Autistic Spectrum Conditions (ASC) or Attachment Difficulties?

There are some similarities between these conditions that lead to misdiagnosis and under-diagnosis. Particularly in young children they look very similar, although they have different causes and presentation. They also require some different approaches. The discussion here is by no means exhaustive, but is intended to give some pointers that parents, carers and other professionals may find useful.

ASC are neurodevelopmental disabilities that come with lifelong challenges, impacting how the child thinks, feels, and reacts, and yet bring some fantastic lifelong opportunities for growth. The causes of ASC are still unclear, but likely candidates are genetic factors and intrauterine damage/perinatal factors (for example preeclampsia) and exclude psychodynamic factors such as parenting.

Attachment theory proposes a biologically-based need for relationships across the lifespan, and shows how forming and maintaining attachments to significant "others" is a key biologically-based developmental task. These attachments support and protection against stress and distress, initially through the interactions between a baby's care-eliciting behaviours and the attachment figure's caregiving. Close, reliable and responsive relationships with a few specific people are crucial for a child's developing brain; without these relationships, important neural networks are not laid down. Attachments laid down in childhood are not fixed, but the quality of these early bonds influences future, intense, reciprocal relationships.

Sadly, ASC is not protective against things going wrong with attachment, so these are not mutually exclusive.

Both these conditions strongly influence social interactions and the human capacity to communicate and interact socially, which depends on understanding what others think, feel and believe. One way of thinking about the overlap between these conditions, which also helps us understand important differences, is the concept of *mentalizing*. The word mentalizing means to give a mental quality to; to picture in the mind; to cultivate mentally, and nowadays refers to the active, imaginative process by which we make sense of ourselves and each other in terms of our mental and emotional states. The term was used in French psychoanalytic literature in late 1960s, and it was employed in the 1980s and 90s in our understanding of autism, which is conceptualized as a stable failure of mentalizing based on neurobiological deficits ("mind blindness").

From the late 1980s a group (including Peter Fonagy, Allan Bateman and Jon Allen) noticed that some failures in mentalizing are context-dependent, that is, the individual's capacity to manage this imaginative process did not develop fully in the context of their early attachment relationships as a consequence of the child not being understood by / not understanding the minds of their caregivers, leading to distrust, anxiety, frustration and even fear in attachment relationships. It is this attachment based "mind blindness" which can in some ways look a little like the mind blindness of ASC, but whose distinguishing feature is the role of close interpersonal relationships.

There are broad features of these two types of mind blindness that are similar. Both groups of children often have difficulty explaining own behaviour. They may believe others know what they are thinking and wrongly interpret other's motivation and actions and have difficulty understanding others' perspectives. Both types of children have difficulty understanding emotions, and can be unaware of the extent that others have thoughts different to their own. They have problems accurately inferring others' intentions and find it difficult to predict the behaviour or emotions of others. They may show lack of understanding that behaviour impacts others and have difficulties with turn taking, perspective taking, politeness etc. They may have difficulty differentiating fact from fiction, and are often accused of lying.

From the perspective of these broad-brush descriptions it is easy to see how the two conditions are often hard to tell apart; particularly so in young children. However, this overlap and difference is more easily seen if we think in detail about typical behaviours that we see in eight domains of functioning where ASC:

1. Flexible thinking
2. Play
3. Social interactions
4. Mind reading
5. Communication
6. Emotional regulation
7. Executive functioning
8. Sensory processing

Flexible thinking

Children with ASC and attachment difficulties typically lack flexibility in thought and behaviour, although there are clear differences in the way this manifests. Although both groups of children find changes in routines difficult, for children with attachment difficulties this inflexibility shows as a preference for ritualised and highly predictable caregiving routines (e.g. meal times and bedtimes), and changes to predictable routines may be experienced by the child as a form of personal rejection. In contrast, children with ASC tend to try to repeat experiences, and any repetition is treated as a routine. They often become highly anxious if an existing routine or ritual cannot be completed (such as taking the same route to school each day) but may cope well with new experiences as no routine has been developed.

Whilst children with ASC often become anxious if their routines are removed and may seek to impose familiar routines onto new circumstances (such as wanting their familiar meal from home in a different place such as a restaurant) a child with attachment difficulties takes time to learn new routines. They may look forward to changes in routine, but then find it hard to process the emotions that accompany the change (e.g. excitement or disappointment). Highly structured routines are often needed by adults in order to manage their child's behaviour and contain their feelings.

Children with ASC often ask repetitive questions related to their own intense interest, and questions often seem out of place with the wider social context. Children with attachment difficulties may also ask many repetitive questions, but rather than being about a narrow, non-social interest they are more likely to repetitively ask about changes in routines, new experiences and new people.

Both these groups of children may also have difficulties with food, but once again there are distinct differences. Children with attachment difficulties may over-eat, or hoard food and not eat it, as a response to anxiety about needs provision. Some may be unable to eat when anxious. Children with attachment difficulties can usually be persuaded to eat better when provided with good, consistent and predictable adult support and encouragement. Child with ASC may limit their food according to unusual rules, such as texture, shape, colour, rather than what the food is (e.g. will eat crispy fries but not other types of chips) and may eat non-food items. A consequence of maintaining sameness is that they may develop a restricted diet. They are not easily encouraged to change their eating habits even in the context of a secure attachment and lots of adult support and encouragement.

Both children with ASC and those with attachment difficulties may use language in untypical ways. Literal interpretation of language is a common feature in children with ASC. Metaphors and similes can be difficult to interpret. Difficulties in abstracting intention and implied meaning can lead to many social misunderstandings. *Echolalia* (the automatic repetition of vocalizations made by another person) is normal in children under 30 months but is symptomatic for some individuals with ASD. Words may also be favoured and repeated because of the sound or shape, rather than their emotional content or usefulness in communication. Some individuals will echo speech as a way of helping them to process information and to make sense of what is said. There may be other reasons for echolalia such as anxiety. It is therefore important to observe the level and use by the child of this feature of language. Some children with attachment difficulties may use repetitive language as ritual for dealing with anxiety. For some, repetition may seem like that of a younger child learning and playing with words.

Both groups of children can have unusual relationships with treasured possessions. Children with ASC often make collections of objects, but they do not seek social approval for the collection or its care. They can usually say

where their most reassured possessions are and notice if they are moved. Familiar toys are often preferred over new ones and disposing of old possessions, even when no longer used, can be difficult. In contrast, it is not uncommon for children with attachment difficulties to seek approval or even envy for their possessions. They may not take care of special possessions, and may be destructive with toys; exploring and breaking them accidentally. They may lose things (even treasured possessions) but not take any responsibility for the loss. When angry, they may destroy emotionally important possessions.

Play

Play is another domain where there are clear differences. Many children with ASC have a limited range of play activities, preferring familiar games and toys. They show a marked preference for playing alone, although for children thought of as having Asperger's, this is less the case. They also find it harder to engage in social play with parents or carers ASC children may play with unusual items (such as reading train timetables) and they may spend all their time organizing toys and arranging in patterns. They may try to impose their own rules on a game so that it follows a pattern they are already familiar with, and they may experience losing a competitive game as unfair if they were winning earlier. ASC children have poor social-imaginative play; they generally prefer toys that have a mechanical rather than an emotional quality. They are likely to have difficulty playing different roles in a game and have difficulty incorporating a range of toys into the same game (Spiderman and Thomas the Tank Engine toys in the same game).

Some children with attachment difficulties prefer to play alone, although others desperately wish to play with others, even though they lack the emotional regulation to do so, easily falling out or feeling excluded. They want adults to provide play opportunities, and often prefer playing with adults than with other children. They often have a preference for playing with others who can watch them win. They may also try to impose their own rules on a game, but in this case it is so they may win. They may be angry about losing games, and be more inclined to blame equipment for their failure. There is a sense of fragile self-esteem in the style of these interactions. Some of their imaginative play may play-out past experiences and preferred endings, such as rescuing sibling. Role play games may be hard for them to end, and whilst they can usually adopt a number of roles, they may show a strong preference for a certain kind of role (e.g. angry father, being the baby).

Social interactions

Since ASC are spectrum conditions children with ASC inevitably show a range of functioning. Wing and Gould (1979) suggest four sub-types: The "Aloof" child does not usually initiate or react to social overtures and is often indifferent to others. "Passive" children may respond to social overtures but not initiate them; although they are mostly passive recipients of social interactions, they may get some pleasure from them. The "Active but odd" child is ego-centric, interested

in one-way social interactions, and having inappropriate and odd interactions with others, with no intention to reciprocate social interactions. The "Stilted" child is usually high functioning and can initiate and sustain social interactions, sometimes with excessive formality.

Children with attachment difficulties may be highly avoidant of relationships, or may show a strong need to be with other people, but be rather controlling, mistrustful and punitive. They are often proficient in inducing strong emotions in others, making other feel something of what they feel. They are likely to make persistent attempts to interact with adult or older children in preference to same age peers. Until a secure bond is established, relationships often become more problematic as they become stronger, with more avoidance, or more behavioural acting out, and it is carers who are most important to the child who often receive the most anger, hostility and rejection.

Sharing is problematic for both groups. Children with ASC lack awareness of the need to share, and see no value in sharing an activity in which they have no interest. Children with attachment difficulties are aware of the need to share, but may feel anxious about sharing things, and may hoard or hide possession or food to avoid sharing. They may try to be controlling over who shares (trying to restrict who has a piece of birthday cake, for example) and they may take things that are important to another person, fully aware that this si the case.

Mind reading

Both groups of children have some difficulty accurately working out other people. Depending on the nature of poor attachment experiences, some children with attachment difficulties may approach relationships in a largely "unmentalized" way. They may find strong emotions in others incomprehensible and intolerable, and try to may avoid intense emotions as far as this is possible. They may have quite rigid, stereotypical thinking, with excessive significance given to their own subjective experience. Others make frequent, unwarranted assumptions about the mental states of others, misattributing intentions and motives (for example seeing reinforcement of rules as personal rejection) as they overlay other's minds with own traumatic memories. These children often have a generally emotionally aroused, angry manner and are frequently hyperkinetic. Some children with attachment difficulties present an unpredictable combination of both presentations. In all of these cases, the capacity is reduced when anxious feelings of attachment are activated.

Communication

Some children with ASC have unusually good vocabularies, perhaps within specific interests. There may be a difference between the words they use and

those they understand, and difficulties with central coherence can result in individual words having meaning but not ideas conveyed in sentences. In contrast to children with attachment difficulties, who often use more emotive vocabulary to have needs met, children with ASD tend to use less vocabulary related to emotions. Their advanced language can lead to others assuming they understand considerably more than is the case. Both these groups of children may have poor understanding of the purpose of communication and may not seek to repair communication breakdown. In the case of ASC this may result from a lack of social imagination, but for children with attachment difficulties, this may be to do with distortions in understanding intention and motives due to their earlier trauma overlaying their here and now experiences.

Eye contact is often lacking, although for children with attachment difficulties, this is highly dependent on their emotional state. Whilst ASC children may make noises for personal pleasure, when children with attachment difficulties make noises it may be to gain attention when under stress (screams, screeches, whines) to signal their emotional needs and wishes.

Emotional regulation

Both these groups of children have difficulties with emotional regulation, and find it difficult to learn how to manage their emotions from modelling alone, often also needing an explanation, although children with attachment difficulties may struggle with explanation in the moment of emotional dysregulation, and may benefit more from non-verbal example. Recognizing their own and other's emotions (affective mentalizing) is often difficult. ASC children may become highly anxious when they experience extremes of emotion and lack emotional control because they lack awareness and emotional understanding. Different contexts and settings can trigger outbursts, and they often have sudden mood changes in response to perceived injustices. Changes in routines and unexpected experiences can bring about panic. Children with attachment difficulties can provoke extreme emotional reactions in others, and show indiscriminate emotional displays to people they do not know. These children may panic when they perceive their needs are not being met (especially relating to food, drink, comfort, attention and protection).

Executive functioning

Both groups of children may have significant difficulties executive functions such as planning and sequencing, and with memory. ASC children may have a poor working memory, unless well motivated, but an unusually good long-term memory, with recall of excessive detail. Children with attachment difficulties may be fixated on certain past events, and memory recall may be confused or selective.

Both typically have some difficulties with time. For children with attachment difficulties time has an emotional significance; for example, waiting is associated with rejection. Children with ASD often have a rigid reliance on precise times

and are irritated by waiting as it disrupts routines and because they are less able to judge or mark time.

Sensory processing

Both groups of children may have some difficulty with sensory integration. Children with ASC may be quite in acceptance of discomfort or may be distressed but not able to communicate this. They may be hyper or hypo sensitive to some sensations. For children with attachment difficutlies discomfort may be accompanied by a strong emotional reaction towards their caregiver.

Both children may have some unusual behaviour around proximity with caregivers. Children with attachment difficulties recognise that physical closeness is related to emotional reactions, increasing distance to signify rejection, seeking excessive closeness when anticipating separation. However, for children with ASC proximity is unrelated to emotional intimacy.