



The Relationship Between Neuroscience and Internal Conflicts in a Psychodynamic Approach to the Treatment of Autism Spectrum Disorder

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The Sherkow Center, founded in 2012, applies a psychoanalytically-informed developmental approach to the understanding and treatment of autism spectrum disorder (ASD) in children, adolescents and adults. The Sherkow Center Approach is rooted in models of ASD that integrate perspectives from neurobiology and the psychoanalytic model of developmental processes from birth through adulthood.

These models outline the roles of neural connectivity and processing, along with intra-psychoic and interpersonal dynamics, in the development, maintenance, and treatment of ASD.

On the neurological level, autism appears to alter the ways that regions of the brain communicate with each other. For example, characteristic autistic deficits in social-emotional cognition and behavioral self-regulation appear to result from to early developmental dysfunction of the orbitofrontal-amygdala circuit of the brain. The Sherkow Center Approach includes counseling parents by describing this neurological phenomenon as a disconnect between the thinking brain and the emotional brain.

We hypothesize that psychodynamic treatment improves the functioning of this circuitry in autistic children—in other words, that treatment helps repair the connection between the thinking brain and the emotional brain. Existing evidence on neuroplasticity supports this possibility.

There is evidence that behavioral intervention can bring about change in cortical connectivity through alteration in white matter tracks in children [1] Furthermore, changes specifically in prefrontal- limbic function have been observed after long term, psychodynamic psychotherapy in the treatment of depression [2].

Thus, we hypothesize that the treatment of ASD using the Sherkow Center Approach may strengthen the functioning of the orbitofrontal-amygdala circuit of the brain. We propose neuroimaging studies test this hypothesis.

On the intra-psychoic level, functionally, the neurological dysfunction in autism interferes with the development of self-concept. Analyses of patients have revealed how sensory sensitivities in autism can be experienced as feeling of being under attack. This felt experience of being invaded undermines their sense of agency. Similarly, the idiosyncratic nature of perception by those with autism makes it all the more difficult for the individual to understand his social and emotional experiences affect his cognitive processes and his executive functions.

By definition, it equally becomes increasingly difficult for an observer to understand how the individual has come to represent his social, emotional, and cognitive experiences over the course of his development from infancy onward.

Typically, the families, educators, and therapists working with an individual with autism have been at a loss as to how to comprehend his "mind" and his actions: how both his experiences and the internal "wired" representations of those experiences have affected his developmental trajectory. Thus, the time-intensive format of psychodynamic treatment multiple times per week, over at least several years, can serve to uncover the autistic person's intra-psychoic dynamics, his ego structure, his conflicts, and how his autism has impacted his relationships and his coping mechanisms.

The analyst becomes a neutral but intensely involved figure to understand a child's mind, his communication, and his intentions, for example, making meaning of child's initially inexplicable behavior and speech. The analytic process builds an understanding of the individual's inner life: the wishes, anxieties, and beliefs that influence the person's character development. Thus, insight can nurture the development of a coherent self-concept. In turn, this insight enables authentic communication.

On the interpersonal level, autism characteristically undermines patterns of social reciprocity, often frustrating and straining family relationships. The Sherkow Center Approach promotes the patient's social development through the relationship with the analyst in individual psychoanalytic sessions and through parent counseling.

Family therapy sessions with both child and parent(s) in the room can also be used, especially in the treatment of young children. The analyst equips parents with tools to manage behavior, to promote safety, and to build trust in their relationship with their child. Thus, treatment supports increasing security in the parent-child relationship. The Sherkow Center also offers groups where patients receive mentorship and socialization from neurotypical peers their age. The analyst can also provide consultation to the patient's school and any other systems that play a part in the patient's social environment.

Psychoanalytic intervention is compatible with the three major areas supported by research as promoting positive change in ASD: normalizing environmental input (social and emotional engagement), stress and anxiety reduction, and intensive practice and effort [3]. The Sherkow Center Approach integrates detailed attention to the individual's neurological, psychological, and social development into a comprehensive treatment paradigm for people living with autism spectrum disorder.

References

1. Keller T A, Marcel AJ (2009) Altering cortical connectivity: remediation- induced changes in the white matter of poor readers. *Neuron* 64: 624–631.
2. Buchheim A, Viviani R, Kessler H, Kächele H, Cierpka M, et al. (2012) Changes in Prefrontal-Limbic Function in Major Depression after 15 Months of Long-Term Psychotherapy. *PLoS ONE* 7: e33745.
3. Sherkow SP, Harrison AM, Singletary WM (2014) Autism Spectrum Disorder: Perspectives from Psychoanalysis and Neuroscience. pp: 202.