

In Practice

Encounters with Asperger's Syndrome in the Solicitor's Office

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A client comes into your office to ask whether you will represent him, as his wife wishes him to have no more contact with their children following incidences of domestic violence. You know that these episodes were quite severe and yet he appears to have no remorse nor sympathy. He does not look you in the eye and so you feel quite uncomfortable in his presence and wonder whether he is some kind of psychopath. The second client of the morning is a puzzled looking man whose wife wishes to divorce him and you find that the settlement is complicated by this apparently intelligent man's business failure. He does not seem to understand his wife's feelings and gets more and more distressed the angrier she gets trying to explain his failures to him. The third client is a 30-year-old man whose parents have brought him to you as he had exposed himself to two small children in a playground. This had never happened before. The young man appears oblivious to the potential effect on the children. His parents are respectable people showing appropriate levels of concern. They then tell you that the young man has Asperger's Syndrome (AS) and that he does not understand the consequences of what he has done. You think that they are probably over-indulgent middle-class parents spoiling him. But something about the presentation of all three clients makes you curious.

I am not a solicitor. I am a family therapist working in a psychotherapy department in Carlisle. All three of these stories belong to past patients of mine where AS has been a working diagnosis. The violent man has learnt empathy and

about the difference between his way of seeing things and that of his wife and children. He knows now that he has to stop, be curious about every situation and check out what other people's points of view are. He then has to retreat and take stock before testing out a measured response. His wife and children are learning to trust him again. The failed businessman is very intelligent and has taken on AS as a special interest. He has read widely on the subject and practises empathy with his wife. He checks with her what she would like him to do and occasionally works it out for himself. She is delighted and although their grown-up children have suffered from the hardship of the financial ruin, they can all now talk on a similar wavelength. The young man met with the police who carefully and quietly explained the consequences of his actions and checked that he had understood. They explained the consequences of a repeated act of exposure and the ramifications of that. The children's families had the diagnosis explained to them and were happy not to press charges unless there was a repeat offence. The young man has learnt a little more about right and wrong and how society works. His parents were hugely relieved that the whole episode was conducted calmly, as he panics and cannot process information if the emotional atmosphere is highly charged. In none of these three cases had AS been diagnosed in childhood.

What is AS and how does it present in adults? It is due to a specific brain abnormality, the cause of which can be either genetic, brain insult or brain disease (such as a head injury or meningitis). It is much more common in males. Lorna Wing has described a triad of impairment of reciprocal social interaction, non-verbal communication and imaginative activity. Even very academically intelligent people may be affected, as AS is a social intelligence problem. AS may underlie the diagnoses of schizoid and anti-social personality disorders, schizophrenia and manic depression. Many patients have been through many diagnostic labels (as had the young man who exposed himself). What should you, as a legal practitioner, look for?

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- (1) Impairment in reciprocal social interaction:
 - egocentric and isolated, appear eccentric;
 - bluntness and fragility;
 - no small talk;
 - poor intimate relationships;
 - pedantic language;
 - inappropriate or odd social behaviour;
 - poor conversational turn-taking;
 - talking in monologues.
- (2) Impairment of non-verbal communication:
 - poor eye contact;
 - misreading others' emotions;
 - poverty of facial expression;
 - monotonous speech.
- (3) Poor imaginative ability:
 - lack of awareness of the consequences of actions – money, employment;
 - preference for rigid routines – often obsessional;
 - inflexible;
 - special interests, especially trains, timetables, lists;
 - exceptional memory for facts.
- (4) Other features:
 - clumsiness/gaucheness;
 - increased incidence of anxiety, depression, psychosis;
 - hyper-sensitivity or hypo-sensitivity to emotional and other sensory experiences.

Having identified some of these features, how should you manage the situation? It is unlikely that you will get the person in front of you to agree about the diagnosis, as the sufferer is seldom aware that he has a problem (although he often thinks that others have a problem). However, the information about the client that you have observed can help you to respond appropriately to get a speedier and easier result in the consultation. Here are some dos and don'ts:

- Keep the emotional atmosphere calm.
- Be curious rather than critical.

- Explain everything carefully and in great detail.
- Written/visual information may be more easily assimilated.
- Allow time for information to sink in.
- Clear up misunderstandings/misperceptions as they arise.
- Use straightforward, unambiguous language.

Family therapists often use a particular variety of questions called circular questions to aid AS sufferers' curiosity, which helps them to understand puzzling situations. More importantly, it helps clients to get a different view of the situations they find themselves in. This is crucial for a person with AS, as they are hooked into an egocentric view of life. So saying something like: 'This must be puzzling for you to understand as it is a complex social situation you find yourself in. I wonder what other people may be thinking. If your daughters had a completely different view of this, how would you make sense of that?'. This acknowledges the problem in a non-blaming way and invites curiosity, that there could be alternative explanations. It also gives the client some control over thinking of different points of view. Another useful phrase is: 'What else might that mean?' – so that a lot of different interpretations could emerge and the most likely one get chosen. The fragile world of the person with AS means that they often take control of everything in one way or another. This dynamic makes ordinary professional conversations a challenge.

If the client wants a therapist to talk to about their issues, it is essential that the professional has a working understanding of AS. Most AS sufferers and their partners have had a very bumpy ride through therapy. Many therapies, especially couple therapies, work on the assumption that free expression of affect is vital. This causes the person with AS to clam up with terror and the therapy usually then founders in complete misunderstanding. The person should go to his GP and ask for referral to the local psychological services department, although many psychologists and psychotherapists are not familiar with adult presentations of AS. Cognitive Behavioural Therapy has been shown to work with this

group of people. If this is unsuccessful, then it is best to contact the National Autistic Society (tel 020 7833 2299), which has a growing register of therapists, although it may mean that the individual will have to travel some distance. There is a website for families (www.faaas.org). A good book for professionals in the legal profession, police, probation, and social services to read is Uta Frith (ed) *Autism and Asperger's Syndrome* (Cambridge University Press, 1991).

