



Relationships that Include Asperger's

RELATING TO A DIFFERENT KIND OF MIND

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Transactional Analysis (TA) is a way of understanding what goes on inside people and between people; and how those two are related. Studying TA helps people to understand themselves and their relationships. It also provides tools to make changes.

In this book I offer a new dimension, to include people with the neurobiology, and the kind of mind, that has medically been described/diagnosed as Asperger's Syndrome (Aspies) in the TA model.

This creates a four way grid of facilitation as shown below. The highlighted ones were the motivation to write the book, the NT to NT element is what TA has been doing since Eric Berne's first TA book in 1961, and Aspie to Aspie element came as a surprise to me and a delight to the group of Aspies that have engaged with me in developing the ideas and models that comprise what we now call Aspie TA.

NT to NT	Aspie to NT
NT to Aspie	Aspie to Aspie

Acknowledgement

This paper has grown out of my therapeutic work with adults and children having those characteristics that are associated with Asperger's Syndrome - who identify themselves as the 'Aspie minority'. One client, in particular, Dr Richard Hall had extensive training in Transactional Analysis (TA) before he came to me and he uses it to make sense of and to function in the world of the neurotypical (NT) majority. It was he that made me aware that TA had much to offer to Aspies. In our sessions he naturally used TA concepts and models, and this shared conceptual framework and language helped us to understand the differences between my experiential reality, the Neurotypical (NT) world, and his experiential reality in the Aspie world. This dialog provided the seedbed for the ideas that I now share through workshops and publications

I thank Richard Hall, Christine and Ian Russell, Laura and Richard Knight, Neil Keenan and Amanda Cook; the founder trustees of the charity The different Engine, for their continuing collaboration. and I applaud their commitment to using this development of TA to support people with a diagnosis or traits of Asperger's Syndrome.

Q13 Do YOU PREFER TO BE ON YOUR OWN?

'Ah, don't worry about him — he'd rather be on his own.'

How many times have we heard this? I can't believe that anyone born as a human being really wants to be left all on their own, not really. No, for people with autism, what we're anxious about is that we're causing trouble for the rest of you, or even getting on your nerves. *This* is why it's hard for us to stay around other people. This is why we often end up being left on our own.

The truth is, we'd love to be with other people. But because things never, ever go right, we end up getting used to being alone, without even noticing this is happening. Whenever I overhear someone remark how much I prefer being on my own, it makes me feel desperately lonely. It's as if they're deliberately giving me the cold-shoulder treatment.

Higoshida 2007, Tr 2013: 47

Section 1: Creating Dialogue Between Two Kinds of Minds

1. How it started

My grandson, is autistic. As I write, he is a lively, active 12 years old, but he does not talk. He understands what is said by others, but does not talk back. He has provided my training in reading the non-verbal signals and the social and emotional responses of someone on the Autistic Spectrum. This has enhanced my motivation and ability work with clients who are on the Autistic Spectrum, specifically, people diagnosed with, or with strong traits of Asperger's syndrome.

My decision to work with people on the Autistic Spectrum was triggered by a book, *The Reason I Jump*, being the responses of an autistic 10-year-old Japanese boy to questions from a psychologist, and recently translated into English. In response to the question "Do you prefer to be alone?" (And spending time alone is regarded as an intrinsic characteristic of autism, part of the diagnosis) the response was, essentially, "nobody wants to be alone."

In the book *Beyond Empathy* Richard Erskine et al postulate that the search for 'the kind of stimulation that can only be gained by contact with another human being' is an intrinsic human characteristic. This is the basis of all the therapy that I do, so I have been troubled by the idea that some section of humanity, which supposedly includes my grandson, does not seek stimulation from other human beings. My experience with my grandson was he did want company and the involvement of other people. He clearly had affection for his parents and school teacher, but his quality of contact and the degree of contact was different to that of 'standard issue' children.

Once a month my wife and I take him out for the day. On these days we allow him to initiate and make choices. For example: if we go for walk in a park and he wants to go left, then we go left; if he wants to go right, we go right; if he wants to stop and sit, we stop do that. It delights him simply to experiment with being in control and having choices when the rest of his life is tightly constrained, partly for his own safety. But, when he was ten, we began having a regular occurrence. After an enjoyable day out, he would go to his room and play, and we would entertain his brother. He would then get increasingly agitated during the evening meal and would end up running up and down the hallway or hitting doors, which were attempts at regaining emotional regulation. He would eventually lose control and could become quite violent. I use the words "emotional deregulation", parents tend to use the word "meltdown". I decided to try an experiment based on the idea that 'involvement' was not needed but 'presence' was. The next time we took him out I followed him upstairs when we returned and just sat on the bed in the room whilst he played his construction toys on the floor. He made no effort to involve me in what he was doing but he played very quietly and apparently contentedly. That evening there was no meltdown. The next time we visited I did the same thing, with the same result. I concluded that the contrast between being the centre of the day whilst he was out and the little brother being the centre of attention when he came home, left him feeling isolated and maybe unimportant. He needed continuing contact, but on his terms.

2. From personal interest to professional interest

Language.

People with Asperger's generally refer to themselves as 'Aspies'. Non-Aspies are referred to as 'Neurotypical', often abbreviated to NT. This language implies an acceptance that Asperger's has a neurobiological basis: that it relates to a different kind of brain.

With my clients, we often refer to NT's as earthlings in a light-hearted recognition that people with Asperger's often feel that they are living amongst aliens, that it is as if they came from another planet.

I also often abbreviate 'Asperger's Syndrome' to AS; not to be confused with the common abbreviation of Autistic Spectrum!

Yuko Yoshida (2007) uses the term "majority" for the neurotypical population, thereby recognising a minority having a different, but coherent, psychology, designated as Asperger's Syndrome by the majority - and I am alert to all the implicit power and privilege when a majority defines a minority as 'less than'.

Special Needs

It is relevant to this story that for a number of years I ran, and still support, a charity providing counselling and psychotherapy to children, teenagers and young adults; Help! Counselling. Because of this I was invited to a local special school for autistic children because some of the children had reported what sounded like various forms of abuse. I did not get involved with these children but it didn't lead to a discussion with the head of the school about the emotional and relational needs, and the particular vulnerabilities of these young people.

What this did lead to, was my receiving referrals to provide support to children with Asperger's syndrome in state schools. These young people were having difficulties both with other pupils and with staff.

The charity now also provides support for young people who have been formally diagnosed with Asperger's or as having strong traits of the syndrome, and I supervise this work. Having learnt how to, to some degree, enter into the subjective world of these young people, it often literally takes my breath away to hear how their natural way of connecting and communicating is misunderstood and reframed causes them confusion and distress and can lead them to despair of making friends, fitting in, and being accepted in the school community.

At the same time, I made contacts with schools, an adult Asperger's client was referred to me by one of my supervisors who knew of my interest in people on the autistic spectrum, and through this work further adults with a formal diagnosis, or self-identifying, came to me. I now also supervise therapists working with this group of clients. I find the range of personalities and presentations as varied as my neurotypical clients.

3. How we identify and describe the difference between NTs and Aspies.

So: What is Asperger Syndrome?

There is no consensual definition or diagnosis for Asperger's Syndrome.

As my teenage clients might say "Get over it". But there is 'something' that is real, that is important and needs our response, and is also difficult for us to define precisely.

I must admit to a deep scepticism about the principle of using 'normal' (Francis 2013) as a basis for defining 'disorder', it creates the potential for any 'minority' to be stigmatised, as has happened with political dissidents and homosexuals.

In DSM4 there is/was a distinction between Autism and Asperger's Syndrome but in DSM5 there is a single category, Autistic Spectrum Disorder. The significance of the change has yet to filter through, but an American study [Grandin and Panec, 2014:112] indicates that only 28% of those diagnosed with Asperger's Syndrome under DSM4 would receive a diagnosis under DSM5. That is likely to have major impact on the services and support made available and I have enormous concern for the emotional wellbeing and educational outcomes for young people with these traits.

If I have to refer to a diagnostic manual, in communication with other professionals, I prefer ICD10: it is an international collaboration and avoids both some of the risks of cultural prejudices and the suspicions of vested interests, it is used by GPs and the desktop version contains information and support that GPs will offer to patients, and it is useful for a therapist to know what that is, and there is also a multiaxial diagnostic manual specifically for working with children and adolescents. So this is the manual I use.

Autism and Asperger's have a separate, differential, diagnosis in ICD10 and its differentiation from Autism is that it does not include any developmental delay, particularly around the development of speech and cognition, nor any difference in average intelligence from the 'normal' population.

The existence or absence of developmental delay is likely to have an impact on the child's subjective experience of relationships, and therefore on script development. For this reason, I prefer to keep High Functioning Autism (developmental delay) and Asperger's Syndrome (no developmental delay), distinct.

Not everything that steps out of line,
and is thus 'abnormal',
must necessarily be 'inferior'.

Hans Asperger. (1938)

Temple Grandin argues that raising autistic children needs to be less about focussing on weaknesses, and more about fostering their unique contributions. Asperger's can be turned into a gift, not a disability. [Grandin, Panec, .(2014)]

A Summary of ICD10 Criteria for Asperger's Syndrome

Social Interaction

There are always qualitative impairments in reciprocal social interaction. Generally, not as extreme or as debilitating as in infantile autism.

These take the form of an inadequate appreciation of socio-emotional cues, as shown by

- a lack of modulation of behaviour according to social context;
- poor use of social signals and
- a weak integration of social, emotional, and communicative behaviours;
- and, especially, a lack of socio-emotional reciprocity

Communication: Elements in common with autism

Qualitative impairments in communications are universal. Generally, not as extreme or as debilitating as in infantile autism.

These take the form of:

- a lack of social usage of whatever language skills are present;
- impairment in make-believe and social imitative play;
- poor synchrony and lack of reciprocity in conversational interchange;
- poor flexibility in language expression and a relative lack of creativity and fantasy in thought processes;
- lack of emotional response to other people's verbal and nonverbal overtures;
- impaired use of variations in cadence or emphasis to reflect communicative modulation;
- and a similar lack of accompanying gesture to provide emphasis or aid meaning in spoken communication.

Restrictive and Repetitive Activities

A restricted, stereotyped repetitive repertoire of interests and activities.

Additional Characteristics

The disorder differs from autism primarily in that there is no general delay or retardation in language or in cognitive development.

Most individuals are of normal general intelligence but it is common for them to be markedly clumsy.

The condition occurs predominantly in boys (a ratio of about eight boys to one girl).

Note: The lower proportion of girls diagnosed could be because their social environment contains more opportunities for social learning, allowing them to mask the diagnostic characteristics.

4. A Therapeutic Stance.

It is my belief that:

- ❖ There are neurological differences between the majority and the AS population.
- ❖ The different relational needs and style of the AS population causes them to experience difficulties in socialising and in conforming to the expectations and standards of the majority.
- ❖ These consistent experiences produce script decisions and therefore script systems that are different to those of the majority and are characteristic of AS.
- ❖ That therapeutic work with a different kind of script, with a different kind of mind, with a different kind of brain, requires a different kind of therapy.
- ❖ That therapists cannot avoid, in meeting the needs of their clients, the need to facilitate Aspie dialogue with NTS and that this may involve the education of NTs to facilitate the integration of Aspies.

What I anticipate is that continuing developments in neurobiology and genetic studies will inform psychotherapy in the development of different therapies for different minds; and in that process, bring to light social prejudices and discrimination that currently pass unrecognised.

5. A New Approach to Diagnosis.

Temple Grandin postulates three 'phases' in the history of the identification and treatment of autism and Asperger's:

- ❖ the search for a cause, in terms of psychoanalytic theory;
- ❖ the search for a distinguishing set of symptoms to determine a diagnosis;
- ❖ and now a treatment based on identification of a basis for each symptom.

She anticipates a precise biological identifier for each symptom, but I fail to see any technology that can identify the significance of specific neural interconnections, which is how our lived experience is encoded. Current technology identifies the development or activation of areas of the brain and can inform but not prescribe therapeutic work.

However, because AS involves a range of characteristics, each of which may be evident to a different degree in each client, I do think that addressing or accommodating each characteristic as a separate entity is valuable in this case. The diagnostic systems in the medical profession give us observable cues, but they do not connect us to the *lived experience* of an Aspie.

For a person with autism it is a way of being in the world; it colours every experience sensation perception thought and emotion. They do not respond to the world in the way we NTs expect them to because they have different systems of perception and communication. We find difficulty in trying to communicate with somebody who has a different language and different culture. It is far, far, more difficult to try and enter into the experiential world of someone whose sensory and perception system is different to our own but to not even attempt this is damaging and destructive both to autistic individuals and to us in our humanity.

6. The Psychology of Asperger's

There are five major theories used to understand the behaviour and psychological profile of people with autism and Asperger's [Baron-Cohen 2008:51ff]. Three of them, considered here, give a framework to understand almost all of the social problems that Aspies experience, and indicate where TA may be able to help.

Weak Central Coherence:

I am going to suggest a different name for this feature, but this is the designation widely used in the literature. As usual in medical models it focuses on *deficit*, whereas I think it useful to identify a *difference*.

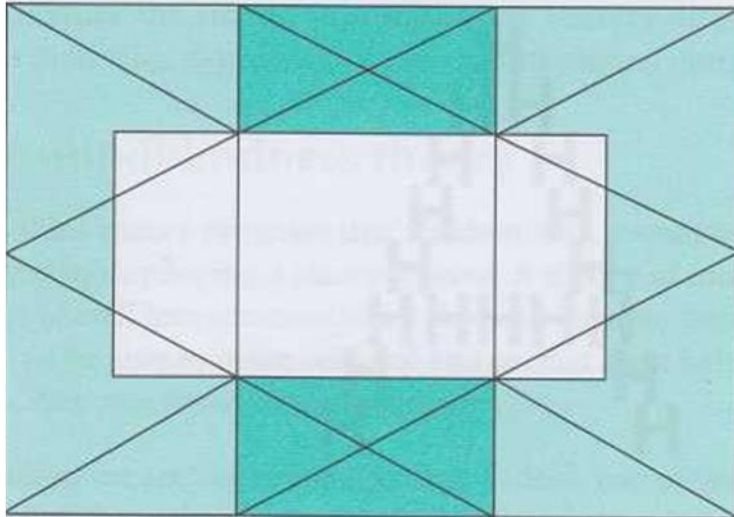
I call it:: **Detail vs Context.**

The postulation is that people with Asperger's syndrome have problems integrating information to make a coherent global picture. Instead, they are said to focus on the small local details in a scene.

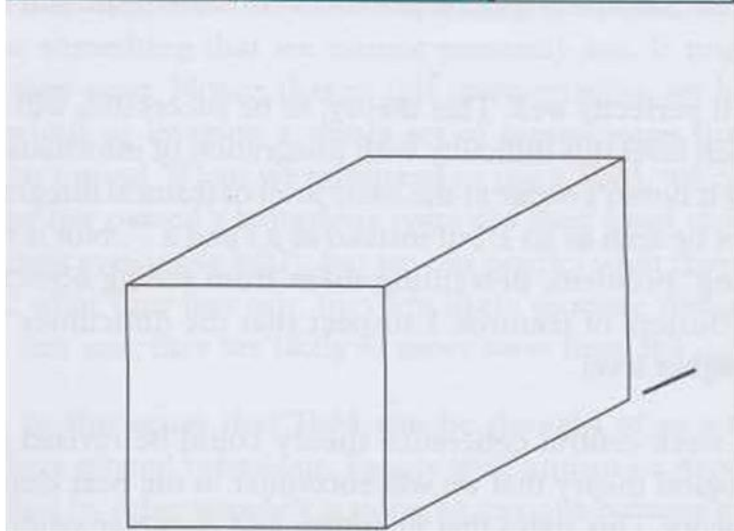
The NT mind is more likely to attend to gist rather than the nitty-gritty, the AS mind is more likely to attend to the detail than to the overview. These tendencies are described as "strong central coherence" and "weak central coherence" respectively.

One of the tests for this characteristic is called the 'Embedded Figure Test'. Aspies tend to spot the embedded shape quicker than NTs.

Embedded
Shape.



Target
Shape.



The Adult Embedded Figures Test: Where is the same cube?

Triangle Shape.

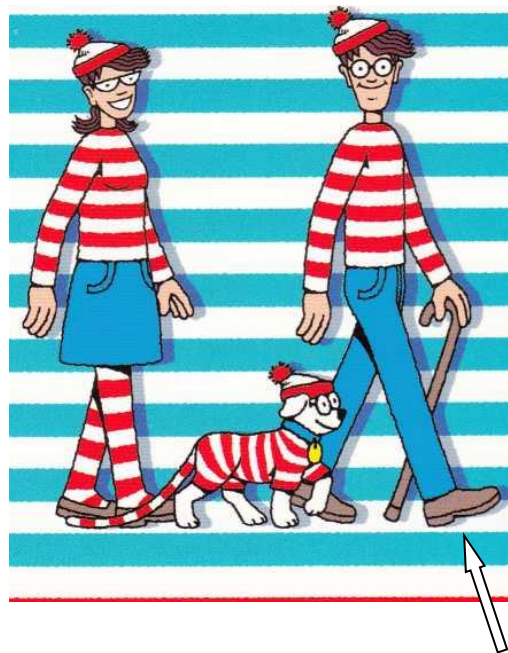


Where is the
same triangle?



The Children's Embedded Figures Test.

As I do not have copies of these formal tests I explore the same talent using the more available “Where’s Wally” cartoons.

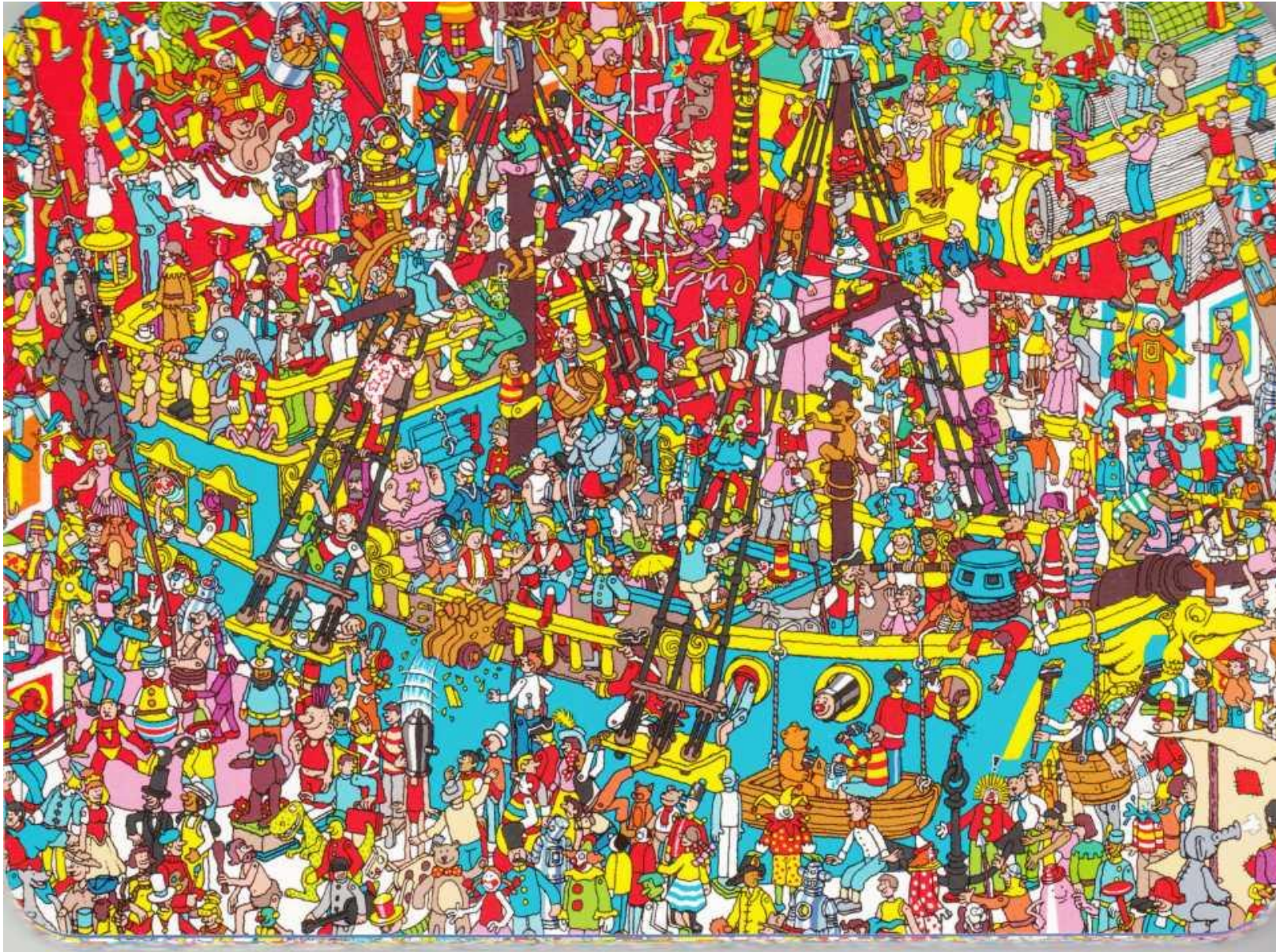


Wally, the embedded figure.

[Handford 2011]

Neurotypicals usually take several minutes to find the hidden figure. They usually notice the humour in the little scenes in the picture before they find Wally. Aspie clients flip through the pages – there he is, there he is – usually with no comment on the scenes depicted. Here are a couple to try; first, an easy one; then a more challenging one.





Attention to Detail

This ability to ‘spot the difference’, usually applied in life as ‘spot the defect’ has provided Aspie clients with employment as varied as:

- ❖ A plasterer – the client produced perfect walls. When I asked “what do you do that is different?” he pointed out a number of defects in the plastering in the room we were in, none of which I had noticed before.
- ❖ A tiler – he produced perfectly regular tiling – in a sports centre or in the homes of aristocracy.
- ❖ A bricklayer – perfect brickwork for millionaire homes.
- ❖ Several engineers who debugged and improved safety-critical software.
- ❖ Record keeping: from the NHS to archaeological digs.

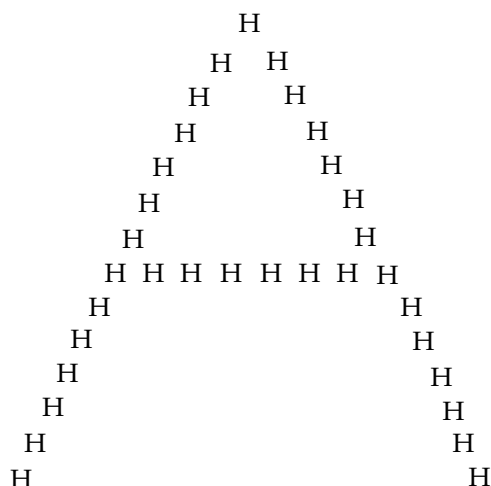
These examples, particularly the last two, also relate to an Aspie tendency to become absorbed in a “special interest” and a very common need to create order and predictability.

Bottom Up vs Top Down

Aspies and NTs also tend to perform differently to The Navon test of local versus global perception, where large letters are formed from small letters.

Aspies tend to register the small letter first, and then ‘see’ that this makes a larger letter. NTs tend to do it the other way around.

I will talk to clients of Aspies noticing a tree, then another (different!) one, and another – and then registering that this is a wood, where an NT would see a wood, then look at the trees.



Researchers refer to this tendency to focus on detail as *local bias*, and it seems to have a neurological basis. The *Connectivity Theory* [Baron-Cohen 2008] claims that in autism and Asperger’s syndrome there is short-range overconnectivity – more nerve cells or neurons making lots of local connections in the brain – but long-range underconnectivity, that is, fewer neurons making connections between more distant brain areas.

7. Mindblindness

Imagine living in a world where you could see and understand physical things but were 'blind' to the existence of

Thoughts,

Beliefs

Knowledge

Desires

Intentions;

You may experience these things yourself, but not detect them in or attribute them to others – you would exist inside a social bubble, cut off from the information that gives meaning and context to social life.

The Significance of the Loss of “Why”.

Imagine you are watching short video. It shows someone walk into a bedroom, walk around whilst looking around, and walk out.

Now, write down what you imagine might be the reason for him doing this:

Maybe he was **looking** for something he **wanted** to find, and he **thought** it was in the bedroom.

Maybe he **heard** something in the bedroom and **wanted to know** what had made the noise.

Maybe John **forgot** where he was going: maybe he really **intended** to go downstairs.

A mindreader can generate a longish list of such "maybes" to explain this behaviour—and it is a safe bet that most of them will be based on projecting or attributing mental states.

In the examples above, the mental-state words are printed in boldface to make it easy to pick them out.

Mindreaders have the capacity to imagine or represent states of mind that we or others might hold.

A mindreaders thinking about mental states is prefixed by “maybe” because we are never 100 percent sure what we or others are thinking (since mental states are to some extent hidden from view),

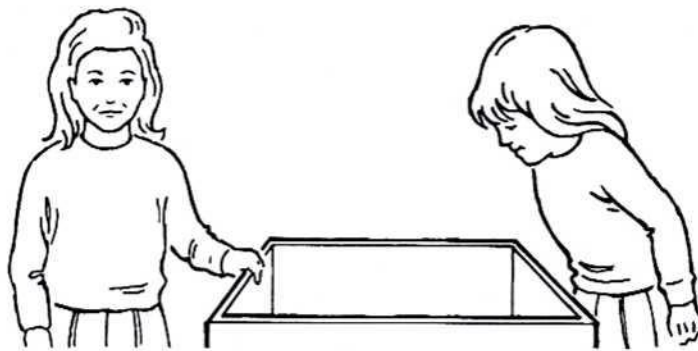
Nevertheless, we find it easy to imagine what others may be thinking

Developmental Difficulties

A typical 14-month-old child shows *joint attention* (such as pointing or following another person's gaze), during which they not only look at another person's face and eyes, but pay attention to what the other person is interested in. Children with autism and Asperger syndrome show reduced frequency of joint attention, in toddlerhood. They point less, look up at faces less and do not turn to follow another person's gaze as much as a typical child.

The typical 24-month-old child can engage in *pretend play*. When they interact with someone else who is pretending, they need to use their mind-reading skills to be able to understand that in the other person's mind, they are just pretending. Children with autism and Asperger syndrome show less pretend play, or their pretence is limited to more rule-based formats. For example, they may simply follow a make-believe script from a movie, or science fiction, where the pretend world is specified in terms of a set of 'facts' about that pretend universe.

The typical 3-year-old child can pass the *seeing leads to knowing* test. To pass the test question, the child needs to notice that whilst Sally touched the box, Anne actually *looked* into it, and since seeing is one way to get knowledge, Anne is the one who must know what's in the box. Children with autism and Asperger syndrome are delayed in passing this test.



Sally touches the box

Anne looks inside the box.

Which one knows what's in the box?

The typical 4-year-old child can understand the existence of a 'false belief': the child can understand that, in the story of *Snow White*, the girl is being deceived by her wicked godmother who wants her to *believe* the apple is tasty, whilst all the while it contains poison.

The typical 9-year-old child is capable of figuring out what might hurt another's feelings and what might therefore be better left unspoken, i.e. they can recognize *faux pas*. Children with Asperger syndrome are delayed by around 3 years in this skill, such that it is only when they are about 12 years old that they perform at the level of a typical 9-year-old, despite their normal IQ.

While the typical 9-year-old can interpret another **person's expressions** from their eyes, to figure out what they might be thinking or feeling (see Figure 5.7), children with Asperger syndrome tend to find such tests **far** more difficult. This persists into adulthood.

Deception

The Snow-White story also reminds us that mindreading is not only important when it comes to making sense of and predicting other people's behaviour, but it is also key to *deception*.

Deception is easily understood by the typical 4-year-old child. Whilst this may be socially discouraged, the fact that typical children understand deception and may attempt to deceive others is a sign of a normal ToM. This is because deception is nothing other than making someone else believe that something is true when in fact it is false. It is the process of manipulating another person's mind. Children with autism and Asperger syndrome are slow to understand deception, again a sign of a delay in the development of ToM. This means they are more at risk of being exploited for their gullibility. They tend to assume everyone is telling the truth and may be shocked by the idea that other people may not say what they mean.

This makes them vulnerable to a particular form of bullying, involving misdirection and misinformation.

Conclusion.

A strength of the mindblindness theory is that it can make sense of the social and communication difficulties in autism and Asperger syndrome, and that it is universal in applying to all individuals on the autistic spectrum. Its shortcoming is that it cannot account for the non-social features, such as sensory sensitivity and synaesthesia.

A second limitation of this theory is that whilst mind *reading* is one component of empathy, empathy also requires an emotional response to another person's state of mind. *Many people on the autistic spectrum also report that they are puzzled by how to respond to another person's emotions.*

8. The empathizing-systemising theory

This theory explains the social and communication difficulties in autism and Asperger syndrome by reference to delays and deficits in *empathy*, whilst explaining the areas of strength by reference to intact or even superior skill in *systemising*.

Empathy

- Cognitive Empathy: This encompasses ToM or mindreading, the cognitive component of empathy **Knowing what is going on**.
- Affective Empathy: Having an appropriate emotional reaction to another person's thoughts and feelings. **Knowing how to respond**.

Remember that even when they pick up and decode social cues, many Aspies still do not know how to respond. They are however able to learn this is a cognitive skill and adult Aspies often have an awesome repertoire.

Baron-Cohen offers an Empathy Quotient (EQ), questionnaire, on: www.autismresearchcentre.com

to be filled out by an adult about themselves, or by a parent about their child. Both cognitive and affective empathy are assessed. (There is a Child EQ, an Adolescent EQ, and an Adult EQ.). Ten examples from the EQ are shown below. If you agreed with items 1 and 3, this would get you two EQ points. If you disagreed with the remaining items, this would give you a total of 10 EQ points.

1.	I can easily tell if someone else wants to enter a conversation.
2.	I find it difficult to explain to others things that I understand easily, when they don't understand them first time.
3.	I really enjoy caring for other people.
4.	I find it hard to know what to do in a social situation.
5.	People often tell me that I went too far in driving my point home in a discussion.
6.	It doesn't bother me too much if I am late meeting a friend.
7.	Friendships and relationships are just too difficult, so I tend not to bother with them.
8.	I often find it difficult to judge if something is rude or polite.
9.	In a conversation, I tend to focus on my own thoughts rather than on what my listener might be thinking.
10.	When I was a child, I enjoyed cutting up worms to see what would happen.

In this case, the higher your score, the better your empathy. On this scale, people with autism spectrum conditions score lower than comparison groups.

According to the empathizing-systemising theory, autism and Asperger syndrome are best explained not just with reference to empathy (below average) but also with reference to a second psychological factor (systemising), which is either average or even above average. So it is the *discrepancy* between E and S that determines if you are likely to develop autism or Asperger syndrome. To understand this theory better, we need to turn to the concept of *systemising*.

Systemising

Systemising is the drive to analyse or construct systems. These might be any kind of system. What defines a system is that it follows *rules*, and when we systemise we are trying to identify the rules that govern the system, in order to predict how that system will behave. These are some of the major kinds of systems:

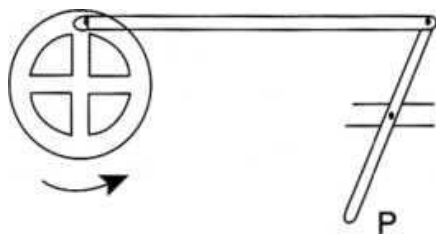
- *Collectible* systems (e.g. distinguishing between types of stones)
- *mechanical* systems (e.g. a videorecorder or a window lock)
- *numerical* systems (e.g. a train timetable or a calendar)
- *abstract* systems (e.g. the syntax of a language or musical notation)
- *natural* systems (e.g. weather patterns or tidal wave patterns)
- *social* systems (e.g. a management hierarchy or a dance routine with a dance partner)
- *motoric* systems (e.g. throwing a Frisbee or bouncing on a trampoline).

In all these cases, you systemise by noting regularities (or structure) and rules. The rules tend to be derived by noting if A and B are *associated* in a systematic way (e.g. the musical note E is always five tones above the musical note A; or in 1995 the Car of the Year was a Fiat Punto). A second step in systemising is to consider if the evidence allows you to conclude that A *causes* B (e.g. turning this electrical switch to the Up position causes this light to go on; or moving the Ayesha hydrangea from acidic to alkaline soil causes its colour to change from blue to pink).

The evidence for intact or even unusually strong systemising in autism and Asperger syndrome is that such children performed above the level that one would expect on a physics test (see Figure 5.9). Children with Asperger syndrome as young as 8-11 years old scored higher than a comparison group who were older (typical teenagers).

If the wheel rotates as shown, P will

- (a) move to the right and top
- (b) move to the left and top
- (c) move to and fro
- (d) none of these



A second piece of evidence comes from studies using the Systemising Quotient (SQ). The SQ is another questionnaire that works in a very similar way to the EQ and AQ. You simply say if you agree or disagree with each statement as a description of you. (There is a Child SQ, an Adolescent SQ, and an Adult SQ. See <http://www.autismresearchcentre.com>).

The Table below lists 10 sample questions, each of which is asking you about how interested you are in different systems.

If you disagreed with items 5, 7 and 9 below you would get 3 points on the SQ. If you agreed with the remaining items, that would earn you another 7 points on the SQ, making a total of 10. The higher your score, the stronger your drive to systemising. People with high-functioning autism or Asperger syndrome score higher on the SQ compared with people in the general population

1.	I find it very easy to use train timetables, even if this involves several connections.
2.	I like music or book shops because they are clearly organized.
3.	When I read something, I always notice whether it is grammatically correct.
4.	I find myself categorizing people into types (in my own mind).
5.	I find it difficult to read and understand maps.
6.	When I look at a mountain, I think about how precisely it was formed.
7.	I am not interested in the details of exchange rates, interest rates, stocks and shares.
8.	If I were buying a car, I would want to obtain specific information about its engine capacity.
9.	I find it difficult to learn how to program video recorders.
10.	When I like something, I like to collect a lot of different examples of that type of object, so I can see how they differ from each other.

The strength of the empathizing-systemising theory is that it is a two- factor theory that can explain the cluster of both the social and non-social features in autism and Asperger syndrome.

- Below-average empathy is a way to explain the social communication difficulties.
- Average or even above- average systemising is a way of explaining the narrow interests, repetitive behaviour and resistance to change/need for sameness.

This is because when you systemise, it is essential to keep everything constant, and only vary one thing at a time. That way, you can see what might be causing what, rendering the world predictable. And to check if the pattern or rule you have identified is correct or consistent, it is essential to repeat the sequence over and over again.

Just as a spider cannot help but spin webs — that is what they are evolved to do — so (according to this theory) the person with autism or Asperger syndrome just *has* to systemising everything. That is how their brain works. The content of their narrow interests reflects how they are strongly drawn to systemizable information.

Systemising in Asperger's Syndrome

Sensory systemising

Wearing the same clothes every day
Insisting on the same foods each day

Motoric systemising

Practising skateboarding moves or frisbee moves
Learning knitting patterns

Collectible systemising

Collecting the complete set of Warhammer or Pokémon
Making lists and catalogues

Numerical systemising

Rapid calculation of prime numbers
Solving maths problems

Motion systemising

Analysing exactly when a specific event occurs in a repeating cycle
Enjoying riding on merry-go-rounds

Spatial systemising

Studying maps
Developing drawing techniques

Environmental systemising

Knowing the names of the DVDs lined up on the bookshelf, in order
Insisting that nothing is moved from its usual position in the room

Social systemising

Learning the names and rank of every person in a battalion
Insisting on playing the same game whenever a child comes to I play

Moral systemising

Insisting on other people following social rules
Becoming a whistle-blower

Natural systemising

Learning the names of every kind of tortoise
Learning the Latin names of every plant and their optimal growing conditions

Mechanical systemising

Taking the toaster apart and reassembling it
Fixing bicycles

Vocal/auditory verbal systemising

Imitating accents
Collecting words and word meanings

Systemising action sequences

Watching the same movie dozens of times
Analysing dance techniques

Musical systemising

Mastering an instrument
Analysing the musical structure of a song

Reconceptualising repetitive behaviour and narrow interests in Asperger syndrome.

An advantage of the empathising-systemising theory is that it reconceptualises the repetitive behaviour and narrow interests in people on the autistic spectrum. Whereas the weak central coherence theory sees these as a sign of something missing in the brain (the ability to integrate or perceive at the global level), the idea of strong systemizing sees these same behaviours as the result of intelligent behaviour (detailed analysis of systems, however small).

Reconceptualising 'learning style' in autism spectrum conditions

Like the weak central coherence theory, the [empathizing-systemising theory](#) is about a different *cognitive style* (a different style of thinking and learning). Like that theory, it also posits excellent attention to detail (in perception and memory), since when you systemise you have to pay attention to the tiny details. This is because each tiny detail in a system might have a functional role. In one cell phone, which is a mechanical/electronic system, one button may have a completely different function to the same button in a different make or model phone. In a mathematical calculation, changing one number in the sequence will totally change the workings of the system (the answer you get). So details matter.

The difference between these two theories is that:

- The weak central coherence theory sees people with autism spectrum conditions as drawn to detailed information (sometimes called local processing) for negative reasons, because of an alleged inability to integrate.
- The empathizing-systemising theory sees this same quality (excellent attention to detail) as being highly purposeful: it is being done in order to understand a system. Attention to detail is occurring for positive reasons: it is *in the service* of achieving an ultimate understanding of a system (however small and specific that system might be)

9. The extreme male brain theory

- The empathizing-systemising theory has been extended into the extreme male brain theory of autism. This is because there are clear sex differences in empathizing (females performing better on many tests of this) and in systemising (males performing better on tests of this). Seen in this light, autism and Asperger syndrome can be conceptualized as an extreme of the typical male profile. This view was first put forward by the paediatrician Hans Asperger in 1944.
- This theory is effectively just an extension of the empathizing-systemising theory. That theory posits two independent dimensions, E (for empathy) and S (for systemising), in which individual differences are observed in the population. When you plot these, five different 'brain types' are seen.

The extreme male brain theory is a relatively new theory that may be important for understanding why more males than females develop autism and Asperger syndrome. It remains in need of further examination.

Brain types predicted by the empathising-systemising theory

Type	Descriptor	Notation
<i>Extreme Type S</i>	Individuals whose systemizing is above average, but who may be challenged when it comes to empathy.	$S \gg E$ Equates to Asperger's
<i>Type S</i>	Individuals whose systemising is stronger than their empathy.	$S > E$
<i>Type B</i> (for balanced)	Individuals whose empathy is as good (or as bad) as their systemizing.	$S = E$
<i>Type E</i>	Individuals whose empathy is stronger than their systemising.	$E > S$
<i>Extreme Type E</i>	Individuals whose empathy is above average, but who may be challenged when it comes to systemizing.	$E \gg S$ May correlate to "The Highly Sensitive Person"

The theory is that these brain types are neurobiologically based and the prediction is that more females are likely to have a brain of Type E, and more males are likely to have a brain of Type S. People with autism spectrum conditions, if they are an extreme of the male brain, are predicted to be more likely to have a brain of Extreme Type S.

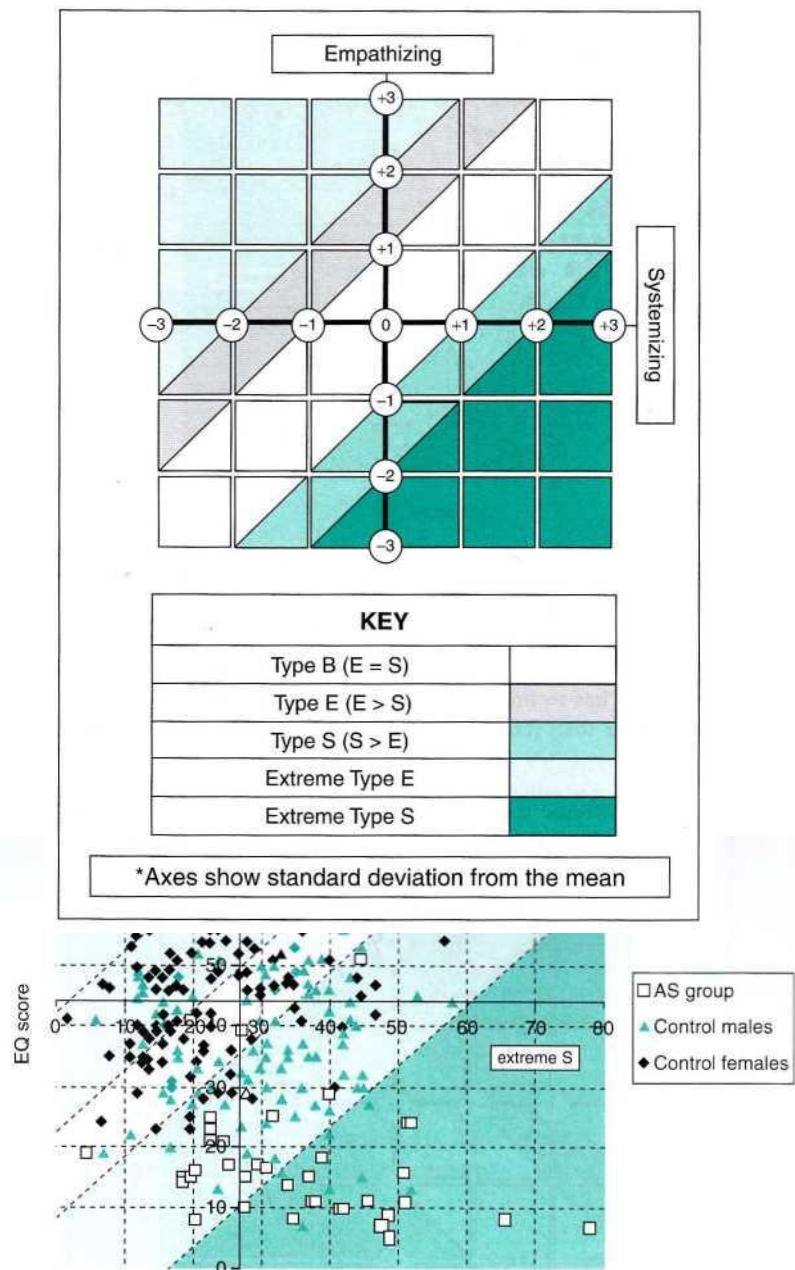
Percentage of people showing three of the major brain types

Brain type	(Shorthand)	Men	Women	Asperger syndrome
E > S	Female brain	17	44	1
S > E	Male brain	54	17	27
S >> E	Extreme male	6	0	65

If one gives people in the general population measures of empathy and systemizing (the EQ and SQ), the results fit the above model reasonably well. The table below shows what percentage of males and females in the general population, and people with autism spectrum conditions, fall into each of the five main brain types. What can be seen is that more males do have a brain of Type S, more females have a brain of Type E, and the majority of people with autism and Asperger syndrome have an extreme of the male brain.

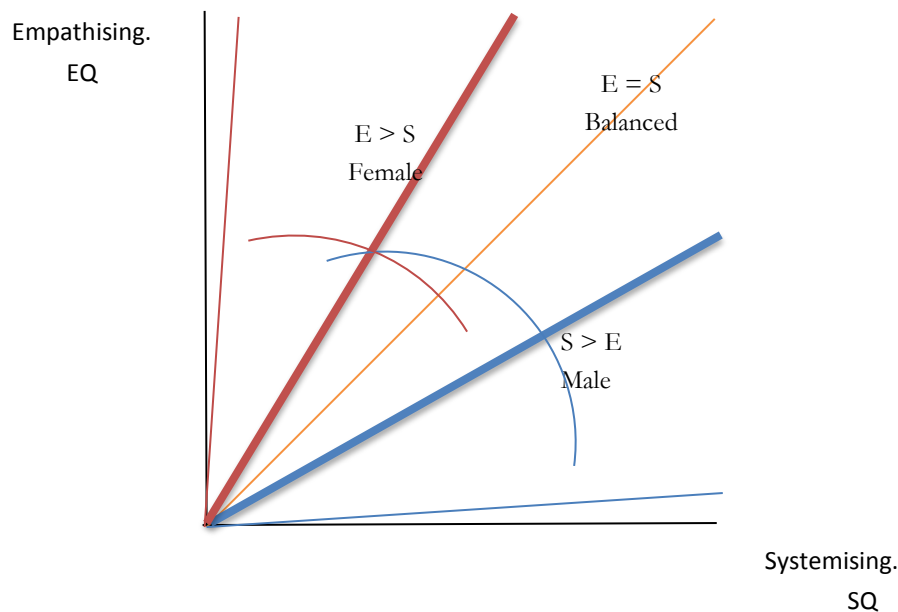
Looking at the same data graphically, one can see that more women fall into the Type E band, more men fall into the Type S band, and more people with autism spectrum conditions fall into the Extreme Type S band

Modelling empathizing and systemizing, and the five 'brain types'.



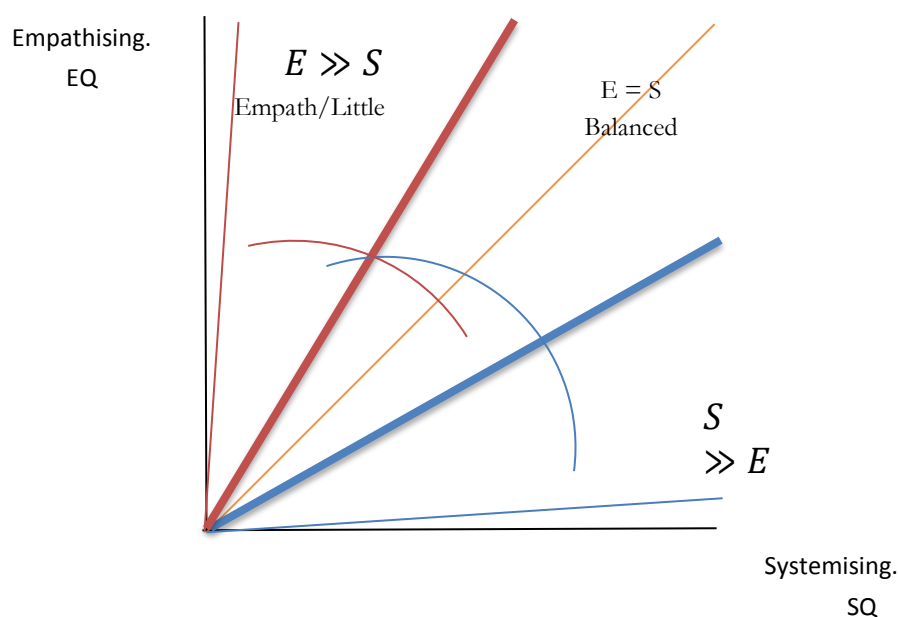
For those unfamiliar with statistical methods, I illustrate the same idea in a simpler graphical form below.

If we place the EQ and SQ scores on two axes of a graph, then equal scores on each axis would represent a 'balanced mind', as indicated in the diagram below. Typically women score higher on the empathising scale, so their scores would tend to lie above this line; whilst men typically score higher on the systemising scale, so their scores would tend to lie below this line. This is indicated by the blue and pink lines and the spread of results is indicated by the associated arcs.



Finally, there are the "Extreme Empathisers", who exhibit a consistent pattern of syncretic thought; and the "Extreme Systemisers" who exhibit a consistent pattern of analytic thought, and that last category corresponds to Aspies.

So, we can suggest the existence of five kinds of brain.



Two dimensions.

Reflecting on writings by:

Attwood, T. (2007); Baron-Cohen, S. (2008); Blakemore J. E., et al. (2009); Mc Gilchrist, I. (2009)

There is a theme of pairings, and putting them together seems significant to me.

Left Brain Style	Right Brain Style
Systemising	Empathy
Analytical	Experiential
Narrow focus of attention.	Broad focus, vigilant.
Dialectic discourse.	Dialogic discourse.
Detail	Context
Bottom up	Top Down
Objective focus	Subjective focus
Male style	Female style

10. Sensory Sensitivity and Perceptual Issues

In one sense it would have been more logical to begin operation 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 influences the psychological aspects underneath 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 cognitive and relational processes of an Aspie, the deep impact of the fact that many Aspies also have different sensory experiences to NT's, can now be more fully appreciated. We have a context in which to fit this information in and that works for the NT's.

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 NT's to understand is the behaviour used by Aspie 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 table 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 a child fascinated with specks of dust floating in sunlight the specs are like butterflies. Another child is fascinated with touching hair, 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 in audible 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 turnout 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 that they are aware that their barrier to being hugged has cut them off from soothing and comforting contact and that 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 of 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 smelt 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 from 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. There 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.

11. 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 NT's 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 pattern wallpaper and brain decodes the pattern and then literally 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. I had a client who was a professional plasterer. His plastering was perfect because he would see every floor 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 and I only notice them when they were pointed out. Similarly, I had a client who was a professional Tiler and 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, and advantage of the NT brains 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 and 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 of 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 filling 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 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 accurate and a larger amount of information and this amount of unfiltered, and selected 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 a multiple-choice question and did not understand that she would not be able to give them an answer to that 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. With a major change that is a complete new Gestalt. 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.

12. 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 in 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 Aspies.

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.

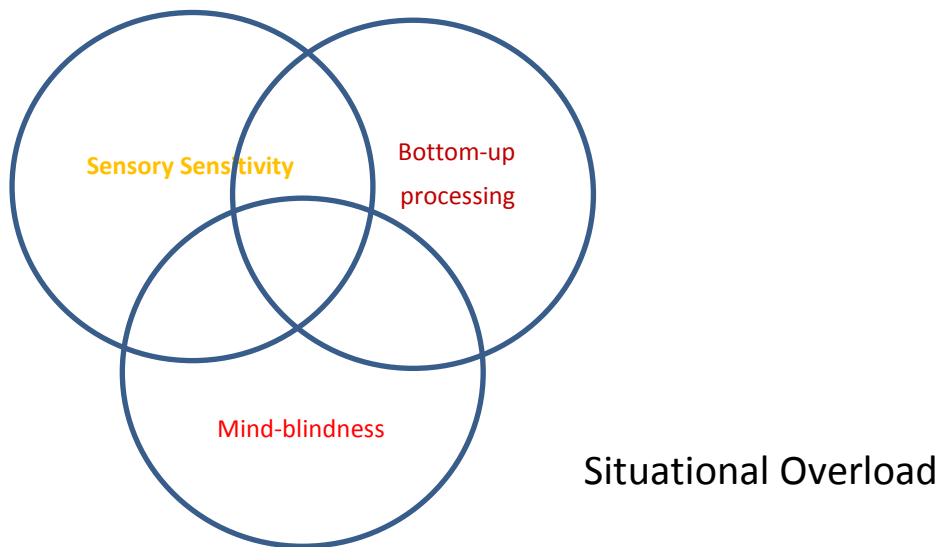
Children make adaptations to optimise the responses they get from other people. Some Aspie children will use the dramatic impact of meltdown behaviour to train those around them to give way to their demands, in a similar way to which a two-year-old may throw a tantrum in the supermarket to be allowed 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 dissent arrested 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 meltdown is not a demonstration of disobedience. Usually the child is frustrated or terrified. Children on the autistic spectrum shows similarities to those with OCD, with intolerance for changes in teams 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 spoiled 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 the diagram 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.

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 whilst 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 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 you for the catalogue, and tell her I will inform her of my choice later in the day, the 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 that is incapable of responding verbally. An experience that is described as ‘all other-no self’.

- b. Or the person may make 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 the 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 TA therapists are placed to be able to assist them and the NTs who are a part of their lives.

The most significant thing we have to offer is our value system, of valuing difference and diversity; our ethical commitment to empowerment and autonomy; that our core model allows states of mind to be deduced from behaviour -teaching Aspies 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, to influence those around them; and finally; we communicate 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 that 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 when it is created in a visual format, and the challenge to counsellors and therapists is to adapt therapy, which is mostly based on talking, to a visual mode.

The Triple Whammy

Autism represents a syndrome or collection of symptoms originating primarily from a basic [...] neurological deficit [...] in information processing and emotional communication, secondly, from psychological defences against states experienced as a result of those deficits, and (thirdly from a) lack of crucial socializing experiences” (Bemporad, Ratey, & O’Driscoll, 1987, p. 477).

But that’s a lot of big words and jargon. What does that really mean for children with Asperger’s?

It means that they get hit with a triple whammy.

First, they are born less equipped to understand and connect with others, themselves, their feelings, and so on. It’s kind of like being dropped in a foreign country with a bag full of currency that no one will accept or exchange. After all, what are words, body language, and social cues if not the currency that the interpersonal economy of people and relationships deals in?

Second, inherent deficits shrink and shrink their social worlds. The ways that these children have to protect themselves to survive isolate them further. Because they’re biologically less equipped for connection, children with Asperger’s rely heavily on more comfortable ways of being to handle the angst and frustration that their social mishaps and predicament create.

Third, these children’s self-protective and eccentric ways tend to push people away, leaving them more alone and deprived of opportunities to use and grow their social skills. It resembles a job applicant who is never hired because he lacks work experience or a 90-pound weakling who is judged too puny for the gym. This catch-22 leads the children to get less practice time with others, even though they—the children with Asperger’s—are the ones who need social exposure and experience even more than their peers do. [Bromfield 2010: 8]

The Crucial Deficit

I add to the list of three whammies a fourth and often neglected consequence of Asperger's. Because they can be so hard to understand, children with Asperger's get less understanding, empathy, admiring, and confirming—enormously less. Because they are less adept at the human things that tend to engage others and because what they say and do can be hard to relate to, these children are at great risk of being misunderstood, not just by peers but even by those who love them, whose job it is to parent and teach them. And this is serious, for empathy and understanding are the basics that nourish and sustain human existence and connection, even for the child with Asperger's.

[Bromfield 2010: 9]

Part of the therapy is to provide this in the therapeutic hour; part of it is act as advocate with families, schools and employers to create an environment in which the client experiences:

- Relational security;
- Being valued and validated;
- People who are reliable and explain social situations;
- People who attune to their experiential world;
- Being accepted as the person they actually are.
- Having their stated wishes and preferences respected.
- Being supported in kind and respectful way.
- Being content and expressing gratitude.

Which you may recognise as a reframing of Erskine et al's (1999)

Relational Needs

Section 2: Values

When I first began working with Aspies I became aware the models I used suited them; diagrams for everything; so I set out to teach them to my clients and to other Aspies. What emerged in the workshops was that the experience of being in a group where they felt safe, welcome and valued; where people were curious and interested in their way of being in the world; where their struggles and achievements were understood and admired; where people “got it” and they felt connected and included – all of this was more important, was transformative.

All of this rested on the humanistic values of the therapists and counsellors involved, and in particular, with the values and practice of TA. So, sharing them; teaching them; making them explicit; has become important in building trust and openness in the NT-Aspie dialog.

13. Ethical Principles.

Beginning with Eric Berne, TA has a tendency to say very profound things in a very succinct, direct way – in order to be accessible. Unfortunately, some people interpret this as simplistic, which it is not.

I think that maintaining OK-OK relationships will meet and go beyond ethical principles, and calls upon the kind of personal moral qualities the UK Association for TA (UKATA) identifies:

Integrity - openness, congruence and straightforwardness;

Courage – to act for what is believed to be right in the face of risk and uncertainty;

Respect – consideration and regard to others and self, and to the way that others perceive themselves;

Honesty – truthfulness, sincerity and trustworthiness;

Compassion – concern and empathy, with a desire to help;

Humility – a realistic understanding of one’s strengths and weaknesses; allowing others to contribute in their way.

Fairness – view situations without prejudice or bias, informed decisions and appropriate action.

These principles and qualities are applied a pragmatic three-way focus in behaviour

1. Do no harm;
2. Use a contractual method:
 - a. Agree, clearly, “what you are about”;
 - b. Nothing is imposed; no coercion.
 - c. . Each person benefits, fairly.
 - d. Only agree to what you can deliver; deliver what you agree to.
 - e. Objectives are ethical, and normally within the legal code.

I’m OK; You’re OK; People are OK.
Every person has worth and value, whatever their behaviour.

Everybody can think
Unless severely brain damaged

Everybody can make decisions; and, they can change those decisions.
(Decisional Model)

“I’m OK, You’re OK” is a profound stance.

How I see it 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.

Difference is:

- Interesting, not a threat;
- Provides more perspectives and options, so offers more resourcefulness and resilience;
- An invitation to deepen and develop my humanity.

Goodwill is essential but; insight and skill are also needed.

3. Engage in open, honest, transparent communication.

Everything I have written here supports healthy, life enhancing human relationships, for NTS and Aspies. The commitment to clarity, agreement and equal relationships, creates exactly the environment that Aspies need to find. So, the qualities of relationship provided by, and the personal values and character of, therapists and counsellors; especially TA trained ones, should create an environment that works for Aspies; and, as with NTs, can nurture and heal.

14. Existential Principles Meet Lived Experience.

As each human being does have intrinsic worth, then I'm OK; You're OK represents an existential reality. By convention, The letters 'I' and 'U' are signifiers for "I'm" and "You're" and '+' and '-' for "OK" and "Not OK", as in the diagram below.

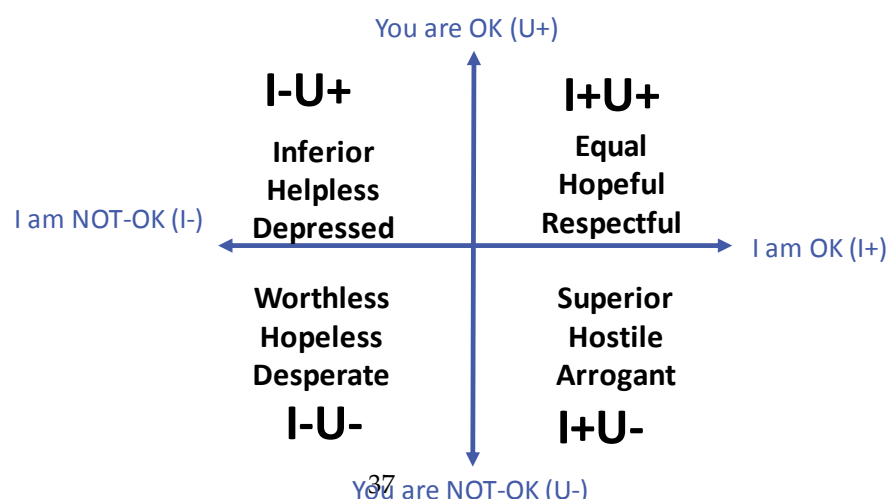
When I started with Aspies I was surprised to meet some lovely people for whom this stance was unthinkable and I was disturbed to meet a wall of solid logic, that was impossible to get around.

In the NT world there are many people whose experience in the dependent years of childhood is not being emotionally, relationally, safe and protected; of being made welcome in their family; of being supported and encouraged in the endeavours. They come to the conclusion that someone in this system is not OK. These early conclusions determine, literally, how this person sees the world in their adult life. This is the stuff of therapy.

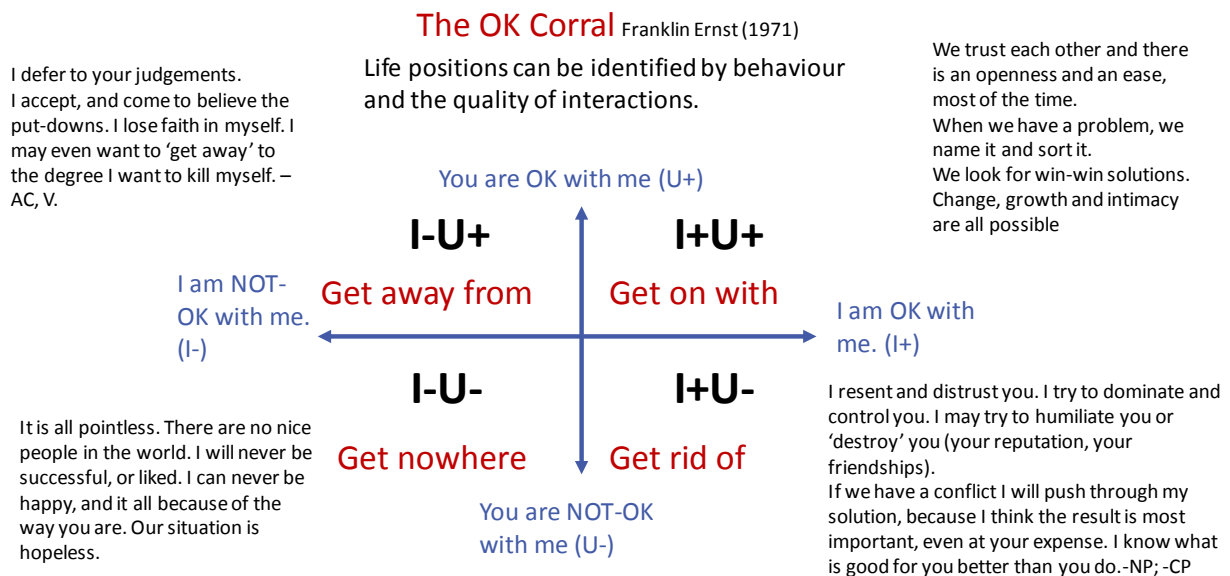
- On an existential level each human being has worth and value, and therefore deserves to be treated with respect and care, whatever their behaviour.
- We are born with this worth, no-one can take it away, though some people have been conned into they have. [As we grow up other people's responses can cause us to deduce that we are 'less than'.](#)
- Other people are also born with this human worth. But we can be taught to fear, and to despise others; sometimes in reaction to their attitude to us.
- That can make you or me seem not Ok, to ourselves or to others.
- So I can grow up taking an OK, or a not-OK stance to myself, or to others.

Four Existential Positions

Four levels of being and the resultant underlying attitudes



My experience is that most Aspies, most of the time, are moving through life from a position of constant anxiety; and feeling desperate, hopeless and worthless. I shall show later how these indicators of a fundamental I'm not OK, You're not OK conclusion that is based on early life experiences of disconnection, and unremitting confusion, misattribution and disapproval from NT adults.



Whilst a conclusion that I am not OK can be understood as a reaction to lifelong hurt and confusion, and You are not OK is indicative of the anger and frustration towards people who hurt me despite all my efforts to please them – it is still not true as an existential statement of your value as a human being. So, my response to the impenetrable wall of logic was, and is, “you have built your wall of logic on a false premise, and if the premise is false, then all your conclusions are false.

The challenge, of course, is to prove the premise false, and I resort to what I call “the Black Swan Principle”. If every swan that you have ever seen has been white, then it is natural, and logical to conclude that all swans are white – until you see a Black Swan. If I can demonstrate that I welcome you; I value you; I can understand and connect to you, and you can understand and connect to me, which you can experience here with me, learning TA in my workshop, then I am your Black Swan.

In an Aspie NT workshop, two Aspies, independently said that, as a result of previous workshops they had experienced that Black Swan moment, and that their attitudes and experience of life had changed as a direct result.



Section 3: How the Mind and Personality are Related.

15. Thinking Like a Therapist.

In the following sections I will present the core concepts, theories and models that I use as a therapist in order to understand the thoughts and feelings, attitudes and motives of my clients; in order to help them understand themselves, those close to them and the way they relate, in order to experience more choice, more control, more satisfaction in their world.

I teach many of them to my clients, as Cognitive Behavioural tools and strategies. I also teach them to counsellors and therapists to help them better understand their clients; and I train psychotherapists. And now I give these same tools to Aspies, so that they too can better understand the thoughts and feelings, attitudes and motives of the people that they interact with: this gives Mindsight to the Mindblind; insight into the two different realities of NT-world and Aspie-world; and promotes understanding, acceptance and relationships.

This journey begins with a very simple, very useful, model of personality. It was first proposed by Eric Berne in his system of social psychology, which focussed on the patterns of communication, the social transactions, between people. He called it Transactional Analysis; abbreviated to TA.

16. The Ego State Model of Personality

There are many instances where pointing out that thoughts and feelings and actions are directly related is helpful. For example, a Cognitive Behavioural therapist may suggest to someone feeling depressed that going for a walk each day might lift their mood. The diagram on the right, usually with a picture of the child superimposed over the arrows, is used to teach this connection to children.

Eric Berne's insight was to see this relationship as a psychological entity, that in the present they are related, and in memory they are related, he defined this psychological unit of personality as an Ego State, and then carried on to identify three kinds, classes, of ego states, which he nick-named as Parent, Adult and Child.

He used capital letters to distinguish ego states from actual parents, and children.

Feelings

Based on:

The term “equilibrium” states of mind, behaviour and

Feelings

The Adult ego state represents all of the capacities of a human being functioning in a rational and aware manner. Structural analysis of ego states postulates only that such reality. Berne was the first to state that adult ego states can be classified with adult psychiatric patients... but, in terms of ego states, the child and the adult are such a procedure is not going in the present moment", then children and babies have an Adult too.

The First Order Structural Model

Parent Ego States

History: Copied

Adult Ego State:

Here-and-Now

Child Ego States:

History: Learned

A Parent ego-state is 'a set of feelings, attitudes, and behaviour patterns which resemble those of a parental figure' (Berne 1961: 75).

An **Adult ego-state** is 'an autonomous set of feelings, attitudes, and behaviour patterns which are adapted to the current reality' (Berne 1961: 76).

A Child ego-state is defined as 'a set of feelings, attitudes, and behaviour patterns which are relics of the individual's own childhood' (Berne 1961: 77).

people to avoid these situations

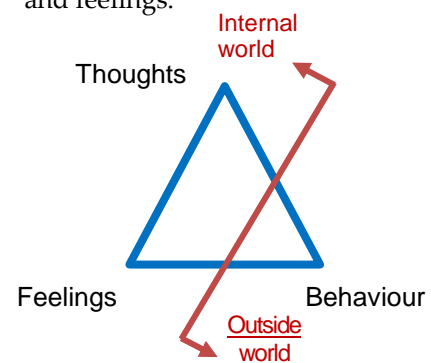
This First Order Structural Model is the starting point for all the other models and tools that I will present in this book. Second-order models add detail to support particular applications of this basic one.

If we turn Eric Berne's definition around, from "thoughts and feelings have associated behaviour" to "behaviour has associated thoughts and feelings", then it becomes clear that TA, with its techniques for identifying Parent and Child ego states can compensate for Mindblindness in crucial social situations, to avoid negative outcomes.

Detecting the intrusion into a current relationship of Child or Parent ego states that are outside of conscious awareness is the usual focus of therapy. Therapists have the tools to know when someone is not in Adult.

So, I want to teach you to think like a therapist.

By skilled observation of behaviour, we can deduce the related patterns of thoughts and feelings.



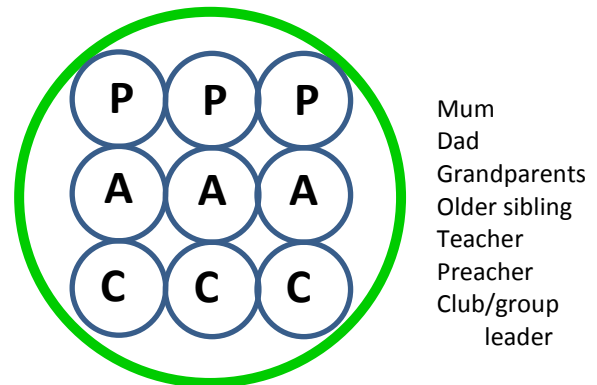
Eric Berne made states of mind visible

17. Models of Personality that Apply to NTs

Before I started working with Aspies I had not really grasped that all standard psychotherapy models assume a neurotypical brain and mind. Only when I realised that TA could model an Aspie mind and personality did I find the need to separately label the NT models. So, I shall present first the standard, NT, models and then a neurodiverse model, and, finally the Aspie structural model.

Taking History into Account: The Second Order Structural Model

A Parent ego- state is defined as a coherent set of thoughts, feelings and behaviours that the person has imitated from a parent-figure. This parent-figure in turn had his or her own Parent, Adult and Child ego-states. Thus, if we wish, we can analyse the person's Parent ego-state in terms of these Parent, Adult and Child components that go to make it up.



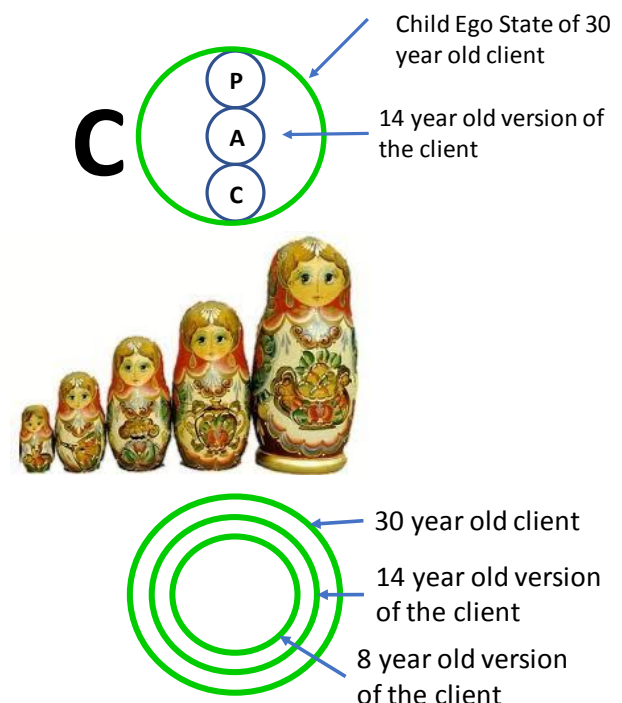
The Second-Order Structural Analysis of Parent

Inside every adult person will be a younger self, maybe their fourteen-year-old rebellious self, that 'comes out' when they are under pressure at work.

The fourteen-year-old had/has inside them a younger self, maybe a scared eight year old.

Inside the eight-year-old ...

Rather like a set of Russian Dolls, one inside the other.



Two Ways to Diagram the Second-Order Structural Analysis of Child.

Put all this together and we get: The Second Order Structural Model of Ego States.

This is the level at which I think when working with a client. When they interact with me they will move from one ego state to another – we say that they are ‘cathecting’, literally ‘putting energy into’ a Child ego state, or ‘becoming’, (sounding and thinking like) your father, or mother.

Holding this model in mind and using the analysis of transactions, covered in the next chapter, then:

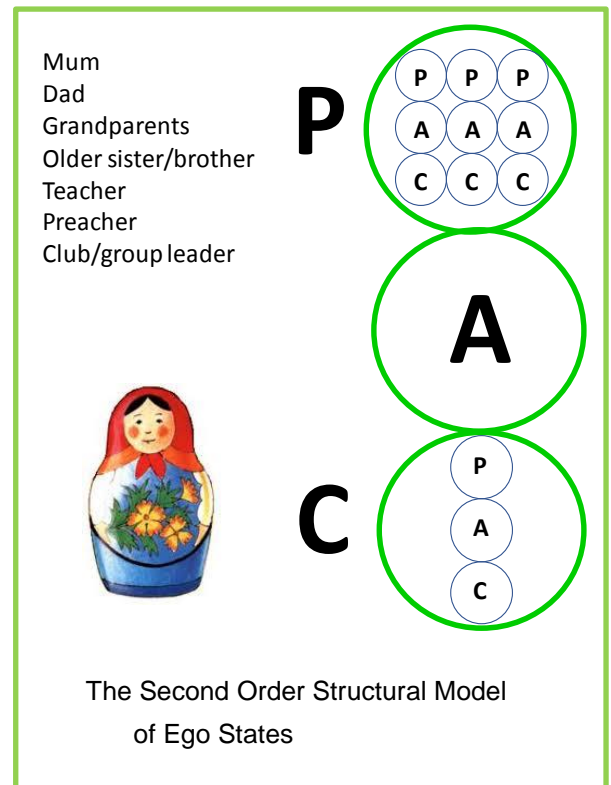
1. observing each individual’s postures, words, tones, gestures, facial expressions;
2. together with noting the qualities of the other person’s responses,

allows us, with some accuracy, do detect when people are shifting ego states.

In therapy, and in close relationships, we can also:

3. inquire into whether what we have observed reflects patterns of childhood relationships; and occasionally
4. the person we are questioning will be flooded by a complete re-experiencing of the original scene.

These four levels of observation were devised by Eric Berne to identify a specific ego state. Numbers 1 and 2, can be utilised in any social situation, and are usually sufficient to identify that a person has moved into Child or Parent. TA gives a range of options of how to restore Adult to Adult communication, which is what we all need in problem solving, making practical decisions, and in business-like activities. These procedures empower people, Aspies in particular, to get the outcomes they need.



18. A Model of personality, for NTs and Aspies

In the chapter on The empathizing-systemising theory, the prime difference between NTs and Aspies was expressed in terms of a difference in balance between two psychological functions,

- Systemising is the drive to analyse or construct systems. Systems follow rules.
- Empathising has two elements:
 - Cognitive Empathy: This encompasses mindreading; sensing aspects of another person's state of mind;
 - Affective Empathy: Having an appropriate emotional reaction to another person's thoughts and feelings; knowing how to respond.

Baron-Cohen measures two neurobiologically based mental capacities which he measures by a Systemising Quotient (SQ) and an Empathising Quotient (EQ).

He detects a bias away from the balance between the measures of these capacities towards empathising in women, and towards systemising in men.

He also identifies two extremes:

- Very high systemising and very low empathising – Aspies;
- Very high empathising and very low systemising – the intuitive empath; which I identify with an intuitive capacity nicknamed “the Little Professor” in TA.

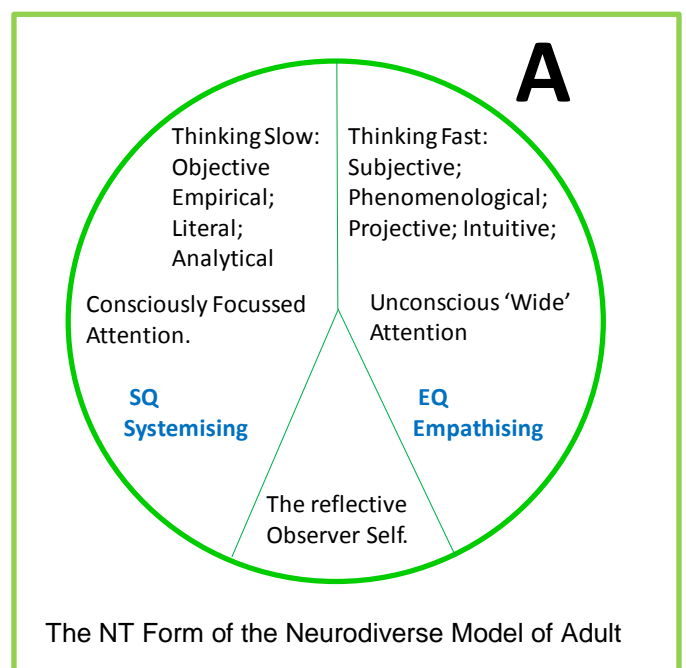
Writings by a number of authors, particularly Daniel Siegel, identify empathising as a right-brain type function, in that deficits or damage to that hemisphere of the neo-cortex impairs empathising. Ian Mc Gilchrist, in particular, locates analytical and systemising capability in the left hemisphere.

The table on page 24 identifies a number left-brain style and right-brain style characteristics drawn from a number of authors that seem to place Aspie weaknesses in the right-brain column and Aspie strengths in the left-hand column; so these characteristics will be included in the model – balanced for our nominal NT and imbalanced for our nominal Aspie.

The Neurodiverse TA Adult.

The Adult in conventional second order structural model, the previous diagram, is not subdivided, but, by many measures, the here-and-now functioning, Adult, in Aspies and NTs is very different, so some subdivision is needed to capture and express this difference. Incorporating all the ‘sided’ elements identified above, and including the capacity for self-reflection leads to this diagram, for an NT with a ‘balanced brain’ (see page 23).

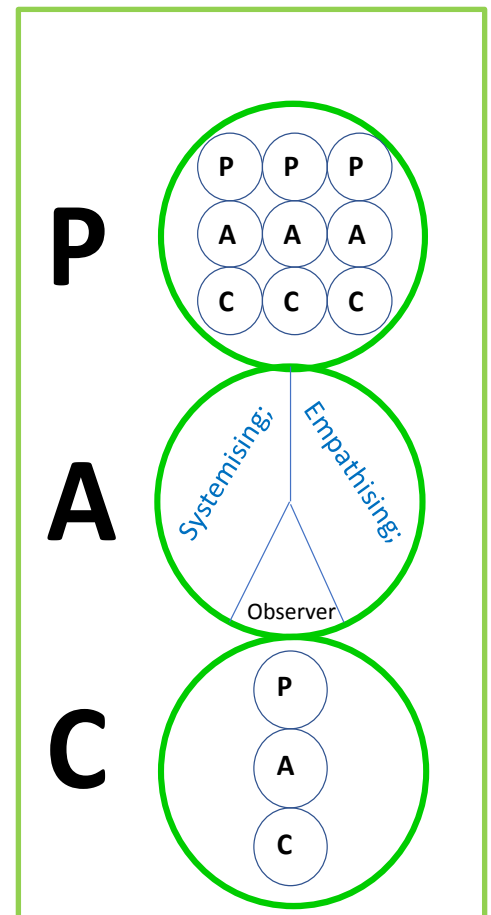
This is identified as *the* neurodiverse model, as currently, I believe, it is the only one. I hope



The Neurodiversity Based NT Second Order Structural Model

Incorporating the NT-Adult..

- Along with Systemising I also group:
 - Thinking Slow;
 - Objective;
 - Empirical;
 - Literal;
 - Analytical;
 - Consciously Focussed Attention.
- Along with Empathising I also group:
 - Thinking Fast;
 - Subjective;
 - Phenomenological;
 - Projective;
 - Intuitive;
 - Unconscious 'Wide' Attention
- The Observer Self represents the capacity to be aware of our own thoughts and feelings in the present moment: Mindfulness.



Using the Neurodiverse Model to Describe the Aspie Adult Ego State

Aspies have lower than average EQ.

They rely on systemising and the associated focussed 'slow' thinking and focussed, detail oriented, attention.

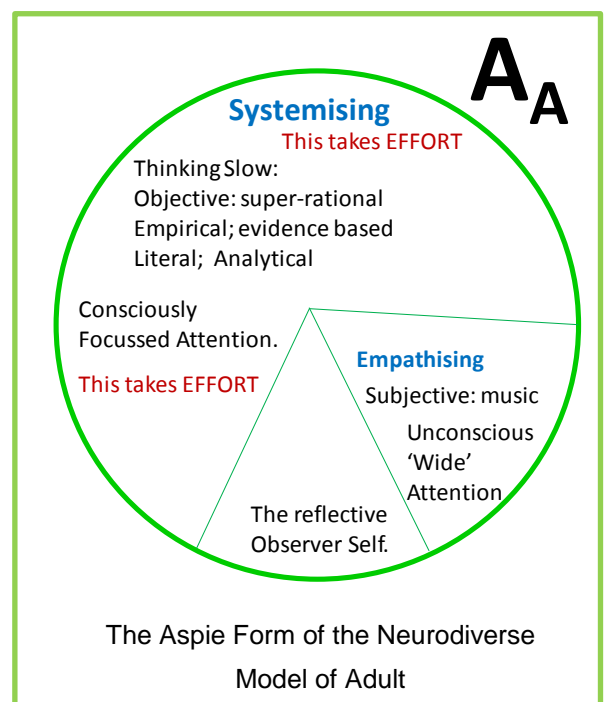
The functions associated with: Thinking Fast: Subjective; Phenomenological; Projective; and Unconscious 'Wide' Attention, are much reduced compared to NTs.

Aspies emotional regulation depends on being given the space, and time, for their style of understanding.

The difference between Aspie and NT Adult functioning, the part of our personality functioning with Awareness and Autonomy in the present, is what we have been talking about so far.

But, the historical, archaic, ego states, Parent and Child, are formed from perceptions of the present; as they were perceived at the time of introjection or fixation.

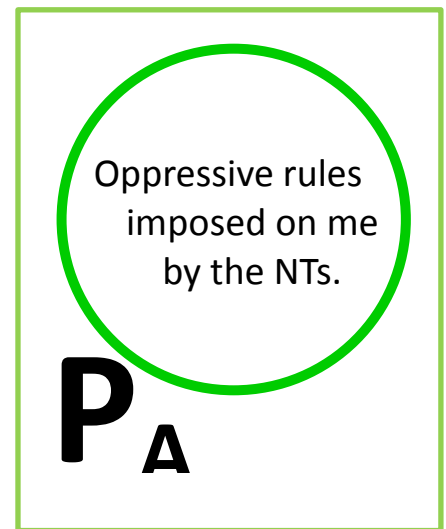
So, Aspie Parent and Child are different to NT Parent and Child. 'Standard' TA tells us about NTs, but it needs remodelling to represent the personality of an Aspie.



Child and Parent when there is mindblindness; no “Theory of Mind”

All children have a need for the approval and protection of others, so Aspie children will seek to avoid disapproval and rejection. They will try to avoid “upsetting people” – but other people are upset and the child cannot see why which promotes both distress and anxiety, are not sure why those people get upset. The default conclusion for any child having this kind of experience is “there must be something wrong (bad) about me”; an existential decision that I am not OK, which will lead to withdrawal and a vulnerability to depression.

Aspies will not internalise the “thoughts and feelings” of the other, in the way NTs do, because they generally do not see them clearly, or understand their significance. There seems to be little structure; rather, just an array of rules and expectations, often with little understanding of ‘why’, but simply a knowledge that they ‘must’. The rules are generally experienced as oppressive and about the needs and agenda of the majority so it is hard to hold “them” (NTs) as OK – leading to an habitual experience of ‘You, (&They) are not OK’. As we will see in regard to Life Positions, if I take up an “I’m OK, You’re not OK” position I am likely to resent, distrust you and may escalate to despising and seeking to harm/destroy you in some way, and I have seen this in some Aspie teenagers and adults, where range and a sense of entitlement feed each other.



More usually, the “I’m not OK and the You’re not OK either” come together to create a quiet, confused, lonely, despair.

So I offer the following series of diagrams to define the Aspie version of TA.

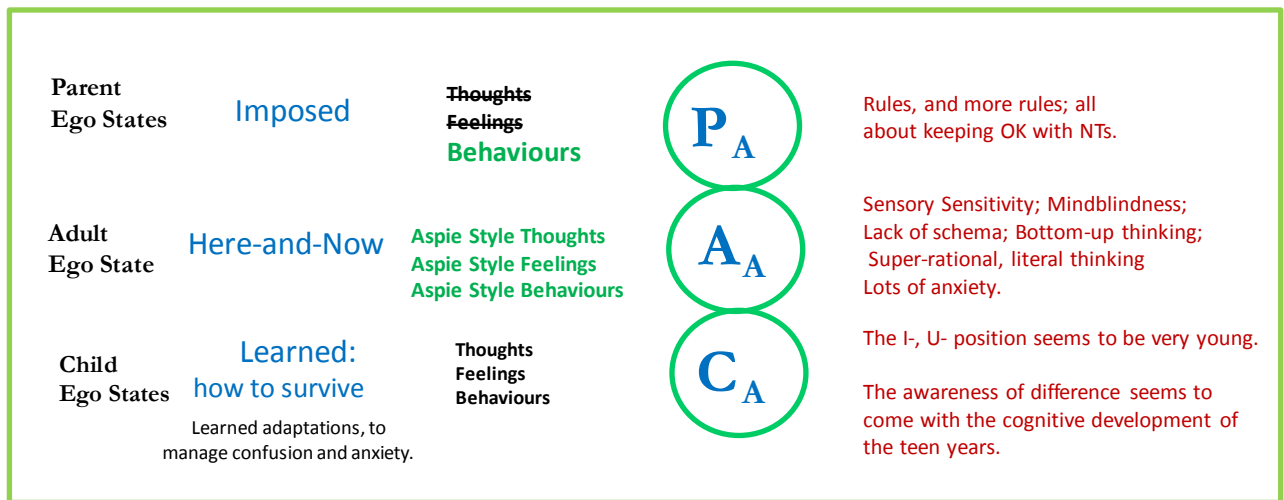
Three categories of ego state:

A Parent ego-state: Because of mindblindness, An Aspie cannot record the thoughts and feelings of others, so it is 'a set of beliefs, rules, and behaviour patterns which resemble those of a parental figure'.

An **Adult ego-state** is 'an autonomous set of feelings, attitudes, and behaviour patterns which are adapted to the current reality; reality as experienced in a way that is characteristically Aspie.

A Child ego-state is defined as 'a set of feelings, attitudes, and behaviour patterns which are relics of the individual's own childhood: including the hurt and confusion and will include all their adaptations to the NT-defined world.

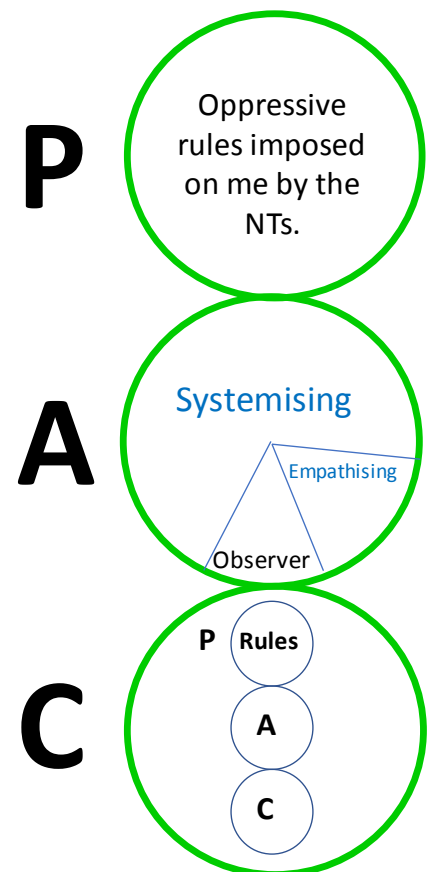
Aspie First Order Structural Diagram.



The Neurodiversity Based Aspie Second Order Structural Model

The Aspie-Adult..

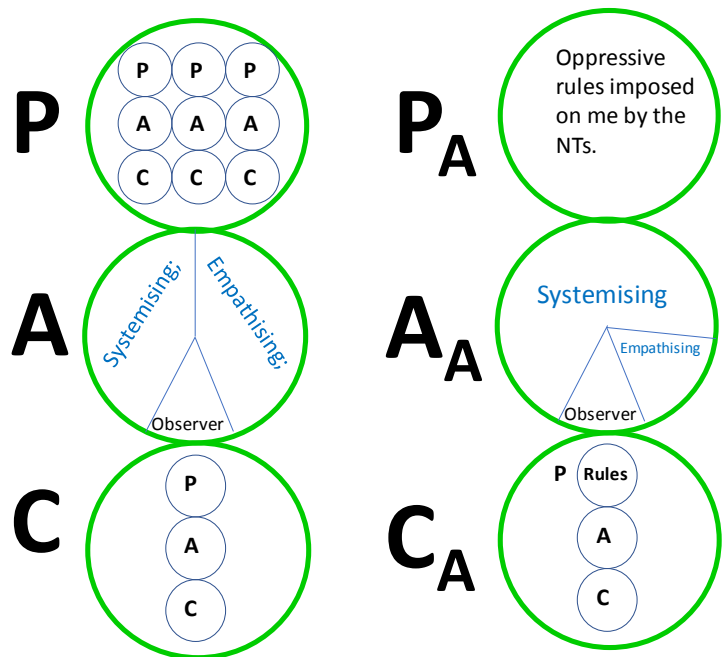
- Along with Systemising I also group:
 - Thinking Slow;
 - Objective;
 - Empirical;
 - Literal;
 - Analytical;
 - Consciously Focussed Attention.
- Along with Empathising I also group:
 - Subjective: sense of self.



This is the message:

The Neurodiversity Based Second Order Structural Models

Two Kinds of Minds;
Two Subjective Realities;
Two Separate Worlds: of
lived experiences and
expectations.



Once we are aware, once we have concepts, ideas and tools, then we can use them to make a difference.

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The Empathy Quotient.

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