

*Section: Modern PPT practice***THE POSSIBILITIES OF POSITIVE PSYCHOTHERAPY TO HELP CHILDREN WITH AUTISM(ASD) AND THEIR FAMILIES****Veronika Ivanova**

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Received 27.04.2024

Accepted for publication 15.06.2024

Published 08.07.2024

DOI: [10.52982/lkj240](https://doi.org/10.52982/lkj240)

Abstract

The purpose of this article is to present the possibilities of working with autistic children using PPT methods. The present work presents possibilities for using the psychodynamic aspects of Positive Psychotherapy with the autistic child and as a means of contact with his/her parents. Positive Psychotherapy, with its psychodynamic roots, can also provide an alternative to the increasingly widespread and imposed cognitive-behavioral treatment methods in the work with autistic children. A short scale was modified for the purposes of the study: Differential Analytical Scale for the Study of Children with Autism (completed together with one parent): Sample: 50 children diagnosed with varying degrees of autism spectrum disorder (ASD) participated in the study. The age of the participants ranged from 3 to 9 years ($M=6.27$ years; $SD=3.17$). Among them, 38% were girls. The results of the study show that several stages are essential in the work with autistic children: the first step of "observation" and connection can be lengthy and comprise the whole of the therapy with autistic children, working with the conflict reaction in the sphere of "contact," the area in which autistic children must develop the greatest resources. The skills of "time" and "patience" prove to be the key to establishing psychotherapeutic contact.

Keywords: Positive Psychotherapy, autism, family

Introduction

Of concern is the tendency to focus therapeutic interactions on behavioral, pedagogical, training-type practices, and didactic activities in which children are the object of education, ignoring or even defining as unimportant the world of the child's inner experience. I will try to use the well-known methods of Positive Psychotherapy as a framework in which to consider the child with autism and support his family.

In recent years, a dominance of cognitive techniques has unfortunately emerged in clinical and medical psychology, at the expense of psychodynamic psychotherapies. But as the famous Bulgarian psychoanalyst Nikola Atanasov says, it is probably impossible to do real psychoanalytic

psychotherapy in the clinic, but when the child and the family meet with a trained, psychodynamic specialist, it is still different from the didactic-cognitive mass practice. Atanasov, (2017): "Currently, clinics largely resort to SVT, they offer methods that are suitable for a clinical setting, but the analyst can also work, and working with a hospitalized patient is different - it may not be psychoanalysis, but as it is a psychoanalyst who conducts it, he/she thinks psychoanalytically." The use of psychotherapeutic practices when working with children with suspected autism in clinical and non-clinical settings in Bulgaria is still not well understood. The use of psychodynamically-oriented methods is limited mainly by the lack of trained professionals, but also by familiar stereotypes of thinking and the fear of

falling into psychologization in solving issues of diagnosis and treatment of autism. Yet there are plenty of reasons to engage in psychotherapeutic practice. The main difference between the psychotherapeutic approach and the psychocorrective approach is that the latter is not interested in the causes and does not seek meaning in the autistic symptoms. Lacan (Lacan 2008) defines the autistic child who does not speak as being included in language because it is spoken about. In his studies of true autism and primary depression in autism, Meltzer (Melzer 2019) emphasizes the ease of exchange between animate and inanimate objects in autistic children, the use of the maternal object as an extension of the self, and its use to perform the functions of the self. He believes that these children have a high degree of "ability to dissociate their sensory modalities from their usual connection, thereby disrupting reality testing." In her clinical studies, Bremner (Bremner, 2019) noted the tendency toward a primitive tactile relationship with objects. In the description of primary depressive reactions, the focus is on the child's terror of being left alone without the mother. Wittenberg (Wittenberg) describes the child's condition as slipping into catastrophic depression, the main cause of which is the problem of separation, which she believes is an important stage in which the baby learns to tolerate the space between him/herself and the mother in her presence.

According to Tendlarz (1996), due to the specificity of the disorder, it is important to emphasize the child's need for communication and interaction, which should be pleasant and not didactic, in addition to socio-educational activities. The emphasis should be on playful methods in which parents and professionals "get down to the child's level" by playing with the child on the floor. The adult follows the child's interest and tries to regulate it, encourages interaction and tries to motivate the child to express his/her wishes, and helps to solve social situations that are relevant to the child until he/she reaches the level where he/she connects different ideas (emotional thinking, sense of reality, logic). These activities enable people with learning difficulties and limited communication skills to learn the pre-linguistic basics of communication. These include the skills to enjoy and take pleasure in interacting with another person, sharing common interests and attention, using and understanding eye contact, facial expressions, body language and non-verbal signals. Whatever the cause, or rather causes, of autism, autism and early psychosis must be understood as something other than a simple deficit or set of deficits, even if they exist. It is a form of global organization of the psyche and personality of which autistic semiology is only a consequence.

Methodology

The differential analytic scale (DAS) is utilized, completed by a psychotherapist with the assistance of a parent and observation of the child. Additionally, the method of the four forms of conflict processing is applied to understand the child's approach to conflicts and to aid parents in reorganizing their interaction with the child.

In the form of a short survey with the parents, the so-called **Differential Analytical Scale for the Study of Children with Autism (completed together with one parent)**:

1. How does the child cope with the demands of accuracy, does the child himself require you to be accurate and precise?
2. Is cleanliness important to the child, does he get stressed if he gets his hands or clothes dirty?
3. What does tidiness look like for your child, are there any special requirements?
4. Does the child manage to follow and understand social rules? (Obedience, politeness)
5. To what extent is the child able to talk openly about his/her wishes?
6. Does he or she have an urge for perfectionism and precision when carrying out routine tasks, does he or she demand this from you?
7. Does the child need a long time to adjust, with another, even a familiar person, to feel safe?
8. Is patience important to him/her, does he/she manage to finish what he/she starts, does he show patience towards brothers, sisters, and peers?

The editing is quantitative: 3 points (+++) (---) each for strong quality, 2 ++ for average, 1 for weak and (+-) for indifferent).

All five stages of Positive Psychotherapy are utilized when describing the interaction with the child.

Sample: 50 children diagnosed with autism spectrum disorder (ASD) to varying degrees, participated in the study. The age of the participants ranged from 3 to 9 years ($M=6.27$ years; $SD=3.17$). Among them, 38% were girls.

Results

The analyzed sample consisted of 50 children between the ages of 3 and nine. Table 1 shows the measures of central tendency in the analyzed population, i. e. mean and standard deviation.

Table 1.
Characteristics of the sample. Descriptive statistics

	N	Mean	Std. Deviation
Age	50	6.27	3.17
Sex	50	1.30	0.46

In the author's opinion, the approach to using the "five-step method" in the psychotherapy of children with autism does not differ significantly from working with other children in Positive Psychotherapy. For example, only the quite long phase of contact-observation and connection with these children will be special. As this phase is perhaps the most important for the psychotherapy of a child with autism, we will discuss it in some detail.

A child with autism, disturbed by all the novelties and changes, is taken to an unfamiliar place with an unfamiliar adult. The situation is quite stressful even for a healthy adult or child, and certainly hyper-stressful for a child with autism. We could see this for ourselves when we saw the child demonstrate the full range of his/her defense mechanisms: the child may run around the room, sorting and organizing or vice versa, throwing everything away, getting very angry when he/she is touched or may sit directly on the adult and use him/her as a chair; another child will constantly knock, make noises, try to tear or eat something (usually things that are not suitable for eating), not caring whether these objects are edible or not. Another child will talk a lot and passionately about his/her monolog; other children will most likely not want to enter the psychotherapist's office without their mothers, they will be quiet, passive, and scared. Therefore, the therapist should first give the child the opportunity to explore the room without forcing him/her to make contact. The therapist can follow the child, and comment on his/her actions or feelings, but should not touch them or try to stay with an activity or situation. In this case, the most important thing when working with children with autism is the first phase of observation, distancing, until the therapist is accepted. This phase can last a long time, the therapy may never be ready to move on to the next phase. This is a risk, but without taking this risk, we will never be able to hear the child. I believe that Positive Psychotherapy can be most helpful in this first stage of bonding. This step requires the ability to listen attentively and perceive fully, with the observation, as Peseschkian (2016) writes, that the child and everyone from the family group of accompanying children first has the opportunity to present themselves without fear of a negative reaction or punishment, without being forced to speak (I clarify that in psychotherapy with autistic children, this "speaking" means all behavior, not just the words that the children speak. "Speaking" can include carrying objects, smelling the therapist's hair, etc.).

Using the DAS with the help of a parent and observing the children, we came to the following conclusions: The leading skills are the secondary skills of order (56%), accuracy (54%), openness (48%), precision (52%), but also the primary ones: Time (48%) and Patience (57%). The remaining skills are

difficult to measure due to the specific nature of children with autism.

When describing the forms of conflict processing, behaviors most frequently seen were forms of withdrawal from contact (in the area of "contact"), focus on the area of "body" by inventing various movements and self-soothing body practices, and on the area of "activity" by building with cubes, activities with small objects important to the child, or measuring and comparing different objects.

Discussion

As far as the five steps in Positive Psychotherapy are concerned, the work and thinking of a psychodynamically oriented psychotherapist differ from a cognitive psychotherapist precisely in that he/she understands that the attachment phase of "observing and distancing" must not simply remain the longest in the work with an autistic child, though it may be the only phase which the therapy reaches. The basis of this approach is the concept of contact, the reasons for its violations and interruptions, the concept of dialogic relationships, and awareness of oneself and one's own needs. By and large, everything needs to be understood and felt when working with children whose door to our world is still closed. Another important conclusion that can be drawn from this study is that it is the area of contact that children use the most, i.e. the area where resources are great. Apart from the secondary skills that autistic children show, which are often overdeveloped to reduce the child's anxiety, we see that the skills of "time" and "patience" are very important for the work of the positive child psychotherapist. Autistic children are children who from birth (and probably even before) are hypersensitive to everything that happens around them. As long as the environment meets their own safety requirements, they show no particular concern. However, as soon as there are changes in the environment that threaten the safety of such a child, the anxiety increases to such an extent that, unable to resist, he either begins to actively fight to restore the lost balance, or goes into his inner world, passively or actively rejecting all attempts to interact with it. The peculiarity of such children is that they are constantly worried about the world around them and want to be accepted by it, although they do not know the rules by which everything in it is ordered. The child on the autism spectrum may use amorphous forms of communication that are sometimes incomprehensible to others. Through physical activities such as grimacing, the use of hands, and dramatic actions, they establish a connection with the other person. The careful and cautious use of non-verbal communication, the psychotherapeutic attitude towards the child, without pressure, without interference, is a difficult process, but if it is applied with enough patience and ingenuity, it will be

rewarded. (Remmers, 2023). The therapeutic goals from this perspective include helping the child to deal with his sensory sensitivities, to understand his need to create an inner space in which to place the first rudiments of his fantasy life, helping him on his way to the symbolization process, and finally to be recognized as the existing alternative Other endowed with intention and meaning for him. (Basso, 2013)

Conclusion

To summarize, positive psychotherapists have much to offer in their work with autistic children and their families, in the belief that, despite the undoubted benefits of socio-educational activities in which they can share their encounters with the child and many psychologists who teach them, they must also take into account the risks of corrective practices based on a system of support and punishment, which lead to the production of a false self, through a set of learned words and skills that are not syntonically and integrated into the child's personality, which create a temporary illusion of social adaptation, but do not allow the child to face new situations with creativity and, above all, contribute to the suffocation and denial of his own mental life.

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