“But Who Knows What Autism Is?”
Negotiating the Notion of Autism During Free Associative Narrative Interviews with Psychoanalytic Psychotherapists

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ABSTRACT

Background: Critically informed discursive research has rarely been used to capture the way psychoanalytic psychotherapists organize their talk with regards to Autism Spectrum Disorders (ASD). Objective: To understand the language about autism in psychoanalytic talk in terms of i) interpretive repertoires, ii) subject positions and iii) autistic ways of being that circulate inside psychoanalysts’ discourses. Methods: This paper presents the data and findings of a critical discursive psychological research which analyzed the talk of eight experienced psychoanalysts. As part of a wider research project this study strived to provide an understanding of the way autism was deployed in free associative narrative interviews. Results: Focusing on the micro and the macro level of discourse, the analysis of the data pointed to a rather dilemmatic framework mobilizing therapeutic talk. This framework was organised around a quadrant of interpretive repertoires, which on the one hand fought against the traditional medicalized discourses about autism, while on the other repositioned autism in the same subordinate positions crafted by biomedical regimes. Conclusion: A need for breaking from this rather malleable discursive ecosystem is advocated in order to give life to a more democratic let alone emancipating clinical and political environment. Keywords: Autism, Psychoanalysis, Disability Politics, Critical Discursive Psychology.

1. BACKGROUND

The current paper is part of a wider project that concerned the constructionist understanding of the phenomenon of autism spectrum disorders in clinical and non-clinical social environments (1-5). In line with the recent trends in the social sciences which understand psychotherapy as a dialogical phenomenon (6-12). This paper portrays autism as a fluid construction which takes place inside the premises of a complex discursive ecosystem. It particularly concerns the way in which the notion of autism is negotiated in psychoanalytic psychotherapists’ talk during unstructured conversations (13-21).

Research about autism has been dominated by traditional methods which, as argued by Lester (22), regularly draw from an etic rather than an emic perspective. Clearly, much of the research about autism is deficit-oriented. This reflects a wider tendency inside the scientific community which focuses on the etiological and thus mechanistic understanding of the condition through quantitative methodologies. It also explains the relative marginalization of qualitative designs, despite the fact that current accounts speak of their value in interrogating issues of subjectification and identity construction (21-26).

This paper then reports the findings of a critical discursive psychological (CDP) analysis of the psychoanalytic psychotherapists’ talk about their work with autistic individuals. Two broad sets of research questions informed the conduct of this research: a) The first set drew form the
macro level of language, questioning the way autism was constructed in psychoanalytic talk and also issues of subject positioning and the ways of being that were enabled or constrained through them. b) The second array of questioning was guided by the micro-level of interaction in an effort to understand the way the different interpretive repertoires appearing in the conversation allowed.

2. OBJECTIVE
To understand the language about autism in psychoanalytic talk in terms of i) interpretive repertoires, ii) subject positions and iii) autistic ways of being that circulate inside psychoanalysts’ discourses. the therapists to attain specific interactional and rhetorical goals.

3. MATERIAL AND METHODS
The critical discursive psychological (CDP) framework utilized in this research was initially advocated by Potter & Wetherell (27) and later modified by McAvoy (2015). Originally, Wetherell tried to address CDP as: 'the capturing of the paradoxical relationship that exists between discourse and the speaking subject’ (p. 4). This variant of discourse analytic research tries to overcome the dualistic deployment which crosses the broader discourse analytic literature (28-35). Inspired by the different traditions of discourse analysis, the employment of CDP in this study allowed for a performative consideration of autism (8) in two central respects: a) as an interactional accomplishment between the therapist and the interviewer and b) as determined by the wider cultural resources that organized the unfolding dialogue.

Within therapy and research, discourse analysis has provided an alternative way of inquiry (2, 4), involving a novel understanding of intersubjective experience which mainly relies on language use. In the current research, it employed a hierarchical conceptual model to consider therapeutic language about autism as: 1) Constructive; 2) Functional; 3) Producing specific subject positions; 4) An instrument of power; 5) Producing different types of subjectivity (5).

Methods
The dynamic strategy selected for generating data resulted in the recruitment of 15 potential research participants. From them seven female and one male therapist were recruited according to the inclusion criteria which included a) having at least 10 years of practice with autistic individuals, b) fluency in English, c) if retired, continuing active involvement in the field such as supervision or teaching. The mean age of the sample was 53 years old, six of the therapists were employed in the public sector while two of them were practicing psychoanalysis privately.

The interviews, which used a free associative and narrative theoretical framework FANI (18), were conducted in settings chosen by the participants and lasted from 60 to 90 minutes. Every participant received a transcript of their interview with the option of modifying this. All data were subjected to discursive analysis by the principal researcher as described by Potter and Wetherell (27) and Harper (17).

4. RESEARCH FINDINGS
The findings of the critical discursive analysis revealed four inter-related interpretive repertoires as part of a fluid dialogical landscape.

Reertoire 1. Autism as an unknowable construct
The first repertoire reflected the therapists’ ontological concerns about autism. As shown in the data quoted it appeared early in the conversational flow of most of the therapists, through an emphasis on notions of unknowability and variability.

For example, Hannah (see Table 1) questioned the psychiatric diagnostic regimen early in her interview. The idea of autism as not being easily detectable and also involving a disturbing variability is apparent in this piece of talk. The therapist represents herself through the catch pole metaphor which provides autism with a very distinctive, let alone dysfunctional, flavoring. Historical accounts appraised autism though the primitive functioning rationale, which secondarily impacted negatively on separate individuals (15). Two main attributes characterize autism through this metaphoric plane, a) the undisciplined, ‘feral’ qualities of the individual and b) its slippery nature that needs to be gleaned through the practitioner’s expertise. In both senses the condition is closely related to a discourse of monstrosity which further connotes a close relationship among autism and carnal ways of being (36).

The therapist in this vignette seems torn by the diagnostic variability of autism. While she presents herself as capable of diagnostically identifying autism, she also resorts to several discursive devices which counter her core argument. Initially, the use of the small clause ‘the thing called autism’ (line 4) weakens the diagnostic imperative. Then she keeps moderating the argument by utilizing a quantifier ‘a lot of the children’ (line 6) while resorting to the use of the passive voice ‘happened to have a diagnosis of autism’ (line 6). The use of hedging in line 7, ‘is probably what I would think of’, epitomizes the therapist’s agonizing state with regards to the clinical identification of autism.

In the next extract (see Table 2), the dilemmatic framework is exacerbated through the articulation of the experiential versus diagnostic understanding of autism. The participant, Sofia, could be seen as unintentional recycling the dichotomized understanding which saturates the language of autism and disability (15,25). While she sets up an ideological battlefield (9), she mobilizes a number of rhetorical commonplace (7) attempting to establish the enigmatic and thus ‘unknowable’ construction of autism. Yergeau (39) has pointed out that autistic individuals have been persistently described through discourses of unknowability. Through narratives which represent them as tragic or abject, they are stripped of their ability to set up their own meaning frameworks and are therefore regulated by the authoritative practices of the experts.

Indeed, in this extract the participant carefully develops her contradiction to the mainstream discourse that surrounds the diagnostic language of autism. She assembles her criticism by the use of a cognitivist accounting through the repeated use of ‘I don’t know’ (lines 7-11) and also ‘I understand’ while simultaneously providing an emotional quality to her statement through the use of ‘I can’t
Table 2. Therapist Sofia

| R: | So (1) in terms of my work actually with each individual patient (1) 2 it's very different / D: So I think my experience of autism as a kind of catchpole (4) 4 cause I don't really believe that the thing called autism in the singular sense (5) is you know kind of I suppose (1.5) 6 in the () that in a lot of the children that I worked happened to have a diagnosis of autism (5) is probably what I would think of (1.5) |

feel' (line 19). In this way she inhabits a personal opinion framework to distance herself form the vagueness of the diagnostic attitude.

Repertoire 2: Autism as defence/safety

While the first repertoire circulated around the enigmatic nature of autistic life, the second one encapsulated the widespread idea of autism as a reaction to the interpersonal field coupled with an association between defence, individual security and worthwhile living. The dualist deployment of the defense safety repertoire was informed by the 20th-century developmental language which involves a dichotomy between social and individual levels of being.

In the vignette presented in Table 3, Muddy mobilizes the defense safety repertoire in order to account for her experience of an autistic child. She initiates her talk by subscribing to developmental language through the use of the modal 'could' (line 1) foregrounding the subsequent conversation. Muddy is confronted with the delicate business of reporting a personal experience of a therapeutic relationship and she thus resorts to an 'eye witness' layout to achieve this (26). She structures her argument through a tripartite structure which resembles a cancerous state of being. There is (a) an insistence on the damaging effects of the condition for the suffering person, presenting similarities with people suffering from a terminal illness; (b) presentation of the condition as a disturbance of the normative progression of life; and (c) as a toxic contaminant of social life that could compromise the mental integrity of the therapist. In a similar fashion to Tantam (33), who utilized the linguistic resource of malignancy to describe autistic individuals, most analysts drew on such language with regards to autistic social deficits which is less taken to be the result of faulty wiring. In this way they replace traditional theoretical accounts with a relational language in order to explain the children's social deficits. The result is paramount, for it creates the kind of subject positioning which is based on the familiar power dynamics that exist in western therapeutic establishments (29).

Repertoire 3. Autism as malignant state of being

Most of the therapists employed some version of the third variant of discourse. Inside it, autism is bound up through a tripartite structure which resembles a cancerous state of being. There is (a) an insistence on the damaging effects of the condition for the suffering person, presenting similarities with people suffering from a terminal illness; (b) presentation of the condition as a disturbance of the normative progression of life; and (c) as a toxic contaminant of social life that could compromise the mental integrity of the therapist. In a similar fashion to Tantam (33), who utilized the linguistic resource of malignancy to describe autistic individuals, most analysts drew on such language to i) emphasize the autistic person's fragility, ii) to enhance the effectiveness and the restorative role of therapeutic intervention and iii) to positively construct their healing identities.
... and lost', and 'I felt he was really in danger of psychic death. At the same time the use of the three consecutive extreme case formulations, she manages to present this case as something exceptional. The use of extreme case formulation has been regularly studied in the interactional context. Most authors argue that these language devices are utilized in order to provide emphasis in the interactional context. Most authors argue that these devices are utilized in order to provide emphasis in the interactional context.

Christine could be seen as using these devices as in line 2-3, 'I came back just on a once a month basis just to see him...'

Table 6. Therapist Christine

I. I came back just on a once a month basis just to see him
2. and I found him terribly changed and lost
3. and I felt he was really in danger of psychic death
4. I just couldn't not reach him
5. It was like he's gone beyond despair to a kind of apathy empty place
6. And then it was a session in July and I knew I wasn't going to see him for two months
7. because I only saw him once a month anyway and I was taking an August off
8. and I was so upset I could not get any contact for him at all
9. ...
10. in the beginning it was like in a casualty department it was intensive care (1.5)
11. no (1.7) ⇒ it was in a casualty department in an emergency hospital (1)
12. as it were (1.7) ⇒ emergency ward
13. after (1) that I had to work still very differently from with ordinary patients
14. from the way I worked with ordinary patients
15. and that even very ill patients
16. that it was like in intensive care ward with somebody at a coma
17. 1 and 23 I think that is true /

Table 5. Therapist Hanna

Table 7. Therapist Nicky

R: No I think that (...) the (...) that we know (...) from very small children that the unconscious makes contact makes meaning /
5. if I haven't I have me across some very cut off children (...) who don't want to make contact (...) but I think then they are actively resisting.

Table 8. Therapist Sofia

R: and (.) em (.) h h
2. some children on the spectrum can have a very paralyzing effect on the therapist actually
3. I mean I remember the worst one I ever had
4. was somebody (laughs) where I'd go along
5. and open his box and he'd come along and shut his box ()
6. and that was that and for quite time/ apathy, empty place (line 5)
19 so I got moving again and I was absolutely staggered when I realized ()
20 that he'd been standing there watching like this until I started moving again ()
21 and then he moved (.)
22 and I thought my goodness this is felt so controlling and so such a prohibition ()
23 that actually this child is completely geared to me /
24 And I th o you know I mean he waited while I waited and he moved a bit when I moved
25 and I thought my goodness ()
26 this is a completely different experience from how I've been interpreting it /
27 and that was quite fortuitous you know ()
28 and some of them have this effect on you that you can't think of anything whatsoever at all
50 you know /

Table 9. Therapist Sofia

R: Well I mean simply (...) I suppose very simply ()
2. they don't feel () a lot of them () that they can rely on their body ()
3. to stay together in one piece /
4. and um and it can feel as though a bit just come off you know ()
15 I mean of course it hadn't come off
16 but the >point is< she kept (1.1) she didn't feel it (0.9) was really her () her emotional possession

...
the person’s body through normative locomotive practices (16). Interestingly, the autistic body became the terrain of embodied disablement and also the place where most therapists tried to exert their ideological imperialism (39). As Thomson (34) argued, disability relates to the articulation of the deviant characteristics of the body.

In the piece of talk provided in Table 8, Sofia launches a negative assessment about the child’s embodiment, based on a modernized perception of the body and through a damaging metaphor (36). She emphasizes aspects of bodily integration which connote reduced agency over the body. In this way she treats it as the locus of disablement without reflexively voicing her own participation in the disabling process. Turner (35) used the notion of ‘somatic society’ to refer to those regulatory activities which monitor and shape embodied practices in modern societies. In Turner’s terms, the therapist could be seen as enacting a form of bio-power which gives her the authority to regulate the conduct of the child’s body.

In a subsequent piece of talk (Table 9), Sofia continues with her elaboration of the autistic body. What is striking in this account is the therapist’s attempt to provide an explanation of the child’s disorganized bodily conduct. Initially, she colors the activity as irrational (lines 5–6) but she quickly softens this negative assessment by stating that ‘I mean of course there is reason’ (line 8). The therapist’s oscillation between two contrasting formulations reveals her getting caught in the delicate business of meaningfully explaining autistic behavior. While she tries to resist talking about autistic behavior as meaningless, she cannot break away from the dysfunctional view of autistic embodiment. In this manner, she reproduces the conventional ways of materializing the autistic body which consists in scripting the body against chaotic events that become human embodiment through cultural signification. Yergeau (39) poignantly referred to the negative implementation of the autistic body through hegemonic language and rhetoric when she stated: ‘Tie me to a gurney. The gurney is more material than I am’ (p. 253).

5. DISCUSSION

The analysis of the therapists’ talk exemplified how they rhetorically structured their conversations in order to navigate a notably dilemmatic framework. This framework was characterized by two main orientations. On the one hand, the therapists enacted an egalitarian attitude where they tried to redefine the notion of autism against the mainstream psychiatric constructions (2). On the other hand, they reproduced the hegemonic framework surrounding autism which is maintained through the emphasis on pathologization and medicalization (21). As a result, autism appeared paradoxically situated among two polarized metaphoric planes. First, it was woven as a condition that does not necessarily align with the traditional ways in which it has been treated by the scientific biomedical regimen. Second, it was fabricated as a rather problematic form of life that requires sophisticated remediation in order to resume its normative trajectory and overcome its malleable characteristics (24). Overall, the repertoires presented constituted an inconsistent and polarized discursive field which, according to Billig et al. (7), secures the ‘attitudes of the healthy toward the ill’ (p. 94).

The use of the first repertoire aligned with those cultural voices that place an increased emphasis on the enigmatic nature of the condition. Murray (25) opined that autism is regularly represented as a kind of unresolved puzzle. Similarly, Roque (28) and Waltz (36) opined that autism has been elaborated as a mysterious entity in Western society. Lester (22) emphasized the way parents and therapists of autistic individuals drew on such language as a way to positively appraise autism. In contrast, the participants in the current research utilized the discourse of unknowability to connote negative qualities of the autistic individual through equating the meaning of variability to unknowability. Unknowability then became a discursive strategy which on the one hand positioned the autistic subject in a state of non-existence while on the other it legitimized the therapists in creating stories for the ‘unknowable’ (16). At the micro level, unknowability became a flexible linguistic resource, allowing the therapists to introduce their own deficit-laden rhetorical agendas.

The three contrasting repertoires then invested in a language that recycled the pathological conceptualization of autism. Beginning with the repertoire of defence/safety, most of the therapists emphasized the idea of a social disorganization. One of the main characteristics of the second repertoire related to the employment of a militant discourse based on notions of interpersonal aggression and relational control, which through the use of the ‘eye witness’ reporting succeeded in building robust therapeutic storylines. Through an emotional vocabulary, the third repertoire deepened the sense of disorder around autism. Grounded in the metaphor of a comatose condition, it conflated autism either as a risk to life itself or a toxic contaminant for the other person. Finally, though discrete embodied scenarios the disabled embodied materiality repertoire placed autism in the trajectory of disabling corporeality and disembodied sociality.

Goodley (14) questioned the pathologizing tendency that diachronically informs the discourses about disability. In a similar vein, Yergeau (39) openly addressed the present dilemma cutting through the autistic universe when she stated: ‘who defines better? To whom do we listen, the autistic or the non-autistic?’ (p. 4). In the same fashion, this research showed that through the interplay of the four interpretive repertoires, the therapists secured their authoritative roles while delimiting autism to a way of being that required repair and sophisticated treatment. In this manner, the therapists aligned with those political imperatives that on the one hand appear sympathetic to the idea of living with autism but on the other try to mitigate it (24).

6. CONCLUSION

It could be stated that while this research draws attention to the dilemmatic description of autism in psychoanalytic language, it also mobilizes the need for breaking away from this in clinical environments. The clinical significance of the research findings relates to the apparent impossibility of understanding autism outside the polarized and conflictual discursive network. The notion of autism is encapsulated
in oppositional constructions which function like borders of subjectivity. In this vein, it becomes unthinkable to consider the nature of the condition outside these thinking apparatuses. This apparently neo-liberal political context demands that one is unable to exist outside the discursive ecosystem crafted by pathology (30). Perhaps the only escape from it is to resort to a state of non-existence and ‘unknowability’. In this sense, autistic people could be seen as always dislocated by the paralyzing dilemma implicitly imposed on them though this discursive framework, epitomized in the clause: ‘should I strive for normality, or should I die instead’ (12).

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### REFERENCES

Appendix 1
Transcription Conventions
The transcription conventions were adapted by Jefferson (2004)
↑ Upward arrows represent marked rise in pitch.
↓ Downward arrows represent a downward shift in pitch.
> < Text encased in greater than’ and less than’ symbols is hearable as faster than the surrounding speech.
< > When turned greater than’ and less than’ symbols encase speech, the speech is hearable as stretched or slower than the surrounding speech.
= Equal signs at the end of a speaker’s utterance and at the start of the next utterance represent the absence of a discernable gap.
[ ] Extended square brackets mark overlap between utterances.
(1.7) Numbers in parentheses indicate pauses.
A period with no number following (.) indicates a pause which is hearable, yet too short to measure.
A column (:) symbol indicates that the word is pronounced through extensive brake
Underlined words (therapist) indicate that emphasis is placed on the specific spoken word or section
Bold letters (word) indicate that the word or phrase is talked in increased volume with regards to surrounding text.
/ slash indicates a full stop of talk