Toward Prevention of Developmental Disorders

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Full Text: In examining attachment behavior, it is evident that certain mental disorders have in common the early interruption of the necessary bond between mother and child. Treatment predicated on consideration of disrupted attachment has led me to successful intervention in many childhood disturbances, most notably early childhood autism. The fact that autistic children who were treated with mother-child holding therapy have fully recovered and have achieved normal development suggests that autism, the most extreme developmental disturbance, provides an important window into the working of normal development. If normal development can be achieved in cases of autism through this therapy, then we must consider the possibility of establishing normal development in other types of problem children and optimum development in normal children. REVIEW OF THE LITERATURE Early childhood autism has sparked controversy both in diagnosis and treatment since it was first defined in 1943 by Kanner. Until now there has been no systematic approach that either explained the disorders or led to an effective treatment. Kanner fixed on isolation as the primary disturbance in autistic children; hence the name autism. He suggested that all other behaviors of these children were derived from isolation.1 The intense interest in autism shown by researchers and therapists over the past four decades may stem from the fascination at finding a child who seems totally uninterested in human contact or who actively denies such contact. The literature reveals that there is a major disagreement among researchers concerning whether autism is organically determined, environmentally caused, or results from both environmental and organic causes. In addition to different views concerning the cause of autism, there are a number of different methods of treatment, including shock,2 the use of various drugs,39 behavior modification,1012 psychotherapy,1318 the use of parents in treatment,1924 or institutionalization.25 None of these various treatments has been proven effective in helping the children overcome their disabilities. HYPOTHESIS Starting with the hypothesis that autism represented disturbed attachment to the mother with unresponsiveness or withdrawal as the major mode of defending against the ruptured bond, I theorized that intense physical contact by the mother would break through the child's withdrawal and make possible the formation of a strong tie with the mother. The autistic child would then be free to develop normally once he was safe in the context of a strong bond with the mother. The development of my thesis and the results are gleaned from cases treated over a ten-year period beginning in the course of a training fellowship and subsequently as part of a general practice of child psychiatry. The theory of maternal-infant attachment is related to other work.2634 However, applying holding between mother and autistic child to establish an effective bond is original. The importance of bonding at birth has received a great deal of attention in recent years. Klaus and Kennell have shown that children who are not bonded at birth show difficulties later in life. My results suggest that the bonding can be repaired at a later stage of development. This therapy forges new bonds, repairs disrupted bonds, and reinforces bonds once established and consequently fortifies the relationship against disruption during the stress of various life circumstances related to separation. Holding therapy suggests that the mother-child bond is primary and essential for healthy child development. The finding that mothers are helped by holding therapy underscores the importance of the mother's need to be healthy in order for the child to be healthy. The treatment of unresponsiveness and disturbed attachment has its roots in the scattered research on gentling animals27 and the voluminous literature on attachment.29 Infants are born with different characteristics and vulnerabilities. Bowlby, summing up the results of a number of workers, says that secure attachment between mother and child develops when the mother is sensitive to the child's signals and when the child finds that his own initiatives

succeed in establishing a reciprocal interchange with his mother. In the extreme, attachment failure and even autism result.29 Chess and her associates have shown that serious disturbance in infants is not due simply to their natures. Nor is it due simply to their mothers' natures. Rather, it is due to the combination of their natures-to a mismatch of temperament.35 Much of the failure in treating autistic children reflects omission of important considerations. Usually it is a therapist, not parents, who steps in to help the child. Not only does this disregard the fact that the disturbance involves two people, it underestimates the autistic child's limitations, because of disturbed attachment, in using other peoples' help. Winnicott says that "the development of a capacity to use an object is another example of the maturational process as something that depends on a facilitating environment."36 Therefore, the greater the failure of the mother-child relationship, the less able the child is to derive benefit from another's help or therapy. After rebonding with mother-child holding therapy, these children are able to use their mother's as well as others' help. Forcible holding of autistic children by their mothers is the most effective way to establish a nurturing bond between child and mother.37 And the benefit accrues to both equally. Forcible holding conveys the message that the mother is available, and will remain available no matter what the child feels, to help the child deal with his rage and terror and impulses. The theoretical basis for this position is amply supported in a major integration of the literature by Victor.26 The treatment presented is based on the thesis that: 1. Disturbed attachment is the key element in autism. 2. The mothers' as well as the children's needs are seriously frustrated by the disturbed attachment. 3. Helping the mothers to foster better attachment is the key to treating autism. METHOD OF TREATMENT The mother must hold the child face-to-face. At first the child may allow himself to be held, but this is followed by restlessness then struggle and anger as the mother persists. Often, the mother will let go at the first sign of restlessness. This is usually a defensive reaction conditioned by months or years of rejection by the child. However, once a mother starts intensive holding, even a little positive reinforcement from the child may enable her to persevere. The therapist's task is to help the mother-child pair to tolerate their own feelings of rage and despair that come to the surface as intensive holding proceeds. The therapist helps each to deal with the other's rejection and with the depression, terror, and anger that result. These emotions must be experienced and worked through in order to establish a bond that gives genuine security to child and mother. Holding by anyone other than the mother interferes with the formation of a secure bond to the mother. A typical holding session takes at least one hour to progress from the beginning through the rejection phase and on through the resolution. Afterwards mother and child are in synchrony with each other. Once the child and mother learn to tolerate each other's feelings, basic trust is established. They trust each other with their feelings and are more open to communication with each other. They no longer use so many defenses for protection against further rejection. Once the child can trust the mother, he is able to trust and respond to others. Overall responsiveness increases. The development that had been taking place all along becomes apparent. In all cases, the development is at least at expected age level and in most cases the development has been at much higher levels than expected. There is a role for the father and it is often crucial. Forced holding is extraordinarily difficult for mothers. They need a great deal of support which can be provided by the father or grandmother by holding the mother while she holds the child. However, the child derives the most security from the mother when she is grounded in a secure marriage. The quality of improvement in autistic children treated with mother-child holding therapy is illustrated by the following samples from two children's writings. These children were completely uncommunicative before therapy. The author of this excerpt was ten years old at the time of writing: hard holding is murder it kills the silent army of life destroyers fears are faced in a confrontative manner and reality conquers anger is expressed in a physical battle making it alive and killable frustrations attack frustrations again and again... holding has saved my sanity and given me a chance to be free and love in a real growing way I need it and sometimes I want it. The second author was fourteen when she wrote the following poem: see gentle seasonal dinosaur He knew what his life was for To save a wandering gene Under the name of human being seconds of time are a million years Love endures a million fears I am a second you are a year I will endure a second's tear If you only decide to stay so

near I am evolving, see me sense The delightful universe so immense I am a soul about to emerge. It is apparent from these writing samples that these two autistic children have achieved better than age-level intellectual development. Observation of children who have fully recovered suggests that they are above average in general intelligence and abilities, not just in narrow areas of excellence as was often thought in many cases of autism. CASE HISTORIES The following three disparate case histories suggest that we cannot predict developmental outcome on early assessment. It is not until the autistic defense begins to crumble that we can get an idea of the true developmental level of the child and not until late in treatment or after treatment that we observe the fulfillment of the potential of these often gifted individuals. Case one. H.K. presented at age 22 months with a diagnosis of profound retardation. She was presumed to be blind and/or deaf. She was so withdrawn that she did not move or respond to auditory or visual threat. She had marked disuse atrophy of her limbs. H.K. responded immediately to forced holding. She tried to avoid contact, closed her eyes, cried, screamed, arched her back, and continued to battle for 90 minutes. Then she calmed down and allowed herself to be held. She spoke twice and played with a doll for the first time. Although H.K. began to respond to treatment, her gains were very slow. She continued to meet all the criteria for autism and remained non-functional until age nine when she finally began to reveal the extraordinary development which had been taking place all along. It is remarkable to what extent the autistic defense of this child is purposeful. She wrote in one long poem: "... I'm afraid to let go and grow into the person that I'm becoming. Despite all my attempts to camouflage and conceal and block my growth it's happening . . ." She is gifted in music as well as in writing. She demonstrates a profound philosophical understanding of the world. She has a true gift for language. She is good at math despite little known exposure. She demonstrates a fund of general knowledge far beyond her years. She says that now she feels safe with her mother, and she is trying hard to become normal. Case two. H.M. at age three and a half was expelled from his nursery school because he had severe tantrums when he was stopped from carrying out his many obsessive-compulsive behaviors. He was unresponsive to contact and presumed to be deaf because he did not respond to speech and had never spoken. He demonstrated no attachment to his mother. After two months of holding therapy H.M. began to speak and to play normally. Over the next year he gave up all symptoms of autism. By kindergarten he was able to learn normally. However it was not until sixth grade that he showed outstanding capacities in mathematics as well as verbal expression. Between sixth and eighth grades he showed increased creativity in playwriting and in art. He is a top student in all subjects. Ten years after treatment he has maintained his gains. Case three. Z.Z. presented at age twelve. He is a particularly interesting case because he had begun to partially recover from early childhood autism in the context of a warm, emotionally volatile and expressive family but then withdrew again as time went on. He was born to a depressed mother who could not attach to him because she had previously lost a three-month-old baby who was neurologically damaged. Z.Z. seemed unresponsive and demonstrated delayed development. He was unrelated to people, did not develop communicative speech, had many obsessive-compulsive behaviors, and showed abnormalities of motility. He was thought to be hypotonic. For example he could not squeeze a ball. In retrospect, however, his mother recalls that he could squeeze the handle-bars on his bike well enough to ride perfectly when he wanted to. In any case, he showed some good development around age eight. At that time a teacher taught him to read in just three weeks. Later he was removed from that school because the parents felt he was showing symptoms of too much pressure. At that point, all development ceased. He was thought to have a measured I.Q. of 51 and he was put in a special school. When he presented at age twelve, he seemed retarded with slow, dull, uncommunicative speech, an uncoordinated gait, little eye contact, many obsessive-compulsive behaviors with tantrums when they were interrupted, and little demonstration of attachment to his mother. His mother was at her wit's end because Z.Z. was becoming increasingly more violent at home. Within two weeks of starting holding therapy, Z.Z. was speaking communicatively most of the time, had resolved to act normal and was doing so more and more. After six months, Z.Z. was studying daily to catch up in the school subjects he had missed by being in the previous

special school setting. His gait was now normal. By the end of the year he had made two years' progress in language as measured by standard testing. After two years of treatment, he has a normal vocabulary, is no longer a threat to his family, is working hard on his academics, is physically well coordinated, is extremely well related to his family and the people in our center and is actually helping some of the other autistic children to socialize. It is too early to say what level of development Z.Z. will achieve, but it is clear that he has a gift for language, a sense of comedy and an aptitude for performing. This child was condemned by the school system to special education for the retarded because of his I.Q. We had to go to court to stop the school system from placing him with profoundly retarded children. RESULTS In my practice with autistic children a high rate of return to normal development has occurred in intact families who were able to fully engage in the treatment program. Major improvements occurred in almost all other cases, even those with disrupted families. No case failed to show improvement and not one child has required institutionalization. This method is being used in six European countries and in Japan. The largest case series comes from Dr. Jirina Prekop of the Olga Hospital Clinic in Stuttgart, West Germany.38-42 Half of all children presented to her clinic are currently being treated with Welch motherchild holding therapy. She reported having used this therapy over a three-year period with 200 cases of autism and with an equal number of children with other diagnoses. Although she is using the method in a less intensive way and for a shorter duration than I have, she reported a cure rate approaching 20% with autistic children. CONCLUSIONS Mother-child holding therapy gives promise for prevention, early intervention, and retrieval from autism and also for the treatment of other childhood disturbances. Changing the future of autistic children is an urgent public health matter as this disorder is sharply increasing-almost fourfold in the past ten years. The cost to our country alone for institutionalization of 95% of 350,000 autists at $200 per day each is more than $20 billion a year. Even a conservative cure rate of 15% would save billions. The savings in human suffering is immeasurable. When mother-child holding therapy is used to establish a strong bond, it results in such a radical change in the course of development that early assessment cannot predict the outcome. The cases support the thesis that developmental disturbances can be treated successfully in cases where there is a faulty mother-child bond. It is necessary, therefore, when confronted with a child who has any developmental delay to examine mother-child attachment and then not to assume any negative outcome until a strong tie is effected. In many cases normal or even outstanding development will result from establishing a healthy mother-child attachment. In my experience, a wide variety of developmental disturbances have been overcome once effective attachment with the mother is secured. References REFERENCE NOTES 1. Kanner, L. 1972. Child Psychiatry, 4th edn. Springfield, Ill,: C.C. Thomas. 2. Bender, L. 1955. Twenty years of clinical research on schizophrenic children, with special reference to those under six years of age. In Emotional Problems of Early Childhood, G. Caplan (ed.) 503-13. New York: Basic Books. 3. Fish, B. 1976. Pharmacotherapy for autistic and schizophrenic children. In Autism: Diagnosis, Current Research and Management, E.R. Ritvo, B.J. Freeman, E.M. Ornitz and P.E. Tanguay (eds), 107-19. New York: Spectrum. 4. Campbell, M. 1975. Pharmacotherapy in early infantile autism. Biol Psychiat. 10, 399-423. 5. Hawkins, D.R. and L. Pauling, (ed.) 1975. Orthomolecular Psychiatry. San Francisco: W.H. Freeman. 6. Weiner, J.M. 1977. Psychopharmacology in Childhood and Adolescence. New York: Basic Books. 7. Geller, E., E.R. Ritvo, B.J. Freeman and A. Yuweiler 1982. Preliminary observations on the effect of fenfluramine on blood seratonin and symptoms in three autistic boys. New England Journal of Medicine, 307, 3, 165-9. 9. Rimland, B., E. Callaway, P. Dreyfus, 1978. The effect of high doses of vitamin B 6 on autistic children: A double blind cross-over study. Am J Psychiatry, 135 4, 472-5. 10. Lovaas, O.I., L. Schreibman and R.L. Koegel, 1974. A behavior modification approach to the treatment of autistic children. J. Aut Childhd Schizophrenia, 4, 111-29. 11. Lovaas, O.I., 1977. The Autistic Child- Language Development Through Behavior Modification New York: Irvington. 12. Rutter, M. and F.A. Sussenwein, 1971. A developmental and behavioral approach to the treatment of pre-school autistic children. J. Aut Childhd Schizophrenia, 1, 376-97. 13. Axline, V., 1964. Dibs-in Search of Self. New York: Penguin. 14. D'Ambrosio, R. 1971. No Language But a Cry. London: Cassell. 15. Des Lauriers, A.M., 1978.

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