set out to measure. However, because of how new the programme is, and the small sample, the scientific evidence can only be considered as 'emergent'. I also believe that what Gutstein calls "important variables leading parents to select RDI rather than other interventions", has significant implications, discussed later.

The second research paper, published October 2007, reviews the progress of 16 children who participated in RDI for a minimum of 30 months, between 2000 and 2005. "While all children met ADOS and ADI-R (The Autism Diagnostic Observation Schedule, and the Autism Diagnostic Interview-Revised) criteria prior to treatment, no child met the criteria at follow up" (Gutstein, Burgess, & Montfort, 2007, p.397). This current study strengthens the findings of the initial study, with the children demonstrating measurable gains in being socially engaged in more reciprocal communication, needing less adult support in school settings, and behaving in a dramatically more flexible and adaptive fashion (p.409). Although this study had constraints, in that there was no control group, and it was conducted by people involved in the programme, the results are promising. Gutstein describes "an urgent need for independent clinical researchers to conduct neutral evaluation of the relative efficacy of the most commonly employed intervention methods" (Gutstein et al., 2007, p.409).

Critique of RDI

With RDI being a comparatively new programme, there has not as yet been much written critique. What I have found comes from those involved in Applied Behavioral Analysis (ABA), and I have chosen one of these articles, written by an expert in this field, as a critique (Letso, 2006).

Suzanne Letso (2006) claims that there is a substantial body of evidence demonstrating the effectiveness of ABA, but that RDI is not soundly based in research, and is only a hypothesis thought up by Gutstein and Sheely, and then cleverly marketed. She states that RDI “would not be so popular if there were not at least aspects of the program that were perceived to be helpful to parents and children” (p.1), but that this perception is not based in fact.

Letso disputes Gutstein’s definition of the core deficits of autism, which she claims Gutstein wrongly states as being a “research consensus”. In support of her argument, she quotes the diagnostic criteria of the DSM-IV. In critiquing the program itself, she identifies benefits in some of the techniques, for example, in using declarative language (emotion sharing), rather than imperative (instructional), to enhance social engagement. However she criticises the 80% / 20% ratio suggested as a rule of thumb by Gutstein as being a ‘one-size-fits-all’ rule. She also claims that Gutstein is misleading in his marketing materials when he suggests that 85% of children doing RDI will learn to talk without intervention.

Letso considers that parent training may be another positive benefit. She imagines that parents are taught skills such as contingency management, social reinforcement and instructional strategies (ABA techniques).

Her critique continues with efforts to fit RDI objectives into ABA language, where she concludes that the “different terminology” makes it difficult to compare RDI to other interventions, but that in fact the strategies are the same as ABA.

One of her major critiques is of the Relationship Development Assessment (RDA), which she claims has not been validated either as a stand alone testing protocol, or as a

component of a diagnostic or evaluative process. She expresses concerns around whether it can identify co-existing conditions.

Letso strongly attacks the first retrospective study published on-line, (discussed above), reiterating the acknowledged shortfalls, and adding further critique. She suggests that the change in student placement may have happened anyway, because the RDI group was younger, and also that the use of the ADOS was misinterpreted. It was merely that this was the first research project to use the ADOS to evaluate results, rather than this being the first study to show improvement in autism.

Letso's concluding remarks are that RDI is falsely selling hope to desperate parents, and that the heartfelt testimonials from parents are little more than a marketing ploy.

I would strongly dispute her statement that Gutstein's work is not research based; in fact it is based on ten years of immersion in theory and research, all of which is clearly documented, is on-going, and that was precipitated by Gutstein's dissatisfaction with the results he was achieving with a behavioural approach.

Letso's critique of Gutstein's percentages of 80% emotion sharing and 20% instructional language fails to take into account that rather than being arbitrary figures, they are based on what typical people use in everyday communication (Camaioni, 1997; Tomasello & Farrah, 1986).

Letso claims that Gutstein is being misleading when he says that 85% of autistic children in RDI will learn language. Experience in working with RDI shows that the children, as they reach the appropriate developmental level, do, in fact, learn meaningful language (eg. see case study). Hobson's work, which describes the way children develop language, and his suggestions as to why ASD children would show deficits in this area, explains why and how this language development might happen with Gutstein's approach (Hobson, 2002, p.90).

Letso's suggestions about what parents would learn in RDI, along with her efforts to fit RDI objectives into ABA terminology, are an indication of her lack of understanding of a developmental and relational approach in addressing autism. As Gutstein has

demonstrated, RDI is following a different pathway, which attempts to parallel typical development, and in fact RDI parents learn sophisticated understandings of early child development, along with ways to engage with their child in ways that are empathically attuned, and that avoid impingement.

Letso's criticism of the RDI assessment process is also uninformed. The purpose of this assessment is to determine where on the developmental pathway a particular child might be, and what their unique strengths and weaknesses are, as well as the parents' strengths and obstacles. It was never intended to diagnose autism or to find co-existing conditions.

I disagree with Letso's comments around the use of the ADOS to measure outcomes. If the ADOS has proven to be a reliable and valid test of autism, then it seems appropriate that it is used as a measure.

My own critique of RDI follows a discussion I had with a lecturer at AUT who has some involvement in working with ASD children. (Brigitte Puls, July 2007) together with what Gutstein suggested as "important variables leading parents to select RDI rather than other interventions" (Gutstein, 2003). Although this lecturer is impressed with what she understands of RDI, and enthusiastic about its future, she also suggests that I am "working with the cream". In thinking about this, I agree, in that for a parent to want to embark on RDI they already have an understanding of relationship and a grief around the specific loss of a connection with their child. Because of this, and their ability to think about their experience with their child, I would suggest that they are more likely to be securely based themselves, which Hobson's research indicates is an advantage in understanding and awareness (Hobson, 2002). As Gutstein was perhaps implying in his preliminary research, this awareness would have a positive influence on the way they understand their child's difficulties. For the families that I work with, I suspect that their awareness gives them a 'head start'. It is very difficult to 'sell' RDI to families that don't have this awareness, especially because of the huge commitment required by parents. Because of this, although I believe RDI works, another major critique must be that at present, this opportunity is only there for the few whose parents can grasp the implications of what RDI is saying. In spite of encouraging results

emerging, its very newness requires that parents take a huge leap of faith in embracing RDI.

Conclusion

Gutstein's work in developing RDI is showing impressive results, both in reported outcomes and in research, in addressing the deficits of ASD and the poor quality of life that is the consequence of this disorder. This chapter has reviewed and critiqued Gutstein's work. In Chapter 6, I discuss my arguments for how RDI links with psychodynamic theory.

Chapter 6: Discussion and Conclusions

Introduction

This discussion compares and contrasts psychodynamic theory with RDI, from the perspective of the role of relationship, using the modalities of object relations, and intersubjectivity. I have chosen these modalities as I believe them to be the closest to what Hobson is describing, although links could be made to almost any other psychodynamic modality. The concepts are also linked to work with adult psychotherapy, and the implications of episodic memory that are highlighted by autism and RDI are discussed.

An object relations view

Because RDI is built on a relational model, my argument is that it has many parallels within psychoanalytic theory. However I see its essence as being similar to an object relations view. In object relations theory, the self is seen to exist only in relation to other selves (objects), which may be internal or external. Internal objects are formed from early interactions with parents, for which infants are ‘hardwired’, and the patterns of these interactions are what form the “prototypes for all later experience of connection with others” (Mitchell & Black, 1995, p.116).

The famous Winnicott statement, that “There is no such thing as an infant, ... wherever one finds an infant one finds maternal care, and without maternal care there would be no infant” (Winnicott, 1958, p.xxxvii), feels at the heart of this work. Because an autistic child is unable to make use of maternal care (Hobson, 2002), it is as if there is no infant. There is a beautiful, perfect body of a child, but it can feel as if the ‘soul’ is lost.

When I am working with RDI, although I’m primarily informed by the techniques and carefully organized developmental objectives that have been set out by Gutstein and Sheely, psychotherapy also informs me, and I believe, adds another layer to my understanding of what is happening between a child and her/his parents, as they move towards becoming emotion sharing, connected interactive partners.

William James described an infant’s reaction to the world as a “booming buzzing confusion” (cited in Modell, 2005, p.556). From an object relations view, a human

infant is predisposed to respond to this environment and to find meaning that shapes their world, in the affective responsiveness of its caregivers. I argue, that because the autistic child is unable to make use of the care-giver to navigate their world, (Hobson, 2002), that they remain in a state of anxious confusion. In RDI, it is recognized that before we can begin work on the developmental objectives, it is necessary to establish an activity, or activities that will function as a soothing phenomena for these children. In my case study (see Appendix 1) we invented a gentle rocking game, which we called “Tick-Tock”, that had a simple repetitive chant, and this became a reliable way to sooth. In RDI this is referred to as “regulation”, but I also think of it in terms of what Winnicott called, “transitional phenomena”. Winnicott said of transitional phenomena, that they “...shall exist as a resting-place for the individual engaged in the perpetual human task of keeping inner and outer reality separate yet inter-related” (Winnicott, 1953, p.90). He observed that sometimes a tune could act as a transitional phenomenon, (cited in Roiphe, 1973)and it was as if the familiar, rhythmic, dependable chant and actions, became associated with comfort from his mother, and so therefore “...a defence against anxiety” (Winnicott, 1953, p.90).

For Sam, (see Appendix 1, case study) it felt as if this resting place allowed him the space to engage in the task of beginning to relate to his Mother and his world. Winnicott referred to this as the “potential space between the individual and the environment” the use of which is determined by early life experiences, and that having this space is dependent on “experience which leads to trust” (Winnicott, 1967, p.370-72). Hobson, describing attachment theory, observes how secure infants are able “*to use another person to regulate their own emotional states*”, which allows them to have the mental space to think (Hobson, 2002, p.153). Winnicott believed that transitional phenomena “represent the early stages of the use of illusion, without which there is no meaning for the human being in the idea of relationship with an object that is perceived by others as external to that being” (Winnicott, 1953, p.95).

Hobson described how the infant is disadvantaged when caregivers are less able or willing to engage with an infant. With an autistic child, it is the other way around, in that it is the child who is less able to engage with the parent. However, the end result is the same, in that there is an absence of “experience leading to trust”. In our work with

Sam, being able to establish this simple, calming rhyme, was the beginning of trust. From this point we could move on towards “playing”.

Winnicott said of play, that it is:

universal, that it belongs to health: playing facilitates growth and therefore health; playing leads into group relationships; playing can be a form of communication in psychotherapy; and, lastly, psychoanalysis has been developed as a highly specialized form of playing in the service of communication with oneself and others” (Winnicott, 1971, p.41).

In working/playing with autistic children, there is not a natural flow of play, we need to pay attention to detail in a concrete way, in order to facilitate the kind of responses that are easy and natural for non-autistic children. Progress in the beginning is slow and involves a huge investment of emotional energy and commitment. As children become more connected and begin to enjoy being actively involved with a parent, there is a feeling of “play”. From this point, as Winnicott says, “there is growth, and therefore there is health” (ibid).

Winnicott saw the ability to “use the object” as being related to this capacity to play. However, he believes that this is not inborn, but is dependent on a facilitating environment. “To use an object the subject must have developed the *capacity* to use objects” (Winnicott, 1969, p.713). He describes a maturational sequence, where first there is object-relating. In object relating the object has become meaningful, but “the experience of the subject is of an isolate” (p.712). Next, there is “the most difficult thing...the subject’s placing of the object outside the area of the subject’s omnipotent control...in fact recognition of it as an entity in its own right” (p.713). This sequence defined by Winnicott feels to have a parallel in RDI. In the beginning we strive for brief moments of connection, which we recognize in the shared excited glances that gradually begin to occur as anticipation builds in games like ‘peek-a-boo’. When this begins to happen regularly, it feels as if we have achieved ‘object relating’, and that the parent is now meaningful to the child. With this established, we then move towards Winnicott’s “most difficult thing...” and RDI’s dozens of carefully crafted tiny steps that make up a “facilitating environment”, and which need to happen before there can be “object use”.

Winnicott wrote that, for certain patient groups (borderline), there needs to be a concern with the development of a capacity to use objects. He writes:

All this makes sense, for me, of the special focus that there is in my work on what I have called transitional phenomena and the study of the minute details that are available to the clinician that illustrate the gradual build up of the individual's capacity to play and the capacity to find and then use the 'external' world with its own independence and autonomy (Winnicott, 1969, p.711).

Winnicott describes the 'joy' of allowing a patient to arrive at creative understanding, by waiting rather than attempting 'clever' interpreting (Winnicott, 1969). He believes that for interpreting to have an effect, the patient must have the ability to use the analyst, and that in our work we need "to be concerned with the development and the establishment of the capacity to use objects and to recognize a patient's inability to use objects when this is so" (p.711).

Modell has offered the hypothesis, that "if the patient makes use of the analyst only as a self object, reflecting back what is already known, there may be a strengthening of the sense of self, but the patient will not profit from the knowledge of the *analyst's* construction of reality" (Modell, 1990, p.120). He describes the means by which a patient is "raised to a higher level of relatedness" as depending on both the patient's strengthening of self, and the "borrowing" of the analyst's consciousness" (p.122). Modell describes Sterba's contribution to this concept of "borrowing", stating that the "analyst serves the learner as a vicarious form of consciousness until such time as the patient is able to master his own consciousness" (p.124). Similarly, Alvarez, has suggested, that for very depersonalised patients, the therapist may have to carry the feeling, and that it does not matter who has the feeling first, that the patient may be testing whether or not it is safe to have feeling states at all (Alvarez, 1993, p.117). These concepts feel like a match to RDI, where we encourage parents in the beginning to have their own emotional responses alongside their autistic child, rather than attempting to illicit a response from the child.

In an early paper, Modell has described patients with major schizophrenias and the borderline group as having object relations that tend to be arrested at the stage of Winnicott's transitional object (Modell, 1963). He suggests that although the therapist

(and other objects) are perceived as outside the patient, they are not seen as existing as separate individuals, but are “invested almost entirely with qualities emanating from the patient” (p.285). I argue that for this patient group, a facilitating environment would have some resemblance to RDI, in that there is a need for something new to grow.

In RDI this capacity is being built from the beginning, and I argue that although the techniques used cannot directly apply to psychotherapy clients, that there is still an important maturational sequence; that is, that object use *cannot* occur before there is a foundation of object relating, and a “gradual build up of the individual’s capacity to play” (Winnicott, 1969, p.711). When Gutstein and Sheely began their research, they were shocked by the haphazard way skills were being taught, without reference to the stages of natural development, or whether a specific person had the necessary foundations to develop a particular skill (Gutstein, 2000, p.xx). In her work, Alvarez has suggested that sometimes, rather than thinking about “helping patients reintroject parts of themselves ...something may need to grow for the first time” (Alvarez, 1993, p.120-21). In its relational approach, and intricate developmental steps, first towards what could be described as object relating, then towards object use, I argue that RDI is adding support to Winnicott’s theory, and to Alvarez’s observations.

An intersubjective view

While object relations theorists have observed the primacy of personal relatedness, intersubjective theorists talk about a dynamic systems theory, which works towards illuminating interweaving worlds of experience. “For us an intersubjective field – any system constituted by interacting experiential worlds- is neither a mode of experiencing nor a sharing of experience. It is the contextual precondition for having any experience at all” (Orange et al 1997, cited in Stolorow, Orange, & Atwood, 2001, p.371). Stolorow describes an “embeddedness” of an individual’s world “with other such worlds in a continual flow of reciprocal mutual influence” (Stolorow, 1997, p.338). This is a fit with Gutstein’s description of the back-and-forth ‘dance’ of relationship as always spontaneous, unpredictable, and reciprocal. Autistic people, although they can learn to follow procedures and scripts, are not able to ‘dance’.

Along with object relations theorists, Stolorow views the child-caregiver system as fundamental in the organization of a child’s experience (Stolorow, 1997, p.339-340).

Jessica Benjamin describes how “very early on we find that recognition between persons – understanding and being understood, being in attunement – begins to be an end in itself. ...By our very enjoyment of the other’s confirming response, we recognize her or him in return” (Benjamin, 1990, p.37). She describes the development of a “capacity for mutual recognition” (p.37). As a child begins to recognize a mother’s subjective experience, she/he moves from a “retaliatory world of control to a world of mutual understanding and shared feeling” (Benjamin, 1990, p.40). Similarly, Fonagy describes how it is “the consequence of being active observers of the functioning of other minds as well as being the subject of their observation” that we become aware of our own subjective state (Fonagy, Steele, Moran, Steele, & Higgitt, 1993, p.982).

These descriptions of Stolorow, Benjamin and Fonagy reflect what Gutstein and Hobson describe as missing in autistic people. Referring to Hobson’s work, Gutstein explains how autism is a range of neurological disorders that children are born with, which “collectively interfere with the type of information processing that makes Experience Sharing so easy for the rest of us” (Gutstein, 2000, p.xix). The capacity of autistic people to enjoy others is limited by their incapacity to link their own feelings and experiences to a continuing stream of emotional information.

Although Gutstein does not refer to psychoanalytic theory, and the languaging of RDI is not psychodynamic, I argue that the underlying concepts *are* based on psychoanalytic theory. When Gutstein set out to find a new way to address autism, his fundamental discovery was the difference between what are called *instrumental* interactions, and those that are *experience sharing*. It was addressing this understanding that led to Gutstein’s developmental approach that mimics normal child development. I argue that it is not possible to consider a programme which follows a child-caregiver developmental model, and that aims to guide and support people to desire and enjoy meaningful experience sharing, without reference to psychoanalytic understanding. Also, by the very fact that RDI is founded to a large extent on Hobson’s theories, it cannot help but be informed by psychoanalysis, which Hobson sees as “casting light” on the kind of mental functioning that his observations and experimentation around autism have revealed (Hobson, 2002, p.22). In Stolorow’s words, and perhaps Gutstein would agree, “The trajectory of self-experience is shaped at every point in development by the intersubjective matrix in which it crystallizes” (Stolorow, 1997, p.340).

Episodic memory

A renowned English novelist wrote “There can be no knowledge without emotion. We may be aware of truth, yet until we have felt its force, it is not ours. To the cognition of the brain must be added the experience of the soul” (Arnold Bennet, 1897, cited in Cappas, Andres-Hyman, & Davidson, 2005, p.377).

Because autistic individuals have a severe deficit in episodic memory (Gutstein, 2005) there is a big focus in RDI around developing this. Gutstein defines episodic memory as “ a representation we form of an event in our lives, strongly anchored by an emotional appraisal of that episode, that we use to form a sense of ourselves and to anticipate our future” (Gutstein, 2005, p.8). He describes an active process, first observed in infants between 18 and 24 months, where critical moments of a current situation are focused on, and preserved “for later utilization” (ibid). The key is that it is a personal representational memory, and is organized around emotional experience. Without episodic memory it is not possible to develop a sense of self.

Freud originally attributed psychopathology to the failure to recontextualize emotional memory, a failure of *Nachtraglichkeit* (Modell, 2005, p.560). Conway (2003) noted how a sense of wellbeing and development are “clearly tied to the capacity to store and retrieve the information gathered in everyday life” (cited in Cappas et al., 2005, p.377). Intersubjective theorists have noted how “the past and the future are inevitably implicated in all present moments”... that it is “impossible to know an isolated moment” (Stolorow et al., 2001, p.472). They point out that to work developmentally, is to maintain this sense of past present and future, that persons have “come from somewhere and are going somewhere” (p.473). Other studies have drawn attention to differences in implicit and explicit memory. They emphasize the importance in analytic treatment of implicit processing, conveyed in non-verbal facial expression, gesture, and vocal tone and rhythm, as well as working with explicit communication, which includes episodic memory (Pally, 1997).

In RDI, this concept of implicit and explicit memory is part of the technique called “spotlighting” used to develop episodic memory. Parents support their child in finding critical moments, and then over-emphasize these, using all the non-verbal and verbal

communication that they can. It is as if they are underlining and highlighting an event for their autistic child. They then review this event several times during the day. (For an example of spotlighting, see Appendix 1, case study, and the ‘cookies’ episode, p.61).

Numerous studies of the brain have identified the neural pathway of the limbic system, which includes the hippocampus, as being where memory is recontextualized (Cappas et al., 2005). Siegel (1999) describes how episodic memory is dependent on the development of the frontal cortical regions of the brain. He describes how it is the unique function of this process in the brain to carry out what Tulving has called “mental time travel” that is, having the ability to recall oneself in the past, have awareness of the lived present and be able to project the self into an imagined future (Siegel, 1999, p.35-6). Gilbertson and his colleagues(2002) demonstrated structural changes in the hippocampus in response to psychological trauma, while another study, (Gartside, Leitch, McQuade & Swarbrick, 2003) demonstrated the effects of depression (Cappas et al., 2005). These authors have suggested that for depression, one’s emotional state interferes with “the retrieval of joyful memories” and they consider the possibility of a clinical intervention designed to access these memories (Cappas et al., 2005, p.377).

In a recent paper, Meissner also argues for the modification of therapeutic techniques, based on what has been found in empirical mind-body studies in relation to this “concept of the self as a person” (Meissner, 2007, p.344). Reiser noted the “affective organization of memories as a linking principle between brain organization and psychic functioning” (Reiser 1997, p.899, cited in Meissner, 2007, p.343). In the case of episodic memory, “meaningful life experiences are encoded in the mind/brain by perceptual images registered during the experience...” and these images are encoded in “nodal memory networks, organized by affect” (Meissner, 2007, p.343).

These recent empirical findings describe the fragility of episodic memory, because of the “vulnerability of the hippocampus to stress hormones largely related to trauma”, but indicate that it is episodic memory that is of the greatest interest in therapy (Meissner, 2007, p.344).

In his discussion of memory, Modell refers to the role of metaphor as a “cognitive tool that enables the transfer of meaning between dissimilar domains” (Modell, 2005,

p.565). He believes that emotional memories are retrieved and brought into the ‘here-and-now’ when triggered by the metaphoric similarities between the past and present, and that these memories are “selectively brought to consciousness... in accordance with the need of the individual to maintain a sense of self-coherence and continuity” (Modell, 2005, p.565). He also notes the effect of trauma, where an individual experiences a more rigid fit between the past and the present, with a loss of metaphor’s creative capacity.

Further research

I argue that episodic memory is an area where RDI could offer something to psychotherapy, and vice-versa. My interest is in considering to what extent early trauma or impaired attachment affects the development of episodic memory, and if so, does the technique of spotlighting have implications in working with these clients? Similarly, I argue that it is worth considering Modell’s concept of the role of metaphor in episodic memory, in supporting RDI. Retaining a memory of an interaction, and recognizing a similar pattern in a subsequent transaction is recognized by RDI and by psychoanalytic literature, as being vital in the development of a sense of self. I argue that within this area of episodic memory there are questions that are worthy of further research.

RDI, psychoanalysis, and understanding autism

Throughout this discussion, a central argument has been that RDI could be interpreted as a psychoanalytic approach, and that it is psychoanalysis that has provided the necessary theory and research to support a programme that aims to make the kind of cognitive changes needed to allow autistic people a quality of life. At the same time, I would agree with Epstein, (see Chapter 1), that “...historical efforts to explain and cure autism were not the psychoanalytic traditions finest hour” (Epstein, 2000a, p746).

I argue that this largely dates back to “mother blaming”. Even today, in spite of evidence based on the current empirical research of world experts, there is still a small pocket of belief that autism is caused by a mother (Epstein, 2000b). It is perhaps understandable how mother blaming comes about. Autistic symptoms can mimic those of traumatized infants (Rutter, et al, 1999). But for autistic children, it is because of their disorder, that they are unable to relate to a parent, rather than a parent being

unwilling to relate to their child. Without interaction, a parent has no way of developing what Gutstein (2005) refers to as a reliable emotional feedback system.

Because most parents will do whatever it takes to get some kind of response from their child, I argue that their interactions become almost entirely *imperative* (interactions that are needs-based, instructional and information gathering) rather than *emotion sharing*. The particular brain pathways required for imperative interactions are usually not impaired in these children, as discussed earlier. For most of us, there is an 80% emotion sharing and 20% imperative balance in our interactions, so that it is understandable that when observing this ‘strange’ type of interaction between a parent and their autistic child, with its lack of emotion sharing, there could be an impression of a parent as being ‘cold’ towards their child.

I wonder what the legacy of psychoanalysis around autism might have been if Kanner’s original thesis of autism as a biological condition had been developed (Kanner, 1943). As mentioned in Chapter 1 of this dissertation, both Klein (1975) and Mahler (1958) believed this disorder to likely be congenital, and I argue that within their astute observations of autism, there was an alternative direction offered, that was close to what Hobson and other world experts believe at the present time.

I also argue that a large part of the success that RDI is enjoying belongs to the profound respect for the child-caregiver system that is an integral part both of much psychodynamic understanding, and of the RDI programme. As mentioned earlier, Stolorow views the child-caregiver system as fundamental in the organization of a child’s experience (Stolorow, 1997, p.339-340). Winnicott describes there being “...no such thing as an infant...” without the caregiver (Winnicott, 1958, p.xxxvii). RDI implements this belief in working to empower parents to be the therapists for their child. In comparison, for a psychotherapist, even with their knowledge of a relational and empathic system, the tiny amount of time they could spend with a child would be insignificant in light of their enormous need. In RDI there is a complete ‘re-do’ of the early years, and Gutstein has suggested that there are thousands of hours of time to be made up (Gutstein, 2000). RDI equips parents with the knowledge and skills to parent their child. It has been my privilege in working with these families to witness the “joy” that is part of their reconnecting in a relational way to these children, which reminds me

of the joy that Winnicott talked about. I see a parent's absolute delight when their autistic child begins to 'nag' in the 'annoying' way that non-autistic children do, for their parent's attention, with that robust, insistent, "Mum! *Mum!*...MUM!!" Their joy at seeing their child become curious about other children and want to play, to see the beginning of empathy when another child is upset, and their child makes appropriate attempts to help, and to see their child want to share their own triumphs. An RDI parent becomes acutely aware of the experience and feeling of connection, and of these milestones which go un-noticed in the development of a non-autistic child. It is deeply moving to watch video of these families working with their child, and witness child and parent revelling in each other's company.

In contrast to mother blaming psychoanalysts, Hobson's (2002) work has been guided by an understanding of autism as a neurological disorder. Although he has not been involved in the development of a clinical programme, his detailed and extensive research, and multi-disciplined approach have yielded crucial insights into the disorder, which Gutstein has been able to take up in the development of RDI. These studies are on-going, with recent research suggesting the vital importance of imitation and identification in typical development. Interestingly, Freud said that "a path leads from identification by way of imitation to empathy, that is, to the comprehension of the mechanism by means of which we are enabled to take up any attitude at all towards another mental life" (Freud, 1921, p.110, fn 2).

Conclusion

RDI is driven from a 'quality of life' perspective, with success being measured by such observations as whether a child is invited to the birthday party or sleep-over, rather than on academic accomplishments. The final 'test' as to its success will be if these RDI children grow into adults who have friends and partners, satisfying work and who are able to live productive independent lives. I believe this is paralleled in psychotherapy, where a successful outcome might include improved relationships at home, socially and in the work place.

It is my belief that as RDI gradually becomes established world wide, and further empirical research is published and peer reviewed, this pioneering work will become more known and mainstream. As it is, its newness perhaps puts it in a category of

suspicion along with the hundreds of ‘fly-by-night’ cures that have sprung up around autism. At present, I believe it takes a brave leap of faith for parents to embark on this journey, as an understanding of the more subtle features of developmental theory are not widely recognised or understood.

In both psychotherapy and RDI, there is a fundamental recognition of the nature of how real communication “involves affecting and being affected by someone else” (Hobson, 2002, p.259). In Fairburn’s words, “what man seeks most deeply is emotional contact with his fellow human beings” (cited in Symington, 1986, p.238). Gutstein’s belief in this capacity for emotional intimacy, no matter what the obstacle, has been the compelling force behind his life’s work in confronting the deficits of autism.

Gutstein’s work with autism incorporates a psychoanalytic understanding, integrated with his own discipline of psychology, and Hobson’s multi-dimensional approach. Instead of remaining tied to one discipline, these shared understandings have contributed to a body of research that demonstrates, I believe, in a very powerful and practical way, an effective element in the psychotherapeutic relationship. RDI works by ‘re-doing’ the normal maturational sequence that enables the formation of relational bonds that are needed in order to use the other (Winnicott, 1969). In its work with the deficits of autism, it shines a spotlight onto what amounts to hundreds of tiny steps that make up this incredible journey towards an essential humanness. I argue that RDI’s growing body of data, in tracing these early emotional sequences gives a privileged view into these developmental pathways that are otherwise obscured; and that this data could contribute valuable insights into psychoanalytic developmental theory and practice. To put it simply, when RDI works, it provides further compelling evidence as to why psychotherapy works. Apart from this, I believe Gutstein’s theories have implications beyond work with ASD and have much to offer other areas of emotional deficit such as the consequences of early trauma. I also believe, that as on-going research continues to inform the practice of RDI, that psychotherapy will continue to be a building block for this growing body of knowledge.

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Appendix 1

Case Study

Anna and Rob are the parents of three children, boys aged eight and seven, and Sam, aged four, who is autistic. Sam was an easy pregnancy, normal birth, and was, according to his parents, a happy and responsive baby, with no apparent abnormality, up until the age of fifteen months, when almost overnight he became withdrawn, “lost the light in his eyes” and resisted attempts others made to engage him. He became fussy about food, where he was, or any changes. He was diagnosed at two and a half as having regressive autism.

I first met them at their home, where Sam, a beautiful looking child with huge brown eyes and dark hair, was walking around aimlessly flapping his hands, in a manner very typical of autistic children. Occasionally, he would back himself into Anna, and smile. He had the most beautiful wide smile but it had an ‘eerie’ unconnected quality. Any attempts Anna made to engage him or to keep him with us resulted in him screaming and struggling or running away. I had a sense of this child’s overwhelming anxiety in a world that he could not make sense of, and where there was no place to turn to for reassurance. An autistic child is unable to make use of a mother, in the way a non-autistic child does, to hold and calm their anxiety. I could also sense Anna and Rob’s distress, which I identified with. To ‘lose’ a child in this way is devastating. Anna picked him up, and was able to use a gentle back massage to calm him, and told me, tearfully, that that was how she spent a lot of her day. Sam had no language, but he gabbled in a ‘word-like’ way.

We knew that to do the RDA (assessment) would be difficult. For two days, we took Sam to the play- room where we do the RDA so that it would become familiar, and hopefully, less terrifying. The RDA 1 consists of a series of activities that the child and parent do together, which are videoed and then carefully assessed. The first of these is called “getting comfortable” and consists of a room full of beanbags, balls, soft frisbees, and other such toys, and the Mum is told they can relax and have fun, and play with the equipment in whatever way they want. Sam responded by ‘playing’ for a few minutes, throwing balls across the room, then Mum engaged him in playing with beanbags, by making a tower and lifting Sam onto the top. Then Sam suddenly made for the door,

banging on it and trying to get out. Anna tried to reassure him, but he continued to bang on the door and pull on the door handle. The same thing happened for the next two activities, and we were forced to abandon the rest of the RDA 1.

The RDA 2 consists of using the video of the RDA 1 plus information from the initial interviews, to develop and test out a hypothesis about where on the developmental line we believe this child to be. For Sam's RDA2, I decided to have a simple activity, as it seemed to me he was at a very early stage, and I also wanted something that was repetitive, and in this way it might become regulating.⁶ Because of this child's extreme anxiety, I also decided that it was important to include Anna, which was a break with protocol, as an RDA2 usually does not include a parent. I assembled a low wooden chair with three beanbags in front, and a little stool at the side. My plan was that Anna and I would each have one of Sam's hands, and would sing a chant as we walked him up to the chair so that he could climb on, and jump onto one of the three beanbags.

Sam responded with predictable screaming and struggling. It felt hard with his level of distress, to continue to hold his hands and chant "walking, walking up to the chair. Jumping jumping on to the.....blue bag" (or whatever colour we chose). After about the sixth jump, we felt Sam's feet readying themselves for the jump, which he continued to do for the rest of the jumps, each time becoming progressively less upset at this point in the activity. It was as if for this little bit he 'knew' what to do, what his role was, and he could make sense of it. There was a part amongst all the confusion where he felt competent and could play his role in it.

The RDA3 consists of using all the information gained from the initial interview and the RDA1 and 2, to begin to put a plan together around how we will work. We had to identify what this family's strengths and obstacles were, and begin the parent's education.

For Anna and Rob, their strengths were their commitment, in that they had decided that Anna would stay at home to work on RDI, which meant that Rob would need to work

⁶ A regulating activity is repetitive and predictable, with a purpose somewhat like a mother gently rocking a baby to sooth the infant's distress.

longer hours, an obstacle. They decided to remove Sam from kindy, and also to restrict access to TV and video. Their environment was a strength, as it was uncluttered with quiet colours, and very tidy. An environment like this is very important at the beginning of RDI, as a home where toys and other stuff are in view is a source of distraction and confusion. A possible obstacle might be that Anna described herself as fanatical about tidiness.

I began with some basic education for the parents around what the core deficits of autism are, and a little about the language, and the techniques. We had several sessions, coming to understand the importance of not trying to illicit a response from Sam, but just to have a personal emotional response with him. At this stage, Sam had no language, and it was important that their interactions with him were emotion based, as they would be for a non-autistic child. We don't try to illicit a response from a very young baby, but rather we engage with them in a mutual emotion- based interaction. There was something of this kind of interaction that we wanted, but, of course, Sam was autistic, and unlike a normal baby, did not seek or enjoy this. Gutstein (2000) describes how, for most of us, experience sharing, and the language that facilitates this, is simple, we are hard-wired for it. It is the reason we desire and enjoy the company of others.

Because of the limited emotional feedback they receive when communicating with ASD children, parents are desperate to have some kind of interaction with their child, so it is easy to fall into the trap of relying on 'imperative' language, as this is often effective in getting a response. Anna and Rob had to learn to have their own response with Sam, and to say something like, "Oooh, I like this blue one", rather than, "Which is the blue one?", something which Sam could often respond appropriately to, by picking out the "blue one". They would need to become constantly aware of their language, and instead of saying things like "pick up your bag", to say, "Uh Oh!, your bag is on the floor!" and instead of "Look at the camera" to say, "I can't see your face". Experience sharing communication includes comments, declarations, predictions and reflections. Imperative, language uses questions, prompts and requests.

We ended our session with some modelling of activities among ourselves, as Sam was not going to be a part of anything on that occasion. I modelled how to play a simple 'hiding' game of throwing a blanket over Sam and one parent, with the other parent

asking “Where’s Sam?”, then looking in two or three close by wrong places, verbalizing slowly, “not here”. We were trying to build anticipation for “Here he is!”, and hoping for a shared excited response between Sam and one of his parents. Simple ‘peek-a-boo’ was another idea, and Anna came up with several ideas of her own. I referred to our activity in the RDI 2, as we had worked together, and Anna had observed the way I moved very slowly, using chanting and exaggerated facial expressions, and had lots of pauses, allowing Sam the opportunity to respond, but without trying to illicit a response from him.

We also needed to find some activities that Anna could use that would calm him, and help him regulate his overwhelming anxiety. Anna was going to try activities that held him, and involved a rocking motion, and a simple chant. Sam’s parents had to learn to simplify their language, and speak slowly and clearly, almost as you would to a very young baby, not to ‘over-talk’ but to over-emphasise facial expression. They had to learn to wait for up to 30seconds for a response, which is the length of time it can take an autistic child to process and respond to information. Anna and Rob also had to consider a ‘close zone of proximity’. Just as a baby is held at a close distance when a parent interacts with them, in the same way, it is often effective if parents engage in activities with their autistic child at a similar distance.

At my next visit, Anna described some success, but was upset because she could only engage Sam for 15-30 seconds at a time. I was able to reassure her that this was, in fact, great progress. Our other hurdle was that we couldn’t video, as Sam would scream if there was a camera in the room, and could spot one no matter where it was hidden. This was a huge obstacle, as watching video of a session is the most powerful way of observing what is happening. In the RDI programme, parents send in a weekly video of 20-30 minutes of work with their child, and from this it is possible to see, for example, how often and for how long there are shared glances, how language is being used, what actions are promoting emotion sharing and what is distracting from it, and where we see a particular objective being clearly mastered. This can then be shared with parents.

Anna continued with efforts to engage Sam, and three months later, we began seeing consistent changes. Sam now allowed a video camera in the room, and watching their sessions, there were many shared excited glances between Anna and Sam, just where

the simple games were building up anticipation. Anna had built a repertoire of activities, both inside, and outside on the trampoline. Games on the tramp, such as ‘ring -o-roses’ and ‘fishies in the water’ seemed particularly effective. Anna became adept at building anticipation, so that “all fall down” was delayed, and Sam would glance at her exaggerated, wide-eyed smiling face, with an almost matching expression on his own, until they fell down together. At this stage, he sometimes became overwhelmed and would need to leave the game and run inside. A particularly delightful game they played involved Sam sitting on a ledge that divided their lounge and dining room. Anna sang a chant, while holding both his hands,

“here’s my little Sam
sitting on the ledge
I think he wants a”

At this point Anna would say, after a pause to build anticipation, “kiss” or a “hug” or a “tickle” or a “raspberry” (etc) and would act out the action. The game ended with a “fall down” where she gently pushed Sam so that he fell onto the sofa amidst great hilarity. During this game, there were many shared excited glances. It contained enough predictability to keep Sam feeling competent, and therefore engaged, while introducing unpredictable changes. I was delighted to watch how engrossed Sam was in the game, as tolerating these differences was a real sign of progress. It was at this stage, I believe, that Sam began to understand that it was more rewarding to be involved in a game with his Mum, than to be by himself. Anna also appeared enlivened and positive. It was moving to see and feel the change in her, as she became competent in working with RDI, and in this way, competent in parenting her child.

Between us, we had also found an activity that worked well to regulate and calm Sam’s ‘overwhelm’ state. This involved holding both his feet in the air while he lay on his back, rocking them gently side to side, and singing “tick tock, tick tock, now it’s time for one o’clock...” at which point we moved his feet towards his head one time. We could move through the numbers until Sam was soothed.

About eight months into the programme, it felt as if Sam’s emotion sharing was consistent and secure, and we wanted to move on towards helping him to ‘read’

different facial expressions, and react appropriately. Both parents were feeling encouraged by the changes that had occurred, and were ecstatic over feeling more 'connected' to their child. They were able to reflect on how exhausting it had been to parent a child where no matter what they did, there was little response.

We played many games at this stage where Anna paused and waited for Sam to look at her, then either nodded or shook her head, to indicate what Sam should do next, while having an exaggerated facial expression (smiling for 'yes', frowning for 'no'). Sam was at this time becoming better able to understand his 'role' in a particular interaction, and was obviously enjoying a feeling of competence. He became adept in playing simple ball games with Rob and his brothers, (although these often ended with Sam running off with the ball) and in 'helping' Anna with simple household chores. He particularly loved to bake cookies. Anna was able to give him a 'role', such as pouring or stirring, and they did this with lots of pausing and chanting, with Sam being required to follow Anna's instructions, (not always successfully!). It was quite difficult initially for Anna to make these tasks about the emotion sharing, rather than the task itself, an area that she has needed support in, and that has taken a lot of practice. Our videos were very helpful in this, as they clearly showed Sam being more connected when Anna instigated an emotion sharing action, rather than focussing on executing a task efficiently. For example in one video she dabbed a piece of dough on her nose and gazed at Sam, and he smiled at her, appearing to delight in the silliness, and wiped it off. This emotional response stayed with them, with Sam glancing at her and smiling several times in the following few minutes, amongst the stirring and pouring.

A big obstacle in our work was Sam's determination to follow his own rules, and have everyone else follow them too. This felt to me like his attempt to control his anxiety, especially around any activity or experience that was new. Sam was still not able to 'use' his mother to calm his anxiety, and did not yet have a sense of 'trust' that his parents could keep him safe. Anna often had to stop what they were doing, and use the 'tick-tock' activity, or a back massage, to calm him, before returning to the activity. It was important for us to help Sam to understand and accept that his parents were the 'masters', and he was the 'apprentice', and as this could only happen as he developed a sense of trust, it would be a matter of lots of experiences where he felt engaged, and competent in his given role.

One of the main reasons it is difficult for these children to develop a sense of trust, is their lack of episodic memory. This is very different to remembering details, it involves extracting from memories what is personally meaningful to the self, and using this to reflect on the past and anticipate the future. This allows us to avoid negative consequences, and repeat positive ones. An important feature of Sam's programme was laying the foundation for developing episodic memory. One way we do this is with a technique called 'spotlighting', where we choose a significant part of an activity, and deliberately have a very exaggerated response to it. For example, I observed Anna one day when the cookies they had made were being taken out of the oven, and instead of being in their round cookie form, they had run and spread all over the tray. Anna really exaggerated her, "Oh no! Look what's happened!" response, pulling Sam into the moment. Several times that day they referred back to what had happened to the cookies, and then again, when Rob came home, and they showed him the cookies. Anna finds two or three moments during their day to 'spotlight' for Sam.

A few months later, Sam began to use language. It seemed to 'emerge' out of the babble. He became better able to co-regulate⁷ the way he was with a partner, and take more responsibility for his part in the on-going interaction. We were concentrating on activities that would encourage him in the next step developmentally, to be interested in his parents reactions, and to shift attention to discover what his Mum or Dad were paying attention to, and what their reactions to an object were. We were requiring him to slow down and speed up actions to match Anna or Rob. In a video that the family sent at this time, Sam was watching TV, and Anna was reading a magazine on the other side of the room. Anna started laughing, and Sam, to our great delight, rushed over to see what was funny. On the first occasion Anna shared a little cartoon in her magazine with him, on the second time she did it, when Sam rushed over, she just said, "tricking", and they both laughed together. Watching this small segment of video, I felt very moved by the connection between Sam and Anna, and their shared delight in the joke, and in each other's company, a scene which would have seemed impossible in the beginning.

⁷ Co-regulation is a term used in RDI to describe how participants in an interaction are engaged in on-going sampling of how they are doing in that interaction. Are they going too fast or too slow, is their partner interested or are they understanding? Each partner is making constant adaptations to keep the interaction going at an optimal level (Fogel, 1993).

At about this time, Sam became very sick with a severe chest infection and asthma. At this time we were not able to work on RDI, but the worst part of it was the Sam regressed, and lost his language, returning to the babble he originally used. This was very distressing to all of us, but I knew, not that unusual, especially when a child has high temperatures.

A month later he was well again, and we resumed our work, going back to some of our earlier activities. Although he had lost language, Sam was still more of an ‘apprentice’ than he had previously been, and was able to follow most of what his parents wanted him to. There was also still the shared glances. Shortly after this, the family went on a camping holiday for three weeks. When they returned, it was as if Sam had also ‘returned’. His language was back, and he looked happy and healthy.

Eighteen months into the programme, Anna had become very adept at turning everyday tasks and activities into RDI interactions. For example, they would carry the laundry basket together into the laundry, with lots of shared antics, such as slowing down, speeding up, pulling and pushing together, and chanting. They would put the laundry into the washing machine, and Anna might almost make a ‘mistake’, such as holding up a saucepan or a dish or a box of cornflakes, as if to drop it into the machine, resulting in some hilarious shared moments. The videos showed Sam’s delight in his interaction with his parents, and his acceptance and eager willingness to follow what they asked him to do. He was also becoming more curious about the world, and the way things happen. We were working at this stage to help him notice interruptions to what was happening, and to be able to contribute to restoring these.

Anna reported that at the supermarket check-out she had deliberately let an item from her trolley fall onto the floor, pretending she hadn’t noticed. Sam had looked at it, and without comment, picked it up and put it on the counter, which showed he was mastering a new developmental step. In a video she sent of her and Sam making waffles, she put certain ingredients out of her own reach, but within Sam’s reach, and Sam was able to see this, and pull them in closer.

Shortly after this time, the structure of RDI itself changed dramatically. RDI is very new, and evolving in response to research and experiences that parents and consultants have in working with it. We were faced with the confusion of a new way of working, and of following objectives that were structured and presented differently. With support from the Connection Center, we began to find our way through it, and to learn how to navigate a way through the hundreds of little objectives, belonging to a carefully constructed developmental line. 'Foundation' objectives, must be mastered before the next ones can be attempted. All objectives are grouped under headings such as 'Dynamic Analysis', 'Episodic Memory', 'Experience Sharing' and 'Self –awareness'. There are further subheadings, for example, experience sharing contains headings such as 'co-regulation' and collaboration'. On the advice of Dr. Sheely, Anna and I sat down at the computer, and went through some of the early stages, identifying a few objectives where Sam might have gaps. For the next few weeks these were the basis of our programme.

Sam is now six, and has started school. Anna visited many special units, and chose a small country school with a special needs unit attached, that focussed on activities such as horse riding, swimming, cooking etc. It was well staffed, and Anna liked the general atmosphere. There was a small part of their day that focussed on academics as well. Sam goes off willingly in the morning, and comes home happy, so Anna is pleased with her choice. He is very proud of having a book in a book bag, just like his brothers, and loves to read this with his parents at night. During a recent visit to their home, I was there when Sam was dropped off after school. He came racing inside with his face glowing, waving a 'Star of the Week' award card, that he had been given at assembly. He couldn't wait to share this with his Mum. Autistic children can feel pride in their achievements, but do not usually feel the need to share this, and look to the other for that other's "Wow! You are fantastic", response. Anna told me that he had excitedly reported two weeks ago how someone in his class had received this award, also not typical ASD behaviour. Sam has become curious about those around him, which has taken him into a new realm of relatedness.

In the last video this family sent, Rob was playing a complex ball game with Sam and his brothers, and Sam was able to follow this and maintain his role in the game. The pleasure and look of competence on his face was very evident. There was no longer any

hint of him running off with the ball. In another piece of the video, the family were all sitting around the table in the evening drawing a picture of a special memory for the day. On the wall was a chart with each person's name, where these memories were clipped each evening. Sam was not only taking part, but was intensely curious about everyone else's memory.

Sam still has a long way to go. Emotionally, I think of Sam as being a bit like a two-to-three year old. He is emotionally connected to his parents and others in his world, and he has language and curiosity. He is able to use his parents as a way to calm his anxiety, and to inform him about the world. He is flexible, and able to 'go-with-the -flow' when plans change. It feels as if we have sound foundations for moving forward. Anna and Rob have their child back, and have a deep and appreciative understanding of what shared connection is about. In our work, I believe we have a strong working alliance, and are motivated in working towards our goals. I have felt deeply connected to this family, but throughout it has been important that I remain the one that is 'containing' of our often intense emotion around Sam's programme. As it is in psychotherapy, I need to remain the guide, and not become the friend.

Although this is different to my work with clients in psychotherapy, in that I am not sitting face to face, and experiencing feelings and transferences in the moment, there is for me many moments where working with RDI feels similar. In teaching parents to move away from being directive, towards working very deliberately with empathic resonance, there is a shared, powerful awareness of emotional connection, and an often intense shared emotional experience. It is hard to put into words my delight in seeing the unique and transforming joy in parents as they begin to connect with and play and laugh with their autistic child.

I believe my psychotherapy training has sharpened my awareness of the kind of connectedness that we are working towards, and that my connection and relationship with Anna has been paramount in our work, and something which has supported her efforts in re-connecting with her child.