

Asperger's in (and outside) the therapy room – 8

In the eighth of his series about working with clients who have been, or may be, diagnosed with Asperger syndrome, **PETER FLOWERDEW** shows how demonstrating the concept 'I'm OK, You're OK' will be profound

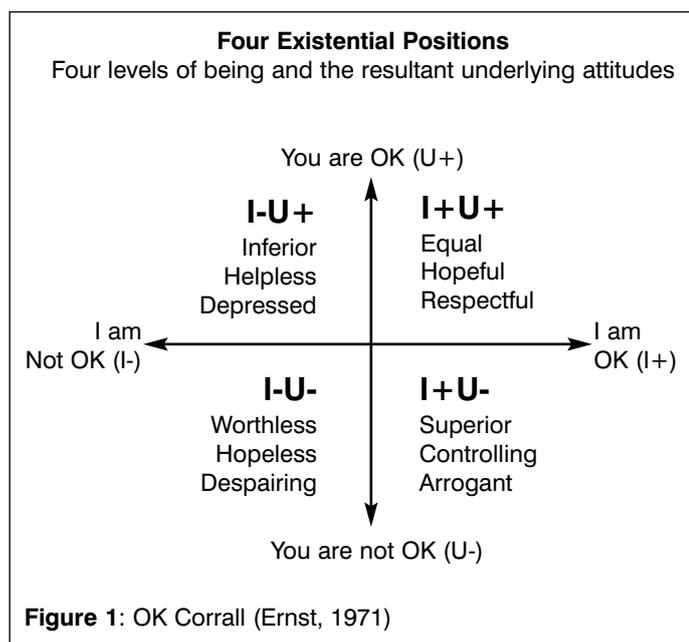
WHAT DO YOU mean when you tell me that I'm OK? I mean that whatever you do or say, I affirm that you have an essential core self that has value, dignity and worth and that this core self has the potential and desire for growth and relationship.

What that means, on an operational level is: 'It is fine for you to be who you are; and I will give you the right and space for you to be you; provided you give me the same right and the same space for me to be me.'

And from this stance I hold that 'difference' is:

- interesting, not a threat
- offers opportunity for dialogue, providing more perspectives and options, so offers more resourcefulness and resilience
- an invitation to deepen and develop my humanity.

This stance affirms the intrinsic worth of each human being. We are born with worth; and, we also have to experience being valued in order to know it. Our therapeutic work focuses on restoring the belief in and experience of OK-OK relationships.



Working with Aspies I have found the OK / not-OK grid (Ernst, 1971), see Fig 1, to be the single most important and easily communicated concept. Why? Because Aspies are invariably working from a Not-OK/Not-OK position. Suicidal thoughts are normal in Aspie World.

Of course, I'm not OK; and that is your fault

You defined me as not OK, so you are not OK too.

I have come to realise in my therapeutic work that recognising the Life Position is the real starting point for meeting the client, because social level roles and psychological level roles rest on the existential role (Law, 2006). The impact on an Aspie of sharing and explaining this diagram is huge, because it evidences that I, an NT, can recognise, articulate, and also demonstrate that I care about, a profound element of your inner world – The 'You get it!' experience is potentially transformative; the client experiences 'I am no longer alone in my subjective world'.

The power of 'You get it!' was driven home when one of my co-presenters, Chris, wrote a whole blog on the impact on a 25-year marriage to an NT of one weekend on an Aspie-NT workshop that they both attended. Here is just one part:

'We have talked and talked and talked. We have sat in silence, grinning at each other between intervals of hand-holding. He tells me he's less stressed now, and that he no longer feels the need to start conversations with "don't take this the wrong way" or to answer "it's nothing" when I ask why he's upset: He gets it.'

'I go to work and experience the same old problems, the same lack of understanding, the same pressures and anxieties but somehow, they no longer seem to accumulate into the overwhelming assault that left me exhausted at the end of every day. I brush them off: The Most Important Person in my life "gets it".'

When I teach the grid in a TA101, I usually say something like: 'The only reality is the I am OK and you

are OK, but some people, through the relational experiences of their childhoods, have been taught or have come to believe that they are not OK, or some other person or group is not-OK, but the truth is that we are born OK and no-one can take it from us.'

However, the first time I presented that stance in an Aspie-NT group, it was met by incredulity by Aspies. I was taken aback by the number of people who openly challenged my statement. Some demonstrated a confused incomprehension – which I later understood to be 'I can't be OK', a challenge to their frame of reference, but most expressed anger and resentment towards NTs as a group – similar to that I met as a white person trying to do group therapy with black teenagers: 'You are white; whites are oppressors; therefore, you are an oppressor, don't try to fool us.' It took the first day of the workshop to get to 'maybe there is space here for me where it is OK to be who I am instead of trying to be what you want to see.' Aspies are trained to pretend to be NT – they install 'the emulator'.

I identified the injunctions of 'Don't be you' and 'Don't belong' as 'standard cultural programming' for Aspies; 'cultural' in that it does not come from a particular individual. The message is given and reinforced from all directions. And the internalised Oppressive Parent that I identified in the last article leads to a pattern of relating that we might identify with avoidant attachment, or a schizoid adaptation.

If you start from a false premise, you get false answers

So I say: 'If you start from the premise that I'm Not-OK and you're Not-OK then all the conclusions you come to mean that there is no kindness, no welcome, no one interested, no one to help – and no hope that it will ever be different. But here, in this room, you have experienced that there are NTs who care, who want to understand, who offer a welcome, and kindness and support – you have experienced it – it is real, so your premise is wrong. My presence and involvement, disproves your theory.'

That is the position we got to at the end of the first weekend. What I call 'the black swan effect' – everyone agrees that swans are big white birds until somebody sees a black swan. One exception demolishes the theory. (I like visiting the colony of black swans on the river Exe.)

And, surrendering the certainty of Not-OK/Not-OK, allows in hope.

After the first weekend that Chris attended she wrote:

I have waited for the 'welcome' that Peter speaks so passionately about, all my life. It seems so close now, I feel I can almost taste it. I cried when my (NT) husband asked if he could attend the course. We have a good marriage (25 years, next year) but there has always been a wall between us, that I have longed to remove. If we can

really connect with each other after all these years – there is hope for us all. I think now, that perhaps that welcome has been there all along – just waiting to be discovered.'

And this led to the 'he gets it' experience that she describes in the quote above.

When you give an Aspie a grid

When we share concepts and models from what I would now call NT-TA, our 'normal' TA, with Aspies, they immediately apply them to make sense of their subjective world and gain insight into the thoughts, feelings, attitudes and motives of the people they meet – and they adapt and embellish them to fit their need.

Towards the end of one session with a newly-married Aspie man, with an NT wife, I pointed out that there were now two exceptions, his wife and me, to the 'they are Not-OK' basis of his script, so if life has to be logical, then he needed to surrender the Not-OK/Not-OK stance.

When he came back the following week, he took over the flip chart and gave me a presentation on his 'experiment' over that week. He created moments of reflection during the day – observer self – to gauge how OK he felt about himself and how OK he was with the people around him.

And he plotted the results:

The degree of OK-ness, which may be positive or negative, is measured on a scale; the measure for 'you' and the measure for 'me' are allocated to two axes, and the result is a scatter diagram, like Figure 2, below.

As he drew it, he told his story: first all his marks were in the I-, U- zone; then they began to oscillate between I-, U+, and I+, U-. He said that when he was in the I-, U+ zone he was aware that he felt like a rebellious, resentful child; and when he was in the I+, U- zone he felt like an angry controlling parent figure. And this is before I had talked to him about the existential positions

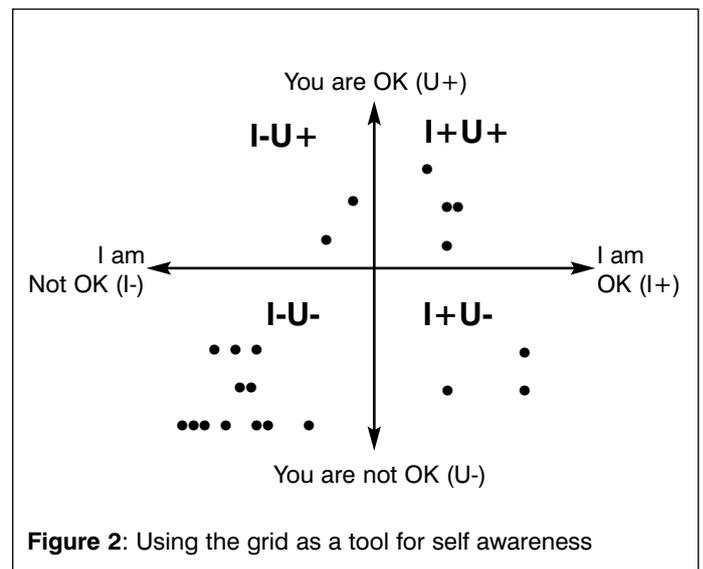


Figure 2: Using the grid as a tool for self awareness

of Victim and Persecutor roles. I was surprised and fascinated by his perceptive insights. It is unusual for a client to extrapolate from the TA I teach them. But then he said: 'The first time I put a mark in the I+, U+ zone, I am being myself, in Adult, and you are being yourself, in Adult, and we are getting on fine – was awesome, because I realised that having got there once, I could get there again; and that moving around the zones was normal, so I was less anxious about experiencing I-, U-.'

We had talked about open communication, asking for what he wanted in a way that he was likely to be heard, and ways to challenge discounts, in previous sessions and now he had used those tools to make the shifts that he had recorded.

He had experienced self-efficacy, the key to autonomy. And he had experienced that the majority of NTs at his place of work had goodwill towards him.

It also seems a pattern that when I teach TA to Aspies they 'adopt and adapt' and in doing so, extend my own appreciation and awareness of the significance of the models we have.

An Aspie-NT Dialogue

With their permission, I refer to three Aspies, two males, one female, within these articles. They act as co-presenters and advisers in the workshops that we present. Much of the thinking and reflection behind these articles has occurred within the monthly day-long meeting that I facilitate and they take turns in hosting, with two partners and two other psychotherapists. This group has produced a website: www.thedifferentengine.net to assist people in accessing the TA based models and skills that promote Aspie -NT dialog. This website will front a new charity dedicated to creating and sustaining dialogue between Aspies and NTs, providing appropriate training to employers, and supporting therapists and counsellors to work ethically and effectively with Aspie clients. You will understand why we are also particularly keen to share with parents and teachers: please make them aware of what we have to offer. Let's teach adults how to keep Aspie children out of that I-, U- place.

Postscript

I find that every interaction with Aspies teaches me something, especially when I step outside of the therapy room. Whether or not I refer to them by person in an article, I share all my articles with the group I described above, first, as a matter of respect and courtesy, second, as a matter of ethics. This article has been challenging for me to write and challenging for some of them to read, and out of the emerging dialogue came the observation that for an Aspie the presentation made more sense if the part on protocol was boxed in and made separate. The material in the first part of the article had a clear structure, and a happy ending in that these approaches

Early Script: Aspie protocol

AS I INDICATED in the previous article (Flowerdew 2017:39-2) the Child ego state of an adult Aspie presents as a series of cognitively-based strategies, that can be described and justified, and represents the individual's best efforts to avoid disapproval and rejection, and is constructed primarily in the teenage years, with its recycling of earlier needs (Levin, 1988; Mellor & Mellor, 2009) and the development of cognitive abilities.

As indicated in my article (*ibid*), the reduced Empathising Quotient that characterises the Aspie kind of mind, implies a reduced ability to develop the schemata that characterise the unconscious implicit memory (Siegel, 1999) associated with script conclusions and adaptations (Erskine, et al, 1999) arising from repeated breaks in attunement between parent and child, which we address in standard, NT, therapy.

I am thinking here of the Aspie child's first experiences of interactions with others which must be different from those of an NT child because of the reduced functioning of the neural networks responsible for recognising and 'reading' faces, the basis of mindblindness (Baron-Cohen, 1997). This means the foundation of script, protocol, has to be fundamentally different for an Aspie baby, and I have been wondering how severe that difference might be when the reading of emotional states is the prime communication channel between mother and child.

I was sitting next to Richard Hall, my co-presenter at the Manchester Institute for Psychotherapy Conference in October last year, listening to the keynote speech from Professor Gregor Zvelc, and he began to play a video of the 'frozen face experiment' (<https://www.youtube.com/watch?v=apzXGEBZht0>) in his introduction to the video I thought 'what if every face you saw was frozen?' and as the mother presented her 'frozen face' to the baby, Richard flinched. I have met the flinch response before, in my work with survivors of abuse.

The clear distress of the child in the video, the unconscious immediate reaction of my Aspie colleague – I think the protocol script of an Aspie can only be the place of despair and anxiety that we identify by I-, U-. So, I believe the prime function of the therapeutic relationship is to create the visceral experience of welcome and safety, and to constantly, consistently, demonstrate that, in this space, 'You are OK, teach me how to be with you'.

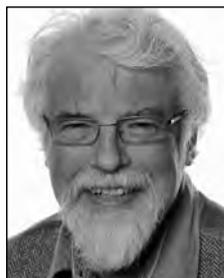
are so empowering for Aspies – so the protocol section is better made visibly separate to show it is something new, and where we are going in the future – so went the thinking.

My first reaction was resistance – the article is written for NTs and is fine for NTs. My second thought was – let's put the box around it – as an experiential piece of learning. We, NTs expect Aspies to fit in around our preferences, so maybe the lesson here is to adapt to accommodate to meet an Aspie's preferences – as a gift, as a kindness. So, I did that, as you can see; and as I did it, I thought – 'how interesting, the painful protocol is all walled off, boxed in and separated – so as not to spoil the "happy ending".' At the same time that I was having that discussion with myself, the Aspie was also having an internal discussion along the lines 'How come I need that boxed in? Am I projecting my discomfort onto the words?' Well, we shall talk about it. Keeping an OK-OK place and sharing our process, we create more space for insight.

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[www.researchgate.net/profile/Gregor_Zvelc]

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