THE THERAPEUTIC NEEDS OF CHILDREN WITH AUTISM: A FRAMEWORK FOR PARTNERS IN NON-DIRECTIVE PLAY

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Abstract

I discuss the potential role of non-directive play therapy for autistic children, describing a place for therapy within the contexts of education and early intervention. The difficulties faced by autistic children when accessing free-flowing play are explored. The suggestion is made that we, as potential partners-in-play, need to change our behaviour and expectations to address these difficulties and meet each individual child’s needs. The framework of this article is to support us in these challenges. In the first section (Autism Unfolding), I map out some of what we know about autism and development, isolating the potential therapeutic needs of autistic children. I look at the possible cause of autism. I then discuss the emotional, inter-subjective disturbances that constitute the ‘core’ of autism common across the whole spectrum of disorder. Next I examine the early behavioural signs of autism and pinpoint focus areas for potential inter-subjective intervention. I then explore what we know about autism and attachment, and ask: how can autistic children develop secure attachments to their primary caregivers when their ability to engage with others is so impaired? In seeking an answer I develop some new tools for thought – in particular the differentiated concepts, subjective containment and inter-subjective containment, along with the idea of an attachment contradiction for children with autism. Finally, in this first section, I look at the secondary defensive behaviours employed by autistic children. I then provide a condensed summary under the heading: Making play therapeutic for autistic children – What is our role as a partner-in-play? The last section (The Potential of Non-Directive Play) challenges the existing theoretical explanations of the difficulties faced by autistic children when accessing play and provides an alternative model. I explore the potential for non-directive play therapy to support autistic children in transformative play experiences. Lastly, I take a look at the existing research concerning the use of non-directive play therapy with autistic children.

Key Words: Autism, non-directive play therapy, attachment, attachment insecurity

Setting the Scene – A Place for Therapy in the Lives of Autistic Children

One day, hopefully soon, we will be able to implement early intervention programmes for all young children with autism. Such programmes already exist. Possibly the most comprehensive of them is the integrated developmental approach, ‘Floortime’ (Greenspan & Wieder, 2006). Others include, ‘Intensive Interaction’ (Nind & Hewitt, 1994, 2001) and the ‘Options’ approach (Kaufman, 1986). These programmes are very effective. We just need to implement them properly, consistently, and early enough. We need to reach these children before the full power of autism manifests; before developmental symptoms, born from the complexities of social interaction, appear; and before maladaptive defensive strategies, born out of response to confusion and pain, become entrenched. If we do this, there is substantial evidence to suggest that we can enable children with autism to lead happy, fulfilling lives (Greenspan & Wieder, 2006). But we haven’t managed it yet. And until we do, there will always be a lot of autistic children who could benefit deeply from therapy.

Non-directive approaches to therapy share a great deal in common with the developmental programmes mentioned above. Both systems emphasise the early beginnings of human connection and the importance of relationship building. But there are important differences too. An approach like Floortime has directive, educational elements. It needs to. Children with autism need to learn in specific ways. Non-directive therapies cannot do this. But equally, existing developmental programmes cannot create a truly therapeutic experience for a child. One of the fundamental conditions for therapeutic growth, unconditional acceptance (Rogers, 1957), cannot be genuinely fostered within an education framework. The pressures inherent in directed learning will always create a demand on the child. This demand - even if it piggybacks on a natural rapport - makes it impossible for any child to feel free to express themselves exactly as they are.

So, both non-directive therapy and the developmental approaches to early intervention have their place in the lives of autistic children; different, but compatible. I have always worked in schools - previously as a specialist teacher, now as a play therapist working with children with autism. I would love to see a combination of the above approaches implemented to powerful effect by all our special education providers. Towards this aim, we need to increase our understanding of the complex therapeutic needs of children with autism. This article is about these needs and about how playing can help.

Play: A Challenge for the Child with Autism - A Challenge for Us?

"Play is not a mindless filling of time or a rest from work. It is a spontaneous and active process in which thinking, feeling, and doing can flourish since they are separated from the fear of failure or disastrous consequences."

(McMahon, 1999, p.1)

"Why is it that educationalists know that children learn through play, yet seem to lose sight of this when it comes to children with special needs? This becomes even more of a paradox with children with autism, to the extent that 'work' and 'play' become totally separated in their perception."

(Sherratt & Peter, 2002 p.1)

The path this article follows will lead us through an exploration of the potential benefits of using non-directive therapeutic play with autistic children. Here, right at the start, is the biggest obstacle in the path. It is a giant brick wall. Later on I will discuss the possibility that this brick wall is an illusion. But for now, here it is…

The long-held view, that a non-directive approach to therapeutic play is not appropriate when working with autistic children, remains prevalent in the workplace and in many of the standard play therapy texts (West, 1996). A few papers have recently emerged that represent, directly or indirectly the tentative beginnings of a challenge to this viewpoint. These challenges, which will be explored later on, remain heavily in the minority. At the bridge from theory to practice the consensus stands firm. The theoretical assumption is that children with autism cannot engage in the transformative, progressive adventure of free-flowing play without rules, direction or structure. It is an understandable point of view. It was born out of the difficulties shown by many children with autism when accessing play and from the standard responses employed within specialist schools: adult-imposed structure and direction.

Since the earliest days of diagnosis the classical view of autism has been described by a triad of impairment (Kanner, 1943 & refined by Wing & Gould, 1979). The points of this triad - social interaction, communication, and observed limitations in imaginative, symbolic ability - have clear implications for an autistic child's potential to access and utilise free-flowing play (Moor, 2002).
The way autistic children play is often idiosyncratic, stereotyped, reduced to 'concrete' routines of behaviour that appear hard-wired and immovable (Moor, 2002), and seems to lack the emotional understanding and reciprocity needed for deep interaction with another person (Moor, 2002). Anyone who has spent time with a child with autism will agree that these issues are real and alive. Children with autism do have difficulties accessing free-flowing play. But perhaps the leap from this statement to the suggestion that they cannot access free-flowing play (and therefore we should automatically use directive techniques) is a leap too far. In my experience the voices of reality (those of the children and their play, and of parents, carers and professionals) tend to disagree with the standard view. These voices are all saying the same thing: “The autistic children we know are imaginative, emotionally attached to us, and communicate and grow through play in their own way.” I have heard these words so many times. I often wonder just how many voices it takes to be heard.

Overview

Maybe we can help children with autism to have therapeutic play experiences? Perhaps this might take less structure and direction on our part than we have been led to believe? And maybe the key can be found in adjustments to our own behaviour and expectations and not in attempts to control and define the child’s? If we are to become partners in non-directive play with autistic children we will need some tools. We will need working models of the real-life therapeutic needs of children with autism. We will need to think about what these needs suggest to us; what changes do we need to make to the way we go about playing in order to make play an engaging, transformative process for the children and their play, and of parents, carers and professionals? tend to disagree with the standard view. These voices are all saying the same thing: “The autistic children we know are imaginative, emotionally attached to us, and communicate and grow through play in their own way.” I have heard these words so many times. I often wonder just how many voices it takes to be heard.

Autism Unfolding – A Map of Possibilities

Autism, the Brain and Beginnings

It is good to remind ourselves from time to time that, for all our theories, we don’t know what autism is. There is clearly a neurological, organic basis to autism (Bailey et al., 1996). Current research into aetiology points towards a genetic predisposition (Shastry, 2005) most likely coupled with a negative influence coming into play at a specific time in the development of the foetus (Rodier, 2002). That negative influence is so far undefined - perhaps it is infection (Rodier & Hyman, 1998), perhaps toxicity or extremely heightened stress levels (Latthe, 2006), perhaps hormonal (Baron-Cohen, 2003). We do know that this influence has a knock-on effect in the controlled expression of other genes that continue to regulate brain growth after birth (Rodier, 2002). It is in the first year of life that this mis-regulation proves to be crucial to the emergence of autism. Concheese et al. (1983) explain that between 3-5 months and 6-14 months autistic populations show an extreme period of brain overgrowth – compared with the rate of increase shown in normal populations. And from here on the first signs of autism unfold and interact with life outside in complex ways. The result is that autism manifests vastly differently in each person affected (Karmiloff-Smith, 1998). The label, A.S.D (autistic spectrum disorder) encompasses a population that includes non-verbal children and spans throughout the entire range of ability to include ‘high functioning’ individuals with advanced linguistic and cognitive ability.

A Vulnerable Time; The Core of Autism

Every normally developing child is a social being. “Our minds emerge and our emotions become organised through engagement with other minds, not in isolation” (Gerhardt, 2008:15). Human development happens between people, it is dynamic and inter-subjective (Aitken & Trevarthen, 1997). It is through interaction that an infant develops his sense of self and his expectations of others. Central to autism is a core of disturbance which severely disrupts a child’s natural abilities to relate to himself and to other people (Trevarthen et al., 1998). Throughout the entire autistic spectrum this core is always present (Hobson, 1993); all individuals with autism are particularly vulnerable to the social pressures of being human. What defines an autistic child’s difficulties in relationship is what has come to be known as ‘mind-blindness’ (Baron-Cohen, 1999). Autistic children have difficulties ‘reading’ and cognitively representing, the beliefs, desires, emotions and intentions of other people. But ‘mind-blindness’ is an effect, possibly, one of many, that doesn’t emerge in the lives of all autistics or account for all the symptoms of autism (Happe, 1998). The roots of mind-blindness are probably to be found in a matrix of disturbance that occurs in the early period of brain overgrowth. Within normal development, this stage is marked by crucial changes in the way the infant relates to the world, especially to other people (Trevarthen, 2001). It is here - in the second half of the first year of life - that the infant begins to seek out others in playful interaction. It is a vulnerable period of interaction crucial for every infant’s developing understanding of himself and others, and his confidence in relationship. It seems that the massive brain overgrowth indicative of autism, disrupts the potential for this new social life to begin. There are many theories and descriptions postulating the precise mechanisms or processes behind this catastrophe. Perhaps certain modular cognitive abilities, essential for ‘mind-reading’, fail to develop (Baron-Cohen, 1999)? Perhaps here, a specific unitary deficit emerges – for instance, a deficit in imitation (Smith & Bryson, 1994)? Perhaps the upheaval disrupts the emergence of the infant’s intrinsic sympathetic abilities that normally allow him to tune in to a natural, flowing interaction with an attentive adult (Trevarthen, 2001)? Or perhaps, in this volatile period marked by disturbances within the natural processes of neural self-organisation, the brain-body system fails to develop the adaptations, connections and flexibility required to meet the increasing social demands on the child? Or perhaps a combination of these; perhaps none?

For us, what is crucial is to realise just how fundamental the autistic child’s interaction difficulties can be. It is very possible that many autistic children meet have never experienced a reciprocal emotional connection; never felt the sense of truly sharing a game in a relaxed way. Stern (1977) described the human ability to connect with ease to another person as ‘attunement’. Natural play, where both partners have intact sympathetic abilities, is a rhythmic, mutual dance of attunement. This dance relies on both partners; if one is having difficulties then the partnership can easily fail as a communicative, learning entity (Stern, 1977).

Early Behaviour

The next step for us is to look at the sorts of ways the core of autism manifests as behaviour in a child’s early development. These behaviours are the observable roots of the difficulties children with autism share, and the beginnings of the behaviour we experience at home, in the classroom or playroom. In Box 1 I have summarised the findings of several researchers to describe our current knowledge of the early behavioural signs of autism (from around nine months on). Every autistic child will display individual configurations of these...
behaviours and not all autistic children will display all of them. In italics, I have translated these observed behaviours into areas of focus for partners-in-play. These areas are natural focus points for inter-subjective intervention (Greenspan & Wieder, 2006; Kaufman, 1986; Mintedur et al., 2001, Nind & Hewitt, 1994, 2001). The way in which we focus on these areas – i.e. the level of directive intervention we apply in play – will be discussed later on.

A Complex Partnership: Autism and Attachment

“She longed for affection but feared human contact.”

(Grandin & Scariano, 1996: back cover summary)

So far, our map has been an exploration of the thing that all children with autism have in common; in one way or another they all feel out of sync with themselves and other people. Next, I want to start to consider the effects of this feeling on the child’s emerging sense of self, his internal models of other people, and on his emotional health.

Patterns of attachment, forged in the first year of life, are known to be strong definers of the quality of a child’s relationships (Ainsworth, 1999). For the vast majority of children, the seamless connection between attachment functioning and relationship potential holds to be true. But for some developmental pathways the connection breaks down (Minnis et al., 2006). These cases force us to re-define the early relationship needs of children and expand on the chain of experience that defines a child’s ability to relate. This is what I want to do here. Why? Because autism is one of the pathways that doesn’t fit the usual model. And, in shaking up our models of understanding we can gain new insight into the emotional experiences shared by children with autism…

It is clear that secure attachment patterns develop from an evolutionarily basic sense of being held, physically and emotionally, by the primary caregiver. It is also clear that secure attachment is not a latent emotion, or a subconscious process that can be accessed. It is the product of an observable, repeatable series of events that can be supported and developed within a therapeutic context. The early period of life is known to be a time for the development of the neurological structures needed to support secure attachment patterns (Main, 1992).

Additional focus on: Imitation difficulties

Imitation (specifically of emotional body states and facial expressions) in early game-play is essential for dynamic social learning. In normal development, imitation is the route to understanding the intentions, emotions and desires of other people (Baron-Cohen, 1999). Autistic children also have difficulties with any unspoken, unwritten (or otherwise not communicated) intention that we take for granted in our communication (Frith, 1989).

Additional focus on: Difficulties with attention and perceptual timing

Autistic children can be very hyperactive and often have difficulties calming down or remaining calm. Sensory Integration (SI) Dysfunction – autistic children often have immunological and digestive problems and difficulties with the ability to self-regulate energetic arousal levels (Trevathan et al, 1998). Autistic children can be very hyperactive and often have difficulties calming down or remaining calm.

Additional focus on: Mind-blindness and broader difficulties with Meta-representation

Mind-blindness and broader difficulties with Meta-representation – autistic children have difficulties understanding the intentions, emotions and desires of other people (Baron-Cohen, 1999). Autistic children also have difficulties with any unspoken, unwritten (or otherwise not communicated) intention that we take for granted in our communication (Frith, 1989).

Difficulties understanding emotional expressions – particularly expressions that carry indirect intent or meaning beyond basic happy/sad/angry, for instance surprise, anticipation, an ironic smile (Hobson, 1993).

Autonomic disturbance – autistic children often have immunological and digestive problems and difficulties with the ability to self-regulate energetic arousal levels (Trevathan et al, 1998). Autistic children can be very hyperactive and often have difficulties calming down or remaining calm.

Sensory Integration (SI) Dysfunction – autistic children often have difficulties processing everyday sensations (Biel & Peske, 2005). SI dysfunction could include any combination of hyper/hypo acuity and sensitivity to many possible sensory stimuli (Williams, 1996). SI dysfunction could also leave an autistic child with an incoherent, confusing, and often painful sense of his own physical body (Tustin, 1990).

Motor control impairments/idiosyncrasies and postural weakness – autistic children have difficulties with the integrated use of their own body (Trevarthen & Daniel, 2005).


caregiver (Bowlby, 1988). It is through this relationship that basic needs are met and safety is maintained. Infants require consistent experiences of this basic ‘containment’ (Blon, 1962), across the first year of life, for them to internalise a sense of safety in relationship (Ainsworth, 1979). This internal security is essential for healthy relationships to be possible in the future (Ainsworth, 1999). We know that children with autism have difficulties relating to others. It seems likely that being so out of sync with his primary caregiver would interfere with a child’s ability to feel contained. It sounds like autism could fundamentally relate to attachment disorder. This is not the case…

The most recent and comprehensive meta-analytic review of studies of attachment in autism produced a mixed bag of results… “In sum, four studies found rather low percentages of secure children with autism, and six studies (three of which came from the same research group) reported a substantial proportion of secure children with autism, or no significant differences in security between children with autism and comparison groups” (Rutgers et al., 2004). Why the uncertainty? In the main, discrepancies resulted from varying procedural standards, diagnostic criteria, the choice of subject group and the vast range of possible severity of impairment across the autistic spectrum (Rutgers et al., 2004). But also, none of the procedures listed seem to adequately factor in the possible co-occurrence of life situations that would, in any normally developing child, result in a high potential for attachment insecurity regardless of autism (this will be explored later on).

The meta-analytic review (Rutgers et al., 2004) gave us plenty to think about. Here is my summary:

Autistic children with co-morbid mental retardation show a high percentage of attachment insecurity (studies did not differentiate between avoidant, resistant, or disorganised sub-types). Here we need to be careful how we interpret the apparent relationship between co-morbid mental retardation and attachment insecurity. Shah and Wing (1986) point out that the level of cognitive impairment in autism is directly related to the severity of core social deficit. In other words, the apparent effect of co-morbid mental retardation could equally be due to the severity of autism. The high percentage differed significantly from normal populations but by no means was attachment insecurity a defining factor of the group; many children displayed secure attachment patterns. It seems that severity of autism may well be directly related to a greater chance of attachment insecurity, it is highly likely that it is a strong factor, but it is far from a certain cause. Children with high-functioning autism (those without mental retardation) showed slightly less (but not significantly so) attachment security than normal populations. All in all it seems fair to say that children with autism (even higher functioning) are, at the very least slightly more prone to patterns of insecure attachment. But it is equally safe to say that the full population we are currently encompassing with our label ‘autism’ cannot be defined by disorders of attachment in the classical sense of insecurity or inability to attach.

The fact that attachment security seems compatible with autism leaves us with a conundrum: how do children with autism attach when their ability to be in-tune with another is so impaired?

Our answer can be modelled on the findings from recent research into the attachment patterns of children with Reactive Attachment Disorder (RAD). Ironically, populations of children with R.A.D show percentages of secure attachments not significantly different from normal populations (Minnis et al., 2006). Minnis et al. (2006) explain that insecure attachment is neither necessary nor sufficient for explaining the relationship difficulties experienced by children with RAD; the disorder has its roots in inter-subjective disturbance.

This fact forces us to re-examine the straight line of causality, drawn by attachment theory, between attachment security and relationship potential. It appears possible for a child to display attachment behaviours indicative of security whilst still being unable to enter successfully into relationships with their ‘attachment figures’. The nature of a child’s attachments is not a sufficient definer of his early relational / emotional needs or future relationship potential. A securely attached child also needs to develop within and from the felt rhythmical experience of on-going shared communication – and to experience concordant inter-subjectivity (Minnis et al., 2006).

Here, it might be useful to begin to think about an infant’s needs for containment as being differentiated on two levels. The first level is essentially subjective. It is not passive; it requires certain states, abilities and motives to register the attention and basic intent of another. But it is essentially receptive. It is about how the other person enables the infant to feel. It does not involve the infant actively seeking out others in shared experience. The nature of a child’s basic attachment patterns depends upon the quality of his experience of this first level of containment. Here, if all goes well, an infant will experience basic physical and emotional safety, integrity of being and the beginnings of trust in others. We could call this level: subjective containment.

The second level of containment is essentially inter-subjective. It is the experience of genuine mutual co-regulation with the caregiver. It is the experience of creating a shared world. This second level of containment relies on a different, more sophisticated set of abilities and motives. Here, both partners are actively seeking each other out in playful communication. This is the domain of fine attunement, shared rhythms and mutual regulation. If both partners are in-tune then the social experience is one of contained harmony. The infant experiences the power and joy of relating to another person. He will develop as a person with confidence in himself as a social being. We could call this second level: inter-subjective containment.

It seems that the nature, and quality of a child’s attachment relationship depends on his experiences across both levels of containment. In normal development the progression of experience between the levels is overlapping and seamless. And for children with attachment insecurity, dysfunction across the levels is equally overlapping and seamless. In both these cases it has been safe to assume that a measure of attachment security is an accurate definer of relationship potential. However, RAD and autism have shown us that this seamless chain between levels can break down. We might need to consider the possibility that the Strange Situation (Ainsworth et al., 1978) – a measure of attachment behaviour plus very basic containment (the ‘secure-base’ – Bowlby, 1988) and not the rhythmical potential of inter-subjectivity – may have certain limitations as an assessment tool when measuring a child’s potential to engage in ‘attachment relationships’.

We now have the conceptual tools to describe the confusing fact that many autistic children are experiencing severe relationship difficulties with their attachment figures whilst still experiencing attachment security; the experience of autism is, in essence, one of disrupted inter-subjective containment and not of disrupted subjective containment. This description is a useful start, but it does not help us to understand how such a differentiated developmental phenomenon is possible. We need to ask ourselves: how can the effects of autism be so specific as to pinpoint inter-subjective potential whilst leaving attachment intact?

Our answer might not be in the ‘how’ but in the ‘when’. Earlier I discussed the onset timing of the period of brain growth dysfunction so crucial to the manifestation of diagnosable autism. Corchesne et al. (2003) explain...
that the period occurs between 3-5 months and 6-14 months. For the majority of children developing autism it seems there is time prior to the onset of brain growth dysfunction to forge the basics of attachment. Perhaps the postulated connection between the severity of autism and attachment insecurity stems from their shared roots in an early onset time of brain growth dysfunction?

A second, although circular answer is that autism is essentially a disorder of inter-subjectivity. Due to the time-specific emergence of manifest autism, the disorder itself creates disturbance specific to inter-subjective containment and not to subjective containment.

Whatever the reason(s), autism has a severe impact on inter-subjective experience whilst leaving basic attachment patterns intact. I believe that this duplicitous nature of autistic attachment might create a unique and disturbing psychological experience for children with autism. This experience could be termed, The Attachment Contradiction of Autism:

Children with autism have intact drives to seek out and remain close to their attachment figures (significant others) for personal safety and a sense of basic emotional integrity. The basic desires for connection are alive. But, at the same time autistic children have fundamental disturbances in the inter-subjective abilities that normally allow those connections to become truly meaningful, shared experiences.

The experience of such a contradiction may well, on a pre-conscious level, leave the autistic child feeling fundamentally split inside – torn between contradictory levels of motives, abilities and impairment.

There is one final and crucial note of caution we must apply when making links between autism and attachment. It is simply to remember that autistic children have lives beyond their labels. The behaviours we are seeing at home, in the classroom or playroom might be due to the direct impact of autism but they might not. If attachment security is compatible with autism then basic insecurity is too. Perhaps the behaviour you are seeing is there because this autistic child has experienced trauma, violence, anger, inconsistency, or been ignored in his family home. The observable behaviours concerned, as we will now see, can be remarkably difficult to differentiate…

Secondary Disability – When Appearances can be Deceiving

As we know, human contact (even with attachment figures) is likely to be incoherent, unpredictable, and often painful for children with autism. We also know that autistic children have similarly disjointed relationships with their own bodies and have difficulty self-regulating their emotional and energetic arousal levels. If you combine these facts it is clear that autistic children have a heightened potential for anxiety, panic and fear (their bodies are designed for it) that is triggered most readily by human contact (Grandin & Scarlino, 1996). As autistic children cannot regulate their internal worlds directly, the defensive strategies they employ tend to be attempts to control the world outside as an indirect solution; an attempt at containment-by-proxy. These secondary defensive, or ‘adaptive’ strategies (depending upon your point of view) displayed by children with autism can unfortunately become further barriers to interaction. Sinaon (1993), when describing the mental health needs of individuals with learning disabilities, wrote, “…far more disturbing than the primary handicap or disability is the defensive secondary handicap used to cope with it – or rather not to cope with it” (1993:18).

Children with autism display a wide range of defensive behaviours including social withdrawal, avoidance, freezing, blanking out, physical manipulation of others, violence, refusing to listen, and self-stimulatory or self-calming behaviours which often include idiosyncratic, stereotyped movements such as hand flapping, rocking, pacing etc (Williams, 1996).

These behaviours are remarkably similar to many of the controlling behaviours displayed by severely insecurely attached children (Hughes, 2006). Daniel Hughes (2006) explains how an overwhelming lack of security in the early life of an otherwise developmentally normal child can lead to autistic-like self-regulatory difficulties and painful experiences of other people for that child. As a result the insecure child uses similar secondary defensive strategies to the child with autism. The study by Minnis et al. (2006) made clear the incredible similarities between autistic defences and those used by the ‘inhibited type’ sub-group of children with RAD even though the groups do not share a basic aetiology.

These facts themselves reiterate my note of caution (above) concerning the blanket use of the label ‘autism’ when making assumptions of cause and effect when autistic children are displaying specific difficult behaviours: the child with autism has a life beyond the label, a life that might include other, serious difficulties. More than likely, these difficulties will be exacerbated by autism but this does not mean they should be ignored as serious issues in their own right. It is crucial that we hold in mind the possibility that many of the behaviours displayed by the autistic children we meet are secondary defensive strategies and not due to primary impairment. These defences are born out of confusion, incoherence and contradictory impulses. But underneath them the basic attachment drives to connect with another person are often (if not always) present. As partners-in-play we should be careful not to disrespect these drives, not to buy into the misconception that defensive strategies are signs of immovable deficits. Instead we can see them as the most current, best-fit ways of adapting. We can respect these adaptations and work with them whilst continuing to open and adapt to the possibility of emotional connection.

Making Play Therapeutic for Autistic Children: What is Our Role as a Partner-in-Play?

(The focus areas for intervention, highlighted in italics in Box 1, can be used to accompany the following section.)

1. To respect and facilitate the autistic child’s need for connection - through consistent experiences of concordant inter-subjectivity

Every child needs to feel genuinely connected to the significant people in their lives. It is not possible to feel loved and important without that feeling. Most children can connect naturally with others through the shared rhythms of game-play. Children with autism find this difficult. But these observed difficulties should not be taken for an absence of need. They should be seen as contradictions that complicate the fulfilment of that need. We need to respect that underlying need for connection and adapt ourselves to meet it. As the usual social modalities for connection may not be accessible for the autistic child (eye contact, imitation, verbal communication etc.) we need to be open to other forms of shared experience (see the focus areas in Box 1). This adventure will involve us engaging through individually appropriate modalities and preferences – perhaps sharing patterns of movement, non-verbal utterances, games of body language, colour, touch, taste and smell; perhaps engaging in loops of behaviour that seem stuck and learning to respect their function and time-scale for change; perhaps cultivating interest in what appear to be the strangest things and learning to see their significance for the child; perhaps continuing to listen to words that seem like echoes without meaning and only after a long time beginning to realise the emotional significance of this communication; perhaps slowing the pace of communication right down, minimising spoken language and leaving time without pressure for response; perhaps using surprise and anticipation with sensitivity to reach out to a child; perhaps truly accepting silence – and above all, remaining open, loving and responsive.

2. To help the autistic child experience his own emotions with coherence and clarity

Children with autism can develop their understanding of emotions (Trevathan et al., 1998). It can be a slow process. Firstly, autistic children need to feel safe enough to begin to loosen the hold of their secondary defences – those behaviours that distance the child from others in the name of control. Only when children feel safe do they allow themselves to feel deeper emotions (Bowlby, 1988). For the playroom relationship to be safe, and therefore therapeutic for the autistic child he needs to feel connected and accepted.

We need to take care to make sure these opportunities to feel safe are regular and consistent for children with autism. When this is established,
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our role as partner-in-play is to become a mirror for the child (Winnicott, 1988). We need to be open and sensitive to feel the emotions underlying the autistic child’s communication. Often this will be tricky, the emotions murky and confusing. But if we keep all our senses alive to every layer of communication, every sign, then it is possible. As a mirror does, we then reflect what we feel back to the child. For a child with autism this reflection will require extreme simplicity and clarity and will need to be expressed using the individually appropriate modality; perhaps heightened body awareness, gesture, touch, vocal tone, non-verbal vocal expressions, facial expression, simple language, colour, light within the environment… (See Box 1). When an autistic child begins to experience his own emotions with more clarity (through consistent reflection) his emotional body and sense-of-self start to gain coherence. Coherence gives a sense of meaning, wholeness. This emerging coherence enables the autistic child to begin to appreciate others as emotional beings. A cycle of relationship, of true emotional connection and progress has begun. Within this new emotional partnership the autistic child is able to simplify, clarify, integrate and internalise positive experiences of himself-in-relationship. This is the therapeutic process of growth. It leads to self-containment, resilience and happiness.

3. To enable the autistic child with experiences of autonomy and intentionality within his social environment.

Often children with autism have little understanding of the effects of their own actions on other people (Baron-Cohen, 1999). Most autistic children cannot appreciate the emotional impact they have on others and many have difficulties with basic physical causality. Within the dynamics of a safe, therapeutic relationship children with autism need to feel the strength of independence and the power of their own actions. These experiences can kick-start a cycle of understanding and intention for the autistic child. When he realises he has the power to influence the people around him - and comes to associate his intentional acts with the inherent positive feelings of empowerment and connection, and also with helpful practical outcomes - he is likely to explore his power further. This cycle of positive feedback can strengthen previously insubstantial motives to seek out and interact with other people. We cannot facilitate these experiences if we are always controlling or directing the children with whom we are playing. Instead, we need to truly respect, accept and work within the child’s preferred mode, pace, level and context for interaction. We need to be sensitive followers, not controlling leaders.

To help the child with whom we are working in his understanding of intention and effect we need to be very straightforward in our communication (see Box 1). We should give clear, uncomplicated replies to an autistic child’s questions and statements. We should also offer our own simple, honest responses to emotional situations where sensitively appropriate.

4. To always remember that children with autism have lives beyond their labels.

The difficult behaviours displayed by an autistic child at home, in the classroom or playroom might be linked directly to the impacts of autism, but they might not. We need to keep an eye open for family/care situations that would, in any normally developing child, result in a high potential for attachment insecurity regardless of autism. Perhaps the behaviour you are observing is there because this autistic child has experienced trauma, violence, anger, inconsistency, loss, or been ignored in his family home.

5. To approach any therapeutic intervention, including our play, with a sense of receptive exploration – being careful what we assume and not so quick to lead our interventions in possibly inappropriate directions.

Throughout the map of autism I have tried to emphasise just how difficult it can be to try to define and differentiate between the various behaviours displayed by autistic children in terms of cause or function. These difficulties are due to the vast spectrum of autism itself, the range of possible attachment patterns and functioning related to the severity of autism, the subtleties of relationship difficulties (for instance, the attachment contradiction), the possible co-occurrence of family situations that would lead to attachment insecurity regardless of autism, and the inevitable onset of secondary defensive strategies. If we are going to enter into therapeutic play with any child with autism we need to be aware of this complexity, aware of all the possibilities. Personally, I believe we can never know the necessary direction of another’s therapeutic process. The complexity of influence within an autistic child’s life is a strong indicator that only the child himself can lead the way.

The Potential of Non-Directive Play

"Autistic children have more socially related behaviours than people realise… To say that an autistic child has absolutely no response to people is a misconception… an autistic child may be socially responsive in one situation but not another.”

(Grandin & Scariano, 1996, p.10)

Autism and Play – A Brick Wall, or Just an Illusion of One?

When a child does not feel contained he will not reach out and explore the world around him (Bowlby, 1988). When all a child’s energy is focussed on self-preservation through defensive behaviour he will never relax enough to start exploratory play; he is not in a position to start to take risks. Perhaps here, we should be questioning the line of direct assumption traditionally drawn between autism and lack of playfulness! Perhaps it is not really the ‘autistic’ child who does not play. Perhaps, more accurately, it is the defensive child who has autism who hasn’t yet played! The autistic child needs to feel safely connected in a relationship built on unconditional acceptance (Rogers, 1957) of his current needs, interests, and way of being. Until then he will not use exploratory play – no child would.

But the demands of the current education system, and the practical demands of school life make it extremely difficult to give children consistent experiences of these conditions. And even the most child-centred of existing inter-subjective interventions – including the developmental programmes discussed above and, to be added here, An Integrative Approach to Play Therapy” (Kenny & Winick, 2000) – have a focussed direction for learning. Even if these directions are ‘loose’, the expectations subtle, they will still be a barrier to a child’s experience of acceptance.

Winnicott wrote, “it is good to remember that playing is itself a therapy” (1988-58). If we could do this, if we could just for once leave our adult ideas of work and direction on the shelf, perhaps we could help an autistic child feel deeply accepted, trusted and safe? And perhaps that child with autism might just surprise us.

In a comprehensive and challenging study, Sherratt (2002) gave us a new perspective on the potential for autistic children to play. The study used directive modelling to promote pretend play skills in autistic children. Sherratt (2002) discovered that the children in his study were able to demonstrate symbolic play skills and even began to initiate spontaneous pretend play with their peers. Sherratt (2002) concluded that the absence of pretend play in the lives of many autistic children is due to performance impairment and not a problem of generativity. Pretend play is there but the right conditions for its expression are not. And, most significantly for us is Sherratt’s finding in answer to the question: “well, what are the right conditions?” Underlying the various directive techniques he employed, Sherratt found that the truly significant feature of his intervention was actually the use of “affective marking” - highlighting the significance of an event by an enhanced emotional expression or gesture. At the very centre of this directive intervention we find the crucial tenant is in fact non-directive and focussed on emotional connection and clarity.

Non-Directive Play Therapy for Children with Autism

“... Play therapy matches the dynamic inner structure of the child with an equally dynamic approach.”

(Landreth, 1991, p.7)

"The therapeutic condition of unconditional positive regard (acceptance) concentrates on accepting children’s current functioning, along with assuming that they possess an innate drive
towards better functioning. In theory this allows children with autism to choose the pace and focus of change themselves, thus enabling joint attention to be instigated by children rather than adults, as well as increasing the children's autonomy under the favourable conditions of the playroom.”

(Josefi & Ryan, 2004, p.534)

In my exploratory work with autistic children I have used many powerful systems of intervention including all of the developmental programmes discussed above. But, none of these approaches helped me to truly accept, respect, and be led by the children I work with. I found I was always working from a subtle need to direct each child’s experience in ways in which I thought were appropriate. I did not trust the child’s own process. Basically I did not trust the child. Slowly I started to feel that this lack of trust was a barrier to each child’s potential.

The person-centred approach to therapy was built on Carl Rogers’ trust in the human self-actualising tendency (Rogers, 1980): All human beings possess an innate drive towards emotional and psychological wholeness, and given the right conditions this drive will always come to life. The necessary and sufficient conditions identified by Rogers (1957) are: empathy, unconditional positive acceptance, and personal congruence. If these conditions are genuinely fostered and adequately communicated, a therapeutic experience is possible. It is an experience to bathe in. Self-actualisation happens as a tree grows with sun, soil and rain, or as your heart pumps blood around your body — intrinsically, without being shown what to do.

Non-Directive Play Therapy (NDPT) shares the same core conditions and trust in the child’s tendency to adapt and heal (Axline, 1993). The foundations of NDPT were set out by Virginia Axline (1993) with an explicit focus on engagement and respect through non-direction: “The therapist accepts the child exactly as he is...establishes a feeling of permissiveness in the relationship...maintains a deep respect for the child’s ability to solve his own problems. does not attempt to direct the child’s actions or conversation in any manner...does not attempt to hurry the therapy along.” (Axline, 1993, pp.73-74, summarised).

If we follow these guidelines we can connect with autistic children on their terms. We can enable a child to feel accepted, respected and powerful by helping them to engage with therapy at their own pace, through their own interests and preferred modalities. To do this we will have to change. We will need to embark on an exploration into unknown territory to find the best ways to tune into, and interact with each child. The main purpose of this article has been to describe a framework to support us in these explorations.

A brilliant longitudinal study by Siller and Sigman (2002) gives us strong evidence for the positive impact of true sensitivity and respect when attempting to connect with autistic children. The study looked at parents’ abilities to engage with their autistic child. Three parent engagement styles were witnessed: unsynchronised (to the object or activity the child was already engaged with), synchronised-demanding (an attempt to redirect focus or activity), and synchronised-undemanding (supporting the child’s current focus or activity through sensitive reinforcement or comments). The results clearly showed that the frequency of synchronised communication (verbal and non-verbal), particularly those with an undemanding quality, significantly predicted future gains in language skills. Through unconditional acceptance and genuine connection these autistic children were able to explore and learn.

When we reach out and build a relationship based on true acceptance we create an environment for therapeutic growth. This atmosphere of trust also creates the perfect safe space for dis-abled play potentials to come alive and flourish; Play and Therapy come together when we are truly child-centred and non-directive in our approach.

Within the safe space of the playroom it is possible to for us to help an autistic child develop his own emotional awareness. Within the therapeutic relationship we can contain the intensity of a child’s emotions; ‘holding’ him whilst he explores and works with them. We can then become a mirror for those feelings. Axline’s fourth principle of NDPT guides us in this process: “the therapist is alert to recognise the feelings the child is expressing and reflects those feelings back to him in such a manner that he gains insight into his behaviour.” Without this successful reflection, Rogers (1957) made it clear that the underlying core conditions would be useless. Without reflection it is not possible for a child to become aware of his emotions, explore them, or integrate the positive changes experienced in therapy (Wilson & Ryan, 2005). For us, what is crucial is the use of clarity and appropriate mode of communication; appropriate and different for each and every individual autistic child with whom we work. Again, this article is a framework to support us in these unique challenges.

There are two published case studies of the use of NDPT with autistic children. Both point towards very encouraging possibilities. But clearly we need far more research in this area.

The first is a brief description of Brad’s process in NDPT (Mittlelde et al., 2001). In the second, Josefi and Ryan (2004) give us extensive insight into John’s story - a story of deepening connection between a therapist and a child with severe autism. John began his NDPT sessions displaying insecure, withdrawn, ritualised, and hyper-vigilant behaviours marked by frequent periods of self-regulatory activity (gazing out the windows, sensory repetition). Over the course of just sixteen sessions he entered into a truly therapeutic relationship. He felt safe enough to start exploring and moved quickly from solitary sensory play, to pretend play, and on to mutual play. This story has everything - non-direction as positive action.

Josefi and Ryan (2004) describe John’s progress in terms of him being able to enter into a therapeutic relationship, improvements in autonomy, and by his displays of attachment behaviours towards the therapist. At one point it was described how John immediately sought his therapist’s care when he hurt his finger. This interpretation of John’s progress stops short with attachment. The explanatory power could go further. In the report it is clear that once John felt contained a natural need arose in him to engage in mutual play, the beginnings of joint attention. In addition to the security of attachment John began actively seeking out his therapist for interaction. Within the NDPT environment I have experienced children with autism developing an intentionally playful approach to interaction. This natural exploration of me, their partner-in-play, sometimes involves limited but spontaneous imitation. It seems that NDPT has the potential to encourage the natural emergence of playful, social behaviours in children with autism. By creating a therapeutic environment, where the experiences of subjective and inter-subjective containment are fostered, it seems NDPT can help an autistic child to reach out for connection.

I am not suggesting that NDPT will cure autism. Once autism has become manifest in the life of a child nothing can ‘cure’ it – such an attempt is akin to trying to ‘cure’ someone of their personality. Our best hope for change on this essential level is very early intervention (as discussed above) – an approach to prevention rather than cure. But, in my experience, even in late development the drive for growth remains strong in children with autism. It has often been hidden, pushed down, covered up, and well defended. NDPT has helped this drive to emerge and flourish. I have seen children with autism change in remarkable ways. Their own process has enabled them to grow in resilience, self-esteem, and become happy relating with other people.

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