

## Understanding Symbolism and Creativity in Children on the Autistic Spectrum: Possible Aspects of Psychotherapy and Play Therapy

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### Abstract

*The tendency to view autism as a cognitive disorder has led to a sharp decline in the importance of therapeutic play as a way of finding a child with autism. The emphasis on the cognitive disorder is due in large part to a shift in focus to the child's internal experiences. This text explores the possibilities of various therapeutic techniques - as a house for play therapy, other therapeutic games that provide a possible psychodynamic viewpoint for meeting the autistic child. During the process of technique in the smaller and understanding of proverbs, proverbs and the use of symbolic messages and metaphors in interviewing with high-functioning children. The results show that the symbolic and metaphorical are used in describing inner experiences. These results lead to the conclusion that, despite the undoubted benefits of socio-educational activities that teach them, we must also take into account the risks of corrective practices based on a support and punishment system that leads to the production of falsehood through a set of learned words and skills that are not synthetic and integrated into the child's personality, create a temporary illusion of social adaptation, but do not allow the child to face new creative situations and mostly contribute to stifle and deny his own psychic life.*

**Keywords:** Play, Autism

### Introduction

Considering autism as a consequence of the violation of the development of cognitive functions and not as an affective disorder, as an emotional disorder in contact with the subjective environment, has led to a lower level of research and clinical observations in spectrum children in relation to the home experience, as if the clinicians themselves do not let them into the child, probably unconsciously against what they experience when meeting a nonverbal child who slides his eyes over the clinician and practically erases it.

When we are dealing with patients with dominant autistic conditions, the therapist himself is exposed to the experiences of non-existence. These experiences are very difficult to bear and require him to work with his negative capacity [1]. In order for the analyst to penetrate the patient's autistic barrier, he must experience using his intuition based on the patient's sensory language to discover some means of establishing a sensory connexion between them. This enables the patient to feel less threatened than by the presence of the analyst - a single person - and possibly.

Clinical method: involves observation, psychodynamic psychotherapy sessions, working directly with the child on the individual issues of the methodology used. Play therapy methods.

### Results

#### Example

M. 8 years, boy during the session, the child usually plays with "a house for play therapy", inventing dialogues between family members and changing the tone of voice. The child sinks into his activity, does not make contact with the psychologist, but mostly keeps his back. Stereotypical movements are observed: Jumps, arms and fingers to the face. Expressive language is developed, but does not always serve communication. The child is learning to ask for help when in trouble, but only when it is offered by an adult. When communication does not follow whether it is understood by the interlocutor, a difficulty encounters its own experiences. It is difficult to understand questions like "How?", "When?" and to look for causal connexions. It is difficult to establish and maintain communication, there are problems with attention and sharing emotions and interests with other people, which makes it difficult to synchronise communication. There are also problems with non-verbal

communication - he does not pay attention to facial expressions, tone of voice, gestures and is unable to understand these non-verbal signals when they come from other people.

There is a well-developed sensory memory that has good visual and auditory memory without always understanding the repetitions. The information from a visual analyst takes precedence. The visual memory is phenomenal. The child has difficulty selecting information that is important to the stimulus. It focuses on non-essential details. Thinking is specific, literal, difficult to understand abstract concepts. Language is admitted and understood literally, characteristic of high-functioning children with an autistic personality profile. It is difficult to infer the main concepts and understand the meaning from a text or information. Metaphors and abstract concepts are taken literally and not understood. Intellectual capacity is a high 110-120 IQ.

In question time how he feels and what happens in his family after a while (deferred response).

The child accurately arranges the furniture in the house (picture 1 and picture 2), making it a pile of the family and placing the figure of the boy with whom he identifies in the ideally ordered house. What is if not a metaphor for his inner experience, on the one hand of absolute loneliness, on the other of the search for a relationship with another that is secure enough for him.



**Picture 1:** All family out of the house



**Picture 2:** Play therapy:- He is alone in home

In another activity using metaphorical association cards („Healing Inner Child” is a deck of cards that are designed to address ad-hoc requests. They are associated with the inner emotional state of children.), the session takes place a month after the death of the grandfather who took care of the child. M. is silent and sits quietly in his chair, he does not want to play, but he shows that he wants to stay in the session. From the proposed cards he chooses only one and leaves it on the table and cries - grandfather keeps a boy, after the session the mother says that the grandfather died, but M. did not understand at all.

At the next session he spontaneously draws a tombstone and a ghost, when asked where it is in the drawing, he points to the spiro, and the other one is the grandfather..., the therapist asks and he just nods his head and is sad.

## Discussion

The counseling and diagnostic work in families of children with suspected autism presupposes a psychotherapeutic context that makes it possible to examine the main component of the affective, disturbed relationship with the other. Only in the field of transference, in which the clinician gives words to the unspoken, he relies on the tongue of gestures, drawings, play, facial expressions, plaster figures, can a distinction be made between the depressive state with separation and autistic scars in a child. Such a diagnosis would only be possible by establishing a therapeutic relationship with the parents and the child, taking into account both the emotions and experiences of the parents and the emotions and experiences of the professionals, even a valuable diagnostic criterion for the affective message of the child. In the session with the parent, the clinical psychologist-psychotherapist has the main task of being a "translator" of the parent's words for the child, and for this, during the sessions, always speak to the child, not with him, the parent remains in a third person, or if he speaks for him in front of the child, this must be communicated by the specialist. Inaction during such consultations is the cause of the lack of communication with the child. In the next clinical case, the child's behavior shows the fear of losing the mother's side and increased inner restlessness [2,3]. The autistic child who does not speak is involved in the language because it is spoken to him [4].

In general, it can be affirmed that autistic processes have a meaning and that this meaning lies in the construction of a struggle against a struggle in two directions: against the unbearable and unthinkable grief associated with the painful experience of separation, but also against the persecuting and painful experience of thought processes in which the protective activity seems to be mobilized in the service of the destruction of thought[5]. The main meanings of the autistic mechanisms are related to the disturbed body image, in which the child resorts to a self-induced sensor, dwells in the specific, has a low tolerance for change and seeks asylum in the unchanging, tries to destroy everything that has symbolic value, an attempt to reduce to meaning without sense, to empty the human experience of its meaning and of an emotional charge, the experience of a physical "rupture".

Many parents will be warned that child psychotherapy is unsuitable because their child has a Brian defect, but cases like this give hope that there is resonance in working with psychodynamic thera-

py methods and trying to hear the inner world of the subject. Child psychotherapy is appropriate for some families whose parents are searching for meaning in their child's behavior. It is not appropriate for all children with ASD, but according to the theories of autism, both Trevathen and Hobson emphasize the primacy of the emotional relationship as opposed to the cognitive theories [6,7]

## Conclusion

Despite the undoubted benefits of socio-educational activities in which they have their meetings with the child and many psychologists to learn it, we must also take into account the risks of corrective practices based on a support and punishment, leading to the elaboration of false self through the A set of learned words and skills that do not synthesize and enter into the personality of the child to create a temporary illusion of social adaptation, but do not allow the child to new situations creativity and especially contribute to stifle and deny their own his psychological inner life picture [8-16].

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