Valeria Bizzari

«LIKE IN A SHELL»[1] INTERAFFECTIVITY AND SOCIAL COGNITION IN ASPERGER'S SYNDROME

A person can feel that there is something missing when relating to someone who is autistic – it is as if one is in the presence of a changeling, someone from a different world – but this escapes the net of scientific methods.
Hobson [2002, 49]

Autism spectrum disorder and Asperger's syndrome are generally considered as behavioral or neural deficits which prevent the subject from being engaged in social activities. Nonetheless, there is still no consensus about the real core of this disorder: is it a sensorial, perceptual or a social one? Is it cognitive or is it an episode which occurs well before the development of cognitive skills?

In this paper, I will argue that the real limitation of Asperger's subjects lies in intercorporeality and interaffectivity, that is, in the pre-reflective, intersubjective engagement with others. It will begin by first drawing on the work of the psychiatrist Georg Frankl, by drawing from his research I will describe this engagement in terms of "affective language" and "affective contact". The second part of this paper will emphasize how Frankl's account can be coherent with a phenomenological perspective on sociality. In closing I will propose a therapeutic technique aimed at strengthening the intercorporeal, affective abilities of the subjects.

[1] This expression comes from the famous paper by L. Kanner [1943].

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1. What is autism spectrum disorder?

Autism spectrum disorder was identified in the 1940s and during this time it piqued the interest of many researchers concerned with what it is at its core: while, on the one hand, numerous theories have conceived it as a cognitive disorder [Happé 1994] it has also been described as an affective and behavioral deficit which prevents the subject from being interested in the world [Goldman 2006]. More specifically, Asperger's syndrome (AS) or high-functioning autism involves a range of symptoms generally associated with autism (abnormalities in the areas of social development, communicative development and imagination, combined with identified repetitive or obsessional behavior or unusual, narrow interests) but with normal development of verbal language skills and a normal or high IQ [APA 2013].

In the wide debate regarding autism, the most prominent models are:

- *The central coherence model* [Happé 1999; Happé & Frith 1996], according to which the relevant dimension of Asperger's is a weakness of the central coherence of information processing, which implies giving greater attention to local details than to more global information;
- *The folk psychology/folk physics model* (developed by Baron-Cohen in the empathizing-systematizing theory, cf. Baron-Cohen *et al.* [2001]), affirms that in individuals with AS, the ability to understand how people function (folk psychology) is impaired, while the ability to understand how inanimate things work is intact or even superior;
- *The executive dysfunction theory,* according to which the core features of autistic spectrum disorders are best explained by an inability to plan actions and shift attention [Boucher 2009];
- *The mindblindness theory*, which affirms that children who display conditions associated with the autism spectrum are delayed in developing a theory of mind: the ability to put oneself into someone else's shoes, to imagine and predict the other's behavior [Baron-Cohen 1995];
- *The magnocellular theory* [Plaisted *et al.* 1999; Spencer *et al.* 2000] suggests that there is a specific dysfunction in one of

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the visual pathways in the brain (the magnocellular pathway), which makes the subject more sensitive to moving stimuli and processing lower spatial frequencies;

- *The predictive coding perspective* [Pellicano & Burr 2012], according to which observations by autistic subjects are less influenced by contextual information, and therefore they see the world more accurately, as their perception is less modulated by experience;
- *The broken mirror neurons hypothesis* [Di Pellegrino *et al.* 1992] suggests that we can link the social dysfunctions in autism to impairments in the mirror neurons system, hindering autistic subjects' ability to simulate and understand the other's behavior;
- *The social motivation hypothesis* [Chevallier *et al*. 2012] claims that what is missing in autistic subjects is the propensity to initiate social contact.[2]

By oscillating between neural and behavioral levels of explanations, these investigations usually rely on a rather general understanding of intersubjectivity, one that ignores and undervalues its different forms and the different roles that they play in our social life.

This is the reason why in this article I would like to sketch a *phenomenological account of autism,* by focusing, in particular, on the notions of intercorporeality and interaffectivity. More specifically, I will take into account high functioning autism or Asperger's syndrome, not only because the bibliography on this topic is limited, confounding and overall needs further clarification[3], but also because typically AS subjects do not register cognitive or motor impairments: their primary limitation lies in the social domain. An analysis of AS syndrome will

[2] This thesis is brought into questions by the fact that it seems that autistic subjects are interested in social contacts and exchange, but only when the interaction is structured and organized [Schilbach 2016].

[3] In 2013, the DSM V [APA 2013] included «Asperger's syndrome» into the «Autism Spectrum Disorders» category and added the «Social Communication Disorders» category, causing a great deal of controversy about the effective differences among these conditions.

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therefore allow us to unveil the complexity of the different forms of sociality, their structure and their essential requirements.

The final aim is to show where the impairment lies exactly: in the general realm of social cognition, or in something that occurs prior to cognition, namely, interaffective, bodily attunement?

In the first part of this paper I will draw on a psychiatric, relatively unknown account of autism and Asperger's syndrome (that of Georg Frankl), in the second part I will contextualize this account into the phenomenological context, arguing that our pre-linguistic and pre-reflective forms of intersubjectivity are responsible for the development of more complex kinds of sociality, which is precisely what is disrupted in AS subjects.

2. Georg Frankl: an Analysis of Autism

The history of the origins of autism diagnosis is quite fascinating. For a long time, the identification of this disorder has been linked with two names who worked simultaneously: Hans Asperger, who worked in Wien (Vienna) and sadly has been recently associated with Nazi persecution [Sheffer 2018]; and Leo Kanner, a psychiatrist who worked in Maryland. Recently, two important publications [Silberman 2015; Donvan & Zucker 2016] shed new light on the genesis of the diagnosis of autism. According to new findings, it seems that there was a third man in those years who was not only researching autism, but who also met both Asperger and Kanner. This man was Georg Frankl, a Jewish psychiatrist who worked with Asperger in Wien, but then escaped to Maryland during the Second World War. It is here that Frankl met Leo Kanner and began to work in his clinic. Frankl's perspective on autism remained largely unexplored, but I think that it's worth of attention. While Asperger focused on autism as a *behavioral* deficit, and Kanner provided a *neurobiological* analysis of this disorder, Frankl offered us an analysis of autistic *language*,[4] and his survey was guided by the

[4] I am grateful to the University of Kansas' Kenneth Spencer Research Library that has kindly allowed me to read the manuscript, *Autism in Childhood: An Attempt of Analysis* [Frankl, unpublished manuscript]. See also Frankl [1943, 251-262].

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question: *How does the autistic child communicate or not communicate with the people around him?*

According to Frankl, it seemed that the state of autism has its complement in the state of "being in communication with people". One is either in the one condition or in the other. Starting from the assumption that talking is different from communicating, he distinguishes between the affective language and the word language. The *affective language* concerns itself with non-verbal communicative symbolizations (facial expression, body gestures, the modulation of articulate and inarticulate sounds, etc.) and, in his view, comprises true communicative symbols, which have validity in the subject's family, country, and to some extent, worldwide. It is a means of communication that is beyond the boundaries of the spoken language that the baby is soon to learn. On the other hand, the *word language* involves all verbal communicative symbolizations.[5]

According to Frankl, an autistic person is a person who does not *communicate* his thoughts and feelings to others. The term "to communicate" means to express feelings, affects and emotions. It is comprised of more than the mere ability to utter words and understand their symbolic meaning. It includes that set of gestural and vocal, non-verbal symbolizations which, in its totality, can be called "the affective language". In other words, autistic people fail to display this set of symbolizations (facial and bodily gestures, modulation of the spoken language, expressive, inarticulate sounds) which we define and experience as "*good contact with persons*".[6]

Furthermore, in his view, the affect comprises:

1. a physical component;
2. an intentionally communicative, symbolizing representation.

In order to account for this dual characterization, Frankl makes the example of rage: usually rage has its own bodily features that express aggression *toward somebody* (I am angry *at you*; I want to hurt *you).*

[5] It seems clear that our everyday language is always a fusion and integration of word language and affective language.

[6] This is the expression used by Frankl. We will see how this is synonymous with interaffective, bodily attunement.

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In a fit of anger I can scowl *at somebody*; I can shake my fist *at him* or punch *him*. In other words, the adversary, the object of my rage is an essential part of the rage itself. This e*xpressive and intentional directness* is missing in autism, its very core seems to be exactly the inability to tune in to the world.

In other words, it appears that a disturbance at the level of affective language leads to a disturbance in what Frankl calls *affective contact.* In low functioning autism, the priority of affective language over the word language is not so explicit however. In this case we have to deal with cognitive impairments as well, which sometimes prevent the subject from being able *to talk* (what Frankl calls "autistic mutism") not only when trying *to communicate.* The centrality of the affective language is on the other hand very visible in Asperger's syndrome, where not all the intersubjective, communicative layers are impaired (indeed, they can maintain a «speaking relationship»[7] with people although their *contact with* them is interrupted).

In the last part of his manuscript Frankl hypothesizes that a pseudo-affective language can be developed as a compensatory strategy to cope with the human necessity of «being in contact with others». These compensatory strategies are usually used by high functioning autistic subjects, who are provided with sufficient (and, often, extraordinary) cognitive capacities.

He furnishes four possible examples of alternative and artificial affective languages:

1. The monotonous rote verbal production. According to Frankl, these vocal repetitions may assume a meaning and become a sort of substitute communicative system between the autistic subject and their primary carer;
2. The «*automaton-like*» language. Frankl observed that some children do not only talk like an automaton, but their whole body looks like a mere mechanic support: completely missing those gestures and corporeal attitude that are typical of human motor behavior. Actions become mere interruptions of a state of immo-

[7] Here and in the following I am quoting Frankl's own description from his unpublished manuscript, p. 53.

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bility, instead of expressions of a living body. Furthermore, they are restricted to moving those body parts which are immediately involved in action (for instance, the legs if the subject is walking; the arms and the hands if the subject is drawing). The body is motionless, the language is rare, unspontaneous and comes from this catatonic immobility;

3. The «scanning» language, that is a rhythmical language, yet lifeless and without emotional tone inflections. This is interpreted by Frankl as the effort to recapture, if not an affective speech modulation, at least a modulated speech structure;
4. The «declamatory» language, where feelings and emotions are re-produced in a very artificial manner, using an over-dramatized and the exaggerated inflection of the voice. Similar to what may be found in a theatrical performance.

All of these pseudo-affective languages can be immediately perceived by the listener as something very different from a genuine expression of affect. They are witnesses to subjects trying to capture and reproduce the feelings of others. To speak and to express themselves in the same manner that they perceive others. In other words, in order to be in relation with others, they emphasize their missing sense of affective language and its twin: *affective contact,* the ability to form relations to others, not merely trough a discursive understanding, but on the level of emotional attunement.

Frankl's main contribution was undoubtedly the introduction of this notion: Kanner himself emphasized the importance of Frankl's studies regarding this topic, which have certainly influenced his work [cf. Todd 2015]. Kanner's first autistic patient, the well-known Donald T., was in fact taken into a two-week observation by Dr. Frankl and E. S. Cameron, who gave the first description of the subject. Kanner, in his famous paper *Autistic Disturbances of Affective Contact* [Kanner 1943], reports this fact, and underlines that Dr. Frankl followed also the «Case 22», Elaine C., a girl with «unusual development». Throughout the entire paper, Kanner seems to use the same expressions formulated by Frankl in his manuscript: he comments on patients' use of language and words, and he claims that «None of these remarks was meant to have

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communicative value. There was no affective tie to people» [Kanner 1943, 227-228]; «During the interview there was no kind of affective contact» [Kanner 1943, 229]; «He never used language as a means of *communicating with* people» [Kanner 1943, 237]. The emphasis given to the role of communication, and to its value within the syndrome is the same we can find in Frankl's manuscript: communication means contact with people, and contact is a matter of affect, not a matter of cognition. Kanner claims that «The outstanding, 'pathognomonic', fundamental disorder is the children's inability to relate themselves in the ordinary way to people and situations from the beginning of life» [Kanner 1943, 242]. He also adds other features, such as: autistic loneliness; a failure to assume at any time an anticipatory posture;[8] an excellent rote memory; echolalia; an obsessive desire for the maintenance of sameness; limitation in the variety of spontaneous activity; good relation to objects and not to people; good cognitive abilities. This description can be considered one of the first analysis of autism (given the "good cognitive abilities" of Asperger's syndrome in particular), but what is striking here is the emphasis put on the notions of "relation" and "communication", which seem to be at the very core of the disorder.

As we noted at the beginning of this paper, the numerous theories that have been developed regarding autism and Asperger's have not yet taken into account the relational impairment, nonetheless, none of them really discussed at length the meaning of intersubjectivity and the different layers that this umbrella term involves. Accordingly, the understanding of the disorder is still very broad, negatively influencing the presence of social stigma and the role of relatives who do not understand how and if the autistic subject is able to have some kind of contact with them.[9] Unveiling the centrality of affective contact and its role in the de-

[8] This is related to anticipation of the other's reaction, and we can link this deficit to a lack of a sort of "synchronic intentionality", an immediate and pre-reflective tendency to bodily resonate with others.

[9] It is no coincidence that, in the top ten questions for autism research, developed by Autistica, a leading autism research charity based in the United Kingdom, the second position is held by the request for more effective interventions in the development of communication skills in autism, while the 5th position is occupied by the proposal to achieve better education and improve social skills, as well as the need for parents and family members to better understand the autistic relatives.

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velopment of social skills is therefore very important to achieve a better understanding of the syndrome, which will allow individuals to better cope with it. In my view, phenomenology can bridge this gap thanks to its concern for the different forms of sociality and their interrelations as well as to the priority that the phenomenological method gives to our pre-reflective structures. In the following pages, I will try to account for the intersubjective impairments present in Asperger's syndrome, and I will try to trace some parallels between Frankl's analysis and the phenomenological resources. In doing so I hope to improve our understanding of AS, unveiling what is the very core of this disorder.

3. A Phenomenological account of Affective Contact

Phenomenology is a very important source for the analysis of intersubjectivity (and its disruptions) since there are many descriptions of this dimension in its different forms, such as empathy, shared emotions and collective or group-based emotions.[10] While some of these interactions mainly rely on inferential abilities, others are linked to a more immediate, pre-reflective attunement. In the case of Asperger's syndrome, it is interesting to notice that, while some forms of interaction are still working,[11] what is missing or severely impaired is the very core of affective attunement (or, in Frankl's term, *affective contact*) which prevents them from being immediately engaged with the other and pre-reflectively understand others' intentions and emotions.

I will therefore focus on the notions of intercorporeality and interaffectivity, notions that can be useful to understand where exactly AS's impairments lie; which is congruent with Frankl's perspective.

[10] Cf. both contemporary literature: Zahavi [2015]; Szanto [2015]; and classical authors: Husserl [1970, original 1954; 1967; 1973]; Stein [1989]; Scheler [1970]; Gurwitsch [1979]; Walther [1923].

[11] Drawing on the work of Salice and Henriksen [2015], we can argue that AS subjects are able to deal with those kinds of sociality which involve the possession of «joint intentionality», which is distinctively goal-oriented and usually relies on explicitly formulated codes of conduct. Accordingly, they can participate in group activities such as action-role-playing games and social media, and, to such an extent, we cannot exclude that they can feel group-based emotions.

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3.1. Intercorporeality

A main contribution of phenomenology is the emphasis on the living body and subjectivity that is conceived as a whole. It involves a psyche and a body inextricably entangled to each other. As the very core of perceptual activity, the body is the instrument which provides a link between the subject and the world, the ego and the alter ego.

In order to analyze these links, Merleau-Ponty[12] uses the notion of intercorporeity, a pre-reflective and 'lived in' type of knowledge that allows the subject to recognize the other in an immediate and non-thetic manner. More specifically, he claims that the experience of self necessarily presupposes the experience of otherness: essential to the subject is her ontological openness and the tendency of overcoming herself. Furthermore, in the perception both of self and of otherness, what is at stake is an *embodied subjectivity* in which the main feature is the involvement of an alterity.

In fact, our embodied self-awareness could be described as a pre-feeling of otherness, and the intersubjective experience as an echo of our own corporeal constitution:

> My right hand was present at the advent of my left hand's active sense of touch. It is no different fashion that other's body becomes animate before me when I shake another man's hand or just look at him. In learning that my body is a 'perceiving thing'[…] I prepared myself for understanding that there are other animalia and possibly other men. [Merleau-Ponty 1964, 212]

In *Phenomenology of Perception,* Merleau-Ponty explicitly faces this issue (especially in the chapter *The Other and the Human World*) and offers a contribution in the course *Les relations avec autrui chez l'enfant*, where he analyzes the psychoanalytic perspective and some developmental theories according to which we can talk about the perception of the alterity in psychogenetic terms.

According to Merleau-Ponty, we are intersubjective creatures from

[12] For reasons of space, I will focus only on Merleau-Ponty's contribution. Nonetheless, I am deeply convinced that we can find an emphasis on the role of the lived body in Husserl as well [cf. Bizzari 2017].

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birth simply because we possess a corporeal schema. It is very interesting to notice that an experimental study conducted by Meltzoff and Moore has shown that newborns (the "youngest" 42 minutes old, the "oldest" 72 hours old) are able to imitate facial expressions[13], thanks to an inner capability very similar to the Merleau-Pontian corporeal schema which creates a bridge between interiority and exteriority.

Without the intervention of simulations or inferential capabilities, the subject is able to perceive the other's corporeal movements as *expressive and intentional* starting from the first year of life, and can immediately understand the other as an *agent,* and not as an object or Cartesian mind.

According to Merleau-Ponty, there are no epistemological functions exclusively committed to the understanding of other minds: the subject intuitively understands the rage in the other's gestures or facial expressions. To quote Gallagher: «Such perceptions give the infant, by the end of the first year of life, a non-mentalistic, perceptually based *embodied understanding* of the intentions and dispositions of other persons» [Gallagher 2008, 540]. The body appears to be the place of the emergence of (shared) meaning.[14] In the case of an intersubjective encounter, intercorporeality, therefore, is that pre-reflective intertwining of lived and living bodies that mutually resonate with one another without requiring inferential capacities. It is that mutual bodily synchrony that allows two subjects to experience subjective and objective qualities through their lived bodies.

[13] Recent studies (Oostenbroek *et al.* [2016]) claim that there is no significant excess of matching reactions in newborns. Nonetheless, as noted by Fuchs [2018, 178] «even if it turns out that imitation is not an innate capacity, but develops in the course of mutual exchanges and matching reactions during the first weeks, it still functions as a major component of primary intersubjectivity».

[14] The pre-reflective, bodily intentionality is not the only condition, but we need to take into account other elements: in fact, in the tradition of philosophical anthropology, eccentric positionalism (reflexivity, cf. Plessner [1975]) or the reduction of instincts [Gehlen 1988] are further aspects that have a role in the arising of subjectivity's intentional openness.

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3.2. Interaffectivity

According to the phenomenological approach, a central concept of being in touch with the world and with oneself is affectivity. We should not conceive of affects as enclosed phenomena exclusively linked to our interiority. On the contrary, our affective life is the means by which the world is disclosed to us, together with those "affective affordances" that we intuitively grasp in our everyday life. According to Goldie [2002] feelings are *bodily* (we feel from the inside of our body) and *towards* (they usually have an object). For example, I feel fear because of the lion, I feel joy in meeting my friends etc. In face to face encounters, we can observe the circularity of this dual characterization: in fact, we work with two subjective cycles of affective intentionality that influence each other and allow the subjects to experience the kinetics and intensity of the other's emotions through their own bodily kinesthesia and sensations [Fuchs 2016]. This kind of resonance «conveys an intuitive understanding of others' emotions in our engagement with them» [Fuchs 2016, 195]. In other words, emotions are not only felt from the inside, but also displayed in our expressions and gestures.[15]

As described by Fuchs and Koch [2014], *interaffectivity* is the very intertwinement of two cycles of embodied affectivity, continuously modifying each partner's affordances and bodily resonance. This resonance does not imply simulated processes and it is something prior to high forms of cognition, such as imagination and inferential processes. It represents the very first form of the immediate, pre-reflective attunement that ties us with others. This is evident in childhood psychology, and in the famous description of primary intersubjectivity [Trevarthen 1979] that seems to represent the first kind of intersubjective engagement: described as the level of perception beginning from birth, when the baby sees the actions and movements of others and begins to imitate them. This kind of pre-reflective openness seems to be the very first form of intersubjectivity, which allows for the arising of an intuitive and empathic understanding. Already at this initial stage, it appears that the

[15] This reminds of Frankl's example of the rage, which entails both subjective inner states and an object to which it is directed. Furthermore, usually emotions like rage involve specific corporeal gestures and expressions.

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subject is not only affectively bound to the other in a resonant, cyclic and dynamic relationship, but also inextricably linked and influenced by the other's corporeality, showcased by the fact that since birth she *is* a body that expresses herself and is bound to the other's embodied subjectivities in a reciprocal exchange. *The subject is not a body that feels, but a body that feels with and because of the other.*

3.3. Intercorporeality and Interaffectivity in AS: Frankl's view revisited

At this point, we can claim that being in "a good contact with others" is not a matter of mind-reading,[16] but mostly of being bodily engaged in a meaningful, affective relationship. In my view, AS registers a loss of bodily resonance (intercorporeality) and emotional resonance (interaffectivity), elements that are linked to one another and that can be considered as the phenomenological conceptual twins of affective contact and affective language.

We have described how, according to Frankl, affect is composed of a physical component and an intentionally communicative representation. In my view, these components correspond to intercorporeality and interaffectivity, elements that are usually mutually linked in a chiasmatic relationship. Usually, intercorporeality and interaffectivity allow the subject to be involved in a chiasmatic, resonant and affective relationship with the other, a relationship that in AS shows the deepest impairment. In other words, the lack of affective language[17] (intercorporeality) does not allow for the presence of affective contact (interaffectivity), while the word language is preserved. We can therefore claim that *AS can talk, but not communicate*.[18]

[16] This is in opposition to the view of Baron-Cohen, according to which Asperger's subjects are «mindblind», because they lack a theory of mind, that is the ability to read others' intentions and mental states. In my view, we can indeed argue that the autism spectrum disorder is characterized by a «bodyblindness», or «interbodyblindness», that is, a disorder of the corporeal and intercorporeal self (see Bizzari [2018]).

[17] I believe that the word "language" is not really suitable for describing what Frankl had in mind: maybe, the word "attunement" is more correct.

[18] Baron Cohen describes the case of Andrew, an Asperger subject who «cannot understand or participate in the things that other people seem to do easily. Things

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If intercorporeality and interaffectivity are compromised or simply do not spontaneously arise, other higher forms of social engagement will show impairments. I am referring here to those kinds of shared emotions (such as empathy and collective emotions) which are characterized by an intuitive attunement with others, an attunement that is genuinely affective and does not entail cognitive abilities. This could be the reason why AS subjects are able to deal with certain joint, instrumental activities, but are not able to "tune into" the world of being engaged in collective, empathic interactions.

This is also coherent with developmental psychology, for example with Greenspan's affective diathesis hypothesis. In *The Growth of the Mind*, he claims that *emotional interactions influence intelligence* [Greenspan 1997]. According to his theory, affective interactions emerge earlier than the sensorimotor schemes postulated by Piaget [1962], and they are used to understand and conceptualize our experiences in the world. Furthermore, even abstract thinking appears to be based on reflections about these personal affective experiences. This would mean that emotional and pre-reflective abilities are responsible for helping the child to go from simple interests in the world to social problem-solving, from sub-personal to symbolic knowledge. In particular, emotional interactions are considered responsible both for early social, cognitive and linguistic capacities, as well as for higher level intellectual and social skills.

The importance given to the emotional and bodily interactions for the development of higher social skills in neurotypical children finally leads to the question: *Can we build a new affective language in AS subjects?*

According to Frankl, in some autistic patients (those provided with the higher cognitive abilities whom today we call Asperger's or high functioning subjects) we can observe the presence of alternative

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that are so ordinary to other people, such as reading their faces, knowing what to say next in a conversation, knowing how to comfort someone…He had this *sense of being a Martian* ever since school days, when he could see other children playing games in the playground that didn't have clear rules. *He had no idea how they knew what to do.* He still talks *at* people rather than *to* them. Whilst Andrew can do maths, or memorize facts, or understand the laws of chemistry or physics effortlessly, he cannot fathom *the unspoken rules of human interaction*» [Baron-Cohen 2008, 9-10].

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and artificial "pseudo-affective" languages that allow them to establish meaningful relationships, at least with their relatives or those who take care of them. Once again, I think that phenomenology and developmental psychology can offer interesting tools for eliciting new kinds of pseudo-affective relationships and for making Asperger's subjects able *to communicate,* and not simply talk, to others, or at least, to their closest people.

In 1998, Greenspan and Wieder developed a particular kind of therapy, called the "D.I.R. model" (Developmental, Individual difference, Relationship-based model), aimed at the treatment of autistic patients, who lack emotional and (in case of low functioning autism) cognitive skills [Greenspan & Wieder 1998].

We can summarize the D.I.R. model as follows:

- *Developmental:* The basic level which needs be acknowledged by therapists. It involves understanding the developmental capacities (that are essential for spontaneous and empathic relationships) of the subject. This includes helping children develop the capacity to attend and remain calm and regulated, engage and affect basic gestures, engage in shared social problem-solving and intentional behavior involving a continuous flow of interactions in a row, and use ideas to communicate needs and think and play creatively;
- *Individual differences*: The D.I.R. model emphasizes the fact that each child has unique biologically-based mannerisms to internalize, regulate and use to respond to the environment and sensations. In fact, within the autism spectrum disorder some children are hyper sensitive to sound, others are less reactive to touch and so on;
- *Relationship-based:* This stage involves the learning relationships with caregivers and therapists, and, like phenomenology, sheds light on the intersubjective nature of the subject.

The authors argue that, in order to help people affected by autistic spectrum disorder, the therapist should try to develop their *practical and emotional* understanding of the world. At the center of their model is

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the so-called "*floortime*": a spontaneous interaction between the autistic child and the adult, which is helpful for the improvement of motor and social skills.[19]

Like phenomenology, and like Frankl's account, the D.I.R. hypothesis emphasizes the centrality of *intentionality* (the openness of the subject towards the world), *reciprocity*[20] (the fact that the subject constitutes herself in an intersubjective manner) and *emotions* (our engagement towards the world is emotionally and axiologically characterized). It is undoubtable that this proposal tends to strengthen the interaffective skills of the subjects, nonetheless, it does not take into account intercorporeality, the true core of affective contact. For these reasons, I would like to modify this *interaffective* approach by creating an *intercorporeal* proposal that also emphasizes the emotional components. I do this by maintaining all of the original elements and adding the emphasis on embodiment. In this approach, the D.I.R. model becomes the D.I.R.E. model [Bizzari 2019], a therapeutic approach that also takes Embodiment into account: adding a role for Embodiment makes it possible to enlarge the therapy by focusing more specifically on strengthening and recovering the kinesthetic, corporeal self, and consequently, the intercorporeal engagement with others.

The affective language might therefore be replaced by a contact that simulates and thus induces the missing affects, and this can be elicited by activities such as the floortime, dance therapies and those practices that consider the subjects as a kinesthetic, intersubjective, pre-reflective entity.

[19] Another examples of "relational, affective therapies" can be music therapy: a joint activity where the subjects can change and improve his self/other awareness, and, in particular, the link between proprioception and intersubjective understanding. It has been noticed that music therapy is efficacious for autism, and is able to create some moments of collective engagement. This has nothing to do with the performance (nor with the cognitive capacities), on the contrary, we can affirm that it is all about "failing together".

[20] We can note the similarities with phenomenology: the uniqueness of the individual and the corporeal pre-reflective attunement towards the world are the central features of both of the accounts. The corporeal subjects is linked to the world in a unique kinesthetic manner: for this reason, a good therapeutic approach cannot consist in a generalized program, but in specific, individual-based training.

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4. Conclusions

In this paper, I tried to offer an alternative account of Asperger's syndrome. In contrast to the main important tendencies, which consider Asperger's core a brain disruption or a deficit in mentalizing, I claimed that Asperger's difficulties lie in their pre-reflective domain, especially within their intercorporeal and interaffective ability to tune in with the other. In the first part I described a lesser known account of autism, that of Georg Frankl. In the second part I depicted some conceptual parallels between Frankl's characterizations of autistic affective contact, and the phenomenological account of intercorporeality and interaffectivity.

By focusing on pre-reflective, emotional components, rather than on the neural correlations of intersubjective perception, we can begin an inquiry towards more promising paths. Taking into account both the fact that the subject is essentially a psychophysical organism, a living body, and the fact that she is ontologically intersubjective, a phenomenological analysis is suitable not only to explain intersubjective disorders, but also to find possible directions for their treatments, such as the *Development, Individual difference, Relationship-based and Embodied model*.

The combination between Frankl's perspective and the phenomenological accuracy in describing our intersubjective life opens up concrete directions to transform his idea of "pseudo-affective language" into a therapeutic direction that might allow those subjects who are not provided with an innate, automatic engagement with others to find alternative ways to communicate.

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Keywords

Autism Spectrum Disorder; Asperger's Syndrome; Georg Frankl; Interaffectivity; Intercorporeality; Treatments; Affective Contact; Affective Language

Abstract

In this paper, I argue that the real limitation of Asperger's subjects lies in intercorporeality and interaffectivity, that is, in the pre-reflective, intersubjective engagement with others. I begin by first drawing on the work of the psychiatrist Georg Frankl, and I describe this engagement in terms of "affective language" and "affec-

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tive contact". In the second part of the paper I emphasize how Frankl's account can be coherent with a phenomenological perspective on sociality. In closing I propose a therapeutic technique aimed at strengthening the intercorporeal, affective abilities of the subjects.

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Heidelberg University Hospital, Center for Psychosocial Medicine, Section Phenomenological Psychopathology and Psychotherapy
E-mail: valeria.bizzari@libero.it

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