



EARLY DIAGNOSIS AND TREATMENT OF AUTISM SPECTRUM DISORDERS THROUGH PSYCHOANALYSIS AND PSYCHOANALYTIC THERAPY

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Abstract. The article focuses on early diagnosis and the therapeutic potential of psychoanalysis and psychoanalytic therapy in addressing autism spectrum disorders, taking into account modern scientific approaches. The purpose of the study is to substantiate the importance of early diagnosis and psychoanalytic therapy in correcting autism spectrum disorders, considering current scientific data and the socio-political context. The research employed general scientific methods of cognition, including analysis, synthesis, comparison, generalization, systematization, and interpretation of empirical and theoretical data. The findings indicate that autism spectrum disorders represent a complex group of neurodevelopmental conditions characterized by difficulties in social communication and interaction, as well as restricted behavioral patterns. It has been proven that their diagnosis involves a multi-level structure that incorporates both neurobiological and psychoanalytic approaches, enabling a comprehensive assessment of the child's inner world and the quality of early interpersonal contacts. The study highlights that psychoanalytic diagnostics pay special attention to intersubjective coordination, early mother-child relationships, and mechanisms of affective regulation, which form the foundation for later social and cognitive development. Early diagnosis involves identifying clear behavioral indicators in the first years of life, including impaired eye contact, limited use of gestures, low interest in joint activities, specific repetitive movements, and heightened sensory sensitivity. Timely detection of these signs allows for a differentiated assessment and provides access to early intervention programs. The effectiveness of diagnosis increases when psychoanalytic observation, phenomenological description, and psychodynamic analysis are combined with neurobiological research. The practical significance of the study lies in the potential to develop effective early intervention programs that integrate psychoanalytic and neurobiological components.

Keywords: autism, psychoanalysis, diagnosis, therapy, early intervention.

Introduction

Autism spectrum disorder (ASD) remains one of the most pressing topics in the field of child neurodevelopment, given the rapid rise in diagnoses – in the United States, the rate has increased more than fourfold since the early 2000s, now affecting approximately 1 in 36 children. Within the framework of the new political agenda of Donald Trump's administration, identifying the causes of autism has gained significant



public attention: the National Institutes of Health (NIH) is launching a large-scale, multimillion-dollar research program on the causes of ASD, including open competitions and traditional grants, with the administration declaring it a priority. At the same time, according to Reuters, funding for autism-related research decreased by 26% – from approximately USD 147 million in early 2024 to USD 116 million in 2025, with particular cuts in projects related to gender diversity, environmental impact, and vulnerable groups.

This contrast between declared intentions and actual budget decisions creates an important discussion: on one hand, the administration proclaims the priority of ASD, actively drawing attention to the potential reversibility of the condition and brain plasticity; on the other hand, significant budget cuts hinder the development of research and practical approaches, especially in emerging areas. This gap underscores the exceptional relevance of the topic: an effective combination of early psychoanalytic diagnosis and therapy with clear political support and international-level funding could change the trajectory of scientific and social progress in this field.

Literature Review

The issue of early diagnosis and treatment of autism spectrum disorders through psychoanalysis and psychoanalytic therapy is well represented in international academic literature. Most of the cited sources are by foreign authors who examine both the theoretical foundations of the psychoanalytic approach and the outcomes of its clinical application. A significant contribution was made by D.V.M. Bishop and J. Swendsen [1], who explored cultural differences in psychoanalytic treatment of autism, focusing on France as a unique case. Valuable input also comes from I. Giannopoulou, H. Lazaratou, M. Economou, and D. Dikeos [3], who attempted to integrate psychoanalytic and neurobiological concepts into a unified therapeutic framework. The work of C. Okoye et al. [7] is of particular scientific value, as it systematizes modern methods of early ASD diagnosis, allowing the combination of psychoanalytic practice with medical criteria. A. Spelic [9] examined the theoretical foundations of psychoanalytic psychotherapy for autism, while M. Vecchiato, C. Sacchi, A. Simonelli, and N. Purgato [10] demonstrated the effectiveness of psychodynamic treatment in a



specific clinical case.

The study also draws on expert literature from modern online sources, including materials from raisingchildren.net.au [2], The Guardian [4], and CBS News [8], which present current approaches to diagnosis, treatment, and social adaptation of children with ASD.

Despite the abundance of international scientific and journalistic sources, there remains a lack of systematized, comprehensive material combining empirical research results and practical case studies. For this reason, various scientific methods were used to analyze, group, and structure the information relevant to the research topic.

Methodology and Methods

The study is based on a systemic and integrative approach combining clinical-psychological, psychoanalytic, and neurobiological analysis of autism spectrum disorders. General scientific methods – analysis, synthesis, generalization, comparison, and data interpretation – were employed to critically process modern theoretical propositions and empirical studies. A content analysis of scientific sources was conducted to identify patterns and trends in the use of psychoanalytic therapy for early autism correction, while the comparative method was applied to assess the effectiveness of the psychodynamic approach in the context of other early intervention models.

Purpose of the article

The aim of the study is to substantiate the importance of early diagnosis and psychoanalytic therapy in correcting autism spectrum disorders, considering current scientific data and the socio-political context. The research sets out the following tasks: first, to analyze the clinical features of autism and its neurobiological and psychoanalytic interpretations; second, to summarize empirical results of psychoanalytic and psychodynamic methods of early intervention; third, to identify the prospects of integrative approaches to therapy, taking into account the possibilities for early correction of development in children with autism spectrum disorders.

Research Results

Autism spectrum disorder is a neurodevelopmental condition that affects how a



person perceives and interacts with the surrounding environment, leading to difficulties in social communication and interaction, and is accompanied by restricted or repetitive patterns of behavior and interests [6]. Diagnosis of autism spectrum disorder usually takes place in early childhood, most often between 18 and 24 months of age. Over the past decade, the prevalence of this disorder has increased. Globally, the number of identified cases rose from 0.62% in 2012 to 1.0% in 2021. Some studies indicate that in the United States, the disorder is diagnosed in approximately one out of every forty-five children [7]. This increase can be explained by changes in diagnostic criteria toward greater inclusivity, possible overdiagnosis, or a higher impact of risk factors.

A distinctive feature of the disorder is that children diagnosed with autism spectrum disorder may exhibit a wide range of both abilities and difficulties, resulting in diverse outcomes in adulthood. Explanatory models for this condition have evolved from psychogenic concepts, which viewed autism as a consequence of parents' psychological problems, to modern neurobiological theories based on genetic, neuroanatomical, neurocognitive, and neuroimaging data [3]. Psychoanalytic approaches to diagnosing autism spectrum disorder have historically developed from early psychogenic explanations to an integrative perspective, which acknowledges the child's preexisting genetic and neurobiological vulnerability while emphasizing the decisive role of the quality of early interpersonal interaction between the caregiver and the infant.

In modern psychoanalytic interpretation, diagnostic observation focuses on identifying impairments in intersubjective coordination, difficulties in recognizing and understanding emotions, as well as assessing the degree of affective and cognitive connectedness of the child with the social environment. Within relational psychoanalytic thinking, diagnosis includes a targeted examination of the early history of the mother-child dyad, the quality of their affective exchanges, and the mother's ability to recognize and accept the child's unique vulnerability, since mutually psychobiologically attuned emotional contacts are regarded as the foundation for the further development of communication and social skills [3].

Diagnosis involves a comprehensive study of the child's inner experience,



analysis of affect regulation methods, characteristic defense mechanisms, and a thorough investigation of modes of early mother–child interactions, particularly how the mother processes the child’s difficulties emotionally and helps the child overcome them [9]. It is important to note that psychoanalytic methods for children with ASD are not always applied. In some healthcare systems, psychoanalytic approaches face criticism and are not included in recommendations, whereas in certain national traditions they retain their influence. This contrast reflects differing attitudes toward the goals of intervention and epistemology: whether the diagnostic process should be limited to describing behavioral impairments in social communication and behavior, or should also include the interpretation of underlying mechanisms sustaining the symptoms [1].

Table 1 – Methods of psychoanalytic analysis of autism spectrum disorder

Nº	Method	Diagnostic purpose	Key indicators
1	Clinical psychoanalytic observation of intersubjective coordination	Identification of impairments in attunement to another person, capacity for emotional resonance and mutual understanding	Difficulties in recognizing and understanding emotions; weak affective-cognitive connectedness with the social environment; limited response to emotional signals
2	Analysis of early mother–child interactions	Assessment of the quality of mutually psychobiologically attuned affective exchanges as the basis for the development of communication and social skills	Disruptions or delays in the formation of primary mental structures; insufficient affective attunement in the mother–child dyad
3	Phenomenological assessment of psychosocial skill development	Initial description of autistic phenomenology regardless of etiological categorization	Underdevelopment and uniformity of psychological mechanisms in children with and without organic features
4	Psychodynamic analysis of defenses and primary mental structures	Identification of psychological mechanisms that sustain autistic symptomatology and the level of structural organization of the psyche	Dominance of primitive defenses; difficulties integrating sensorimotor experience into a coherent sense of self; weakness of object relations
5	Study of the child’s inner experience	Reconstruction of subjective experiences as a condition for a full understanding of development and symptom formation	Ways of experiencing and regulating affect; content and structure of self- and other-representations; consistency between external behavior and internal meanings
6	Assessment of circular causality in dyadic interactions	Identification of mutual influences within the mother–child system that shape developmental trajectory and symptomatology	Recurrent relationship patterns in which each participant’s affective reactivity mirrors and amplifies the other’s; stabilization of autistic phenomenology through interaction

Note: systematized by the author based on studies [1,3,9]



Early diagnosis of autism spectrum disorder has its own specificity. Given that communication at an early age is underdeveloped even in children without the condition, diagnosis relies on the systematic identification of early indicators across several developmental domains during the first five years of life. In the domain of social interaction and communication, the key signs include inconsistent or absent response to one's name, irregular eye contact, limited use of gestures, infrequent showing of objects to adults, limited imitation of actions, as well as poor or absent babbling and difficulty understanding simple instructions at the age of one to two years [2]. In the domain of relationships and play, warning signs are low interest in other children, rare initiation of simple interactive games, and lack of pretend play at later ages [2].

The behavioral profile of early manifestations includes intense or narrow interests, repetitive actions with objects, atypical ways of interacting with toys, strong adherence to fixed routines and negative reactions to changes, as well as repetitive movements such as rocking, hand-flapping, walking on tiptoes, or holding hands in a tense position [2]. Sensory features are also important, including heightened sensitivity to sounds, light, textures, and smells, or seeking specific sensations through touching and smelling objects, as well as a marked need for environmental sameness [2].

Chronological markers help specify clinical alertness: no response to name at nine months; limited gestures and absence of participation in simple interactive games at twelve months; lack of sharing interests at fifteen months; absence of pointing to indicate interest at eighteen months; lack of empathy at twenty-four months; non-participation in cooperative games at thirty-six months; absence of pretend play at forty-eight months; and lack of creative or performance activities at sixty months [5].

Early correction of autism spectrum disorders using a psychoanalytic approach relies on the understanding of brain plasticity in early childhood, which opens up opportunities for significant developmental improvement if timely and intensive intervention is provided. As Martha Herbert [8] notes, the early years of life are a critical period for neuropsychological formation, and with appropriate therapy, a substantial change in the course of the disorder is possible. The American Academy of



Pediatrics recommends screening every child twice before the age of two, and if a diagnosis is confirmed, organizing intensive intervention of at least 25 hours per week throughout the year [8]. Key psychotherapeutic measures applied to children with ASD are presented in Table 3.

Table 2 – Early signs of autism spectrum disorder by domains and age markers

Domain	Main early indicators	Typical age markers
Social interaction and communication	Inconsistent or absent eye contact; infrequent response to name; limited gestures; rare showing of objects; weak imitation; poor or absent babbling; difficulty following simple instructions	9 months – no response to name; 12 months – limited gestures and no participation in interactive games
Relationships and play	Low interest in other children; rare initiation of simple games; lack of pretend play	36 months – absence of cooperative play; 48 months – absence of pretend play
Behavioral patterns	Intense or narrow interests; repetitive actions with objects; atypical interaction with toys; strong attachment to routines	May occur during the first years of life; intensify with environmental changes
Repetitive movements	Rocking; hand-flapping; walking on tiptoes; holding hands in a tense position; arching the back	May occur from early age and persist into the preschool period
Sensory features	Heightened sensitivity to sounds, light, textures, smells; sensory-seeking behaviors; need for environmental sameness	Present from early age and vary in intensity
Chronology of social indicators	Lack of sharing interests, pointing, and empathy; non-participation in cooperative and pretend play; lack of creative activities	15 months – does not share interests; 18 months – no pointing; 24 months – no signs of empathy; 36 and 48 months – no cooperative or pretend play; 60 months – absence of creative activities
Additional associated manifestations	Echolalia; fixed style of play; focus on details; rigid reaction to change; narrow interests; atypical sensory responses; possible co-occurring medical and behavioral difficulties	Appear in the first years of life; require clinical attention and early intervention

Note: systematized based on sources [2, 5]

The psychoanalytic approach involves creating a therapeutic environment that stimulates the development of adaptive behavior and socialization. Research shows that consistent psychodynamic work can lead to improvements in life skills and communication abilities even in adolescents with autism. Assessing the effectiveness of such interventions using the Vineland Adaptive Behavior Scale, the Social



Communication Questionnaire, and the Childhood Autism Rating Scale demonstrates positive dynamics within the first year of therapy [10]. An important element of modern approaches is the shift from the idea of eliminating autistic traits to focusing on developing social interaction and emotional connection. Experimental programs developed under the leadership of Jonathan Green aim to modify the infant's environment and adapt parental responses to the child's individual communication style. Such interventions, carried out from the age of 10 months, do not remove autism but enable the child to be more social, engaged, and emotionally expressive, which greatly improves the family's quality of life [4].

Table 3 – Psychotherapeutic measures for early correction of ASD

Therapeutic measure	Description
Early-age psychoanalytic intervention	Application of psychoanalysis to establish contact with the child, consideration of the child's inner world, and individualization of the approach
Intensive therapy (minimum 25 hours/week)	Continuous work with the child throughout the year to consistently support communication, social, and cognitive skills
Parent training to respond to the child's communicative signals	Development of parents' skills in adapting communication and the environment to the child's individual needs
Modification of the infant's social environment	Changes in parent-child interaction aimed at stimulating communication and social attention
Social-communicative therapy for young children	Stimulation of joint attention, emotional responsiveness, and action exchange through play and interactive exercises

Note: systematized by the author based on [4,8,10]

Among modern technologies, there are numerous authorial approaches to diagnosing and treating autism spectrum disorders. One of them is a method developed by Zoia Podorozhnia, who works in the fields of psychology, psychoanalysis, psychotherapy, and teaching in Ukraine and the USA, leads Mental Health Harmony LLC, and founded the Academy of Child Psychoanalysis. The main goal of this approach is not to normalize behavior, but to subjectivize the child and unfold their symbolic potential within a safe therapeutic space. The theoretical core of the method is based on the distinction between the transitional object and the so-called autistic object, through which a child's unique interest in solid, stable, and predictable things becomes evident. Stereotypy is understood as a defensive way of making the world



unchanging and thereby reducing anxiety, in contrast to repetition, which allows variability and learning. The work begins with acceptance of the child's reality and establishing contact through their chosen object and familiar rituals without coercion or disruption of a stable environment.

The practical technique is outlined in three interconnected steps: mirroring, expansion, and symbolization. In this process, the psychologist acts as a "mirror double," precisely attuning to the child's rhythm and movements, and later introducing micro-changes that the child can pick up and repeat, thus expanding their stereotypy within the space of interaction. The psychoanalyst then carefully names new elements of play and introduces simple roles and scenes, shaping symbolic links between actions, objects, and words. Words in this process are offered not as mandatory responses, but as signifiers that break through the closed contour of action and initiate minimal differentiation of experience.

The method requires an early start and sufficient intensity, as well as active parental involvement, since parents need to learn to recognize their child's communicative signals and integrate simple sensory means of self-regulation without losing psychoanalytic focus. This approach is positioned as an alternative to applied behavior analysis, primarily targeting children with core autistic structures rather than excessively broadened diagnostic categories. According to the author's clinical observations, children become more attentive, engage better in play, show growth in social reciprocity, and demonstrate reduced anxiety, with these changes becoming evident within the first months of systematic therapeutic work.

Thus, early correction within psychoanalytic therapy combines comprehensive developmental assessment, individualized work that takes into account the child's inner world, active parental involvement, and long-term intensive intervention. These approaches are based on recognizing the diversity of autism manifestations and aim to unlock the child's potential rather than "normalize" their behavior.

Conclusions

Autism spectrum disorders constitute a complex group of neurodevelopmental conditions characterized by difficulties in social communication and interaction, along



with restricted behavioral repertoires. Their diagnosis is multi-layered and includes both neurobiological and psychoanalytic approaches, allowing for a comprehensive assessment of the child's inner world and the quality of early interpersonal relationships. In the context of psychoanalytic diagnostics, special importance is placed on studying intersubjective coordination, early mother-child contacts, and affect regulation mechanisms, which form the foundation for subsequent social and cognitive development.

The specifics of early diagnosis lie in identifying clear indicators in the first years of life, when behavioral differences from neurotypical children become most noticeable. Such indicators include impaired eye contact, limited use of gestures, lack of interest in joint activities, as well as specific patterns of repetitive movements and sensory sensitivity. Timely detection of these features enables differentiated developmental assessment and inclusion of the child in early intervention programs. The effectiveness of diagnosis increases through the integration of psychoanalytic observation, phenomenological description, and psychodynamic analysis with modern neurobiological data.

Applying psychotherapeutic approaches, including psychoanalytic ones, offers significant potential for improving the condition of children with autism. Key conditions for effectiveness include the intensity and duration of intervention, focus on developing social interaction and emotional contact, and active parental involvement in the therapeutic process. Modifying the infant's social environment, building parents' adaptive response skills, and stimulating the child's communicative activity promote greater socialization and improved life skills. Therefore, psychoanalytic therapy, in combination with neurobiological knowledge, forms an integrative approach aimed at supporting the child's development and enhancing their quality of life.

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