

Asperger's in the therapy room – 5

In the fifth of his series of articles about working with clients who have been, or may be, diagnosed with Asperger syndrome, **PETER FLOWERDEW** looks at sensory sensitivity and perceptual issues.

IN ONE SENSE it would have been more logical to begin the exploration of the issues of working with Aspie clients with the sensory experience that they have, and then build up logically, through the way that it is processed, and then how this influences the psychological aspects that, in turn, lie behind the behaviour that draws our attention to someone with Asperger's.

That would be logical and would probably appeal to an Aspie. However, now that we have an understanding of the characteristics of the cognitive and relational processes of an Aspie, the deep impact of the fact that many Aspies also have different sensory experiences to neurotypicals (NTs), can now be more fully appreciated. We have a context in which to fit this information in; and that works for the NTs.

One of the axioms of Transactional Analysis is that all parts of our mind have positive intent. When we experience behaviour from another person that does not quite fit the context of the present moment, we seek to understand the way in which the person is seeking to achieve what they perceive as a good outcome even if in the current context it appears self-defeating, or at least not an optimal way of managing the situation. This approach has to be the way we approach our attempts to understand the experiential world of an Aspie. However bizarre the behaviour may appear to us, it has positive intent and purpose behind it.

Some of the most difficult behaviour for NTs to understand is the behaviour used by Aspies to manage sensory processes that are not part of our experience. What can make things more difficult is that it seems that no two people on the autistic spectrum have exactly the same sensory perceptual experience. If you wish to do therapeutic work, teach, or manage a person with Asperger's it is essential that you learn from them any sensory difficulties that they experience.

Hypersensitivity and hypo sensitivity

Aspie clients often describe what they would call

hypersensitivity to various sensory stimuli. In fact they may be:

Hypersensitive: the sensory channel is too open, there is too much stimulation for the brain to handle.

Hyposensitive: the sensory channel is not open enough, too little of the stimulation gets in.

'*White noise*': the channel creates its own stimulus, a form of faulty operation, and the message from the outside world is overcome by this internal noise.

It is possible for the same sensory channel to be normal or to have one of these three characteristics at different times. A sensitivity to fluorescent lighting is common, they perceive the flickering of the tube at mains frequency. The contrast between a bright beam of light through a window and the shadow alongside it can be too intense. The texture of material against the skin can be felt like sandpaper or the heavy weight of a thick blanket might be soothing and comforting. In the following definitions some common over or under sensitivities are listed. The extremes can be seen in autistic children. They are generally not as extreme with Aspies.

Hypersensitivity

- *Hyper-vision*: their vision is too acute. For example, for a child fascinated with specks of dust floating in sunlight, the specs are like butterflies. Another child may be fascinated with touching hair as it is like string.
- *Hyper-hearing*: they might be able to hear some frequencies that only animals normally hear or they can hear conversations or traffic that is far away and inaudible to other people. My grandson dislikes being around arguments or crowded places, there is too much noise. He covers his ears if a fire engine or ambulance goes past. Having a haircut is a nightmare because the sound of the scissors cutting hair terrifies him.
- *Hyper-taste/hyper-smell*: they have a sense of smell compatible to that of dogs. The smell of particular foods, of particular perfumes, and even of particular people, can be overwhelming.
- *Hyper-tactility*: they over react to touch. Some cannot

bear to be hugged. Some cannot bear the touch of certain materials. Some can be so sensitive that an unwanted touch can trigger a panic attack. My grandson refuses to allow anyone to wash his hair the sensation of water on his head is intolerable.

Some Aspies are aware that their barrier to being hugged has cut them off from soothing and comforting contact and this has added to their anxieties in social situations.

- *Vestibular hypersensitivity*: they experience difficulty changing the direction of movement and are poor at sports. They have a low tolerance for any activity that involves movements or quick changes in the position of the body. They feel disorientated after any activity involving running jumping or turning suddenly.
- *Proprioceptive hypersensitivity*: they have difficulty manipulating small objects, catching or kicking a ball, and may take up odd postures.

Hyposensitivity

This is more common in infantile autism. The individual experiences not getting enough information, their brain can feel empty and stop processing and they are not really seeing anything or hearing anything, they are just there. It might then create stimulation to get their brain going again by waving their hands around or rocking backwards and forwards making strange sounds or hitting their head with their hands.

- *Hypo-vision*: they can experience trouble figuring out where objects are as they see just outlines and even bright lights are not bright enough. They may stare at the sun or walk around something running their hand around the edges so that they can understand what it is.
- *Hypo-hearing*: they seek stimulation by sound, for example listening to electrical equipment, enjoy and are excited by crowds or sirens or fairground music. They often create sounds themselves to stimulate their hearing – banging doors, tapping things, vocalising.
- *Hypo-taste hypo-smell*: children with hypo taste/hyper-smell, chew and smell everything they can get – grass, coal, Play-Doh, perfume, or worse.
- *Vestibular hyposensitivity*: they enjoy and seek all sorts of movements and can spin or swing for a long time without feeling dizzy or being nauseated. My grandson goes into a deeply relaxed almost trancelike state when lying in the kind of swinging cradle that has recently appeared on playgrounds. He can go on the fastest spinning roundabout for any length of time whatever and will not be dizzy when he comes off it. When we take him out in a car he literally bounces up and down with the pleasure of the movement. Often when we arrive at our destination he doesn't want to get out of the car, the journey is the pleasure, what we plan to do when we arrive is not so significant to him. The greatest treat of all is a ride on a steam train.

- *Proprioceptive hyposensitivity*: they have difficulty knowing where their bodies are in space and are therefore perceived as clumsy. They are often unaware of their own body sensations, for example my grandson can walk barefoot on gravel with no apparent discomfort. They can appear sloppy, leaning against people, furniture and walls.

Researchers suggest that hyper- and hyposensitivity causes all autistic behaviours, withdrawal from social interaction and communication, stereotypic behaviours and self-stimulating behaviours. They can be considered as the child's attempts to treat himself and either to normalise his sensory channels or to communicate his problems.

Literal perception

Therapists tend to look at the world and draw connections, make meaning, and interpret what they perceive. Aspies do not do this. They see things as they are. They take what they see at face value without judging or interpreting them; this is called 'literal vision'. I find deep irony in the fact that many NTs spend a lot of money on courses on mindfulness and meditation in order to access this clear and uncontaminated image of the reality we inhabit. If you value this way of seeing the world, your Aspie clients will teach you to look at your environment in a different way.

This is true to an amazing level of perception. Our brain takes signals from the optic nerve and constructs a perception of 3D space. It is convincing, and it is a construct. Our brain evolved to make accurate representations of the natural world. It can be fooled. This is what we experience when we see optical illusions. Aspies generally do not see optical illusions they see what is actually drawn. When we glance at patterned wallpaper our brain decodes the pattern and then literally paints it onto the surfaces around us. We do not actually 'see' each element of the pattern. Many Aspies do see each element of the pattern, and it can take them time and effort to process that data in a conscious way.

You may recall from an earlier article the client who was a professional plasterer. His plastering was perfect because he would see every flaw every defect in the surface and correct it. I observed, to him, that the plastering in the room we were in looked perfect to me, and he immediately pointed out for all five defects in the plastering that were clear and obvious to him, I only noticed them when they were pointed out. Similarly, the client who was a professional tiler, again he laid perfect tiles time after time, thousands of times. Any defect glared at him and was intolerable.

Apart from not noticing defects in interior decoration, an advantage of the NT brain's ability to fill in gaps and not get caught on detail, is that we learn to focus on what is important and significant in our environment and

therefore process the necessary information more efficiently. Aspies tend to not be able to discriminate 'foreground' from 'background'. Their brain does not discriminate relevant and irrelevant stimuli, there is no filter. Sometimes it seems that every detail is recorded. For example I saw a program where an Aspie looked at a view over London then went into a room and reproduced that view in every detail. What was interesting was that he did not draw overall outlines and then gradually fill in more and more detail, as I have seen NT artists do, but simply drew a detail, and another detail, and another, until all the details have been drawn. This is sometimes referred to as Gestalt vision.

The ability of the NT brain to 'fill in gaps' rather than process all stimulate is not restricted just to vision. We can use our experience of similar situations to assess what we are hearing and what we are feeling, which, much of the time, allows us to filter out distractions when, for example, working in an open plan office. Aspies can be very sensitive to audio distractions; one person was disturbed by the ticking of a clock, another by the never ending footsteps on the carpeted floor.

The inability to filter foreground and background information means that Aspies can perceive more accurately, but also receive a larger amount of information, and large amounts of unfiltered, and unselected, information can lead to information overload. One client reported that if she attended a business meeting in the morning she needed the rest of the day to process all that information. There was considerable frustration on both sides when managers presented her with multiple choice questions and did not understand that she would not be able to give them an answer until the following day.

It is this Gestalt perception that also makes it difficult for Aspies to accommodate change. If a picture is moved or an item of furniture is at a different angle the Gestalt is different so the environment is now unfamiliar. The same is true of all routines, if something goes differently they do not know what to do. All of this creates anxiety, stress and confusion.

It can surprise many people that an Aspie will have much more trouble with a slight change to a plan or room than with bigger more dramatic changes. A major change is a complete new Gestalt; but with a small change there is confusion and the need to make an adjustment to an existing Gestalt. The world is proving to be unpredictable and inconsistent and this triggers deep anxiety. The Aspie brain already seems to be programmed for anxiety and life situations seem to trigger it more often.

Dysregulation

If there is one idea to keep in mind, it is that of emotional dysregulation. When we are well regulated emotionally, we are most able to perform tasks, to be creative, to

participate in activities, and to navigate the social world. Our neurological systems help by filtering our excessive stimulation, telling us when we're hungry or tired, or when to protect ourselves from danger. Aspies, mainly due to their different neurology, are unusually vulnerable to everyday emotional and physiological challenges. So they experience more feelings of discomfort, anxiety and confusion than NTs and also have more difficulty learning how to cope with these feelings and challenges.

Barry Prizant (2015) considers that difficulty staying well-regulated emotionally and physiologically should be a core, defining feature, of autism and Asperger's syndrome. He considers it unfortunate that professionals have long overlooked this, focusing on the resulting behaviour instead of the underlying causes.

Dysregulation, or rather managing or avoiding dysregulation, is behind almost all 'typically Aspie' behaviour. Its most extreme manifestation is in meltdowns and shutdowns.

Meltdowns and shutdowns

If you are working with young people you are almost certain to be faced with the challenge of helping your client to cope with meltdowns. If you are working with adults you are almost certain to be faced with the challenge of helping your client to cope with shutdowns. In my experience, in both cases, there is a need to inform, educate, and support other people who are in relationship with the Aspie to recognise and reduce the triggers to these events. There is a place for the therapist to act as an interpreter and advocate for the Aspie in schools and workplaces. The nature and the boundaries of this role are the focus for ongoing reflection and development, but is, I think a key element of what TA practitioners can offer to a client with Asperger's.

Meltdowns

This is the term used to describe the emotional outbursts, more accurately, the emotional dysregulation of children on the autistic spectrum. They can have an immense impact on the quality of family life, the ability of the child to access mainstream education, and strain the general tolerance and goodwill of the adults around the child that is essential to the child's well-being.

'A meltdown begins with anger and ends with crying' (Thompson 2009:13). Crying is the child's means of communicating distress to the adults around them, and this is the clue for what is needed from the adults in this situation.

Meltdown is usually an involuntary reaction to the interruption of an expected routine, thwarted access to a preferential activity (waiting can be hard) or being confronted by an anxiety provoking situation, which may include sensory sensitivities that we are not aware of.

Children make adaptations to optimise the responses

they get from other people. Some Aspie children will use the dramatic impact of meltdown behaviour to train those around them to give way to their demands, in a similar way to which a two-year-old may throw a tantrum in the supermarket to be allowed to keep the bar of chocolate that they have just picked up. This too, from the Aspies point of view is a constructive adaptation, but not socially effective. It usually requires the disinterested enquiry of the therapist to distinguish the distress response from the socially-motivated display. The ability of parents, carers and teachers to differentiate these two types of situations is crucial for the socialising of the child.

A genuine meltdown is not a demonstration of disobedience. Usually the child is frustrated or terrified. Children on the autistic spectrum show similarities to those with OCD, with intolerance for changes in schedules and an insistence that activities are carried out in the same way on each occasion. We do not think of a young person with a hand washing compulsion as being a spoilt child, but that is frequently the reaction to the meltdown of an AS child.

As TA practitioners we are well placed to understand that behaviour is a communication and to help our clients and others to correctly decode the meaning of the behaviour.

Shutdown

Some of the elements that have been discussed, that are part of an Asperger's presentation, come together in any social situation, to create anxiety and stress, and possibly a situational overload. This is illustrated in Figure 1, below.

I have accompanied Aspies in business meetings, multi-agency assessments, and disciplinary or legal procedures. In each case, I have found that my client is overwhelmed by the information processing and speed of communication and the speed of decision making imposed on them. A greater or lesser degree of shutdown is the result. I intervene, to buy them time, and to try to influence the process.

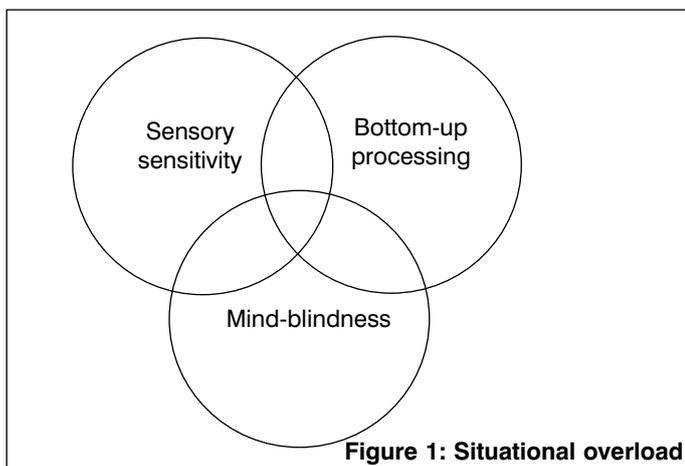


Figure 1: Situational overload

For example the triad above might present in a business meeting as follows – I write from the perspective of the Aspie:

Sensory sensitivity:

– 'The meeting is in a small side office. Five of us are fitting into a small space around the table. The physical closeness and the smell of the people is unpleasant. The lights are too bright. The room has no soft furnishings and sound echoes making it difficult to distinguish words.'

Gestalt processing:

– 'The manager begins by reading out the agenda. I cannot find the piece of paper in the pile in front of me and I cannot listen while I am searching for the paper.'
– 'The manager asks me if I am comfortable, would I like to move to another seat around the table, do I have any other items I would like to have on the agenda. A thousand answers filled my head I do not know what to say.'
– 'I am still looking for the piece of paper.'
– 'Someone is walking past the door, the sound distracts me, are they coming in; what would I do.'
– 'The manager is looking straight at me, I know that she wants an answer. I do not know what to say. I say 'I'm fine'; that seems to work.'

Bottom up processing:

– 'I find it applies to many aspects of ordering information, analysing an architectural drawing, a legal document or writing an essay or presentation.'
– 'At the last meeting I did explain to this manager giving me information and instructions verbally did not work for me. One idea was to provide a whiteboard on which the tasks that I have been given could be written in the order that they were important to other people because they could not understand that I cannot guess what their priorities are.'
– 'The manager pulls out a catalogue and points to a number of whiteboards that could be ordered. She wants me to choose which one I want. In order to know which size of board to choose I have to visualise myself in the office, using the board going through a day's work, and then I can understand what features I need. I cannot do this in a meeting. I need a quiet place with no distractions in order to focus and visualise these tasks. I try to explain this to her, but she does not understand. I ask for the catalogue, and tell her I will inform her of my choice later in the day, then let's move on.'
– 'Ten minutes into the hour and I am already feeling overwhelmed.'

Theory of mind:

– 'I do not understand why they cannot move me to a quieter area. They keep saying that they want me to feel part of the team, but how can I feel part of the team if I cannot complete my tasks because of the distractions of all the telephone conversations and people moving

around me. (They assume that she would 'feel isolated' in another area.)'

– 'My supervisor is staying very quiet. I think she must be annoyed with me. I don't know what to do. (She simply has no contribution to make to the current discussion).'

– 'My anxiety level is rising. I think this is all going wrong.'

Shutdown can be viewed as an involuntary mechanism whereby the brain shuts off certain systems in order to protect the level of functioning of other systems.'

Researchers (Williams, 1996, quoted in Bogdashina, 2003) identify three basic forms of shutdown:

1. Shutdown in the ability to simultaneously process sensory information and thought, feeling, body sensations or the monitoring of intentional and voluntary expression.

a) All processing capacity may be diverted processing incoming sensory information, no connection may be made to responding to that information.

The person remains aware of what is happening around them but is incapable of responding verbally. An experience that is described as 'all other-no self'.

b) Or the person may make a response to information already received and processed but cannot at the same time process any more information. An experience that is described as 'all self-no other'.

2. Shutdown in the ability to simultaneously process sensory information on several channels at once. This can take three forms:

a) Temporary systems shutdown: this works by shutting down the ability to process information on the number of channels so that information can be efficiently processed in whatever channel or channels are remaining. This can affect the processing of body awareness, touch, taste, smell, vision or hearing. They can be partial or almost total for any one sense.

i) Partial systems shutdown means that only a part of processing may fall out of a particular sense. The subject may continue functioning by shutting down different systems each for a short period of time.

ii) Total systems shutdown means that, for example, eyes and ears continue to function but the brain doesn't process any meaning to what is being seen or heard. These states are referred to as tuning out or a whiteout.

b) Extended systems shutdown: this works by shutting down a particular system, in order to handle information overload, over an extended period of time: hours, days, months, years.

3. Shutdown in the ability to maintain conscious and voluntary processing, which also may be temporary or extended. Information continues to be processed, but out of conscious awareness, leading to the experience of 'unknown knowing'.

Therapeutic considerations

We now have a map, a framework, in which to understand how an Aspie client may be experiencing their world, the significance they attach to those experiences; and I have already indicated some ways in which we are placed to be able to assist them and the NTs who are a part of their lives.

My favourite quote from Ian Stewart (1992) is that Eric Berne made states of mind visible, now what a gift that would be to give an Aspie. Teaching them about ego states, and how to identify them; about transactions, especially crossed transactions; about games and scripts gives them insights into the NT world, gives concepts and vocabulary, now we can talk – it is empowering, it is a start.

The second gift we have to offer is that we talk in pictures, we create diagrams that explain how relationships work, and Aspies tend to be highly visual and not so good with verbal communications. Tony Attwood (2003:83) quotes an Aspie teenager saying 'I have the picture in my mind not the thousand words to describe it'. Paxton and Estay (2007:51) report on the efficacy of visual means to help Aspies to comprehend abstract concepts, learn social conventions, and develop relational skills. They state that these examples demonstrate that information is digested best if it is created in a visual format, and the challenge is to adapt therapy, which is mostly based on talking, to a visual mode.

So what I want to share with you is some of the things I have learnt from my Aspie clients, expressed in terms of TA theory, and mostly in diagrams.

Contracting

But first, some thoughts on the challenge of setting up a therapeutic relationship with the client who may not have an understanding of the expectations of the therapeutic relationship or the ground rules associated with therapy. They may require more or less specific instruction in turn-taking and sharing of information, and the therapist may need to tolerate monologues of the special interests of a client, when this represents the client's sincere attempt to communicate the experience to the therapist. Some may need to understand what information the therapist needs to know, when telephone contact is appropriate and available. The client may also need an explicit statement that therapy can help them with their problems when they work with the therapist as a partner. One problem in contracting is that the client is likely not to have the same perspective on the difficulty that parents, a teacher, partner, or employer, or the therapist perceive. They are therefore not going to bring that perspective, an NT perspective, into the therapy room. If they do not perceive something as a problem they will not discuss it, unless the therapist asks a very specific and

focused question, to bring it into the client's awareness that other people's willingness to engage with them or support them is being affected by this issue.

Exploration

I have found working with Aspies very challenging because every assumption I have about what is perceived, the meaning and significance of it, has to be built from the ground up with each individual. How can I possibly attempt to make a change in someone's subjective world until I have explored that subjective world? While the Aspie world is alien to the NT, unless we make the attempt to perceive it, we may well retraumatise our Asperger clients, rather than help them. They can be left feeling degraded and rejected.

If we can understand the perceptual processing and meaning making behind behaviours, not only can we more easily accept the behaviours, but we can also suggest ways either for altering them, or communicate their purpose and meaning to other people in the NT world so that we can make a space for them in what they experience as an alien world.

Pacing

The pace of work will also be much slower than with NT clients because Aspies need more time to process new information and to formulate their responses. With adult clients it is possible to contract that they will report on anxiety, confusion or frustration within the session. With younger clients I have found it helpful to allow them to decide whether to come to the session or not, whether to have it face-to-face or by telephone. I believe that this gives them a rare experience of autonomy and is congruent with the statement that this is their space to use in the way they find most helpful. They will take this absolutely literally, and the freedom to choose, logically, includes the option to say 'no thank you'. The mother of one young client, to whom I had given these options, told me in a rather puzzled tone of voice that sessions with me were the only weekday activity that he anticipated with excitement and asked to come to.

Notes, diagrams and lists

Paxton and Estay (2007:78) report that concepts discussed during therapy are understood more easily when accompanied by written notes or diagrams. One of their clients said 'I can't hear it until you write it down.' The notes and diagrams facilitate understanding and integration of concepts.

I myself, also being highly visual, regularly use a flipchart to make diagrams and lists, and when I suggest to the clients that they might like to take the pages with them they are usually visibly pleased. Note that I make an explicit offer. I frequently give very specific 'permissions', usually as a result of noticing a hesitation

or slight agitation. An Aspie will be trying to work out 'what are the rules here?' and I consider it a typical element of an Aspie script to not ask for what they would like to have, or need, because they cannot anticipate what the other person's response will be, and the uncertainty is inhibiting and anxiety provoking.

When I am offering notes, diagrams or particular kinds of interventions the client will often be less reticent or resistant if I offer some normalising assurance, such as 'it is quite normal in therapy to ...' or 'therapists usually ...' or 'I find it helpful if'

I usually suggest what topic, issue or concept we might talk about next time – to give structure and reduce potential anxiety. Sometimes the client will come with pages of notes they have made. This I take as an indication that spontaneous verbal communication is not their preferred style. I will ask them to talk about what they have written, then take the notes from them at the end.

So... we are ready.

Why use TA?

TA provides concepts and tools that can provide insight into the different experiences of Aspies and NTs and can facilitate understanding and communication.

And that is the focus of the next article in the Summer 2017 issue of *the Transactional Analyst*.

References

- Prizant, B. (2015). *Uniquely human: a different way of seeing autism*. London: Souvenir Press
- Bogdashina, O. (2003). *Sensory Perceptual Issues in Autism and Asperger Syndrome: different sensory experiences-different perceptual worlds*. London and New York: Jessica Kingsley Publishers
- Bromfield, R. (2010). *Doing Therapy with Children and Adolescents with Asperger's Syndrome*. New Jersey: Wiley
- Jacobsen, P. (2003). *Asperger Syndrome and Psychotherapy*. London: Jessica Kingsley Publishers
- Paxton, K. & Estay, I.A. (2007). *Counselling People on the Autism Spectrum: A Practical Manual*. London: Jessica Kingsley
- Stewart, I. (1992). *Eric Berne*. London: Sage
- Thompson, T. (2009). *Freedom from meltdowns*. Baltimore, Maryland: Paul H. Brookes Publishing Co.



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