NEW THERAPY FOR AUTISM

A Brooklyn psychologist finds that intense physical stimulation can help the autistic

Ezra Gampel noticed Debra his first day on the job. The 47-year-old woman was cowering near a wall, rocking back and forth, staring vacantly, chewing on a plastic spoon. She picked at her scarred face with fierce concentration, ignoring the flies that covered her arm. When an attendant changed a light bulb, she flew into a fit of agitation. To Gampel, a newly appointed psychologist at the Wassaic Developmental Center in New York City, Debra was "the most broken-looking" person he had ever met.

Debra was suffering from autism, a poorly understood disease that afflicts roughly 300,000 Americans. Like most autistic people, she was completely withdrawn, incapable of forming any sort of emotional or social ties. She was seemingly unaware of the people around her, yet became enraged when anyone moved a chair or made any other change in her surroundings. She was self-destructive, frequently gouging skin from her body as well as her face (some autistics have bitten off their own fingers). Like most of the autistic, she was mentally retarded. She could have been in constant torment, or enjoying ecstatic fantasies, or experiencing a great emptiness—no one knew for certain because few autistic patients ever recover, and those who do cannot remember the past.

Most psychologists believe that autism is a biological disorder, and Gampel agreed. But he found some truth in observations reported by the psychiatrist Leo Kanner, who in 1943 classified autism as a disease. Kanner noted that autistic children had mothers who appeared to be distant and cold. Gampel decided to test Kanner's observations and set out to develop a therapy that would force the autistic to respond.

Debra was obviously a tough case, but Gampel began with her. Day after day he firmly stroked her hands and face, prompted her to sit or walk. The early results were surprising. After only a week, Debra seemed aware of his presence; within two weeks she stopped rocking and quit chewing plastic. Then Debra fell ill, and Gampel was forced to end the treatment. But his small success convinced him that simple sensory stimulation was the most promising way of entering the closed world of the autistic.

Gampel's next subject was Kate, 24. She had an apparent IQ of 22 and did not respond to movement or noise. Gampel started slowly, attempting to break her perpetual trance with flashing lights and sudden loud noises. She barely noticed. Finally he sat down opposite her, gripped her firmly "just to get her to look at me," and began to stroke her face. "Not only did she resist, but she pushed away from me and began to scream," he recalls. Unlike other therapists who have used tactile stimulation, however, Gampel did not withdraw. He persisted, and by the time the session was over, Kate would not let go of him.

The next day Kate seemed eager for another encounter, but when he embraced her, she screamed again. Undaunted, he spent 20 minutes with her day after day until, at the end of a week, she no longer screamed. Gradually she began to look Gampel in the eye, to imitate noises, and even to play a simple game of ball. After a few weeks other therapists at the center started to work with the traditional behavior-modification techniques that had previously failed: little rewards for simple achievements. They taught Kate how to dress and use the toilet, and she learned to communicate in primitive grunts. Six months later, 17 years after she had entered an institution, Kate was ready to enroll in a community workshop. "I was on to something," Gampel recalls. "I didn't know why it worked, but I thought that with a lot of follow-up and the help of parents, I might really see results."

Six months later, in November 1978, Gampel became chief psychologist at the Mishkon Children's Home, a foster-care agency in Brooklyn, where he has since been practicing his technique. One of his more noteworthy patients is Abraham, a six-year-old who had been diagnosed as severely retarded and autistic. "At first he walked into the room, sat in a corner, and began to rock back and forth," says Gampel. Abraham's head was bruised because he was in the habit of banging it against the wall. He could utter only a few garbled words.

Gampel began the therapy in a room with brightly colored posters and a view of the back yard. He sat in a chair, wrapped his legs around the standing child, and firmly stroked his face, whispering "Look at me. Look at my eyes. You are a beautiful boy." As he massaged Abraham's arms, shoulders, and back, the child relaxed. "First he giggled and even made eye contact," Gampel says. "But after three minutes he began to buck and yell. He let out a vicious, blood curdling scream, the kind that can rip your insides out, and the entire staff charged into my office to see what kind of abuse this new psychologist was heaping upon the poor kid."

Despite the commotion, Gampel held the boy tight. "You can't get away," he crooned. "You must look at me." After a few moments, Abraham looked Gampel straight in the eye—and with seeming affection. At each subsequent session, the eye contact increased. After three weeks the child had improved enough to be placed with foster parents, who administered the therapy. His improvement has been so marked that he is now enrolled at a local public school, in a class for slow learners.

Despite his successes, Gampel admits that he was baffled about the origins of autism. He says that normal infants usually become acutely aware of the world around them by the time they reach three months of age, when they learn to respond to parents' words and smiles with coos and gurgles of their own. An autistic child never learns to react. Gampel speculates that ordinary stimulation for some reason causes the child pain. To protect himself against "a sensory overload," he withdraws. Disappointed, the mother responds less and less, until she may seem uncaring, says Gampel, "not because she is a cold person, but because the child has never responded to her."

In some cases, children who appeared to be autistic at an early age have grad-

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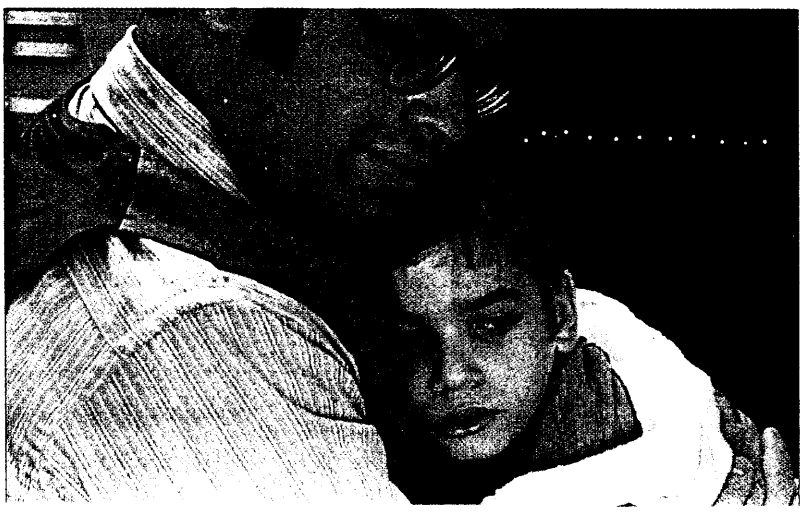

ually emerged from their psychological shells and become normal. "Nobody had ever explained that phenomenon to my satisfaction," says Gampel. "But suddenly it struck me. Perhaps mothers who continued to stimulate and push despite the rejection forced their babies to tolerate—and finally adapt to—the sensory world. And that is just what I had been doing. I had literally been mimicking the mother who continues to stimulate her baby. Like the persistent mother, I kept going until much of the autism disappeared."

Gampel has since successfully treated six other children, made a video tape of his technique, documented his patients' progress, and last summer proposed his new hypothesis at the American Psychological Association meeting in Montreal. He is training three other Mishkon therapists to use the technique; they are working with three new children, all of whom seem to be making progress. In the process, Gampel is refining his therapy and pondering the best way to combine stimulation with traditional behavior-modification techniques.

He is also trying to assemble enough data to prove his theories. He recognizes that any clinical findings must be backed up with control studies, years of follow-up, and thorough analysis of each treatment session. "Until others step in and reproduce the results, the work must be considered experimental," agrees Victor Sanua, a clinical psychologist at Adelphi University in Garden City, New York. Sanua, who has seen Gampel in action, confirms that the technique seems to work. "I strongly believe that people should know about this research," he says, "but Gampel needs far more evidence before he can lay claim to a new discovery."

Gampel promises no miracles. "There is something called realism," he says, "and another thing called hedging your bets, and another thing called prayer." No matter how good the therapy, he admits, most autistic children will probably remain mentally retarded even when the autism is gone. "At Mishkon," he says, "we worked with children who had a zero prognosis; in every case there was substantial progress, but that progress has varied. Too often children are shifted from home to home or pulled out of therapy quickly. And loving parents who cooperate are hard to find. They may be the most important element of all."

—Pamela Weintraub