Treating autism spectrum disorder as a problem of social relations: An analysis of resistance to the therapist in social skills training[*]

Shigeru Urano

Mie Prefectural College of Nursing
shigeruu@blue.ocn.ne.jp

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■1. Outline

This paper examines cases in which clients resist the session leader in social skills training (SST) for juveniles with autism spectrum disorder (ASD). I elucidate two points in particular: (1) the process constituting SST for juveniles with ASD, and (2) the reasons juveniles resist therapists during SST sessions. By focusing on these two points, I consider how people with ASD use SST to build their self-identity.

■2. Background of the study

▶2-1. Rough sketch of the history of ASD

As a background for the analyses of this paper, I will begin by introducing the self-advocacy movement of people with autism (or autistic people). More than 70 years have passed since the concept of autism was introduced by Leo Kanner, in 1943, to refer to a set of behavioral patterns in children. Since then, the concept of autism has changed considerably (Feinstein 2010; Evans 2013). Initially, autism was regarded as a psychogenic disorder. However, due to protest from parents of people with autism and subsequent epidemiological research, in the 1960s autism was re-conceptualized as a neurological development disorder.

This re-conceptualization has altered current treatment methods for people with ASD. When autism was considered a psychogenic mental disorder, the main forms of therapy were psychotherapy and play therapy. Therapists believed that because the etiology was psychological, treatment should address the psychological dimension. However, once autism was re-conceptualized as a neurological developmental disability, the primary treatment method became behavioral therapy (e.g., applied behavior analysis; ABA); in other words, the primary focus of treatment became social adaptation through behavioral change, rather than curing the disease, owing to the different etiology. For this reason, a number of therapies in addition to ABA, including TEACH and SST, have been adopted as methods of enhancing autistic people's ability to communicate with others (Silverman 2012).

This conceptual change in autism and the resulting change in treatment did not exclusively occur because of medical research. According to the psychogenesis theory of autism, the main cause of the disorder was a problem in parenting. This led many people to believe that most of the parents of autistic children had problematic parenting styles, a notion that caused these parents considerable distress. This also caused a number of parents to begin arguing against the idea that they were the cause of their child's problems. Their arguments rapidly gained headway and are now considered to be among the reasons

for the conceptual change mentioned above. In fact, Bernard Rimland, Michael Rutter, and Lorna Wing, all of whom worked on groundbreaking studies that contributed to the conceptual change, are parents of autistic children.

This conceptual change in autism is continuing to progress. Currently, autistic people are pushing to again renew the concept of autism, even while genetic researchers are attempting to elucidate the genetic basis of the condition. The current focus of the re-conceptualization can be expressed by the term, "neurodiversity." This idea can be summarized as follows (Ortega 2009).

Autism has traditionally been considered as an impairment present in individuals, no matter whether the etiology was psychogenic or neurological. On the other hand, a self-advocacy movement of autistic people is hoping to re-conceptualize the disorder as a problem existing in the *relations* of these individuals. In other words, autism is only a disability because the people interacting with the autistic individual do not fully understand his or her differing neurological condition ("neurodiversity").

Therefore, this movement criticizes the viewpoint that autism, as a disability, is the problem of the individual. It instead suggests that autism is caused by others' misunderstanding. Furthermore, the movement goes on to criticize medical professionals and parents who have supported conventional treatments that regard social adaptation as most important. As a result, this movement has begun to oppose such medical professionals and parents.

▶2-2. Looping effect

With this background, I want to move on to another related point: what are the logical relations between a psychiatric concept and the people and medical professionals to whom this concept applies?

On the one hand, a given concept helps prescribe treatment methods for a related disorder because it helps identify the properties of that disorder. Furthermore, the concept will also predict the social relations between the persons with the disorder and the medical professionals treating these people. However, on the other hand, the parties involved in these social relations could perceive this concept from widely different viewpoints. This point can be better illustrated if we look at the autism self-advocacy movement. The psychiatric concept would be the condition of autistic people, and this concept can influence people's own self-images; indeed, one way it can influence self-image is that those to whom the concept is being applied can re-apprehend or embrace this concept as a fundamental aspect of themselves.

Ian Hacking named these mutual relations between professional concepts and concerned people the "looping effect." The looping effect can be defined as follows—in

the human sciences, every new concept presents the possibility of a "new kind of person" through interactions with a target group (e.g., "people with autistic spectrum disorder" or "autists"). However, the meaning of the concept can transform as a result of this interaction. In some cases, the people to whom this concept is being applied can rebel and try to change the meaning and "ownership" of this concept.

The looping effect presents a means of viewing the social practices of which the human sciences are a constituent part. This is because it provides a clue to understanding the mutually constitutive relations between human sciences and social practices beyond the critical perspective of social constructionism (Hacking 2007).

However, it must be noted that the looping effect gives *only* a clue (Hacking himself seems to think so as well). If a psychiatric concept has some kind of meaning for the people to whom it is applied, and if it is what engenders resistance in these people, it is necessary for this concept to be in some way related to concepts in daily life or concrete practice, and that people are able to understand it. Only when it is embedded within the context of ordinary concepts can a psychiatric concept "interact" with people to produce some effect (Lynch 2001).

Therefore, with Hacking's theory as a base, we can progress. Indeed, we might ask the following question: Through what real life practices does the "interaction between professional concepts and people" occur? In other words, it is necessary to consider "the interaction between professional concepts and people" and "the transformation of a technical concept through the looping effect" as products of locally organized practices.

In the following sections, I will examine a number of cases in which clients resist the leader of a SST session. Through this examination, I want to illustrate how the looping effect works to transform the concept of "autism spectrum disorder" through real-life practices.

■3. Data and the focus of the analysis

▶3-1. Social Skills Training

SST is a form of cognitive behavioral therapy for training social competence and improving relationships with others—a fundamental part of daily life (Liberman et al. 1989). SST is mainly used for people with mental disabilities or ASD, as well as convicts and others with trouble in social interaction. This training mainly involves continuous group role-play or "dry run" behavioral rehearsals. In Japan, SST was defined as a psychiatric rehabilitation program covered by the national health insurance in 1994; this method of training has increasingly been used in this department ever since.

SST can be organized into a flow chart, as in Figure 1. First, each clients' problems

are identified and shared through exchanges between the leader and clients. Following this, these problems are illustrated in role-play situations and "dry run" behavioral rehearsals.

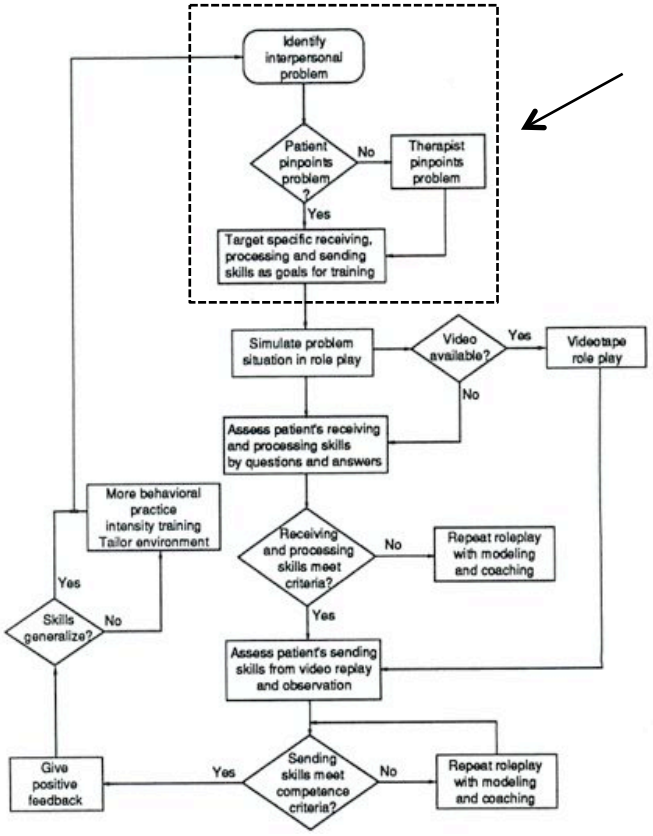

Figure 1 Flow chart for conducting the basic form of SST (Liberman et al. 1989: 29)

▶3-2. Clients' resistance

The scene I will examine is part of the introduction to SST (explained within the dotted square in Figure 1). In this scene, the leader tries to encourage clients (four youths who have been diagnosed with ASD) to talk about troubles in their everyday life, and goes on to introduce role-playing. However, one participant resists the way the leader is leading the SST. Here, I will present the situation in which the resistance was carried out, and then clarify the context for this resistance by showing how it originated. As such, I aim to show the structure of this resistance by analyzing the clients' utterances.

[Excerpt 7] *Originally in Japanese

39 Client B : The people taking this SST course have been-, although it may not appropriate way of describing, they have been misunderstood by almost everyone. By being different from everyone, we've faced many hardships. I want the teachers to understand that.

40 Client B : Right now, my teacher understands me. So I can live alright, but teachers don't actually understand people like us very well. If they understood, it'd be slightly different.

41 Client A : Mmm, what you said makes me feel somewhat lonely, because I guess I am lonely.

42 Leader : I see. As B and the other said, it's necessary for others to understand you too…

In line 39, client B called participants "the people taking this SST course." After that, he said that these people have been "misunderstood" and had "faced many hardships" up until that point. He claimed that people, such as "teachers," need to understand them.

While I shall examine this in detail later, the following points must be noted. (1) In line 39, B described the participants, including himself, as "the people taking this SST course" instead of another term, such as "people with ASD." (2) B treated the participants, including himself, as a victim of misunderstanding, stating that "the people taking this SST course" have been misunderstood by everyone and that they had "faced many hardships." (3) Because of these two points, B claimed that teachers' had to better understand people like him.

How could these utterances make up resistance to the SST session? To answer this question, it is necessary to examine the opening of this session.

■4. Conducting the SST session

▶4-1. Stories about troubles in daily life

In the session before that included in this paper, the leader assigned homework to clients that involved "noticing their troubles in daily life." Therefore, referring to the homework, the leader asked clients about whether they had experienced any trouble in their lives since the last session.

[Excerpt 1]

01 Leader : At the session last month, I gave you homework about noticing any troubles you had in your daily lives. Say, "I have a trouble like that" or "what should I do with these." I thought it'd be helpful to talk about these troubles, so I asked you to be aware of them. How about all of you—did you look out for these troubles?

Client A reacted to this by raising his hand, and the leader urged A to talk (lines 06–08).

[Excerpt 2]

06 Client A : Yesterday I got my PE teacher angry. I'd gotten him angry before too, but yesterday, I didn't take part in the PE class and I concentrated on my homework so that I could improve my grades. But I didn't get along with the teacher very well [because of that]. So I asked him, "Won't I not be able to graduate if I can't do this homework?" The teacher answered, "That's absurd," and "If you can't listen to what I've told you, then don't take part in class anymore."

07 Leader : Hmmm

08 Client A : Afterwards, when I came back home, I thought I'd been in the wrong. But I still can't imagine what kind of behavior angers other people.

The main point of A's story is as follows: His PE teacher became angry with him, and after reflecting on this episode, he came to understand that he was in the wrong. He came to understand that his actions had been a consequence of his lack of ability to relate to other people (08).

During this exchange, Client B had been nodding strongly. As such, the leader then urged B to tell his story, which is as follows.

[Excerpt 2]

10 Client B : This sort of thing doesn't happen now, but when I was in elementary and junior high school, I had a lot of experience with this: During school excursions, I was always a troublemaker. Because I wasn't good at group activities, I was shunned by my classmates.

11 Client B : Recently, during a high school excursion, I could take part in the group activity for a little while. Hmm…[but then] I gradually began to feel tired for some reason. After we got to the hotel near Universal Studios, and just before we went there, I went berserk, because I was so tired and my classmates were making fun of me. I thought I couldn't stand it anymore, so I started crying in the hotel room, throwing baggage and telling everyone to stop it.

12 Leader : You lost control of your feelings, didn't you?

13 Client B : Yes.

At first sight, the two stories narrated above appear to be opposite: for instance, A made his PE teacher angry, while B himself got angry. However, what connects these stories is their lack of ability in relating to others.

In sum, the leader encouraged Clients A and B to tell their stories, and through these stories, the shared characteristics of these stories are brought into focus—that both incidents are the result of the clients' lack of social competence.

▶4-2. Stories as resources for role-playing

I now turn to how each story was significant to the leader. To clarify this point, let us look at the leader's reactions to these stories.

[Excerpt 4]

16 Leader : After listening to the stories told by A and B…, Hmm, A? Didn't you intend to get your teacher angry?
17 Client A : No, but after I was scolded, I thought I was slightly wrong to do that. So that's why I'm losing confidence in going to school.
18 Leader : Oh…

Initially, the leader clarified the similarities between the two stories (in the beginning of line 16). By doing so, the leader made sure that what he said from then on would be relevant for both of them. The leader then went on to question A about his story in order to confirm whether A had intended to get his PE teacher angry. A denied such a intention (17).

So *what did the leader do in confirming A's intention?* There are two answers to this: (1) The leader wanted to distinguish between A's intention and the result of his action, and (2) based on this distinction, the leader wanted to highlight the discrepancy between A's intention and what his actions caused. Concretely, the discrepancy was a misunderstanding of A's actions.

In this way, while the leader protected the moral qualities of A's action, he still focused on the problem—the way that A should have behaved. This point illustrates that it is important for the leader to focus on behavior when discussing participants' experiences. The reason for this is made clear by the following excerpt.

[Excerpt 5]

26 Leader : Listening to the stories told by A and everyone else, well—they evoked feelings of ferocity and being scolded. Because A told that kind of story, while listening to this story, I was looking for a point that would be relevant to SST.

Again, here, the leader indicated that the topic was relevant to all clients. He then moved on to talking about the clients' feelings, and explained that his way of listening is to look for anything that would be relevant to practicing SST (26). His explanation

suggests that the leader treats clients' troubles not as problems of intention, but as problems of behavior. That is, the problem is not clients' intentions or feelings, but the way they behave. At that point, the leader would go on to introduce role-play exercises to help clients correct their behavior.

▶4-3. "Translation process"

Erving Goffman pointed out that in psychotherapy, therapists tend to specify clients' individual problems by listening to their stories of troubling experiences. In other words, in order to initiate therapy, therapists have to "translate" clients' troubled experiences into the *clients' own problems* (Goffman 1961). These factors apply equally to the stories above, as well as the subsequent conversation.

The above can be summarized as follows: (1) The SST session leader attempted to identify clients' problematic behaviors through stories about their daily troubles, which in the cases I examined, were stories about others misunderstanding clients' actions. (2) Then, the leader went on to highlight the discrepancy between clients' intentions and others' means of understanding such intentions. By doing so, the leader "translated" that clients' troubles were to do with their problematic behaviors. (3) This translation provides a reason for introducing the role-play exercise into this situation. In other words, the leader can now arrange a setting in which he can help teach clients with deficient social competence to better relate to others. Thus, we see that the leader treats their clients' stories about their troubles as resources for conducting SST.

■5. Clients' resistance

▶5-1. Re-translating trouble into misunderstandings

However, the clients treated their troubled experiences in a very different way from the leader.

[Excerpt 6]

27 Leader : Hey D—if, for example, someone hurled an eraser at you, I think it'd be better for you to tell your feelings directly, rather than writing a letter.

28 Client D : It's useless to say anything, because, ah… there are so many people against me.

29 Leader : Even if there are so many [people against you…

30 Client B : [it isn't useless to tell. If we never tell people our feelings, they'll never listen]. After all, uh…what to say, I'm too tired to talk about my feelings in vain. To make him understand, I had to act hysterically.

In line 27, the leader gives advice to Client D about how to appropriately react. However, D refuses this advice, and then gives his reason for refusing it. Despite this, the leader continues to give advice (29). However, B interrupts him, and refuses his advice as well (30). In fact, B refuses the leader's advice on behalf of D.

The important point to note is the ground on which B can refuse the leader's advice on behalf of D. B's refusal seems to be grounded in his own experience, and if this is true, one might ask why B would interject in this way. One possible explanation is that, through telling stories about their troubles, Clients A and D had established a sense of co-membership because they had related, or "shared," similar troubling experiences. Grounded in this basic sense of shared experience, B likely felt that he could refuse the leader's advice on behalf of D.

B then went on to explain his—or rather, D's—reason for refusing (31): B did not want to talk about his feelings if he would not be understood anyway, so he needed to "act hysterically" in order to make his classmate understand. The important point to note is his use of the adverb, "hysterically." In this case, it does not matter whether this usage is consistent with that in the medical profession—instead, B's usage emphasizes the unusual character of his (or D's) actions. In order to make himself understood, B had no other option than acting hysterically.

B's utterances can be considered as initial resistance to the leader. The reason for this is as follows. (1) These utterances imply that it is impossible to make B understand how to act appropriately using SST; in effect, these utterances deny the effectiveness of the SST session for solving clients' problems. (2) These utterances claim that others treat them poorly; according to B, because others could not correctly understand the clients, they acted out—thus, their troubles originate not in the clients' initial actions, but in others' misunderstandings of them. In essence, others' misunderstandings of clients' actions must be remedied, rather than clients' own behavior.

In resisting the leader who has been attempting to identify clients' problems from their stories, B moves towards the opposite argument—using the same stories, B re-conceptualizes their problems as the consequences of their classmates' misunderstandings. That is, B attempted to reformulate himself and other clients as victims of misunderstandings.

▶5-2. Claiming understanding

This resistance continues. The excerpt quoted below is the same as that examined in 3-2.

[Excerpt 7]

39 Client B : The people taking this SST course have been-, though it may not appropriate way of describing, they have been misunderstood by almost everyone. By being different from everyone, we've faced many hardships. I want the teachers to understand that.

40 Client B : Right now, my teacher understands me. So I can somehow live alright, but teachers don't actually understand people like us very well. If they understood, it'd be slightly different.

41 Client A : Mmm, what you said makes me feel somewhat lonely, because I guess I am lonely.

42 Leader : I see. As B and the other said, it's necessary for others to understand you too…

In line 39, B calls all of the clients, including himself, "people taking this SST course," and goes on to claim that they have often experienced problems caused by others' misunderstanding of them. He goes on to suggest that others, such as teachers, must make the effort to understand. Furthermore, he claims that he is fortunate for having his teacher's understanding. At that point, A compares himself to B, expressing disappointment in his predicament—he is "lonely." In this way, it may be said that he also desires to be understood.

Wanting others to understand could be considered as "resisting" the point of the SST session. Specifically, SST, particularly role-play, can only function if clients are made to understand that their troubles can be attributed to their own problems (e.g., lack of social ability). However, if clients attribute their troubles not to themselves, but to others around them, role-playing loses its functional value. If clients do attribute the problems to others, a more appropriate method of helping them would be to educate others about clients' modes of interaction, so that clients can be understood.

Therefore, clients' desires for others to understand effectively function as resistance to SST. Furthermore, because of this resistance, the leader appeared to withdraw from introducing the role-playing (42).

▶5-3. Re-conceptualizing developmental disorders

As mentioned above, the stories by clients serve as resources for the leader to identify clients' problematic behaviors. However, it is not clear whether clients' troubles could in fact be attributed to their *own problem*. Indeed, their stories suggest some fundamental discrepancy in understanding between clients and other people; although the leader seeks to "translate" clients' stories to identify their problems resulting these discrepancies, the clients resist it by "re-translating" their stories and re-attributing the causes of their troubles to others' misunderstanding.

In these ways, clients are effectively "rewriting" the nature of their troubles—troubles once thought to be the result of their lacking social skills are recast as being caused by others' misunderstanding. In effect, their rewriting the nature of their troubles also rewrites their identity to some degree. They are no longer "people with developmental disorders," who lack social skills and need training in order to fit into society; instead, they are people largely misunderstood by those around them, who require others to make active attempts to understand them. B's initial utterance in line 39 heavily suggests this—by calling himself and the other clients, "people taking this SST course" he is seeking to manage their identity as "sufferers from misunderstanding" and not as "people with ASD," an equally applicable term.

■7. Conclusions: some broader implications

I can draw a few conclusions from the above analysis. The first is regarding the clients' attempts at managing their own self-images. While the leader sought to position clients firmly within the current concept of ASD as a disorder characterized by a lack of social ability, the clients resisted this, rewriting their identities as people who are often misunderstood. Furthermore, clients sought to rewrite the concept of ASD itself as resulting from others misunderstanding them and not a lack of social skills; this inference can be made if one considers that clients did not deny the concept of ASD as it applies to them. To rewrite a concept that applies to the self is to revise the relationship between the self and others.

The second conclusion is regarding the theoretical perspective of "medicalization." It might be thought that clients' practice of rewriting their identities corresponds with this perspective. Drawing on medical concepts as a resource for one's identity has been criticized because it implies subordination to medical professions. At first glance, clients' resistance and practice of rewriting their identities could be thought to directly correspond with this criticism. However, this correspondence is perhaps superficial—the situation is much more complicated, particularly because this rewriting of the ASD as a concept was made possible only through the SST session, which is conducted within a medical-welfare institution for people with ASD. In fact, clients made use of the SST session (e.g., through storytelling and the "translation process") to rewrite their identities and displace the concept of ASD. In this sense, the medical concept of ASD and related institutions are thought to be constitutive elements of the self-identities of people with ASD.

The final conclusion has to do with Ian Hacking's "looping effect." This idea focuses on the situation in which new concepts in human and social sciences provides the possibility of becoming the new kind of people through interacting with the targeted people (2006). Hacking himself treated autism as a case that is affected by this process.

However, in order for a professional concept to have meaning and some effect on real life, this concept must be connected with more ordinary concepts to allow laypeople to make sense of it. Viewed in this light, we should pay close attention to daily life practices in detail.

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