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### Solitary Persons?

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DOI:  
[10.33612/diss.198178158](https://doi.org/10.33612/diss.198178158)

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*Document Version*  
Publisher's PDF, also known as Version of record

*Publication date:*  
2022

[Link to publication in University of Groningen/UMCG research database](#)

*Citation for published version (APA):*

Boven, F. (2022). *Solitary Persons? the Conceptualisation of Autism as a Contact Disorder by Frankl, Asperger, and Kanner*. [Thesis fully internal (DIV), University of Groningen]. University of Groningen. <https://doi.org/10.33612/diss.198178158>

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# **Solitary Persons?**

The Conceptualisation of Autism as a Contact Disorder  
by Frankl, Asperger, and Kanner

**PhD thesis**

to obtain the degree of PhD at the  
University of Groningen  
on the authority of the  
Rector Magnificus Prof. C. Wijmenga  
and in accordance with  
the decision by the College of Deans.

This thesis will be defended in public on

Thursday 3 February 2022 at 11:00 hours

by

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For my parents, who have always believed in me

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## Acknowledgements

I would like to thank my supervisors for their constructive comments and general encouragement. To describe just some specifics: I have benefited much from Douwe Draaisma's eye for detail and his patience and trust in the first stages of my research; Peter de Jonge has helped me to link up my research with present ideas. I also want to thank my other colleagues at the Theory & History of Psychology group at the University of Groningen for their critical comments on several of my chapters during our monthly meetings.

I would like to acknowledge my twin brother, Arie, for commenting on all of my chapters and being my main interlocutor throughout this project.

I want to thank Ina Friedmann for providing me with information about the department where Frankl and Asperger worked.

My research would have been impossible without a whole international network of university libraries and archives. In particular, I would like to thank the following archivists for their assistance: Deena Gorland (Melvin Sabshin, M.D., Library & Archives), Marjorie Winslow Kehoe (Alan Mason Chesney Medical Archives) and several archivists at the Archiv der Universität Wien.

I am grateful to Niels Springveld for editing the final manuscript.



# Introduction

“I am looking into three early theories of autism. Today, most people define autism spectrum disorder as a cognitive disorder, as a disorder of conditioned learning, or as a form of neurodiversity. In contrast, these three early theories defined autism as a *contact disorder*.

“A contact disorder, really? Luckily, we have come a good way since.”

“Why do you say that?”

“Well, for me autism is not all about contact. I am also quite sensitive to sound and I am easily overwhelmed, for example. If we must talk about contact, I am no island. I do want to be close to other people. I have good friends too, you know. That I am different, does not mean that I have a disorder. My autism has positive sides too. I wouldn't change it, even if I could. These psychologists of you got it all wrong. I sometimes wonder whether they have even met a person with autism, like me.

“Actually, all three proponents of the idea that autism is a contact disorder were medical doctors, specializing in mental problems. They did not base their theories on laboratory research, but on their experience with diagnosing and treating autism. It is true, though, that they all worked with children, not adults.”

This short dialogue, with a university educated autistic adult, which took place when I was halfway through my research, nicely illustrates three contemporary biases that people have (and I used to be one of them) towards the historical idea that autism is a contact disorder.

The first bias is that the idea of a *contact* disorder entailed that the person is not interested in being in contact with other people at all. The research presented here will show that this is indeed a bias. Although the idea of contact disorders did include the possibility that the child would *almost* make no contact at all, even in such extreme cases, this was not usually seen as a *total* absence of contact. The proponents of the idea that autism is a contact disorder were well aware that children with autism do have contact with other people;

their point was that they do so in *a different way*. That is, they described the difference as qualitative, not quantitative.

The second bias has it that the idea of a contact *disorder* entailed that autism only involves problems and difficulties, to be overcome through treatment, not talents and skills that must be accepted or even celebrated. On this view, the choice of the term ‘disorder’ reflects the exercise (or even abuse) of power by psychiatrists who think that they know best and impose the way of life they consider to be ‘normal’ on children seen as ‘different’ and ‘mentally ill’. This idea will also be exposed as a bias. The idea of ‘contact disorders’ was actually introduced to protect autistic children against mistaken interpretations of their behaviour that prevailed at that time: their teachers, parents and therapists believed that their behaviour stemmed from intellectual disability, deafness, or disobedience. Moreover, the idea of an autistic contact disorder was introduced not in the first place to treat or ‘improve’ autistic children but rather to get to know them and to really understand them.

The third bias is that early theories described autism as *only* a contact disorder. My research refutes this bias too. We will see that autism was not reduced to a contact disorder but was considered to affect the whole personality of a child. Differences in the desire and aptitude for contact were considered the most visible manifestation of a different personality, but certainly not the only one. I have learned that ‘autism’ is a bit of a misnomer, in the sense that it is derived from ‘being only a self’ (*autos*), that is, a disorder of contact, but came to stand for much more. Ultimately, the proponents of the idea that autism is a contact disorder described autism in terms of *integration*. On this view, autism is the opposite of a smooth integration of different forms of speech, different inner and outer functions, or different factors of the personality.

These biases belong to the misunderstanding of the idea that autism is a contact disorder by its critics. They criticized an idea that wasn’t actually defended by anyone, a so-called strawman fallacy. My aim is to overcome such a misunderstanding. I will do so by detailing how the idea was presented and defended *by its proponents*.

Three authors have presented and defended the idea that autism is a contact disorder: Georg(e) Frankl (1897-1975), Hans Asperger (1906-1980) and

Leo Kanner (1894-1981). This dissertation focuses on the period from 1935, when Georg Frankl introduced the concept of contact disorders, until 1977, when Hans Asperger delivered his last lecture on autism. Many other scholars published on autism in children in these decades. My best estimate is that in this period about a thousand titles were published on childhood autism.<sup>1</sup> Some scholars applied the term autism to children before Frankl, Asperger and Kanner and among them certainly were women.<sup>2</sup> Then again, these three men are the scholars who introduced and developed the idea that there is an autistic disorder that has as a core feature *a qualitatively different form of contact*. From this feature it derives its name.

Kanner, Asperger and Frankl were practicing physicians who, in their daily clinical work, encountered children, predominantly boys, who did not play with other children, did not look their parents and teachers in the eye, and did not engage in pretend play with toys. They did share information with others, but in a repetitive, and unusual way. Because these children had a different kind of contact with their environment than other children, Frankl, Asperger and Kanner called them 'autistic', a term coined by Eugen Bleuler and derived from the Greek word *autos* (self).

Frankl, Asperger and Kanner were also scholars, who wrote articles and gave lectures on child psychopathology. As part of their academic work, but based on their clinical experiences, they formulated theories of autism. Frankl introduced the idea that some children may have no intention to communicate with the people around them. He compared them to *solitary persons*, that is, persons without human company, because they acted as if there were no people around. Frankl introduced the concept of *contact disorder* to clarify that an inability to make contact with other people need not be a symptom of another

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<sup>1</sup> Covering a somewhat larger period, Kehrer listed 1.958 academic publications in 9 languages, but he included publications on psychosis and schizophrenia in childhood, which we would no longer file under the heading of autism. Kehrer, *Bibliographie über den kindlichen Autismus: Von 1934 bis 1981* (1982). Three years later, an English-only bibliography, more restricted to autism, listed 1.164 academic publications. Andor J. Tari, Janet L. Clewes and Shirley J. Semple, *Annotated bibliography of autism 1943-1983* (1985).

<sup>2</sup> Annemieke Van Drenth, "Rethinking the origins of autism: Ida Frye and the unraveling of children's inner world in the Netherlands in the late 1930s" (2018); Annio Posar and Paola Visconti, "Tribute to Grunya Efimovna Sukhareva, the woman who first described infantile autism" (2017). I should also mention Anni Weiss, Frankl's wife. See Samantha Dluzak. "Les pionniers oubliés de l'autisme: la vie et l'œuvre d'Anni Weiss et de Georg Frankl" (2021).

disorder but can be a disorder itself. Asperger and Kanner took up Frankl's idea but extended it, proposing that such contact difficulties are one aspect of a wider autistic disorder that affects the whole personality. Influenced in turn by the ideas of Asperger and Kanner, Frankl later also developed a theory of autism. The autism theories of Frankl, Asperger and Kanner had in common that they focussed on *diagnosing* rather than treating children with autism. Although treatment was certainly part of their medical practice, they did not address it in their theories of autism.

It is significant that Frankl, Asperger and Kanner were medical doctors. They worked in hospitals and used medical terms such as 'disorder' and 'syndrome'. In this dissertation I will not avoid this terminology, even though the medical model of autism to which it belongs is now criticized<sup>3</sup> or combined with the social model.<sup>4</sup> Frankl, Asperger and Kanner sometimes use terms for disorders we would not use today, such as 'autistic psychopathy' and 'intellectual inadequacy'. When I use these terms, this should not be understood as an endorsement of them, but as a historical description of the parlance of the past. As a conceptual historian, my aim is not to heed to present-day sensibilities, but rather to foster the understanding of both the insensitivities and the sensitivities of the past. Moreover, this dissertation is about the conceptual history of *psychiatry*, a field where clinical terms are still the standard. I will, then, write about autism as a disorder with symptoms.

In this dissertation, I will use both identity-first language ('autistic children') and people-first language ('children with autism'). I do not believe that a choice has to be made; there are valid arguments for both. This should not be taken as endorsement of an underlying model of autism.

In the remainder of this introduction, I will present the experiential basis of my research, my research problem and research question, my research strategy and my conceptual framework. I will end with an overview of the chapters that will follow.

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<sup>3</sup> Katherine Runswick-Cole et. al., *Re-thinking autism: Diagnosis, identity and equality* (2016).

<sup>4</sup> Steven K.Kapp, et al. "Deficit, difference, or both? Autism and neurodiversity." *Developmental psychology* 49.1 (2013), p. 59.

## **My experience**

I was diagnosed with autism when I was 34, by an interdisciplinary team specializing in autism spectrum disorders. The formal DSM-5 diagnosis was autism spectrum disorder (ASD), but I was told: “you have Asperger’s syndrome, even though we no longer officially call it that”.

As a child, my autism never caused any problems and remained unnoticed by my parents and teachers. It was not until puberty that I first encountered difficulties, though not enough to need professional help. I first experienced serious psychiatric problems when I was 28.

My diagnosis came after six years of disabling psychiatric problems. From the start of this period, I had been diagnosed with generalized anxiety and disorganized thinking, and these diagnoses were helpful for getting the right professional help and for personally understanding my problems. Through a combination of therapy, self-education and practical support, I developed an understanding of what was happening to me. Even so, I pressed for an additional diagnosis, as I felt that these two diagnoses did not explain the very root of my problems. Because I led a highly structured life, on a strict schedule, my psychiatrist expected that I was autistic and the autism team confirmed his suspicions. I became what I already was: autistic.

The autism team did help me recognize my symptoms. I was hypersensitive to sound, but inattentive to bodily feedback. As a student, it was a challenge to deal with my ‘special interests’ (a hyper focus on certain topics), but they were also my strength. I found social interaction exhausting. I had difficulties with informal and unstructured social interaction, such as making small talk. I was (unexpectedly) good in ‘reading’ other people and had little difficulty with social contact in formal settings (e.g. chairing meetings). I was able to organize myself practically, but had very little interest in it. I rather had a propensity for theory and abstraction. Most of all, I was simply interested in other things than other people: I was entirely focussed on my own interests, which were in academics, neglecting other developmental tasks: making friends, taking care of my body, relaxing my mind, getting a job, finding a boyfriend.

I had a list of symptoms and a term (‘autism’), but to my surprise no one seemed to know how they fit together. I experienced wonder at this lack of a



clear *concept* of autism. The psychologists and psychiatrists who worked with me seemed to lack an understanding of nature of the disorder *as a whole* and did not seem to know how all these different symptoms can be signs of a single disorder.

The conceptual tools that my psychologists did have were the three dominant cognitive theories of autism. In my case at least, these three theories did not afford any understanding. First, I had no problems with imputing mental states to other individuals or more generally with ‘second order representation’, as is proposed by the theory of mind hypothesis.<sup>5</sup> Second, even though at the time I had ‘executive dysfunctions’, especially rigidity of thinking, I had not always had them (nor do I have them now), and they were better explained as disorganized thinking.<sup>6</sup> Third, I did not generally have a weak central coherence or a “detail-focussed cognitive style”<sup>7</sup>, but was actually very good at seeing the big picture. I was, and still am, not so good with details. As a student, my thinking style was very abstract, and that I had chosen philosophy as my field did not help in this regard. It was only until recently, both through therapy and through my turn to historical research, that I learned to consider concrete details and the context in which ideas function.

To sum up, although I think that autism is at the basis of my mental problems, the diagnosis ‘ASD’ was not as helpful as the other two diagnoses were. The diagnosis of my problem as a form of autism was unhelpful because it remained only that: the identification of the relevant disorder – not an understanding of it. I now had a list of symptoms, but I was surprised to find no coherent conceptualisation to cement these symptoms together.

My autism diagnosis turned out to be helpful in a different way: it helped me find other people with similar experiences. Three years after my diagnosis, I founded an autistic-led organisation (Autism Digital), which in different ways offers information about autism in adulthood. I now work with over 30 autistic

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<sup>5</sup> Simon Baron-Cohen, Alan M. Leslie, and Uta Frith, "Does the autistic child have a "theory of mind"?" (1985); Alan M. Leslie, "Pretense and representation: The origins of 'theory of mind'" (1987).

<sup>6</sup> James Russell (Ed.), *Autism as an executive disorder* (1997); Sally Ozonoff, Bruce F. Pennington, and Sally J. Rogers, "Executive function deficits in high-functioning autistic individuals: relationship to theory of mind" (1991).

<sup>7</sup> Uta Frith, *Autism: Explaining the enigma* (2003); Francesca Happé and Uta Frith. "The weak coherence account: detail-focussed cognitive style in autism spectrum disorders" (2006).

adults on a daily basis, which has been a joy of recognition. For example, my colleagues and me like clear and direct communication, explicit written rules of conduct, and meetings that last no longer than an hour.

Soon after my diagnosis I started the research that led to this dissertation. Two years into my (part-time) research, after exploring many angles (all special interests), I came to believe that the autism theories of Asperger and Kanner still offered what seems to have been lost in later theories: a pervasive conceptualisation of autism that ties together all of its symptoms. My mission became to recover this historical conceptualisation of autism.

### **My research problem and questions**

What helped me to formulate a scientific problem on the basis of this experience was a twin pair of metahistorical concepts proffered by G.E. Berrios, a conceptual historian focussing on psychiatry. In a research note in the journal *History of Psychiatry*, Berrios claims that “mental [...] disorders are constructed by the convergence in the work of a writer of a name, a concept and behaviours”.<sup>8</sup> Moreover, Berrios suggests that many such convergences “are no more”: their elements have become part of other convergences but the convergences themselves have dissolved. He suggests that of the three elements of a convergence, concepts are special: whereas the “word and behaviours are absorbed into later convergences”, concepts “have less chance of survival because their meaning is dependent upon medical theory”.<sup>9</sup> This idea, that mental disorders are convergences of elements that may later diverge again, suggested to me that the word ‘autism’ and the symptoms of autism might have belonged together with an integrative conceptualisation at some point in history, but ceased to do so at a certain time.

Berrios’ pair of concepts offered me the tools to describe in scientific terms the aim of my research. I was looking for a convergence “that is no more”: a convergence between the term autism, a conceptualisation of autism and the symptoms of autism that has been discarded. My assumption was that this convergence occurred in the work of Hans Asperger and Leo Kanner, who not only

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<sup>8</sup> Germán Elías Berrios, "Convergences that are no more" (2011), p. 133

<sup>9</sup> Ibid.

were among the first authors to write about an autistic disorder in childhood, but more importantly, shared a singular concept: the idea that autism is a contact disorder. I soon discovered that this concept was introduced by a third, lesser known, child psychiatrist: Georg(e) Frankl.

As a philosopher, it was a strange realisation for me that the theories of these authors have never been fully documented. This is understandable for the work of George Frankl, which was only rediscovered in 2015. However, that Hans Asperger and Leo Kanner have been important to the early history of autism has been known, at least in Europe, since the 1950's. In spite of this, I seem to be the first to historically research their entire work in comparison. In doing so, I have made several discoveries that shed new light on their ideas and on their relationships.

My historical problem, then, was simply that there is still a lot that is unknown about contact theories of autism and that much of what we do think to know comes from critics, not from Frankl, Asperger and Kanner themselves. Thus, the general aim of my research was to fill this gap in our historical knowledge and to problematize some of the assumptions about the early stages of what is now called *autism studies*. The more specific aim was to investigate whether there was indeed a convergence of the term 'autism', a concept of autism and the symptoms of autism in the work of these three medical doctors.

My assumption in doing so was that the idea of contact was central to their theories. It seemed to me at the time that autism was originally defined as a 'contact disorder' and that this concept was the missing link between the term 'autism' and autistic symptoms. This gave rise to the question in the title of this dissertation: are autistic children solitary persons?

I had two formal research questions:

1. *How did Georg(e) Frankl, Hans Asperger and Leo Kanner as proponents of the idea of contact disorders describe it?*
2. *Did Frankl, Asperger, and Kanner use the idea of contact disorder to conceptualize all symptoms of what are now called autism spectrum disorders?*

My experience as autistic person and my experience with other autistic adults may have helped me while answering these questions. However, Frankl,

Asperger and Kanner focussed on autistic children, not adults. Moreover, my main focus was on understanding these three men and their conceptualisation. The main challenge for me was to understand their experiences, problems, concepts and theories without any medical or psychiatric training. In so doing, I relied on a conceptual model, as we will see next.

### **My conceptual model**

The limitation of Berrios's approach is that he merely describes the outcome of the historical process, the convergences and reconvergences, without, however, specifying how authors bring these about. To complement his idea, I was looking for an approach that could help me see how Frankl, Asperger and Kanner connected the name and symptoms of autism to the concept of autism. To this end, I turned to the historiographical approach proposed by historical psychologist Pieter van Strien. He has developed it for the history of psychology, but I have adapted it to psychiatry.

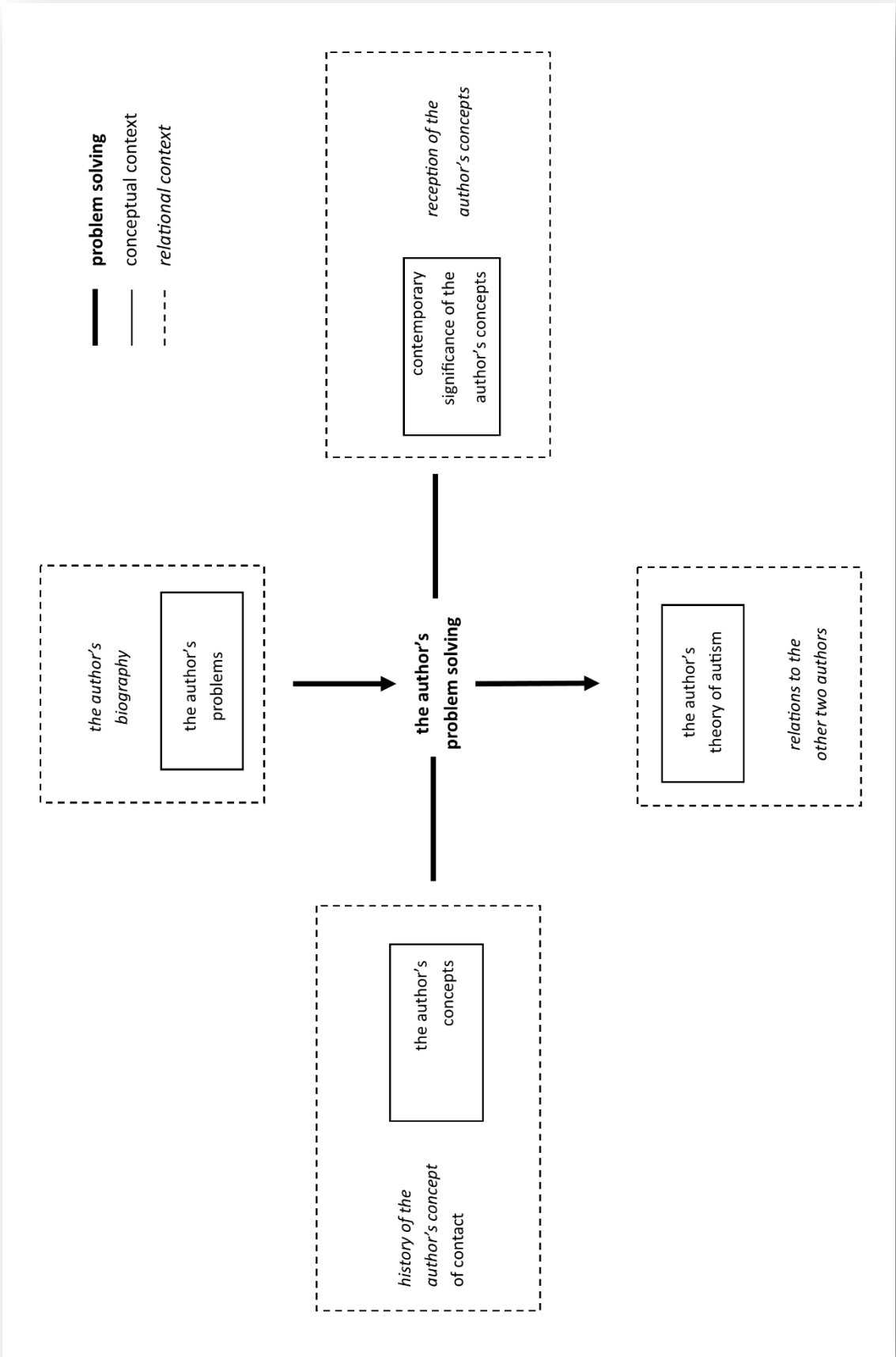
Van Strien suggests that the task of a historian is to show that a scientific theory is "a historical practice of coping with the world".<sup>10</sup> To be precise, it is a form of problem solving, in which a situated individual creatively uses the available resources to respond to the world as he or she experiences it. On this basis, my assumption was that the convergence between the term autism, its conceptualisation as a contact disorder, and the symptoms of autism is best understood as a response to specific problems by particular child psychiatrists. They used the best tools available to them to solve these problems and did so within a network of relations. Hence, understanding this original convergence, requires understanding the problems, tools and relations of each author.

Van Strien's approach makes understanding scientific theories concrete by specifying two steps. First, he calls for a *reconstruction* of the historical context in which scientific problem solving takes place. This reconstruction involves the analysis of the context into components. Second, Van Strien calls for a *recontextualization* of scientific problem solving by showing how it was informed by each of these components.

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<sup>10</sup> Pieter J. van Strien, "The Historical Practice of Theory Construction" (1993), p. 149. I also draw on "Recontextualization as a contribution of history to theoretical psychology" (1990).

Figure 1: the adapted model



To aid historians in their reconstruction of the contexts of scientific problem solving, Van Strien has developed a theoretical model. His model describes nine components of the context in which scientific problem solving takes place. To be precise, he discerns two contexts. First, Van Strien points to a *conceptual context*: the resources an author uses to solve his problems. George Frankl, for example, developed the theoretical concept of ‘affective contact’ to understand children who did not express emotion. Second, Van Strien points to the wider *relational context* to which these resources belonged. For example, Asperger’s theory of the autistic personality type was part of a wider development in German-language psychiatry and psychology to compare and contrast personality types.

I have adapted eight of Van Strien’s components to fit my research questions and have used them to structure my research process and the dissertation (see table 1 on page 12).<sup>11</sup> Systematically related, the eight components form a model of psychiatric problem solving (see figure 1 on page 10).

This model has structured my research process. The first stage of this process involved collecting historical data and categorizing the data according to the component to which it belonged. The second stage consisted of writing an analysis of each component. The final stage was fitting them, as section, into coherent chapters. My strategy was to analytically disentangle these components, which in historical reality are of course intertwined. For example, an answer not always neatly follows a problem, there is often an iterative process.

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<sup>11</sup> I have not included Van Strien’s distinction of four kinds of publics or reference systems - other psychiatrists, the wider academic community, clients and society at large – because I have focused on their scholarly work, which addresses the wider academic community.

Table 1			
	Van Strien's components	My adapted components	Sections of the dissertation
conceptual context	Problems	The author's problems	1.2, 2.2, 3.1, 4.2
	Conceptual tools & notions	The author's concepts	1.3, 2.3, 2.4, 4.3, 5.2
	Paradigms	not included <sup>12</sup>	-
	Answers	The author's theory of autism	1.4, 2.5, 3.2, 4.4
	Institutionalization	Contemporary significance of the author's concepts <sup>12</sup>	1.8, 3.6, 5.5
relational context	<i>Intellectual context</i>	<i>History of the author's concept of contact</i>	1.5, 3.3, 5.3
	<i>Context of origination</i>	<i>The author's biography</i>	1.1, 2.1, 4.1
	<i>Context of legitimization</i>	<i>Relations to the other two authors</i>	1.6, 3.4, 5.4
	<i>Institutional context</i>	Reception of the author's concepts <sup>13</sup>	1.7, 3.5, 5.1
	<b>Problem solving</b>	<b>The author's convergence</b>	<b>1.9, 3.7, 5.6</b>

The overall structure of the dissertation is analytical, not narrative. I have not only written about the historical (diachronic) order of events; I have first of all written a (synchronic) analysis into components.<sup>14</sup> The discussion of each author consists of an analysis of these eight components, where each section corresponds to one component. Within each section, whenever it was called for, I have written more narratively, following the unfolding of time.

<sup>12</sup> Van Strien focuses on experimental psychological research in established paradigms, whereas I am describing psychiatric research into a new kind of problem for which there was no available paradigm. For this reason, I have not included Van Strien's Paradigm component, which involves established ways of problem solving that have been successful in the past.

<sup>13</sup> I have re-interpreted Van Strien's Institutionalization component for and Institutional context, which involve research institutes and professional organizations. These did not yet exist for autism when Frankl, Asperger and Kanner developed their theories. Instead, I have discussed the reception of their concepts by later authors and their significance to a contemporary audience.

<sup>14</sup> On this distinction, see Reinhart Koselleck, "Social history and conceptual history" (1989). To apply De Saussure's famous distinction, conceptual history not only deals with *speech*, the conceptualization of events as they occur, but also with *language*, the linguistic representation of the world that is not bound to momentary action.

## **Overview of the dissertation**

What follows is a presentation of the results of conceptual historical research into the theories of autism developed and presented by George Frankl, Hans Asperger and Leo Kanner between 1935 and 1977. I will discuss Frankl's theory in one chapter, while the discussion of Asperger's and Kanner's theory each will take up two chapters. The discussion of each author is structured according to the adapted model (see figure 1 on page 10) and consists of eight components. However, I have also tried to write each chapter as a coherent narrative in itself and I will therefore not always discuss these components in the same order.

Frankl, Asperger and Kanner each have a metaphor for autistic children. In the concluding sections on each author, I will use these metaphors to bring their ideas together and to describe the convergence that took place in their work.

The first chapter describes the components of the context of Frankl's problem solving. His problem was that some children do not express their feelings in such things as mimicry and intonation and do not understand the non-verbal symbols of others. When Frankl first experienced this, it was in children with other disorders than autism. He proposed that these children have a contact disorder. It was not until the 1950's that Frankl applied his ideas to autistic children. His metaphor for autistic children was that they are 'prisoners': he believed that they are stuck in a solitary state, similar to the state other people are in when no other human being is present. They do not tend to communicate with others, even though they actually are among people. The convergence in his work, then, is between the term 'autism', the concept of 'contact disorder' and the symptom of acting like a solitary person.

The second and third chapters describe the components of the context of Hans Asperger's problem solving. Unlike Frankl, he already focussed on autistic children in the 1930's. He drew on Frankl's concept of contact disorder to conceptualize the social symptoms of autism. However, he believed that autistic children also have non-social symptoms, such as mature interests and more abstract thinking. Asperger believed that the symptoms of autism ultimately belong to a personality disorder; he called such disorders 'psychopathy'. I have rediscovered an overlooked paper in which he develops this idea. In Asperger's



view, any personality disorder involves a disturbance of the integration of inner functions *and* of the integration with the outer environment. He proposed that *autistic psychopathy* involves an overdevelopment of the intellect and of the autonomy from the environment. Hence, his metaphor for autistic children was that they are ‘machines’. The convergence in his work was between the term ‘autism’, the concept of a disorder of inner and outer integration, and social as well as non-social symptoms.

The fourth and fifth chapters discuss the components of the two contexts of Leo Kanner’s problem solving. I have discovered that Kanner valued Asperger’s work. This should not surprise us, as Kanner’s theory had more in common with Asperger’s than is usually realized: they worked on autism at the same time, they were both influenced by Frankl’s concept of ‘contact disorder’, they both also described non-social symptoms of autism, and they both conceptualized autism as a disorder of the whole personality. For Kanner, autism involved an innate inability to form affective ties to other people – an idea that he clearly got from Frankl. Looking carefully at his choice of words, I will show that Kanner was not the source of the controversial term ‘refrigerator mothers’. Rather, he said that autism involves all factors of the whole personality, including the environmental factors. Kanner wrote that autistic children are ‘barometers’ who are sensitive to the emotional climate in their home. All in all, the convergence in Kanner’s work was between the term ‘autism’, the concept of an emotional disorder that affects the whole personality, and the social and non-social symptoms of autism.

In the conclusion, I will answer my research questions. I assumed that Frankl, Asperger and Kanner conceptualized all symptoms of autism as a contact disorder, but the research presented here shows that they did not. Frankl really only wrote about the social symptoms of autism. Asperger and Kanner did write about all symptoms of autism, but did not conceptualize all of them as a contact disorder. They did, however, develop a different conceptualisation of all the symptoms of autism. There was, indeed, a convergence that is no more, but the only concept that Frankl, Asperger, and Kanner applied to all symptoms of autism is the concept of integration. In the work of Asperger and Kanner (but not in Frankl’s) there was a convergence of all the symptoms of autism, the term ‘autism’ and the concept of personality integration.

## **Stylistic notes**

Throughout the dissertation, I use double quotes (“ ”) for direct quotes from sources. I use single quotes (‘ ’) to mark something as a concept or to distance myself from it.

The author, title and year of references are in the footnotes. The full references are in the Bibliography at the end of this dissertation, except for archive materials, where the full citation is in the footnotes (as is required by most of the archives).

I have translated German and French quotes in English, the original text can be found in the footnotes.



*In the back Georg Frankl (left) and Hans Asperger (right). Front row: Viktorine Zak (center) und Anni Weiss (right). Courtesy of Dr. Maria Asperger-Felder.*



*Leo Kanner in 1963. Courtesy of LUMC Curium archive.*

# CHAPTER 1 / Autism as a disorder of communicative contact: the origin of the concept of contact disorders in the work of George Frankl

Georg(e) Frankl was an Austrian-American child psychiatrist who, between 1920 and 1970, practiced in some of the leading children's institutions of the world. During this long career he not only developed an original theory of autism, in the 1950's, but he also worked side by side with both Hans Asperger and Leo Kanner, in the 1930's. This has only just been discovered in 2015.<sup>15</sup> The new narrative emerging since then is that Frankl may be the missing link explaining why Asperger, working in Vienna (Austria) and Kanner, working in Baltimore (USA), came up with the idea of autism as a distinct disorder at almost (but not quite) the same time. My own addition to this new narrative is that Frankl's work, more precisely, helps us understand one essential part of their theories, namely their conceptualisation of social contact disturbances, while other parts of their theories did not build on Frankl's work.

In this chapter, I will introduce Georg Frankl's life and work, major parts of which have been unknown, because his work has so recently been rediscovered and most of his writings are only available in German.

Section one is a biography of Georg(e) Frankl. Through (online) research in archives I have pieced together his life. The remainder of the chapter will clarify Frankl's ideas. In section two, I will introduce the two problems which Frankl encountered in his day-to-day work with children and which he addressed in his academic work on disorders of communicative contact. In section three, I will analyse the conceptual innovations that led up to his theory of autism, such as his conception of contact. Section four describes Frankl's theory of autism, which conceptualizes autism as a disorder of communicative contact. In the next two sections, I will discuss historical predecessors of Frankl's concept of contact and the reception of his work. Section seven confronts the

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<sup>15</sup> This discovery was made independently by Steve Silberman and Stephen. D. Hasswell Todd. See Silberman, *Neurotribes: The legacy of autism and the future of neurodiversity* (2015); Todd, *The turn to the self: a history of autism, 1910-1944* (2015). See also John E. Robison, "Kanner, Asperger, and Frankl: A third man at the genesis of the autism diagnosis" (2017).

question that perhaps most interests people today: did George Frankl influence Hans Asperger and Leo Kanner? Finally, section eight will evaluate the historical significance of Frankl's work. I will end the chapter with a conclusion.

## 1.1 Biography

Georg Frankl was born on 21 March 1897 to Fanny Adler, originally from Germany, and Alfred Frankl, from Neu-Raussnitz in Austria-Hungary (now the Czech Republic).<sup>16</sup> At the time Georg was born his parents lived in Neu-Raussnitz, in a declining Jewish community of 199 people. His father was a merchant. In 1900 they had already moved to Brünn, the largest city of Moravia.<sup>17</sup> As Moravian Jews their language was German and they would have been oriented towards Vienna rather than Prague.<sup>18</sup> At that time Vienna was the third largest Jewish community in Europe, after Warsaw and Budapest, and it was home to 90% of the Jews in Austria.<sup>19</sup>

Frankl grew up during a time of stability and security, which abruptly came to an end around his 17<sup>th</sup> birthday, when Austria-Hungary declared war on Serbia. After Georg finished Gymnasium, in 1915, he and his family moved to Vienna and he served in the Austrian military until 1918, most of the time at the Italian front.<sup>20</sup> In fall 1918, Frankl became a medical student at the University of Vienna and in 1922 he received his medical doctorate.<sup>21</sup> In 1923, he started a year of rotating internship at the general hospital in Vienna. Frankl joined the Viennese Ärztekammer in March 1924<sup>22</sup>.

Frankl's first job was at the *Children's Hospital* of the *University of Vienna*, from 1925 till 1928, followed by two years at another children's hospital.<sup>23</sup>

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<sup>16</sup> North Carolina Department of Human Resources, Division of Health Services, Vital Records Branch, Certificate of death 5765, dated 13 March 1975; "George Frankl and Anni Weiss". FamilySearch, <https://familysearch.org/>, citing Marriage, Manhattan, New York, New York, United States, New York City Municipal Archives, New York; FHL microfilm.

<sup>17</sup> Brno City Archive. 1900 census of Brno.

<sup>18</sup> Kateřina Čapková, *Czechs, Germans, Jews?: National Identity and the Jews of Bohemia* (2012).

<sup>19</sup> Marsha L. Rozenblit, *The Jews of Vienna, 1867-1914: assimilation and identity* (1984).

<sup>20</sup> Samantha Leigh Druzak, "The Forgotten Pioneers: The Life and Work of Anni Weiss and Georg Frankl (updated)" (2020), p. 3

<sup>21</sup> Kansas Medical Center Archives, Box 18, folder 30: Biographical questionnaire (1951)

<sup>22</sup> Ina Friedmann, personal communication.

<sup>23</sup> Kansas Medical Center Archives, Box 18, folder 30: Biographical questionnaire (1951)"; Leo Kanner papers, Archives Box Box 100969, Folder 47, American Psychiatric association Foundation, Melvin Sabshin, M.D., Library & Archives: Personal and Professional History of Georg

During that time Frankl also worked at the *Heilpädagogische Abteilung der Wiener Universitäts-Kinderklinik (Hp)*, where he started in September 1927.<sup>24</sup>

The *Hp* was founded in 1911 as the first clinical children's institution in the world to focus on mental problems. The initiative came from paediatrician Clemens Von Pirquet (famous for introducing the concept of allergy). When Frankl came to the *Hp* it was still led by its first director, Erwin Lazar, who was also a paediatrician. From Lazar, Frankl learned the art of the free observation of children while living with them.<sup>25</sup> In practice, this entailed bringing children who came to the *Hp* in situations as close to their everyday situations as possible, so to allow them to display their entire behavioural repertoire, from reactions to a variety of stimuli to spontaneous initiatives. Lazar felt that only in this way, a child would show all sides of its personality.

Twice a week the department held an outpatient clinic; on a typical morning as many as thirty patients would come to the clinic for diagnosis.<sup>26</sup> The children were divided in different age groups and were exposed to a range of group activities, so to observe them in natural situations and in interaction with their peers. Other staff members interviewed their parents. The staff then convened to compare their impressions of individual children and to either decide on further observation or decide on a diagnosis. In addition, the *Hp* had an inpatient clinic, for cases that needed crisis treatment, prolonged observation or a specific form of treatment.

From January 1931 until September 1937 Frankl had a private practice in paediatrics, focussing on child guidance.<sup>27</sup>

In 1932, Frankl became the senior psychiatrist of the *Hp*, and published his first article, on the activities of the department.<sup>28</sup> In 1934, he published two papers on obeying and commanding in a German journal for child research; in

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Frankl, M.D. The German names of the two hospitals were *Universitäts-Kinderklinik* and *Karolen-Kinderklinik*.

<sup>24</sup> Kansas Medical Center Archives, Box 18, folder 30: Appointment recommendation (1952).

<sup>25</sup> Frankl, "Der Wirkungskreis der ärztlichen Heilpädagogik" (1932), p. 183.

<sup>26</sup> Frankl, "Community psychiatry and its organizational problems" (1951).

<sup>27</sup> Leo Kanner papers, Archives Box Box 100969, Folder 47, American Psychiatric association Foundation, Melvin Sabshin, M.D., Library & Archives.: Personal and Professional History of Georg Frankl, M.D.

<sup>28</sup> Frankl, "Der Wirkungskreis der ärztlichen Heilpädagogik" (1932). On 15 February 1933, Frankl talked on *Radio Wien* about the meaning of kindergarten for the healthy development of the child.

these papers he introduced the idea of contact disorders.<sup>29</sup> Years before Asperger and Kanner launched the idea of an autistic disorder, Frankl proposed a continuum of infantile contact disorders.<sup>30</sup> These disorders all involved disturbances of a child's *communicative contact with other people*, but diverged in content and degree. In some children Frankl observed a total lack of communication: they neither spoke nor reacted when spoken to, and they did not even use mimicry to communicate. In other children Frankl found a more subtle restriction and alteration of verbal communication, non-verbal communication or both.

Hans Asperger had joined the *Children's Clinic* in May 1931, but initially worked in a different department. In 1932 he joined the *Hp* and became its head in 1935. For five years he worked side by side with Frankl. During this period, Frankl published another paper on the department, and two articles on post-encephalitic conditions, in which he further developed his idea of infantile disorders of communicative contact.<sup>31</sup>

Like many European Jews, Frankl fled his home to escape the Nazis. In the 1930's, thousands of European intellectuals fled to the USA; their number and high stature were unprecedented, even for an immigration country.<sup>32</sup> Following the Anschluss, over 30,000 Austrians, most of them Jewish, sought refuge in the USA<sup>33</sup>. Frankl was part of a smaller group of refugees who already left Austria before the Anschluss. After making his way to Liverpool he arrived in New York on the steam ship *Laconia*, on 16 November 1937.<sup>34</sup> At 40 years old, he had to build a new life in a new country, but he did not have to do so on his own: six days after arriving in the USA, George married his former

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<sup>29</sup> Frankl, "Befehlen und Gehorchen. Eine heilpädagogische Studie", two parts (1934).

<sup>30</sup> Frankl, "Befehlen und Gehorchen. Eine heilpädagogische Studie", two parts (1934); idem, "Triebhandlungen bei Dissozialität nach Enzephalitis epidemica und anderen psychopathischen Störungen des Kindesalters." (1937); idem, "Über postenzephalitischen Parkinsonismus und verwandte Störungen im Kindesalter" (1937).

<sup>31</sup> Frankl, "Die Heilpädagogische Abteilung der Wiener Kinderklinik." (1937); idem, "Triebhandlungen bei Dissozialität nach Enzephalitis epidemica und anderen psychopathischen Störungen des Kindesalters." (1937); idem, "Über postenzephalitischen Parkinsonismus und verwandte Störungen im Kindesalter" (1937).

<sup>32</sup> Laura Fermi, *Illustrious immigrants: the intellectual migration from Europe 1930-41* (1971).

<sup>33</sup> Peter Eppel, "Exiled Austrians in the USA, 1938-1945" (1992).

<sup>34</sup> "List or Manifest of alien passengers for the United States". Manifest of the S.S. *Laconia*, sailing from Liverpool to the United States on 6 November 1937, <https://heritage.statueofliberty.org/>. Accessed on 20 August 2021.

colleague Anni Weiss, who had already left Austria in 1934.<sup>35</sup> They did not have children.

In April 1938, both Frankl and his wife “joined Kanner’s inner circle”.<sup>36</sup> For three years, Frankl worked closely with Leo Kanner in the child psychiatry service of the *Henry Phipps Psychiatric Clinic* in Baltimore, which was located in the *Harriet Lane Home*.<sup>37</sup> Frankl helped set up the new *Maryland Child Study Home*, which opened in 1938, and started working as resident psychiatrist there.<sup>38</sup> Kanner “consider[ed] his work, his way of dealing with people and situations, his respect for facts, his cooperativeness, as highly satisfactory” and thought “that he adapted himself far better than most immigrants”.<sup>39</sup> Kanner places Frankl at the *Child Study Home* in October 1938, where the latter spent two weeks observing Donald Triplett, the first child in the USA diagnosed with autism. In his seminal article on autism, Kanner partly relied on Frankl’s notes for Donald’s case description. Kanner saw the first five of the eleven autistic children he described in 1943 during the time Frankl was his colleague.<sup>40</sup>

While he was working with Kanner in Baltimore, Frankl was translating and rewriting a paper on affective contact, on which he started before he left Europe; it was later published next to Kanner’s paper on autistic disturbances.

After Frankl left Kanner’s staff around April 1941, he moved around within the USA and divided his attention between practicing and teaching, taking jobs at various child guidance centres, and professorships at several universities.

On 7 June 1941, Frankl started working at *Norfolk State Hospital* in Nebraska.<sup>41</sup> In 1942, he moved to Rochester, where he joined the *Child Guidance*

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<sup>35</sup> FamilySearch, <https://familysearch.org/>, citing Marriage, Manhattan, New York, New York, United States, New York City Municipal Archives, New York; FHL microfilm: “George Frankl and Anni Weiss”.

<sup>36</sup> Steve Silberman, *Neurotribes: The legacy of autism and how to think smarter about people who think differently* (2016), p. 168.

<sup>37</sup> Marga Vicedo and Juan Ilerbaig, “Autism in Baltimore, 1938–1943” (2021), p. 1164.

<sup>38</sup> “New head for clinic” (1946)

<sup>39</sup> American Psychiatric association Foundation, Melvin Sabshin, M.D., Library & Archives, Leo Kanner, M.D. papers, Archives Box 100695, folder 22: Letter from Leo Kanner to Adolf Meyer, dated 3 March 1939.

<sup>40</sup> Marga Vicedo and Juan Ilerbaig, “Autism in Baltimore, 1938–1943” (2021), p. 1164.

<sup>41</sup> 4th Biennial Report of the Board of Control of Nebraska For the Period Ending June 30, 1941, p. 213. Cited in Samantha Leigh Dluzak, “The Forgotten Pioneers: The Life and Work of Anni Weiss and Georg Frankl (updated)” (2020), p. 16, n 67.



*Clinic*.<sup>42</sup> Two years later, Frankl became Acting Director of the *Guidance Center* in Buffalo and instructor in paediatrics at the *University of Rochester*.<sup>43</sup>

In March 1946, Frankl became Medical Director of the *Child Guidance Clinic* in Kansas City, a position he held until 1951. Here, Frankl published his last two articles, both in *Mental Hygiene*.<sup>44</sup> In these two papers he did not talk about contact disorders but about the proper organisation of psychiatry. This was also the year he re-established letter contact with Asperger in Vienna.<sup>45</sup>

In March 1948, Asperger apparently wrote Frankl to offer him his old job back, an offer that Frankl declined, because he and his wife did not want to start over again.<sup>46</sup> In its stead, he proposed an exchange: Franz Wurst, the director of the new child guidance clinic that was set up in Vienna would come to Kansas to work with Frankl, and Frankl would visit Vienna to consult.<sup>47</sup> So it happened. In 1948, Wurst worked with Frankl for several months at the *Child Guidance Clinic* in Kansas.<sup>48</sup> The next year, Frankl went back to Vienna to consult on the new guidance clinic.<sup>49</sup> During this trip he visited the *Hp*, which he found rebuilt but otherwise unchanged, apart from the staff members who did not survive the war.<sup>50</sup> It is very likely that at this occasion Frankl met Hans Asperger again.

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<sup>42</sup> Kansas Medical Center Archives, Box 18, folder 30: Appointment recommendation (1952).

<sup>43</sup> "Appointments okayed at UR" (1944); "Notes and comments" (1946), p. 380.

<sup>44</sup> Frankl, "The dilemma of psychiatry today" (1949); idem, "Community psychiatry and its organizational problems" (1951).

<sup>45</sup> According to Asperger's daughter. See Maria Asperger Felder, " 'Zum Sehem geboren, zum Schauen bestellt', Hans Asperger (1906-1980: Leben und Werk)" (2015), p. 108. Samantha Leigh Dluzak cites a letter from July 23, 1946, in which Frankl told Asperger that he was the only member of his family who survived the war. Dluzak, "The Forgotten Pioneers: The Life and Work of Anni Weiss and Georg Frankl (updated)" (2020), p. 3, note 8.

<sup>46</sup> Samantha Leigh Dluzak, "The Forgotten Pioneers: The Life and Work of Anni Weiss and Georg Frankl (updated)" (2020), p. 18-19. Her source is a letter from Frankl to Asperger, dated 27 March 1948, which is in possession of Dr. Maria Asperger Felder.

<sup>47</sup> Samantha Leigh Dluzak, "The Forgotten Pioneers: The Life and Work of Anni Weiss and Georg Frankl (updated)" (2020), p. 18-19.

<sup>48</sup> "Foreign specialist is here" (1948).

<sup>49</sup> "A study trip to Europe" (1950); "News Notes" (1949)

<sup>50</sup> Frankl, "Community psychiatry and its organizational problems" (1951); Letter to Asperger dated 14 July 1949, quoted in Maria Asperger Felder, " 'Zum Sehem geboren, zum Schauen bestellt', Hans Asperger (1906-1980: Leben und Werk)" (2015), p. 111.

In 1949, Frankl joined the *Child Study Unit of Kansas University*.<sup>51</sup> He became Acting Director in 1954 and associate Professor in 1959.<sup>52</sup> While in Kansas he also set up a private practice in child psychiatry; he would spend two days a week there, and three days at the university.<sup>53</sup>

In Kansas, Frankl wrote his final text: an unpublished draft of what was intended as the first chapter of a monograph on autism as a continuum of social contact disorders. It is undated but it seems to be written in the second half of the 1950s. At that time, he could certainly have been aware of Asperger's papers on autism, although he does not reference it; he clearly knew Kanner's work, which he did reference.

Towards the end of his life, Frankl moved to North Carolina. In October 1959, he became director of the *Child Guidance Clinic* of Forsyth County and professor of child psychiatry in the *Bowman Grey School of Medicine* in Winston-Salem.<sup>54</sup> He still held both positions in 1965.<sup>55</sup>

In the early 1970's Asperger visited the United States. According to a colleague of his, he took the opportunity to visit George and his wife Anni and discuss the old times.<sup>56</sup>

Frankl died on 25 February 1975 in Winston-Salem, at the age of 77.

## 1.2 Frankl's problems

Before turning to his theory of autism and his concept of contact, it is important to get a good sense of where Frankl was coming from. What problems did he try to solve in his work? And on which experiences were they based?

In the year that Frankl started working at the *Hp*, nurse Victorine Zak, who was its pedagogical leader, published an article about the department.<sup>57</sup> Reflecting on the development of the way children were diagnosed at the *Hp*,

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<sup>51</sup> Kansas Medical Center Archives, Box 18, folder 30: Biographical questionnaire (1951).

<sup>52</sup> Kansas Medical Center Archives, Box 18, folder 30: Appointment recommendation (1952). Kansas Medical Center Archives, Box 18, folder 30; Child study unit appointment, dated 3 November 1954.

<sup>53</sup> North Carolina Medical Board, *Meeting of the board of medical examiners of North Carolina 1959* (1959).

<sup>54</sup> "KU teacher is named" (1959).

<sup>55</sup> Frankl, "Health Services for Mothers and Children" (1964); this is a book review.

<sup>56</sup> Adam Feinstein, *A History of Autism: Conversations with the Pioneers* (2010), p. 16

<sup>57</sup> Zak, "Entwicklung der Klinische Heilpädagogik" (1928).

she wrote that the staff had initially based their diagnosis on questioning the parents or educators who submitted the child; parents would often give the staff descriptions of exceptional behavior, for example, that the child had stolen, or lied. However, in due course, the staff learned that the personality of a child cannot be determined through such verbal questioning about exceptional circumstances, but only by observing the child in ordinary situations. In particular, they had learned that what characterizes a child is best observed, focussing on “small and unimportant matters of childish conduct”, notably their “way of speaking, voice, intonation, attitude towards people and things, type of movement, pace”.<sup>58</sup>

Frankl developed the idea of communicative contact disorders while focussing on children where these non-verbal modes of communication *failed*, that is, where the very indicators on which he and his colleagues normally based their understanding of children seemed absent. Frankl introduced this idea in two articles entitled *Befehlen und Gehorchen* (commanding and obeying), published in the *Zeitschrift für Kinderforschung* in 1934 – a year before Asperger became head of the *Hp*. In these papers, Frankl drew attention to two experiences with children. He found it impossible to ‘read’ certain children, as they did not express how they felt. Second, he felt that some children reacted in an unexpected or ‘false’ way to orders given to them by adults. In lieu of a term provided by Frankl, I will call the first kind of experience the opacity phenomenon and the second kind of experience the false reaction phenomenon.

### *1.2.1 The opacity problem*

The first phenomenon Frankl observed in his day-to-day work with children in the *Hp* was that some children remained ‘opaque’ for him: he could not determine how they felt. These children had parkinsonisms: movement problems such as tremors, stiffness and slower motion that are similar to those experienced by patients who have Parkinson’s disease, but which stem from different neurological causes.

The context of the opacity problem was the recent epidemic of so-called ‘lethargic’ or ‘epidemic’ encephalitis, an enigmatic disease first reported by the

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<sup>58</sup> Ibid., p. 350

Austrian neurologist Constantin von Economo<sup>59</sup>, which among a variety of other symptoms involved two kinds of motor disturbances: on the one hand restlessness paired with involuntary movements, and on the other hand parkinsonian rigidity.<sup>60</sup> It is the latter symptom that gave rise to the opacity phenomenon: Frankl saw children with such a rigid face and such monotonous speech that he could not tell how they felt.

It would have taken Frankl some conceptual work to turn this phenomenon into a scientific problem. Why did he consider it a problem?

Frankl pointed out that diagnoses of parkinsonisms after epidemic encephalitis had peaked between 1921 and 1925, and had already become rare in 1927, when he joined the department; he had only encountered nine children with the disease.<sup>61</sup> Clearly, he did not write about this disease because it was very common. Rather, he wanted to build more recognition for child psychopathology in general, and identify new disease entities. As practitioner, he would have felt that the phenomenon was a problem for adults dealing with the child, as it made it hard for them to understand and help the child, as well as for the child, who as a result could not relate in the ordinary way to other people.

Frankl's strategy in making the problem clearer was homing in on a special case of making it transparent how you feel, in which it is the sole form of communication: giving an order to a dog or a very young child.<sup>62</sup> Obviously, neither can understand the verbal content of the order, only its emotional force.

Frankl once witnessed two dog owners who both, during a meal in a tavern, tried to keep their dog in line. The first dog kept begging his owner for food, despite the fact that she kept telling the dog that it would soon get its own. In contrast, the second dog patiently waited in the corner during the entire meal, even though his owner told it only once to lay down. Both owners gave their dog a command, but only one of the dogs obeyed.

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<sup>59</sup> Von Economo, "Encephalitis lethargica" (1917)

<sup>60</sup> Ann H. Reid et al., "Experimenting on the past: the enigma of von Economo's encephalitis lethargica" (2001).

<sup>61</sup> Frankl, "Über postenzephalitischen Parkinsonismus und verwandte Störungen im Kindesalter" (1937), p. 199.

<sup>62</sup> Frankl, "Befehlen und Gehorchen. Eine heilpädagogische Studie", part 1 (1934).

According to Frankl's analysis of this experience, this was due not to a difference in the nature of the two dogs (the one was not intrinsically more disobedient than the other), but due to a difference in the nature of the command: it is an example of "how a command can be given in a right and in a false way".<sup>63</sup> The first owner issued her command with such a "calm, amiable and inexpressive voice" that it made no impression on the dog, whereas the second owner gave her command "the necessary suggestive force": it had the right tone and energy, and was accompanied by appropriate gestures. Because of this, the disobedience of the dog was only to be expected.<sup>64</sup>

A short while later, Frankl witnessed something similar in a five-year-old boy, who was brought in by his mother. The boy was very restless and could not concentrate, and his mother tried to reassure him, saying: "do sit down" and urging him to "[l]ook at how well behaved the other children are"; however, she too spoke with a "monotonous voice and inexpressive face".<sup>65</sup> In Frankl's analysis, this failure of the mother to express her command *in the proper way* was the reason the boy would not obey her command, not some mischief on the boy's part.

For Frankl, these two examples where adults without psychopathology give 'false commands' illustrated the diversity of expressions human beings have available to them. His next step was to specify what makes an expression successful and what makes it fail. In so doing, he started from his own experience with making children listen, and then showed how the same principles apply to children who don't express how they feel, such as children who have a rigid face due to post-encephalitic parkinsonisms.

First, Frankl argued that an educator who wants to communicate to a child should not only express a certain factual content (*sachlichen Inhalt*), but also a certain affective content (*Gefühlsgehalte*). By rightly choosing his words, grammatical forms, gestures, and intonations he can express his "feelings, affects, sentiments, expectations, and wishes".<sup>66</sup> The mother of the boy failed this

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<sup>63</sup> Ibid., p. 463: "wie ein Befehl in richtiger und wie er in falscher Form gegeben werden kann"

<sup>64</sup> Ibid., p. 463: "mit so ruhiger, liebenswürdiger und wenig eindrucksvoller Stimme"; "die nötige suggestive Kraft"

<sup>65</sup> Ibid., pp. 463-4: "setz' Dich doch daher, Schau nur wie brav die andern Kinder sind"; "mit eintoniger Stimme und ausdruckslosem Gesichte"

<sup>66</sup> Ibid., p. 465: "Gefühle, Affekte, Gesinnungen, Erwartungen, Wünsche".

requirement as she adopted a monotonous tone. Frankl did not offer a term for this kind of failure; I call it a *content-related expression problem*.

Second, educators cannot just pick a certain affective content that sits well with their pedagogical principles and stick with it anytime they talk to a child. Rather, they should adapt the affective content to the “lively situation of the child” and their own “experiencing and feeling personality”.<sup>67</sup> In other words, they must authentically express their own feeling as they really experience it in the moment, or their expression will be false. To this end they must “organically insert themselves into the situation”.<sup>68</sup> The first dog owner failed this requirement: her calm, amiable voice would have been appropriate in other situations, but not there and then. Again, Frankl did not offer a term for this kind of problem; I call it a *situation-related expression problem*.

Third, when speaking to a child, adults have to adapt the affective content of their expression to the individual child before them. No normal adult would address a cheerful child in the same way as a sad child, or a three-year-old in the same way as a twelve-year-old. Normally, “a very delicate, partly instinctive and partly intellectual, adaptation takes place”, as the adult adjusts his or her tone of voice and gestures to the abilities and personality of the child.<sup>69</sup> The mother of the boy failed this requirement as she did not adapt the emotional force of her command to the restlessness of the boy. In lieu of a term provided by Frank, I will call this a *person-related expression problem*.

Returning to the opacity problem, Frankl’s point is that if a child does not express how he or she feels, one should ask oneself *what type of expression problem* the child has, and not just assume that he or she has a problem with factual communication, or is lacking in general intelligence.

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<sup>67</sup> Ibid., pp. 465-6: “lebendigen Situation dem Kinde”; “von seiner eigenen, erlebenden und fühlenden Persönlichkeit”

<sup>68</sup> Ibid., p. 468.: “es muß sich organisch in die Situation einfügen”.

<sup>69</sup> Ibid., p. 466: “Eine außerordentlich feine, teils vom Instinkt, teils vom Verstand beherrschte Anpassung findet statt”.

### 1.2.2 *The false reaction problem*

Frankl did certainly not reduce contact problems to expression problems, but showed that there is a “similar disorder in obeying”.<sup>70</sup> Frankl also addressed this second problem in his publications, especially in his two papers on obeying and commanding. It entailed that some children react in an unexpected way to orders from adults: they don’t obey them, but act as if they do not hear the order, or as if they were given a different order. Frankl summarized the problem as the “remarkably false reaction of a child to an order”.<sup>71</sup> Paraphrasing this, I will call it a *false reaction phenomenon*.

This phenomenon must have been central to his clinical work with children: children who did not obey adults would be just the kind of children referred to the *Hp* and the other institutions in which he later worked. However, Frankl’s problem was not just that this phenomenon occurred, but more precisely that educators reacted to it in a certain way. It is essential that he felt that these children did not act out of mischief, which would not be so unexpected, but were *unable* to react properly. It is also essential that this view differed from that of other pedagogues: whereas they explained this ‘false’ behaviours as a form of mischief, Frankl insisted that it was due to a disorder.

Falsity, we now learn, can be a feature not only of expressions, but also of *reactions to* expressions. It is significant that Frankl describes this kind of behaviour as ‘ways of responding’ (*Reaktionsweisen*): they are not spontaneous actions of children left to their own devices, but re-actions to the actions of adults, especially communicative actions, of which orders are the paradigm. Even from children, parents and other adults expect a sensitive understanding of an order given.<sup>72</sup> Only when a child’s reactions *fail*, we become aware that it is not a given that children are able to react appropriately to a command that is issued in the right way. Something can go wrong with the comprehension of a command too. If it does, the typical reaction by adults is one of anger and irritation. Frankl’s aim is to prevent such ‘false judgments’ by showing that the child’s behaviour is not due to mischief, but results from psychopathology.

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<sup>70</sup> Frankl, "Befehlen und Gehorchen", part 1 (1934), p. 469: „die gleich Störung im Gehorchen des Kindes”.

<sup>71</sup> Frankl, "Befehlen und Gehorchen", part 2 (1934), p. 2; “merkwürdig falsche Reagieren eines Kindes auf einen Befehl”.

<sup>72</sup> Frankl, "Befehlen und Gehorchen", part 1 (1934), p. 469.

Frankl gave the kind of example that abounds in the later literature on autism: a child gets the order ‘Come here!’ and only understands that the other wants him to move towards the other, without understanding why. The child did not understand the motives and feelings the adult expressed in the way he gave the order. Was the adult angry and did he want to punish him? Was he concerned and did he want to help him? Neither did the child understand the context of this instruction. How did this order ‘Come here!’ relate to what happened before? Did he do something wrong, or did he give the impression that he needed help? How did it relate to the wider situation? Did it have something to do with the game they were playing, or with the time of the day?

Frankl began his analysis by clarifying that there are two different forms of false responses: a child may not respond to an order at all, or he or she may respond to it in an unexpected or inappropriate way. In the first case, no “rapport” between the adult and the child can be established at all, because the child is deaf, has an absence, or does not pay attention. In the second case, rapport is established, but it remains limited to the intellectual level of exchanging facts, because the child lacks the ‘organ’ to receive the affective content of what is said.

Frankl’s description of this problem is less developed, but from his description of the three expression problems, we can infer that there are three concomitant problems with the *comprehension* of what other people attempt to communicate. He suggests that the same three problems that can make the command of an adult fail, can make the child react to a command ‘falsely’.

In my own words, there may be a *content-related comprehension problem*: children may not be able to grasp that the expression has not only factual but also affective content, and thus fail to understand the feelings involved. Second, there may be a *situation-related comprehension problem*: the child may be unable to grasp that the adult is inserted in a wider ‘living situation’ and may therefore be unable to relate the affective content to that situation. Third, there may be a *person-related comprehension problem*: the child might fail to grasp that the affective content is adapted to his person and is co-determined by his personality and mood. All this suggests that typical communication involves the integration of a certain content, a situation and two or more persons into a single meaningful whole.



In his final analysis, Frankl drew a medical conclusion from his prior pedagogical observations: he argued that children fail to grasp *affective* content *because* they “lack the intuitive understanding of the lively situation”<sup>73</sup> Frankl later expressed the same idea in different terms: “One cannot know or only vaguely know an ordering person’s intentions as long as the order is considered merely in its written form and detached from the actual situation in which it is given.”<sup>74</sup> If the affective content of an expression can only be understood by reference to the situation in which the expression was uttered, he reasons, a failure to understand affective content must be due to *a failure to comprehend situations*.

This proposal poses the question why a lack of understanding of situations would be especially problematic for comprehending *affective* rather than factual content. Doesn’t understanding factual statements also refer to and require an understanding of a wider situation? We will see that in his theory of autism, Frankl is moving in that direction. It also poses the question whether a failing understanding of persons – the third problem level that Frankl discerned – cannot be another cause of a failure to express and comprehend affective content. Unfortunately, Frankl’s remarks on a possible causal relationship between the different comprehension problems remain tentative.

### **1.3 Frankl’s concepts**

Having clarified the problems George Frankl set out to solve, we now turn to how he tried to solve them. In particular, we will trace two conceptual innovations: the development of the concept of social contact, and the development of the distinction between affective and logical language.

#### *1.3.1 The concept of communicative contact*

Stephen Haswell Todd, one of the discoverers of Frankl’s role in the history of autism, suggests that the main idea Frankl brought from Vienna to Baltimore was “his original concept of affective contact”.<sup>75</sup> Although it is true that Frankl

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<sup>73</sup> Frankl, "Befehlen und Gehorchen", part 2 (1934), p. 12: “intuitive Verständnis für die lebendige Situation”

<sup>74</sup> Frankl, "Language and affective contact" (1943), p. 252.

<sup>75</sup> Todd, *The turn to the self: a history of autism, 1910-1944* (2015), p. 30.

in his earlier work focussed on *affective* contact, in *Autism and Childhood* (to which Todd did not have access) Frankl was as concerned with logical as with affective contact.<sup>76</sup> Frankl's thinking, then, clearly moved in the direction of the concept of 'social contact', or, which for Frankl is the same, 'communicative contact'. Frankl defined 'contact' as the communicative exchange of ideas, feelings, and experiences *with another person*.

In his early papers, we can see an abstraction emerge that allowed him to see that the *effect* of the opacity problem and the false reaction problem was the same: whether children could not understand orders or could not express how they felt, in both cases the result was a decreased ability to develop *communicative contact* with other people.

As we will see in section five, Eugen Bleuler had previously observed such a decreased ability to establish rapport in adults with schizophrenia. Frankl did not just apply this concept from adult psychiatry to children but developed it by analysing it into three components, which in typical communication are integrated into a whole: the *content* of the exchange, the *situation* in which it took place and the *persons* involved.

Moreover, whereas Bleuler thought of a lack of rapport as only one of the *symptoms* of schizophrenia Frankl suggested that a lack of rapport is a distinct disease entity, that is, that there are *disorders* of social contact with other people. For Bleuler, a lack of rapport would not occur in isolation but always in combination with other symptoms of schizophrenia, and as the result of the core deficit: a splitting of the personality in different complexes. Frankl found instead that there can be a disturbance of communicative contact in children who showed no other symptoms of schizophrenia, or of any other known disorder. In other words, he proposed the idea of a "contact disorder" (*Kontaktstörung*).<sup>77</sup>

His most original idea, then, is that some children have a social contact disorder defined by a disturbance, to some degree, of the normal communicative exchange of ideas, feelings, and experiences with other people.

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<sup>76</sup> Frankl, Georg. Autism in childhood: an attempt of an analysis. Courtesy of Spencer Library, University of Kansas Archives, p. 56.

<sup>77</sup> Frankl, Befehlen und Gehorchen, part 2 (1934), p. 13; idem, "Triebhandlungen bei Dissozialität nach Enzephalitis epidemica und anderen psychopathischen Störungen des Kindesalters." (1937), p. 423.

The opacity and false reaction problems point towards a single phenomenon they have in common: people generally make communicative contact with other people. Such contact is almost universally present in, or rather *between*, human beings and is therefore commonly taken for granted. The children who Frankl observed, showed however, that social contact is not a given at all. In the remainder of this section, we will see how Frankl explained this.

### *1.3.2 The distinction between affective and logical language*

Frankl's final step in developing the idea of a continuum of contact disorders was the recognition that the obedience problem and the opacity problem not only have the same effect (diminishment of social contact), but in addition involve a disturbance of the same function: the ability to use communicative symbols.

Frankl's starting point was the observation that the opacity problem is caused by disturbance of a "triad" of phenomena: children with parkinsonisms had an inexpressive face, their speech lacked modulation, and they did not use gestures; Frankl emphasized that these three phenomena form a functional unity, which he called *affective language*.<sup>78</sup> These three phenomena have in common that they are indicators of a person's affect. However, in Frankl's view, affective language is not simply defined by the fact that it expresses affect. Frankl pointed out that children with parkinsonisms, even though they lack mimicry, modulation and gestures, are not entirely opaque: people who get to know them can infer how they feel from vegetative reactions, such as pupillary responses, blushing or turning pale, and the width of their eyelids. Such subtle vegetative reactions are also indicators of affects, but are not part of our affective language, because they cannot have "that strict and exclusive purpose of being means of communication".<sup>79</sup> We may blush when no one is present, but who would gesture when he is all alone? The defining function of affective language, then, is to communicate with another person, and what sets it apart from logical language is that it is used to communicate *affects* rather than *facts*.

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<sup>78</sup> Frankl introduced this idea in "Über postenzephalitischen Parkinsonismus und verwandte Störungen im Kindesalter" (1937), p. 208-9: "Trias von Mimik, Gestik und Sprachmodulation"; He further developed the idea in "Language and affective contact" (1943).

<sup>79</sup> Frankl, "Language and affective contact" (1943), p. 254.

Here is how Frankl introduced the distinction between affective and logical language:

Logical language expresses through words what the individual currently thinks; affective language represents through mimicry, gestures and speech modulation, the current [affective] state of the individual. Both logical and affective language serve to communicate and only become meaningful in communication with other people, capable of interpreting the established and commonly comprehensible symbols used by each of the two languages. The disturbance of both the logical and the affective language must hence manifest itself most of all in interpersonal traffic. The way in which this happens in the former and the latter is principally different, however.

In other words, affective and logical speech have in common that they are used to communicate with other people and are only used *when other people are present*. Language is always embedded within a social contact situation. A solitary person uses neither logical nor affective language. What sets affective and logical speech apart is the kind of content they communicate. Frankl admitted that we do sometimes use words to communicate our “feelings, moods, affects and sentiments”; nonetheless, he argued that in most cases we communicate what objectively happens verbally, but how we feel about what happens in non-verbal ways.<sup>80</sup> In addition, because non-verbal communication is undeliberate, a person who loses this ability does not readily notice it, whereas someone who would lose the ability to speak would immediately be aware of his loss.

Frankl wrote that after a child begins to use words, affective and logical language begin to “merge into [...] a wonderful unified totality”, that is, a “living language”.<sup>81</sup> Disturbances of communicative contact have as their linguistic counterpart a failure of this logical-affective merge-speech. This can take the form of a failure of affective speech only, a failure of logical speech only, or a failure of both, and these three possibilities give rise to a whole continuum of

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<sup>80</sup> Ibid., p. 253.

<sup>81</sup> Frankl, "Über postenzephalitischen Parkinsonismus" (1937), p. 209: "Im lebendigen Sprechen des Gesunden verschmelzen diese beiden Komplexe zu einer wunderbar einheitlichen Ganzheit."

contact disorders. On this view, contact disorders always affect the *integration* of logical and affective language. This means that when a child does not develop affective language, this also qualitatively changes its logical language.

The concept of integration, then, is essential to Frankl's idea of disorders or communicative contact. It allowed him to propose a continuum of different contact disorders that all affect the integration of affective and logical speech – either from the side of affective speech, or from the side of logical speech. It is because of this integration that contact disorders, in his view, always affect the whole process and content of communication, in other words, it always affects the child's linguistic abilities as a whole.

Frankl had already anticipated this idea when he was still in Vienna. In his 1937 article, Frankl already stated that mimicry, modulation and gestures are “symbols”, and in 1943 he already described affective language as a “symbol system”.

However, Frankl did not clarify the linguistic nature of communicative contact until the 1950's.<sup>82</sup> At that time, he introduced the term “communicative symbolizations” for the function that verbal and non-verbal language have in common: they make possible the exchange of ideas and affects between persons.<sup>83</sup> Analysing logical and affective speech required the abstraction that they both involve *symbols*: all words are ‘logical symbols’ and all mimicry, gestures, intonation and vegetative reactions are ‘affective symbols’ and in usual human communication these two kinds of symbols are smoothly integrated.

The idea that social contact is mediated by different kinds of symbols allowed Frankl to introduce a new refinement of his theory: the distinction between conventional symbol systems, which are common to a group or culture, and can be understood by any member of them, and private symbols, which are unique, and are only understandable by two or three people. This distinction allowed Frankl to expand the idea of language so as to include the more subtle forms of communication he observed in autistic children, as we will see next.

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<sup>82</sup> In "Über postenzephalitischen Parkinsonismus" (1937) Frankl used the term “Symbol” only twice (namely on p. 210 and 212). In "Language and affective contact" (1943) he described affective language as one of two “symbols systems”, on p. 253.

<sup>83</sup> Frankl, Georg. *Autism in childhood: an attempt of an analysis*. Courtesy of Spencer Library, University of Kansas Archives, pp. 13, 16-17.

## 1.4 Frankl's theory of autism

Frankl's theory of autism did not stand on itself but must be understood as part and parcel of a conceptual movement from the opacity and false expression problems to the idea of social contact. In developing his theory of autism Frankl moved his framework into a new direction: he applied it to a whole new group of patients who were described by Asperger and Kanner as autistic.

In 1939, Kanner wrote in a private letter that Frankl was “working on a monograph which has great merit and which, when ready, will make a real contribution to the field of child psychiatry”.<sup>84</sup> This monograph never appeared, but Frankl did leave an unpublished draft of what appears to be a first chapter of this monograph-to-be, which is kept in the *Spencer Library of the University of Kansas Archives*. This first chapter aims to offer a description and analysis of “the autism” of “schizophrenic” children whose contact with other people is very limited. Frankl planned a second part, but was never written, or it is lost. It was supposed to offer “a very different approach” examining cases of “only minor, temporary or permanent loosening of their rapport with people”.<sup>85</sup> The chapter that we do have is undated but seems to be written in the second half of the 1950's.<sup>86</sup>

Frankl described autism as a behavioural “state” that is the opposite of “being in contact with people”, and stressed that this autistic state is “not necessarily something abnormal” but is something universal “the healthy person” can freely change in and out of. What we call autistic spectrum disorders, he called “pathological autism” – the pathology being in the fact that the person becomes a “prisoner” of the autistic state healthy people move in and out of.<sup>87</sup>

To illustrate pathological autism, Frankl pointed to the severe case of Karl, who did not use any kind of symbols: he neither expressed ideas, feelings and experiences nor understood such expressions by other people.<sup>88</sup> Karl did

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<sup>84</sup> Stephen Haswell Todd, *The turn to the self: a history of autism* (2015), p. 253.

<sup>85</sup> Frankl, Georg. *Autism in childhood: an attempt of an analysis*. Courtesy of Spencer Library, University of Kansas Archives, p. 8.

<sup>86</sup> It refers to the July 1954 edition of the *American Journal of Orthopsychiatry*, and Frankl was only in Kansas City until 1959. In addition, it was it was dated 1957 by the *Children's Bureau Clearinghouse for Research in Child Life*. Cf. US Department of Health Education and Welfare: *Research Relating to Emotionally Disturbed Children*, 1968.

<sup>87</sup> Frankl, Georg. *Autism in childhood: an attempt of an analysis*. Courtesy of Spencer Library, University of Kansas Archives, pp. 6-7.

<sup>88</sup> Frankl, "Language and affective contact" (1943).

not respond when people spoke to him and he did not use any words, mimicry or gestures. Karl had an atypical attitude towards persons: he treated them in the same way as other people treat inanimate objects: he used other people to get what he needed, but did not communicate with them, nor expected communications from them – that is, he had no *communicative tendency*. Frankl compared Karl to a “solitary person” who is surrounded only by objects and thus “at the moment is not in communicative contact with others”, that is, a person who does not display his or her thoughts and feelings.<sup>89</sup> Every human being is solitary sometimes, but Karl was solitary *permanently*, even when other people did actually address him. Being in an autistic state, then, is living among things rather than among people. Not autism per se is a problem in his view, but *the inability to shift from this state of autism to a state of non-autism*. In this sense, the autistic child is a ‘prisoner’.

For Frankl, the severe case of Karl shows beyond a doubt that some children have a disorder specifically of communicative contact that cannot be reduced to intellectual disability or a functional speech disorder. Unlike in patients with Parkinsonisms, Karl’s impairment was not a (motor) inability to *use* affective symbols, but more fundamentally, he lacked the tendency to establish and maintain relations with other people. However, Frankl did mean to say that all autistic children are entirely solitary and lack all communicative tendency. He qualified his proposal in two ways.

First, Frankl found that even children who are permanently in an autistic state are not completely shut off from other people. True, they do not communicate with other people through “established and commonly understandable” symbols, such as the words of the public language, and gestures common to the culture, but between these children and their caretakers often develops a “substitute” and “private system of communication” through which the child and his caretakers become surprisingly well-attuned to each other.<sup>90</sup> Words and non-verbal symbols acquire their own meaning for them, and allow them to understand and express at least some feelings and ideas. These children do show a communicative tendency, but difficulties with *common symbols* force them to develop communicative symbols of their own.

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<sup>89</sup> Ibid., p. 260.

<sup>90</sup> Ibid., pp. 35-36.

Criticizing a crude behaviouristic view, he emphatically stated that these children are “capable of intentional acts of purposeful character” and are not “mere brain preparations that operate exclusively on an automatic stimulus-response basis”.<sup>91</sup>

Second, the solitary state of autistic children need not be total but may be limited to the content of the message, the situation, or the person(s) involved. In another example, Frankl described a seven-year-old boy, Johnny, who did not talk.<sup>92</sup> His mother gave him a direct verbal command: “Come on, Johnny, let’s go upstairs”. Initially, Johnny did not react to the command at all. There was no indication that he had understood or noticed the command. The problem is not that Johnny does not respond *verbally*, but that he does not respond *at all*. A healthy child who disobeys a command, even if he says nothing, will do so with a stubborn expression on his face and a stiffened body. Johnny did none of the kind, but he later did run upstairs, indicating that he did comprehend the factual content of the command and obeyed it. He only failed to understand that the situation required a response.

Similarly, parrot-like verbal repetitions show that some autistic children only have person-and situation-related problems in comprehending words: they do not direct their words to another person and do not understand how they relate to the situation in which they were uttered. For example, the mother of a ten-year-old boy once said to him “Pick it up” after a toy fell on the ground.<sup>93</sup> The boy would later keep repeating “pick it up” over and over, without understanding how the command related to the fallen toy, and without understanding that that his mother used the expression to communicate with him.

Frankl’s final analysis shows that he did not see pathological ‘autism’ as a problem only of affective contact, but as a general disorder of *communicative contact* that affects affective language, and its integration with logical language.<sup>94</sup> His analysis combines a topological opposition – between the two states of (1) being-in-contact and (2) autism – and a dynamic opposition – between (1)

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<sup>91</sup> *Ibid.*, p. 40.

<sup>92</sup> *Ibid.*, pp. 11-13.

<sup>93</sup> *Ibid.*

<sup>94</sup> Frankl devoted part three of *Autism in childhood* (p. 44-62) to problems with affective language, but part two (pp. 32-44) to problems with verbal language. *Autism in childhood: an attempt of an analysis*. Courtesy of Spencer Library, University of Kansas Archives



being able to move into another state and (2) being stagnated in one state, particularly the autistic state. It is not the state of autism that he considers a disorder, but the inability to move out of the autistic state into a state of being-in-contact with other people.

To wrap up, in the 1950's, after Asperger and Kanner had proposed that there is a distinct autistic disorder, Frankl claimed that this autistic disorder is *a special kind of contact disorder*: the kind that affects a person's ability to communicate through shared symbols, either because he cannot leave the solitary state of 'autism' when he encounters another human being, or because in trying to leave this state he can merely use private rather than common symbols.

In my terms, Frankl's experience with autistic children taught him that social contact *is itself* fragile as it depends on three preconditions that can be absent even if there is no other disorder present. First, it requires a behavioural state that may not spontaneously develop in some children, even though the child develops typically in other respects. Second, it requires an awareness not only of the content of a message, but also of the wider situation and the person(s) involved – this too can be selectively impaired. Third, it depends on the ability to use different kinds of common symbols, and to integrate them into a 'living language' – an ability that can be impaired even if there are no other, non-linguistic, developmental problems.

### **1.5 The history of Frankl's conception of contact**

Describing the history of Frankl's concept of contact is made difficult by the fact that in none of his publications Frankl refers to other authors. Fortunately, in his unpublished chapter *Autism in Childhood* Frankl historically situated his theory of autism.<sup>95</sup> By using such terms as "psychotic conditions" (p. 3), "childhood psychosis" (p. 4), and "schizoid" (p. 43), and by including two explicit references to the discourse on schizophrenia, he situated his theory of autism within the history of schizophrenia research. This will also give us an indication of possible forerunners of his conception of contact.

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<sup>95</sup> Frankl, Georg. *Autism in childhood: an attempt of an analysis*. Courtesy of Spencer Library, University of Kansas Archives.

First, Frankl referred to a discussion on childhood schizophrenia which took place during the 30<sup>th</sup> annual meeting of the *American Orthopsychiatric association*, on 25 February 1953; it was reported in the *American Journal of Orthopsychiatry* in the following year.<sup>96</sup> Frankl pointed to this discussion as an illustration of the uncertainty about the genesis and cause of the disorder known “as Psychosis of Earliest Childhood, or as Schizophrenia of Earliest Childhood or as Early Infantile Autism”.<sup>97</sup>

Second, Frankl also referred to the older discourse on ‘autism’ in adolescents and adults with schizophrenia. According to Frankl, Eugen Bleuler understood autism as “a specific state of mind in which the person is different and thinks differently” but that is not abnormal; it occurs in all people.<sup>98</sup> Frankl clearly had in mind Bleuler’s idea of ‘normal autistic thinking’ that is not necessarily pathological but occurs in all everyday situations where reality is suspended (such as dreams, art and children’s fantasies).<sup>99</sup> However, what made thinking ‘autistic’, for Bleuler, was that it was directed by affects and not by reality, that is, he opposed it to “realistic thinking”. Frankl’s focus was different: he defined autism as an isolation from contact *with other persons* and as the opposite of the state of being in communication *with people* – but in so doing Frankl wanted to retain the idea of a non-pathological autistic state.

Third, Frankl pointed to Eugène Minkowski’s term ‘*contact affectif*’, which is a French translation of Eugen Bleuler’s term ‘*gemütlichen Rapport*’<sup>100</sup> – both terms meaning affective contact. Was this the source of his concept of contact? Unfortunately, Frankl offered no precise reference. One possibility is that he referred to two recent publications by Minkowski, in which the latter used this term.<sup>101</sup> However, Frankl stated that no attempt to describe and analyse “the autism” phenomenologically had been made “in recent years, since the

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<sup>96</sup> Herbert H. Herskovitz, "Childhood Schizophrenia. Round Table, 1953" (1954), p. 2. Among the participants were Leo Kanner and Margaret S. Mahler.

<sup>97</sup> Frankl, Georg. *Autism in childhood: an attempt of an analysis*. Courtesy of Spencer Library, University of Kansas Archives, p. 1.

<sup>98</sup> *Ibid.*, p. 5

<sup>99</sup> Bleuler, *Dementia praecox, oder, Gruppe der Schizophrenien* (1911). p. 305. Bleuler elaborated this idea in "Das autistische Denken" (1912).

<sup>100</sup> Bleuler employed the term ‘affective rapport’, and occasionally also the term ‘contact’, to describe the inability of patients with schizophrenia to establish social contact with other people. Eugen Bleuler, *Affektivität, Suggestibilität, Paranoia* (1906), pp. 52-53.

<sup>101</sup> Eugène Minkowski, "Psychiatrie et métaphysique a la recherche de l'humain et du vécu" (1947); idem, "Psychopathologie et psychologie" (1954)

[...] investigations of Minkowski”.<sup>102</sup> This suggests that Frankl rather referred to Minkowski’s original book on schizophrenia.<sup>103</sup> It is therefore possible that Frankl was already influenced by Minkowski during his time in Vienna, as Minkowski wrote about affective contact well before Frankl wrote his first paper. There is no evidence to suggest such a direct influence, however, and Frankl’s conception of affective contact was more specific than Minkowski’s, who broadened the concept so to include a person’s attitude towards *reality as a whole*, both social and non-social. It therefore seems more likely that in his Austrian years Frankl was influenced by the idea of ‘affective rapport’ in psychiatry more generally, rather than specifically by Minkowski.<sup>104</sup>

In sum, the closest forerunner of Frankl’s concept of contact disorders in psychiatry is not the concept of ‘autism’ but the concept “affective rapport”. Years before he coined the term ‘autism’, Bleuler observed that schizophrenic patients did relate to him intellectually but establish no ‘affective rapport’ with their psychiatrist.<sup>105</sup> Not only did this idea concern social interaction, Eugène Minkowski translated it as ‘affective contact’, which is the precise term Frankl used to describe non-verbal contact.

Later authors on childhood schizophrenia did apply Bleuler’s idea to children, observing an extinguishing of “affective contact with the environment”<sup>106</sup>, a “defect in emotional rapport”<sup>107</sup> and a failure of “affective contact”.<sup>108</sup> Unlike Frankl’s proposal of contact disorders as a distinct disease entity, however, these phrases referred to a symptom that played only a minor role in their

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<sup>102</sup> Frankl, Georg. *Autism in childhood: an attempt of an analysis*. Courtesy of Spencer Library, University of Kansas Archives, p. 4.

<sup>103</sup> Minkowski, *La schizophrénie. Psychopathologie des schizoïdes et des schizophrènes* (1927), which is his best known work. Or possibly to an earlier German paper in which Minkowski discussed “Der affektive Kontakt”: see Minkowski, “Bleulers schizoïdie und syntonie und das zeiterlebnis” (1923).

<sup>104</sup> In the late 19<sup>th</sup> century, the term ‘rapport’ already had a history in the discourse on hypnosis where it denoted the physical or emotional contact which allowed the hypnotiser to influence the hypnotized person. Drawing an analogy between hypnosis and somnambulistic influence, Pierre Janet used the term ‘rapport’ to describe the emotional bond patients with ‘hysteria’ developed to their analyst. ‘Rapport’ in this specific sense is the emotional connection specific to a therapeutic relationship. Later, ‘rapport’ developed into the broader idea of affective social contact with other people in general. Pierre Janet, “L’Influence somnambulique et le besoin de direction” (1897).

<sup>105</sup> Bleuler, *Affektivität, Suggestibilität, Paranoia* (1906), p. 52

<sup>106</sup> G. Ssucharewa, “Über den Verlauf der Schizophrenien im Kindesalter” (1932), p. 312: “Am frühesten leidet der normale kindliche Aktivität und der affektive Kontakt mit der Umgebung”.

<sup>107</sup> Howard W. Potter, “Schizophrenia in children” (1933), p. 1254.

<sup>108</sup> Jakob Lutz, “Über die Schizophrenie im Kindesalter” (1937), p. 18: “Sonst fehlt der affektive Kontakt völlig.”

diagnoses. Moreover, the ideas of contact and rapport were not developed by these authors but were borrowed as is from adult psychopathology. Frankl's innovation, then, was the idea of *a distinct disorder of affective rapport in children*.

## 1.6 The reception of Frankl's work

Frankl never published his chapter on autism. He has written only three papers in English, and only four papers in German. His papers remained largely unnoticed in his own time, being quoted only once or twice.

Despite the fact that his name was mentioned in Kanner's first paper on autism, Frankl's role in the history of autism was not discovered until recently. This discovery was made independently by Steve Silberman and Stephen Haswell Todd and was first made public in 2015.

Silberman states that Frankl is the "crucial link" between Asperger and Kanner that remained unknown only because Kanner "studiously avoided mentioning it".<sup>109</sup> Silberman only cites Frankl's English papers and does not offer an analysis of his ideas.

Todd agrees that "Frankl served as a conduit for the transmission of ideas about autism from Asperger's clinic to Kanner's" and adds that he "was the instigator of both research programs leading ultimately to clinical descriptions of an autistic type".<sup>110</sup> Regarding Asperger, Todd claims that Frankl had "laid many of the foundations for Asperger's study of autism,"<sup>111</sup> although Frankl left Vienna before Asperger published his work on autism. With regard to Kanner, Todd claims that Frankl provided Kanner with the concept of affective contact and the clinical observations underlying this idea. Then again, Todd criticizes Silberman's suggestion that Kanner deliberately denied Frankl's influence. In Todd's view, Kanner simply did not experience the observation of autistic children as a grand discovery, but rather as a gradual process that did not seem to have so much significance at the time.

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<sup>109</sup> Silberman, *Neurotribes: The legacy of autism and how to think smarter about people who think differently* (2016), p. 180.

<sup>110</sup> *Ibid.*, pp. 15, 207.

<sup>111</sup> *Ibid.*, p. 105.

Todd further argues that Frankl did not suggest the term ‘autistic’ to Kanner, as this term was not central to Frankl’s work from before 1943 and wasn’t used by Asperger until after Frankl had left Vienna (we will see in the next section that actually he did).

Since Frankl’s role in the history of autism has been rediscovered, scholars have debated the extent and nature of this role.

John Elder Robison published the first paper devoted to Frankl and his work, in which he claimed that Frankl did not bring Asperger’s idea to Kanner, but rather his own.<sup>112</sup> On this view, Frankl’s concept of affective contact influenced both Asperger and Kanner.

In 2019, Samantha Dluzak put a draft paper online on George Frankl and his wife Anna Weiss, which was published in French in 2021. The well documented paper offers many new details about the biography of Frankl and Weiss. In the paper, Dluzak complains that Frankl’s “relationship with Asperger is understated and misrepresented by some, and his association with Kanner given perhaps more credence than it deserves”.<sup>113</sup>

A third paper, entirely devoted to Frankl, claims that his “conception of autism as characterized by a lack of affective language” influenced “Asperger and Kanner”.<sup>114</sup> Moreover, the authors find that Frankl’s view of autism is innovative and still valuable today (see below, §1.8).

## 1.7 Did Frankl inspire Asperger and Kanner?

I am convinced that Frankl’s idea that some children have a disorder specifically of communicative contact did inspire Asperger’s and Kanner’s proposal that children with contact difficulties may have a distinct, autistic, disorder – although the children Frankl described would not be diagnosed with autism today but had different disorders. The concept of a childhood *contact disorder* did originate with Frankl. His idea that there are emotional disorders that do

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<sup>112</sup> John E. Robison, "Kanner, Asperger, and Frankl: A third man at the genesis of the autism diagnosis" (2017).

<sup>113</sup> Samantha Dluzak, "The Forgotten Pioneers: The Life and Work of Anni Weiss and Georg Frankl, updated" (2019), p. 2; idem, "Les pionniers oubliés de l’autisme: la vie et l’œuvre d’Anni Weiss et de Georg Frankl" (2021).

<sup>114</sup> Filippo Muratori, Sara Calderoni, and Valeria Bizzari, "George Frankl: an undervalued voice in the history of autism" (2020), p. 1.

not involve intellectual impairments was taken up, in different ways, by Asperger and Kanner, as we will see in later chapters.

As early as 1937, Frankl already wrote about children with “extreme autism”; he described this extreme autism as “a very extensive interruption of affective contact”, possibly to the point of a “complete lack of any relationship between the child and those around him”.<sup>115</sup> He was talking about a disorder in children that he considered similar to Heller's Syndrome. Frankl's remark, although it is only a remark, predates the use of the term ‘autism’ in public by both Asperger and Kanner. It seems likely, but it is not certain, that he also suggested the idea of an *autistic* contact disorder to both men. It certainly would help to explain why both men came up with a similar idea around the same time and both attached the term ‘autistic’ to it.

Then again, the concept of a pervasive autistic disorder that involves not only communication problems, but also other social and non-social symptoms did clearly not originate with Frankl, but with Asperger and Kanner. This may be why neither of them credited George Frankl with the recognition of autism as a distinct disorder.

Frankl's idea of contact disorders must have been known to Asperger. Recall that in 1932 he joined the department where Frankl worked since 1927 and was Frankl's supervisor for two years.<sup>116</sup> Not only did the colleagues at the department hold weekly meetings where they discussed cases (the so-called *Tafelrunde*), Asperger also considered Frankl a friend.<sup>117</sup>

In 1934, four years before he made the idea of an autistic disorder public, Hans Asperger made a comment about Frankl in the travel journal he kept during a two-month study visit to Leipzig. Reflecting on the similarities and differences between the concepts used in Leipzig and Vienna, Asperger wrote:

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<sup>115</sup> George Frankl, "Triebhandlungen bei Dissozialität nach Enzephalitis epidemica und anderen psychopathischen Störungen des Kindesalters" (1937), p. 423: “einen solchen extremen Autismus”; ‘Unterbrechung des affektiven Kontaktes bis zum vollkommenen Fehlen jeglicher Beziehung zwischen dem Kind und den Personen seiner Umgebung’.

<sup>116</sup> Silberman, *Neurotribes: The legacy of autism and how to think smarter about people who think differently* (2016), p. 87; Ina Friedmann, "Hans Asperger und die Heilpädagogische Abteilung der Wiener Universitätskinderklinik. Konzepte und Kontinuitäten" (2016); Czech, "Hans Asperger, National Socialism, and ‘race hygiene’ in Nazi-era Vienna" (2018), n. 12.

<sup>117</sup> According to Asperger's daughter, in Maria Asperger Felder, "‘Zum Sehen geboren, zum Schauen bestellt’, Hans Asperger (1906-1980: Leben und Werk)", pp. 102, 104.

[...] I also think about how Dr. Frankl strives for curative educational diagnosis or how we have ideas that are good for our purposes, but which we express in a jargon that e.g. means something quite different outside (think of autistic!) and that are difficult to pass on.<sup>118</sup>

The inclusive ‘we’ suggests that Asperger considered autism in its modern sense to be an idea shared with Frankl and the rest of the curative education department, years before he made the idea public. Another indication that the term was already wider in use in the department is that Anni Weiss already wrote about a child that was “very autistic” in a private letter from 1935.<sup>119</sup>

During his trip to Leipzig, Asperger first met Ludwig Klages, a then influential thinker. His concept of ‘expressive phenomena’ was central to Asperger’s theory and supplanted Frankl’s idea of affective speech. However, Asperger did retain the concept of social contact. Whereas we see Frankl *developing* this concept, for Asperger it was already a given.

I have found two explicit references to Frankl in Asperger’s publications. First, in his textbook *Heilpädagogik*, he mentioned Frankl in a bracketed sentence as coiner of the neologism ‘befehlstaub’ (deaf to commands).<sup>120</sup> Second, in a lecture Asperger said that the early staff of the *Hp* included “Josef Feldner, my own teacher in scientific Heilpädagogik, and Georg Frankl”.<sup>121</sup> Neither of these references suggests that Asperger considered Frankl to be a major intellectual influence. It rather seems that Asperger considered him a colleague with whom he worked together on ideas shared within the department.

Was Asperger aware of Frankl’s work on contact disorders? There are two indications that he was. First, although Asperger preferred Klages’ term

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<sup>118</sup> Ibid., p. 102.

<sup>119</sup> Cited in Samantha Dluzak, "The Forgotten Pioneers: The Life and Work of Anni Weiss and Georg Frankl, updated" (2020), p. 4, note 12: “sehr autistisch”. The letter is from Anni Weiss to Hans Asperger, is dated 2 November, 1935 and is in possession of Dr. Maria Asperger Felder.

<sup>120</sup> Asperger, *Heilpädagogiek* (1952), p. 165. Asperger also uses the term in his "Jugendpsychiatrie' und 'Heilpädagogik'" (1942), p. 853. He gives no precise reference, and may have learned it from Frankl in conversation. In writing, Frankl used the term in "Die Heilpädagogische Abteilung der Wiener Kinderklinik" (1937), p. 37 and in "Zur Erziehungstherapie in der Jugendfürsorge" (1941) p. 242. From Ina Friedmann I have learned that the expression ‘befehlstaub’ first turns up in patients records from the department in 1934 (personal communication).

<sup>121</sup> Asperger, "Erwin Lazar – Der Mensch und das Werk" (1958)

‘expressive phenomena’<sup>122</sup>, which includes logical and affective speech, in an early article Asperger did use it alongside Frankl’s term “affective speech”<sup>123</sup>; Asperger also used the phrase “the affective aspect of speech”.<sup>124</sup> Second, like Frankl, Asperger discussed the problem of ‘commanding and obeying’, which was Georg Frankl’s paradigmatic example of contact disorders and the title of the papers in which he introduced his idea of disorders of communicative contact.<sup>125</sup>

The precise relationship between Asperger and Frankl remains unclear, but we do know that they shared two central ideas. First, both men emphasized that social contact is mediated by *non-verbal symbols* such as mimicry, intonation and gestures, although they developed this idea in different directions. Second, both proposed that some children have a *social contact disorder* in the sense of disturbances of contact with other people, and they were the first to do so.<sup>126</sup> Although it remains unclear how these parallels came about precisely, they are no accident, and clearly root in work done at the *Hp* in the 1930’s.

Frankl’s idea was certainly known to Kanner. In 1937 Frankl fled to the United States, where in 1938 he joined Kanner’s staff and worked with Kanner for three years. A reappraisal of the circumstances of the publication of Kanner’s famous first article on autism, *Autistic disturbances of affective contact*,

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<sup>122</sup> As we will see in the next chapter, Asperger borrowed the term “Ausdruckerscheinungen” from Ludwig Klages. He used Klages’ theoretical framework to propose that contact disorders involve not just problems with the exteriorization of affect into perceptible expressions, but also concomitant problems with interior thought.

<sup>123</sup> Asperger used Frankl’s term “affektiven Sprache” in Hans Asperger and Josef Feldner, "Bemerkungen zu dem Buche Praktische Kinderpsychologie von Prof. Charlotte Bühler" (1939).

<sup>124</sup> Asperger, "Zur Differentialdiagnose des kindlichen Autismus", p. 144 “Das Affektive der Sprache”

<sup>125</sup> Asperger uses the expression in "Zur Erziehungstherapie in der Jugendfürsorge" (1941), p. 245. ‘Befehlen und gehorchen’ was a wider used expression for the theme of authority, but it seems likely that Asperger referred to Frankl’s papers, as he used the expression in the context of several other ideas that were central to Frankl (see §1.3): the affective content of speech, its communication through intonation rather than words, and the problem of false reactions to affective content that is misunderstood.

<sup>126</sup> Asperger did not use the term ‘contact disorder’ in his first lecture on the subject: "Das psychisch abnorme Kind" (1938). However, a year later, he talked about “autistic psychopaths with serious disturbances of personal contact” in "Pädagogische Therapie bei abnormen Kindern" (1939), p. 944. In a somewhat later lecture, he did use the precise term ‘contact disorders’ to describe autism, see "'Jugendpsychiatrie' und 'Heilpädagogik'" (1942), p. 454. Asperger also used the terms “contact disorder” (*Kontaktstörung*) and “contact disturbed” (*kontaktgestörten*) in his best known paper, "Die ‘Autistischen Psychopathen’ im Kindesalter" (1944), pp. 117, 118. Although Eugen Bleuler and Eugène Minkowski had previously proposed disturbances of contact, they described a symptom of schizophrenia, and did not present contact disturbances as a distinct disorder.



has brought to light that he borrowed the second part of the title, ‘affective contact’, from Georg Frankl, who used this English term to denote the communication of affect through non-verbal gestures, intonation and mimicry.

It is possible that Kanner already read Frankl’s papers before Frankl came to the States, but we have no evidence that he did. In a review published in September 1937, Kanner pointed to the German journal *Zeitschrift für Kinderforschung* as one of the three journals that published on ‘problem children’ in the 1930’s.<sup>127</sup> This being the very journal where Frankl published his papers on commanding and obeying (in 1935) and his paper on post-encephalitic conditions (in 1937), this suggests that Kanner may have read about Frankl’s work on contact disorders even before he came to the States. We also know that before Frankl’s arrival, Kanner was familiar with the *Hp* where Frankl worked, although Kanner only mentioned Von Pirquet, Lazar and Hamburger, not Frankl or Asperger.<sup>128</sup>

Kanner certainly heard about Frankl’s concept of affective contact shortly after the latter’s arrival in the States in the spring of 1938. On 26 October 1938, Kanner mentioned in a letter “an original piece of work that Dr. Frankl is engaged in” on “the affective contact of children”; when Kanner went over this idea with Frankl he “was struck by its newness as well as soundness”.<sup>129</sup> This original piece of work later became Frankl’s paper *Language and affective contact*, which appeared in the same issue of *The Nervous Child* as Kanner’s paper, but which was written earlier.

In the very first words of his landmark article, Kanner dated his first confrontation with autistic children “October 1938”, the month in which he met Donald Triplet.<sup>130</sup> He also presented ‘Donald T.’ as his first case. However, Donald was not the first child with autistic symptoms to be brought to *The John*

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<sup>127</sup> Leo Kanner, "The development and present status of psychiatry in pediatrics" (1937), p. 430.

<sup>128</sup> Leo Kanner, "The development and present status of psychiatry in pediatrics" (1937), p. 430-1; idem, *Child psychiatry* (1935), p. 27-8; idem, "Psychiatry: Its Significance in Pediatrics" (1943), p. 54

Later, Kanner claimed that the *Hp* “was not even locally too successful”. Cf. "The thirty-third Maudsley lecture: Trends in child-psychiatry" (1959), p. 589

<sup>129</sup> American Psychiatric association Foundation, Melvin Sabshin, M.D., Library & Archives, Box 100696, folder 47: Letter from Leo Kanner to Bernard Sachs, 26 October 1938.

<sup>130</sup> Kanner, "Autistic Disturbances of Affective Contact" (1943), p. 217; see Dan Olmsted and Mark Blaxill, "Leo Kanner’s mention of 1938 in his report on autism refers to his first patient" (2016).

*Hopkins Hospital*. In November 1921, seven years before Kanner arrived, a mother brought in her four-year-old daughter with autistic symptoms.<sup>131</sup> In 1933, three years after Kanner first started his psychiatric consultation service for paediatricians at *John Hopkins*, his colleague Wendell Muncie gave birth to a daughter, Bridget. Kanner described her in his article as case 5, under the pseudonym Barbara K.<sup>132</sup> She was formally referred in 1942, but she had been “repetitious” since birth and was “slow at putting words into sentences” as a toddler.<sup>133</sup> In November 1935, David Speck was brought to *John Hopkins* with autistic symptoms, three years before Kanner met Donald.<sup>134</sup> Kanner described David in his first article, under the pseudonym of Alfred L., but presented him as case eight, not as case one.

*The John Hopkins* community, then, had been exposed to children with autistic symptoms before October 1938, but they were only then recognized as a distinct group with a new disorder. This suggests that there was a catalyst around that time that made autistic behaviour stand out more clearly. It seems likely that this catalyst was George Frankl’s paper on affective contact.

Frankl wrote most of his paper while still in Europe and translated and rewrote it when he came to the USA.<sup>135</sup> On 21 July 1941, Frankl submitted his paper for publishing in *The Nervous Child*; the next day, Ernst Harms the editor, wrote about it to Kanner, who was on the editorial board, suggesting that they might publish it in the issue of which Kanner would be the co-editor.<sup>136</sup> On September 21 that year, Frankl, who had become impatient, wrote Kanner

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<sup>131</sup> George C. Darr and Frederic G. Worden, "Case report twenty-eight years after an infantile autistic disorder" (1951). See chapter 4.

<sup>132</sup> Dan Olmsted and Mark Blaxill, *The age of autism: mercury, medicine, and a man-made epidemic* (2010), pp. 172-3.

<sup>133</sup> Kanner, "Autistic Disturbances of Affective Contact" (1943), p. 228.

<sup>134</sup> Dan Olmsted and Mark Blaxill, *The age of autism: mercury, medicine, and a man-made epidemic* (2010), pp. 171-2.

<sup>135</sup> Leo Kanner papers, Archives Box 100696, folder 47, American Psychiatric association Foundation, Melvin Sabshin, M.D., Library & Archives: Letter from George Frankl to Leo Kanner, dated 16 February 1943.

<sup>136</sup> Leo Kanner papers, Archives Box 100695, folder 24, American Psychiatric association Foundation, Melvin Sabshin, M.D., Library & Archives: Letter from Ernst Harms to Leo Kanner, dated 22 July 1941.

asking him to speed up the publication of “my paper”, without offering a title or an explanation of its subject.<sup>137</sup>

In April 1941, Kanner presented at a staff conference a draft of his own paper, entitled “Autistic Disturbances of Affective Contact in Small Children”, describing two boys who showed a “peculiar lack of any sort of affective relationship to persons”.<sup>138</sup> In January 1942, Kanner proposed to Ernst Harms to make “Affective Contact of children” the topic of the issue he would co-edit; in addition to Frankl’s paper the special issue would include his own a paper on affective contact.<sup>139</sup>

In May 1942, Kanner offered his first recorded public statement on the cases he wanted to describe in his paper; at that occasion he ascribed to the autistic children a “disturbance of affective contact” and “anxiety and obsessive-compulsive behaviour”.<sup>140</sup> On October 5, 1942, Kanner asked Harms to send him the manuscript of Frankl’s paper, which he did a few days later.<sup>141</sup> In January the next year, Kanner wrote to Frankl: “in trying to edit [your paper] I was even more struck by the excellence of your observation and formulation”.<sup>142</sup> At that time, the title of Kanner’s paper had become “Autistic Disturbances of Affective Contact in Early Childhood” and Kanner was in an early stage of writing it.<sup>143</sup> In March that year, Kanner sent Ernst Harms the entire section he had co-edited, including his and Frankl’s articles. In July 1943, the June issue of *Nervous Child* rolled off the presses, carrying Frankl’s paper alongside Kanner’s, with as final title “Autistic Disturbances of Affective Contact”.

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<sup>137</sup> American Psychiatric association Foundation, Melvin Sabshin, M.D., Library & Archives, Leo Kanner, M.D. papers, Archives Box 100695, folder 47: Letter from George Frankl to Leo Kanner, dated 21 September 1941.

<sup>138</sup> Marga Vicedo and Juan Ilerbaig, "Autism in Baltimore, 1938-1943" (2021), p. 1163

<sup>139</sup> American Psychiatric association Foundation, Melvin Sabshin, M.D., Library & Archives, Leo Kanner, M.D. papers, Archives Box 100695, folder 24: Letter from Leo Kanner to Ernst Harms, dated 19 January 1942.

<sup>140</sup> R. S., B. Lourie, L. Pacella, and Z. A. Piotrowski, "Studies on the prognosis in schizophrenic-like psychoses in children" (1943), p. 551. See chapter 4.

<sup>141</sup> Leo Kanner papers, Archives Box 100695, folder 24, American Psychiatric association Foundation, Melvin Sabshin, M.D., Library & Archives: Letter from Leo Kanner to Ernst Harms, dated 5 October 1942 and Letter from Ernst Harms to Leo Kanner, dated 7 October 1942.

<sup>142</sup> American Psychiatric association Foundation, Melvin Sabshin, M.D., Library & Archives, Leo Kanner, M.D. papers, Archives Box 100695, folder 47: Letter from Leo Kanner to George Frankl, dated 5 January 1943.

<sup>143</sup> Leo Kanner papers, Archives Box 100695, folder 24, American Psychiatric association Foundation, Melvin Sabshin, M.D., Library & Archives: Letter from Leo Kanner to Ernst Harms, dated 5 January 1942.

After Asperger and Kanner turned to the term ‘autism’, coined by Eugen Bleuler to describe a symptom of schizophrenia<sup>144</sup>, Frankl developed his theory of infantile social contact disorders into a theory of *autism*. He described autism as a behavioural “state” that is the opposite of “being in contact with people”.<sup>145</sup> Like Bleuler had done for ‘autistic thinking’, he argued that this autistic state is not necessarily pathological, but actually occurs in all children. All children are sometimes ‘solitary’, namely when they are without the company of other human beings and among lifeless objects. In this state it is normal not to communicate, as things can’t listen. This becomes a problem only if a child cannot freely move out of this ordinary autistic state and refrains from communication also in the presence of human beings who can listen.

Even though Frankl defined autism as a permanent and involuntary state of ‘being among lifeless objects’, this relationship to lifeless objects was not in itself his concern. The relationship to lifeless objects figures in Frankl’s theory only as a contrast against which the liveliness of the relationship to human beings stands out. Indeed, he focussed on the *lively exchanges of communication between human beings*. This helped Asperger and Kanner’s see one of the symptoms of autism: disturbances of communication. Then again, Frankl’s conception of contact as *communication* was too restricted. It did not offer Asperger and Kanner the conceptual tools to describe disturbances of other aspects of contact. We will see in later chapters that the children they described as ‘autistic’ not only had difficulties with communication, but with social contact in a more general sense. Moreover, they had a different relationship to things, too, which led Asperger to define autism as involving a “restriction of personal contact to things and persons”<sup>146</sup>. This much more general conception of contact is an advance beyond Frankl’s restricted conception.

Returning now to Frankl’s conception of contact *as communication*, after Kanner and Asperger, this symptom became narrower than it had been for

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<sup>144</sup> Bleuler, *Dementia praecox, oder, Gruppe der Schizophrenien* (1911).

<sup>145</sup> Frankl, Georg. *Autism in childhood: an attempt of an analysis*. Courtesy of Spencer Library, University of Kansas Archives, p. 6-7. To be precise, Frankl used the term “state of mind”, but this is a bit of misnomer as he is really focussing on the observable communicative exchange *between* people, rather than on processes *inside* their mind.

<sup>146</sup> Asperger, *Heilpädagogik : Einführung in die Psychopathologie des Kindes für Ärzte, Lehrer, Psychologen, Richter und Fürsorgerinnen* (1952), p. 166: “eine Einschränkung des persönlichen Kontaktes zur Dingen und Menschen”

Frankl. He did not only point to difficulties autistic children may have with *understanding* other people's emotions, but also drew attention to difficulties they may have with *expressing* emotions and being understood by other people. Frankl's idea that contact disorders involve not only problems with understanding, but also with expressing emotions was taken up by Asperger and Kanner but disappeared in later theories of autism. In addition, unlike later authors on autism spectrum disorders, George Frankl was not primarily concerned with the feelings '*inside*' people (i.e. empathy) but rather focussed on the communicative exchange of observable symbols *between* them.

### 1.8 The contemporary significance of Frankl's theory of autism

From the present-day perspective, Frankl's view of autism is limited, in that it does not recognize the non-social aspects that are now an established diagnostic criterion for autism, both in the DSM-5 ("restricted, repetitive patterns of behaviour, interests, or activities" and the ICD-11 ("restricted, repetitive, and inflexible patterns of behaviour and interests"). Today, special interests, the maintenance of sameness and stereotypies are as much a part of autism as social and communication problems, but not so for Frankl. In defining autism as a disorder of *communicative contact* only, Frankl's theory is more distant from the present-day understanding of autism than Asperger's and Kanner's. However, in other ways, Frankl's theory is closer to the present-day understanding of autism: more than Kanner and Asperger, he anticipated several aspects of autism as it is defined today.

In describing a "continuum" of contact disorders<sup>147</sup> Frankl came much closer to the present-day idea of an autistic spectrum than Kanner and Asperger. He already spoke of "a series of cases that have in common the disruption of the affective contact" four decades before Lorna Wing suggested that Kanner's and Asperger's syndromes are part of a single continuum.<sup>148</sup> Moreover, Frankl offered an original explanation as to why impairments on this spectrum differ in severity: the symptoms depend on *the kind of language* that is

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<sup>147</sup> Frankl, Georg. *Autism in childhood: an attempt of an analysis*. Courtesy of Spencer Library, University of Kansas Archives, p. 43.

<sup>148</sup> Frankl, "Language and affective contact" (1943), p. 252; Lorna Wing "Asperger's syndrome: a clinical account" (1981).

disturbed (verbal, non-verbal or both) and on the *aspect of the message* that gets lost in communication (its content, its relation to situations, or its relation to persons).

On the most severe end of the spectrum, Frankl observed children who did not at all communicate with other people (verbally nor non-verbally). He described, for example, a child who never speaks to other people, does not respond to what they say, and treats them in the same way as one would objects. Frankl claimed that children with such a total contact disorder are unable to see other people as *experiential beings* who experience “just as one does oneself” – four decades prior to the paper that would launch the idea of a theory of a mind deficit in autism (the inability to conceive mental states),<sup>149</sup>

Finally, Frankl anticipated the modern idea that autistic children have difficulty with integrating the context due to ‘weak central coherence’ or a detail-focussed cognitive style.<sup>150</sup> On the milder end of the continuum Frankl observed children who did attempt to communicate but could not do so in the typical way. For example, one child responded only to the ‘literal’ meaning of what was said but did not grasp how it applied to the situation at hand, or what it meant for the person who said it. Frankl analysed this as an inability to see how the content of a message *relates to the situation and* persons, as the context necessary to make sense of the message. This allowed Frankl to see that a total lack of contact and a complete absence of the tendency to communicate are rare: even in severe cases there is often not a total lack of communication, but only an inability to use *shared* language.

All in all, Frankl developed a fine-grained model of the contact problems of children from the entire autistic spectrum that anticipated certain later developments in autism studies, even though it restricts autism to problems with direct communication. This suggests that instead of not yet thinking of these aspects, Asperger and Kanner moved away from them, which means that we are now on the way back to Frankl. Hence, the history of autism progressed dialectically, starting with Frankl’s social conception of autism, moving towards

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<sup>149</sup> Frankl, "Language and affective contact" (1943); Simon Baron-Cohen, Alan M. Leslie, and Uta Frith. "Does the autistic child have a ‘theory of mind?’" (1985).

<sup>150</sup> Uta Frith, *Autism: Explaining the enigma* (2003); Vermeulen, *Autisme als contextblindheid* (2009).

a broader conception of autism that includes non-social aspects, and now returning to some of his ideas from this broadened perspective.

A recent paper<sup>151</sup> suggests that Frankl's ideas are still relevant to understanding autistic individuals who do have a communicative tendency and whose logical language is not impaired; their condition is well-described as a disturbance of affective language. Frankl's idea that communication may be qualitatively different rather than totally absent helps us see that they do have social interest but express it in a different way. In his unpublished chapter, Frankl already identified compensatory strategies that autistic individuals can use to develop a "pseudo-affective language" that allows them to communicate their feelings.

We should not, however, only situate Frankl's theory vis-à-vis later ideas. It should also be understood in relation to his contemporaries. Asperger and Kanner's broader view of autism as involving communicative, social and non-social problems may seem more perceptive to us than Frankl's. However, two things must be kept in mind. First, Asperger and Kanner built on Frankl, who not only drew their attention to disturbances of social contact, but in addition offered 'descriptive motifs' allowing them to detail such contact disturbances.<sup>152</sup> Second, Frankl's own description of communication problems goes beyond that of Asperger and Kanner, in ways that anticipate later theories, as we have seen.

Frankl's theory has three limitations.

First, while it is a strength that Frankl's theory is firmly grounded in clinical observation, it is also a limitation: he largely failed to engage with previous and contemporary scholars who put forward related ideas. As Frankl was a scholar as well as a practitioner, it seems fair to point out that he could have further developed and refined his theory through discussion with other scholars. The other limitations may very well result from this.

Second, his concept of contact is too limited: he is only concerned with communicative contact, to the exclusion of other forms of social contact<sup>153</sup>, and

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<sup>151</sup> Filippo Muratori, Sara Calderoni, and Valeria Bizzari, "George Frankl: an undervalued voice in the history of autism" (2020).

<sup>152</sup> Todd, *The turn to the self: a history of autism, 1910-1944* (2015).

<sup>153</sup> Compare for example, his contemporary Géza Révész, a Hungarian-Dutch psychologist. Révész argued that communication is only an advanced form of contact, which does not exhaust the phenomenon. Révész defined contact biologically as the "innate tendency of social animals to

non-social contact with the environment. For a theory of autism this is a serious limitation, as we now know that autism has a wider range of social and non-social symptoms than recognized by Frankl, notably special interests, stereotypes, and the maintenance of sameness. It is therefore unfortunate that Frankl did not embed communicative contact within the more general phenomenon of contact with reality.<sup>154</sup>

Third, even though the idea of symbolic communication is central to Frankl's theory, he never developed this idea. He left unexplored why contact disorders are so devastating: how a lack of certain symbols deprives a child from certain kinds of experiences, that is, from a part of the world and a part of the self.<sup>155</sup> His analysis of communicative exchanges also remains rather static:

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approach one another, establish rapport, co-operate and communicate", and he posited a "vital" need of animals from all species to enter into contact with other members of the same species. Révész argued that only as this basis function becomes more complex and differentiated during development it develops into communication and language. There are more basic forms of contact, which do not involve the communication of ideas and feelings. The most basic form is spatial contact, for example chickens who crowd together under the wings of the brood hen. A more developed form is emotional contact. Initially, it takes the form of finding assurance in others through emotional proximity, which does not yet involve the communication of feelings; only secondarily, such emotional contact develops into an exchange of feelings. Révész, *Ursprung und vorgeschichte der sprache* (1946).

<sup>154</sup> Unlike Pierre Janet and Eugène Minkowski, who in different ways embedded social contact within contact with reality.

Janet was the first to use the terms 'rapport' and 'contact' to describe the relationship not of a person to other persons but of a person to *reality*. In patients with anxiety or compulsions Janet observed a loss of "rapport with reality". Such patients, in his view, lacked the normal "adaption to present and real circumstances", what he called the 'reality function'. They lacked interest in reality, did not appreciate it, and experienced reality as an intrusion. On this view, contact with other people is a special case of contact with reality. According to Janet, *social* adaption is the most demanding form of adaptation to reality. Janet, *Les Obsessions et la psychasténie*, part I (1903; for "contact avec la réalité", see p. 715; for "rapport avec la réalité", see p. ix, 253, and 538. Eugène Minkowski (who like Janet was influenced by Henri Bergson) also embedded social contact within a more general notion of contact with reality. Already in his doctoral thesis, Minkowski clearly stated that in Bleuler "the absence of *affective contact* re-oriented the concept [of schizophrenia] in a new direction", i.e. towards the disturbance of a person's *affective* relationship to reality (Minkowski, "La notion de perte de contact vital avec la réalité et ses applications en psychopathologie", 1926; the quote is from p. 38 in the 1997 reprint; emphasis added.) In his book on schizophrenia Minkowski focussed on *affective contact with reality*. He named this new idea *vital contact with reality*.<sup>154</sup> (The connection of this new idea to 'affective contact' is easily overlooked, as Minkowski replaced 'affective' with 'vital'.) In a later and lesser-known paper on human contact he addressed the affective contact *between persons* from this broadened perspective.<sup>154</sup> In this paper, Minkowski pushed the idea of 'contact' to higher abstraction in two ways. First, he argued that the encounter between (two) human beings is exemplary of "the encounter in general" (*la rencontre en général*): we are in contact not only with living beings, but also with things and with the world as a whole. Second, he argued that this encounter cannot be reduced to *affective* contact, and is therefore better described as 'human' contact, meaning unity with the cosmos.

<sup>155</sup> Such a view was developed by his contemporary Samuel I. Hayakawa, a linguist and psychologist, in his book *Language in Action* (1941). Human beings, Hayakawa argued, differ from



while he does describe the activities of both parties involved (expression and comprehension) he offers us no resources to describe their lively interaction in context.

Beyond autism, Frankl's work is also relevant to the understanding of social (pragmatic) communication disorder (SCD), a new diagnostic category introduced in the DSM-5, that is defined as a deficit in the social use of communication, without the presence of (other) autistic symptoms.<sup>156</sup> One symptom is difficulty with integrating verbal and nonverbal communication, which in Frankl's view is the main deficit. Other symptoms include integrating the context of the person, which Frankl also already described. Then again, SCD also includes symptoms not mentioned by Frankl, such as difficulties with role-taking and figurative language.

## 1.9 Conclusion

Frankl described autistic children as 'prisoners' stuck in a solitary state, which other people can freely move in or out. Based on years of professional experience with autistic and other 'special' children, Frankl developed a perceptive and original theory of autism that defined autism as the opposite of being in contact with other persons. Autism in this view is not necessarily pathological but only becomes a problem when children cannot move out of this solitary state into a state of contact. Focussing on the contact between two people, he proposed that social contact is mediated by symbols, which encode not only the content of what is communicated, but also the persons involved and the situation in which any

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animals in that they have the symbolic capacity to make any word or figure stand for something else. The consequence of this symbolic capacity is that much of our information about the world comes to us through other people, who tell us about experiences we did not partake in. Hayakawa describes this effect as living in two 'worlds': the "extensional world" of direct sensory experience, and the "verbal world" of indirect experiences (which you only know through symbolic communication with other people). Hayakawa's theory suggests that if in contact disorders all or some symbol systems are underdeveloped this also leads to a restriction of the child's world. A child who cannot make contact with other people, is also unable to make contact with that part of the world that he would know through this very contact with other people. Frankl has drawn our attention to some parts of this world, by pointing out that in addition to the content of what is said, contact problems can be related to the persons involved, or the situation in which the contact takes place. Even so, Frankl did not make explicit how difficulties with expression or understanding symbols may contribute to this lack of contact with 'worlds', nor did he specify how the intellectual world differs from the affective world.

<sup>156</sup> See Lauren B. Swineford, et al., "Social (pragmatic) communication disorder: a research review of this new DSM-5 diagnostic category" (2014).

communication is always embedded. Such social contact occurs *between* two people, who need to have the intent as well as the ability to communicate through common symbols – which solitary persons do not.

All in all, Frankl's main contribution to the conceptualisation of autism is his suggestion that it is *a contact disorder*. His conception opposed two states, an autistic solitary state and a non-autistic state of contact. These two states have in common the presence of two persons, the patient and another person, who both have an invisible interior and a visible exterior surface.

In the non-autistic state, ideas and feelings from the interior of both persons is outwardly expressed in common symbols, and these symbols are re-interiorized by each of the interlocutors, through comprehension. In contrast, in the autistic state this flow of communication is either absent or restricted.

Communication may be restricted with regard to its content (ideas, affect, or actions) or in that it disregards the persons involved, or the social contact situation as a whole. These forms of communication belong to what he calls affective language. Frankl proposed that some children do not automatically develop the ability to use non-verbal symbols, or to integrate them with verbal symbols. Frankl's suggestion is that these restrictions can occur independent of other disorders. On this view, social contact is in itself susceptible to disorder. This fragility is manifest in two different problems of communicative contact. First, autistic children are more opaque, since it is less clear to other people what they think and feel. Second, autistic children display more false reactions, since they misunderstand all or some of the communication.

We have seen that this conception, which in summary may seem to be a static system, sprang from life: it emerged from conceptual innovations made in response to specific problems within a certain historical context. It was in response to problems of *communication* that Frankl developed a convergence between the term 'autistic', some of the social symptoms of autism, and the concept of an autistic contact disorder. This convergence involved only those symptoms of autism that overlap with what in the DSM-5 is called social (pragmatic) communication disorder.

In spite of this, Frankl's work suggests a continuum of contact disorders. Since he believed that typical human communication involves an integration of

verbal and non-verbal symptoms, he could conceptualize the difference between autistic children who are only verbal, autistic children who are only non-verbal and autistic children who have no linguistic ability at all. Because he thought of non-verbal communication as the integration of a person, a situation and a message, he discerned different aspects of communicative ability. His view of the autistic state was far from black and white, but had many shades of grey.

In the following chapters we trace how Frankl's idea of contact disorders was taken up and extended by Hans Asperger and Leo Kanner. They worked in the same time period as Georg Frankl, but focussed on different problems. In the following chapters, we will see that they broadened the concept of contact disorders and integrated it into a more general conceptual framework that involves the whole personality.

## CHAPTER 2 / Hans Asperger's theory of autistic psychopathy (1), with a focus on the social symptoms of autism

Hans Asperger was the Austrian paediatrician who, in 1938, was the first to propose an *autistic* contact disorder. Like Frankl, he did not think of contact disorders as being necessarily autistic. Rather, Asperger proposed a larger class of disorders, which he dubbed *psychopathies*. In Asperger's view, all psychopathies involve a triad of three (lower-level) disorders: not only a contact disorder, but also an activity disorder and a personality disorder. In other words, he believed that psychopathies affect unconscious non-verbal contact, purposeful and conscious speech, and the development of personality functions such as instinct and intelligence.

The flag ship of this class of psychopathies was a new disease entity which he called *autistic psychopathy*. In this conceptual combination, the noun 'psychopathy' indicated that the disorder involved *any* impairment in contact, activity and the inner personality; the adjective 'autistic' specified that it concerned a *particular* impairment in these three domains. The autistic contact and activity disorder were defined by a lack of unity with the external environment, as evidenced by a lack of interest in other people and difficulty communicating with others. The personality disorder was defined by a lack of unity between the child's personality functions, as evidenced an over-intellectual approach of things paired with a lack of instinctive learning.

In keeping with the contemporary German language theories of the personality, Asperger defined autistic psychopathy as a type.<sup>157</sup> As a *developmental type*, it steered a middle course between being unique to a single individual and being a universal pattern of human behaviour. He considered autistic psychopathy a stable biological structure that was shared by a group of individuals and that manifested itself in a diversity of behaviours. It is important to recognize that for Asperger the autistic type was not defined by a class of behaviours but rather by a difference *on the level of the whole organism*, namely a lack of unity.

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<sup>157</sup> See the next chapter, section 3.3.2

This lack of unity would manifest itself in different and even contradictory behaviours. He therefore argued that clinicians diagnosing *autistic psychopathy* should not confine themselves to a child's observable behaviour, but should rather use their observations of their behaviour to develop an understanding of the underlying impairment, namely a lack of unity, harmony or integration.

The DSM-5 now defines autism spectrum disorders as involving both social and non-social symptoms. It clusters the social symptoms as “persistent deficits in social communication and social interaction across multiple contexts” and it clusters the non-social symptoms as “restricted, repetitive patterns of behaviour, interests, or activities”.<sup>158</sup> Both symptom clusters were already observed by Hans Asperger between 1938 and 1944 and continued to be central to his concept of autistic psychopathy until his last lecture in 1977. The current chapter will focus on the social peculiarities of autistic children, as observed by Asperger, the next chapter on the non-social ones.

My aim in this chapter is threefold. First, I will introduce English readers to Asperger's central concept of ‘psychopathy’. This concept can only be fully understood from his original German publications, which remain largely untranslated. Second, I will clarify this concept, as several German texts by Asperger are not readily available, even in Europe, so that his concept of psychopathy remains unclear even to German readers. Third, I will clarify his conceptions of ‘contact disorder’ and ‘activity disorder’, and their relationship to the personality disorder. This should answer a question posed by my overall project: how did Asperger integrate the concept of contact (as introduced by Frankl, see chapter one) into the higher-order idea of autistic psychopathy?

The chapter will start with a biography, in section one. Section two will discuss the problems and experiences to which Asperger's idea of autistic psychopathy was a response, showing that he considered understanding autistic children a special case of understanding the human personality. Section three will then clarify his concept of ‘psychopathy’, which is a neglected part of his theory. His concept of especially *autistic* psychopathy will be discussed in

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<sup>158</sup> American Psychiatric association, *Diagnostic and statistical manual of mental disorders: DSM-5* (2013)

section four. In the final section, this concept will be applied to the social peculiarities of children with autism, as observed by Asperger.

For the reader it is important to know that essential aspects of my discussion of Asperger will be in the next chapter. I have already indicated that Asperger's theory of autistic psychopathy was broader than just *social* contact, however, the non-social domain will not be taken into account until the next chapter. In addition, the history of his theory of autism, and especially his concept of contact, will also have to wait until the next chapter, when we have a complete understanding of his theory. Further, I will not yet discuss Asperger's debt to Eugen Bleuler, who coined the term 'autism', Asperger's relationship to George Frankl and Leo Kanner, or the influence of German language topologists. Discussion of the recent reception of Asperger's concepts will also have to wait to the next chapter, as will my conclusion.

## 2.1 Biography

'Hans' was born Johann Friedrich Karl Asperger on 18 February 1906 in Vienna, Austria, the first son of Johann Asperger and Sophie Messinger, who both came from the small agricultural town of Hausbrunn.<sup>159</sup> He had two younger brothers; the middle died early and the youngest died in his 30's in the Second World War, on the Russian front.<sup>160</sup> Hans' father had a business degree and worked as an independent merchant; he raised Hans "with great strictness" and determined to give him the opportunities for higher education he himself had been denied.<sup>161</sup> The Aspergers were Catholics.

Ever since primary school, Hans was a "ferocious reader".<sup>162</sup> He would read all afternoon, to realize with a shock when the evening had come that he had homework to do. In his early teens he started reading the classics, even though at that early age much of what he read escaped him.

At that time, in secondary school, he joined the youth movement, which he would later describe as the "the most noble phenomenon, the greatest

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<sup>159</sup> "Geburts und Taufbuch Altlerchenfeld", p. 17, <http://data.matricula-online.eu/de/oesterreich/wien/07-altlerchenfeld/01-73/?pg=19>, accessed at 20 August 2021.

<sup>160</sup> Geschichten und Geschichte - Autobiographische Aussagen von Hans Asperger" (1978).

<sup>161</sup> Ibid.

<sup>162</sup> Ibid.

phenomenon of the entire German intellectual history”.<sup>163</sup> Hans felt so because he recognized in the youth movement an “integration of vital, instinctive life and higher spirituality”, and also of personal life and the people.<sup>164</sup> Hans’ participation in the youth movement was a particularly formative experience. He later said that it was “the decisive experience of my youth, of my life in general”.<sup>165</sup> In the view of one of his friends from this period, that Hans, as adult, would specialize in Curative Pedagogy “was very much in the spirit of youthful ideas”.<sup>166</sup>

In April 1923, Hans, his brother Karl and other boys founded the *Wandering Scholars*. The *Wandering Scholars* would take walking or hiking trips for weeks, and Hans continued to do so throughout his life. This immersion in nature made a lasting impression on Hans: “The love of nature, living in nature, that is essential to me. I have always remained a mountain climber. [...] I was instinctively close to nature, where one needs sense, not just knowledge.”<sup>167</sup> Their attitude to life was never narrowly intellectual, was not “dereistic” (Bleuler’s synonym for ‘autistic’) but “close to instinct”. This attitude expressed itself in immersion in nature, but also in a “deep contact with people, not just an intellectual, but also an emotional and instinctual understanding” of other people.<sup>168</sup> The *Wandering Scholars* developed this instinctive relation to the world into more spiritual practices. They “read, sang, played and discussed”.<sup>169</sup> They sought “everything that was grand and real” and they wanted to take responsibility for shaping their lives out of the forces of their own personality; they wanted to live autonomously.<sup>170</sup>

According to Asperger, his scientific views were deeply influenced by his experience with the Youth Movement. It taught him to “see nature as it really is” rather than approaching it “from a system, a pre-given scientific method”,

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<sup>163</sup> Ibid.

<sup>164</sup> Asperger, "Die Jugendgemeinschaften als Erziehungsfaktor" (1959).

<sup>165</sup> Geschichten und Geschichte - Autobiographische Aussagen von Hans Asperger (1978)

<sup>166</sup> Franz M. Kapfhammer, *Neuland: Erlebnis einder Jugendbewegung* (1987), p. 180, quoting a eulogy by Herman Abmayer.

<sup>167</sup> Ibid., p. 181.

<sup>168</sup> "Geschichten und Geschichte - Autobiographische Aussagen von Hans Asperger (1978)

<sup>169</sup> Franz M. Kapfhammer, *Neuland: Erlebnis einder Jugendbewegung* (1987), p. 180.

<sup>170</sup> Ibid., pp. 103-107, 180.

specifically to see “the total reality of a human being, a child”.<sup>171</sup> Seeing the whole child would become his profession.

Hans attended a Humanistic Gymnasium, which he passed in 1925. As he had intended since second class, he went on to study medicine at the University of Vienna. Asperger obtained his medical doctorate in March 1931. On 8 October 1943, Asperger handed in his *Habilitationsschrift* describing his idea of autism.<sup>172</sup> It was published a year later in *Archiv für Psychiatrie und Nervenkrankheiten*.

In May 1931, Asperger started as a general paediatrician at the *Children's Clinic* of the *University of Vienna*, under Franz Hamburger. From him he learned paediatrics. In the 1930's, Asperger published several articles on general paediatric topics, and he would continue to do so throughout his career. In 1932, he joined the *Heilpädagogische Abteilung (Hp)*, which was close to its 20<sup>th</sup> anniversary, and became its head in 1935. Between 1932 and 1937 he was a direct colleague of Georg Frankl.

In April and May 1934, Asperger did an internship in Leipzig and Potsdam.<sup>173</sup> Here he met several holistic psychologists who would influence his work on autism: Ludwig Klages, Paul Schröder and Hans Heinze. (Schröder and Heinze would later become central figures in Nazi psychiatry.)<sup>174</sup> In his journal of that 1934 trip Asperger mentions for the first time the term “autistic”, reflecting on the difference in jargon between the *Hp* and the Leipzig school.<sup>175</sup> Another clue that the terms ‘autistic’ was already used at the *Hp* years before Asperger first publicly talked about ‘autistic psychopaths’ is in the remark by an American psychiatrist who visited the *Hp* in 1935 that “artistic children” received “special personal guidance” – historian Edith Sheffer has argued

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<sup>171</sup> Geschichten und Geschichte - Autobiographische Aussagen von Hans Asperger (1978)

<sup>172</sup> I.B.M. Frye, *Fremde unter uns: autisten, ihre erziehung, ihre lebenslauf* (1968), p. 8.

<sup>173</sup> Maria Asperger Felder, " 'Zum Sehen geboren, zum Schauen bestellt' Hans Asperger (1906–1980): Leben und Werk" (2008); Edith Sheffer, *Asperger's Children: The Origins of Autism in Nazi Vienna* (2018), pp. 69-74

<sup>174</sup> Edith Sheffer, *Asperger's Children: The Origins of Autism in Nazi Vienna* (2018), p. 68.

<sup>175</sup> Maria Asperger Felder, " 'Zum Sehem geboren, zum Schauen bestellt', Hans Asperger 1906-1980: Leben und Werk" (2015), p. 102. Autism in Bleuler's sense was a generally known concept, and would not have been regarded by Asperger as specific to the Viennese jargon. See §1.5 above.



convincingly that this is a mistranslation of ‘autistic children’.<sup>176</sup> Finally, Anni Weiss wrote in the same year, just after she had left the Hp and moved to the States, in a private letter to Asperger that a certain child was “very autistic”.<sup>177</sup> That the term ‘autistic’ in these three instances was already applied to *children* was very significant, as outside the Hp the term ‘autistic’ at that time was only used to describe adults.

This means that Asperger most likely first encountered children with autism between May 1931, when he started working at the Hp, and April 1934, when he first mentioned the term. This is at least four years earlier than Kan-ner met his first patient with autism, in October 1938 (see chapter 4).

On the first of July 1935, Asperger married Hanna Kalmon (born 1 April 1909). Hans and Hannah would have five children.<sup>178</sup>

Between March 1938 and October 1942 Asperger practiced within the context of Nazi psychiatry. It is clear that while doing his job, Asperger cooperated with Nazi psychiatrists, even though he was not himself member of the Nazi party. It is further clear that a few children he referred to the so-called *Spiegelgrund* complex were killed there by the Nazi’s; however, there is an ongoing debate whether Asperger did or did not know that referring these children to *Spiegelgrund* would lead to them being killed by the Nazi’s.<sup>179</sup>

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<sup>176</sup>Joseph J. Michaels, "The Heilpädagogical Station of the Children's Clinic at the University of Vienna" (1935), p. 270. Edith Sheffer, *Asperger's Children: The Origins of Autism in Nazi Vienna* (2018), p. 55.

<sup>177</sup> “sehr autistisch”. Letter from Anni Wiess to Hans Asperger dated November 2nd, 1935, in possession of Dr. Maria Asperger Felder and cited in Samantha Leigh Druzak, "The Forgotten Pioneers: The Life and Work of Anni Weiss and Georg Frankl", p. 4, note 12.

<sup>178</sup> Wiener Stadt- und Landesarchiv (WStLA), Landesarchiv, Selbstverwaltungskörper, Bestand 2.10.2 - Ärztekammer Wien, Serie 2.10.2.A1 - Personalakten: Ärztinnen und Ärzte. Personalakt Ärztekammer: Dr. Johann Asperger, geboren 18.02.1906.

<sup>179</sup> A short biography is not the place to discuss this ongoing controversy at length. I have given an overview of the controversy in my Dutch paper "Hans Asperger en de nazi-ideologie" (2021). Here, I will merely list its most recent contenders.

*Spiegelgrund* was founded by the city of Vienna in 1941, and we know that it was responsible for the killing (euphemistically called ‘child euthanasia’) of at least 789 children. Edith Sheffer has recently made a case that two children who were referred to Spiegelgrund by Asperger died there. Moreover, she claims that since he worked closely together with the men overseeing these killings, he must have been aware that these referrals amounted to death sentences. Cf. Edith Sheffer, *Asperger's Children: The Origins of Autism in Nazi Vienna* (2018). Similarly, Herwig Czech found that six children referred to Spiegelgrund by Asperger were killed there and he claims that at the time Asperger made these referrals, it was already widely known that psychiatric patients were killed there. Cf. Herwig Czech, "Hans Asperger und die »Kindereuthanasie« (in Wien-mögliche Verbindungen)" (2015); idem, "Hans Asperger, national socialism, and “race hygiene” in Nazi-

It is in this grim context that Asperger first presented his concept of ‘autistic psychopaths’. He first used the term in public in a lecture on what he called ‘mentally abnormal children’, at the *Children’s Clinic* of the *University of Vienna*, on 3 October 1938, a half year after the Anschluss.<sup>180</sup> The idea was first fully developed in the fall of 1943, when he completed his post-doctoral dissertation. It was published in the next year as *Die ‘Autistischen Psychopaten’ im Kindesalter*. This thesis would become his best-known and most widely cited publication on autism, especially after it was partly translated in English in 1991.<sup>181</sup>

The fact that Asperger’s first writings on autism developed in a Nazi context, has been assessed in different ways. Some have argued that he defended children with autism against the Nazis<sup>182</sup>, whereas others argue that his view of autism reflected the values of the Nazi context in which he worked.<sup>183</sup> As we will see in the next chapter, my own conceptual analysis suggests that his theory of autism was less influenced by Nazi psychiatry than critics suggest. I tend to agree with Herwig Czech’s assessment that there is “no reason to consider the validity of Asperger’s scholarship as tainted per se by its historical context and Asperger’s concessions towards the Nazi regime”.<sup>184</sup> As conceptual historian, I will focus on Asperger’s ideas, not on his actions.

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era Vienna" (2018); idem, "Response to ‘Non-complicit: Revisiting Hans Asperger’s Career in Nazi-era Vienna’" (2019).

This critical view is contested by Dean Falk, who contends that of the 44 children sent to Spiegelgrund, only one was directly referred by Asperger. Moreover, she argues that when this happened, in July or August 1941, the child killing program at Spiegelgrund was not public knowledge, so that Asperger most likely would not have known about it. Cf. Dean Falk, "Non-complicit: Revisiting Hans Asperger’s Career in Nazi-era Vienna" (2019); idem, "More on Asperger’s Career: A Reply to Czech" (2019)

For the most recent contributions to the debate, see the September issue of Volume 168 (2020) of the *Monatsschrift Kinderheilkunde*. Ina Friedmann agrees with Czech that Asperger probably knew that a referral to *Spiegelgrund* might be a death sentence. Friedmann, "Die Heilpädagogische Abteilung der Wiener Universitätskinderklinik zwischen 1911 und 1977" (2020). In contrast, Werner Maleczek, et al. argue that Asperger only learned about the child euthanasia program after the war. See their "Hans Asperger, Leben und Wirken 1931 bis 1946" (2020).

<sup>180</sup> Asperger, "Das psychisch abnorme Kind" (1938), p. 1316. Dean Falk has recently published an English translation of this lecture (made using online translation tools) in the online supplement to her paper "Non-complicit: Revisiting Hans Asperger’s Career in Nazi-era Vienna" (2019). Asperger did not mention autism in a lecture in 1937 with the same title.

<sup>181</sup> Asperger, "'Autistic psychopathy' in childhood" (1991). Translated by Uta Frith.

<sup>182</sup> E.g. Brita Schirmer, "Autismus und NS-Rassengesetze in Österreich 1938: Hans Aspergers Verteidigung der ‘autistischen Psychopaten’ gegen die NS-Eugenik" (2002).

<sup>183</sup> Edith Sheffer, *Asperger's Children: The Origins of Autism in Nazi Vienna* (2018), chapter 3.

<sup>184</sup> Herwig Czech, "Response to ‘Non-complicit: Revisiting Hans Asperger’s Career in Nazi-era Vienna’" (2019).

In October 1942, Asperger joined the medical division of the German army, and in December 1943 he was sent to the front in Croatia as part of the 392<sup>nd</sup> Infantry Division, tasked with controlling the occupied territories in Yugoslavia and defending them against the Yugoslav communist Partisans.<sup>185</sup> Asperger later said that he considered himself lucky that he never had to shoot anyone.<sup>186</sup> After Germany's surrender he was a prisoner of war for a few months, after which he safely returned to Vienna, in September 1945.<sup>187</sup> Before going to the front he had become *Privatdozent* in paediatrics at Vienna University.<sup>188</sup> After the war he resumed his position as *Privatdozent*, as well as his work at the *Hp*. He had lost many of his former colleagues: Anni Weiss and Georg Frankl had fled to the United States and Viktorine Zak, the department nurse, who Asperger held in high regard, was killed during a bomb raid.<sup>189</sup>

In January 1946 Asperger opened a private practice for paediatrics in Vienna (district Burggasse).<sup>190</sup> Between 1951 and 1980 Asperger would see 9800 patients here, 130 of whom were diagnosed with autistic psychopathy (2,17%).<sup>191</sup> In the same period, 6459 children were admitted to the *Hp*; 74 were diagnosed with autistic psychopathy. They were all “children with very high intellectual functioning, specific circumscribed interests and talents but impaired social, communication and motor skills”.<sup>192</sup>

In 1946 Asperger returned to paediatrics at large, as interim director of the *Children's Clinic* in Vienna, a position he held until 1949. Between 1957 and 1962 he was director of the *Children's Clinic* in Innsbruck. In 1962 he returned as director of the *Children's Clinic* in Vienna, a position he held until his retirement.

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<sup>185</sup> Herwig Czech, "Hans Asperger, national socialism, and “race hygiene” in Nazi-era Vienna" (2018), p. 28.

<sup>186</sup> Maria Asperger Felder, " 'Zum Sehen geboren, zum Schauen bestellt' Hans Asperger (1906–1980): Leben und Werk" (2008), p. 108.

<sup>187</sup> Herwig Czech, "Hans Asperger, national socialism, and “race hygiene” in Nazi-era Vienna" (2018), p. 39n137.

<sup>188</sup> Roxane Sousek, "Hans Asperger (1906-1908) – Versuch einer Annäherung" (2015).

<sup>189</sup> *Ibid.*

<sup>190</sup> Wiener Stadt- und Landesarchiv (WStLA), Landesarchiv, Selbstverwaltungskörper, Bestand 2.10.2 - Ärztekammer Wien, Serie 2.10.2.A1 - Personalakten: Ärztinnen und Ärzte. Personalakt Ärztekammer: Dr. Johann Asperger, geboren 18.02.1906.

<sup>191</sup> Kathrin Hippler and Christian Klicpera, "A retrospective analysis of the clinical case records of 'autistic psychopaths' diagnosed by Hans Asperger and his team at the University Children's Hospital, Vienna" (2003)

<sup>192</sup> *Ibid.*

In 1952 he published the first edition of his monograph on *Heilpädagogik*. It first presented his views on psychopathy in general. The first edition was followed by a second in 1956 and a third in 1961.

Between 1944 and 1960 Asperger wrote about general paediatrics rather than Curative Education, but in 1960 he started writing again about autistic psychopathy. Between 1960 and 1977 he wrote several articles and held a few lectures about autistic psychopathy. His views during this period do not fundamentally differ from his earlier views on autism. New was his proposal that autism is a possibility of human existence that can be found in any person but becomes pathological in autistic psychopathy.

In 1977 Asperger retired, but continued to come to the Hp once a week to give a lecture on *Heilpädagogik*.<sup>193</sup>

Hans Asperger died on 21 October 1980 in Vienna, at the age of 74.

## 2.2 Experiences and problems

Hans Asperger's post-doctoral thesis *Die 'Autistischen Psychopathen' im Kindesalter*, which he completed in fall 1943 and published in 1944, was long considered his first public statement on children with autism. We now know that Asperger publicly spoke about children with autism at four occasions before that. He already described a child with autism in a talk on 'the mentally abnormal child', in 1938, and publicly referred to autistic 'psychopaths' again in 1939, 1940, and 1942.<sup>194</sup> Focussing, in this section, on these four early texts, and on retrospective accounts of this early stage, will help clarify the problems Asperger was working on when he first started writing about 'autistic psychopaths', as he called children with autism.

At this stage, Asperger described two problems, which I believe to be essential to his work on autism. The first, general problem, was how to know other people. The second, more specific problem was knowing a particular *type* of individuals, namely children who were 'autistic'.

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<sup>193</sup> Adam Feinstein, *A History of Autism: Conversations with the Pioneers* (2010), p. 18.

<sup>194</sup> Asperger, "Das psychisch abnorme Kind" (1938); idem, "Pädagogische Therapie bei abnormen Kinder" (1939); idem, "Zur Erziehungstherapie in der Jugendfürsorge" (1941); idem, "Jugendpsychiatrie' und 'Heilpädagogik'" (1942).

### 2.2.1 *The problem of knowing other people in general (Menschenkenntnis)*

Asperger's first problem was understanding the human personality. This problem was shaped by his experience of working with children with all kinds of personalities. As paediatrician, Asperger did get to know a larger group of children than for example parents would, and these children had all kinds of personalities, and were of all ages. In addition, he was confronted with varying degrees of health and disorder. Looking back, he said that in his work with children he was struck by two experiences. On the one hand, he experienced that individual differences are the result of the interplay between the inner forces in the personality and exogenous forces such as upbringing. On the other hand, he experienced that individual differences are a result of the stage of development, as the primitive drives and reflexes of new-borns are different from the more developed personality of older children.<sup>195</sup> In understanding the human personality, Asperger sought to give both these experiences their due.

For Asperger, this was not a mere academic exercise. In his day-to-day work as a paediatrician, it was his task to know other people, especially children, in order to properly diagnose and treat their problems. Asperger deemed insight in other people the "first essential precondition" of his daily psychiatric and pedagogical work with children.<sup>196</sup> More specifically, he wanted to understand the human *personality*, in the sense of inborn traits that are relatively independent from parental and other social influences. In pursuing this aim, Asperger insisted that knowledge of another person must do justice to the full complexity of living human beings. This general maxim gave rise to four more specific epistemological requirements.

We encounter the first requirement when Hans Asperger, for the first time, publicly described a child with autism – in his talk on 'the mentally abnormal child', delivered at the Children's Hospital of the University of Vienna, on 3 October 1938.<sup>197</sup> The child, a seven-year-old boy, must have been seen by Asperger sometime between 1932, when he joined the staff of the *Hp*, and 1938,

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<sup>195</sup> Asperger, *Heilpädagogik: Einführung in die Psychopathologie des Kindes für Ärzte, Lehrer, Psychologen, Richter und Fürsorgerinnen* (1952), p. 3.

<sup>196</sup> Asperger, "Jugendpsychiatrie' und 'Heilpädagogik'" (1942), p. 354: "erste wesentliche Voraussetzung".

<sup>197</sup> Asperger, "Das psychisch abnorme Kind" (1938). Not to be confused with the shorter lecture with the same title that Asperger gave a year earlier; where he did not mention autism

when he held his lecture. Asperger emphasized that the knowledge of his behaviour was “the key to his personality”.<sup>198</sup> In this metaphor, differences in the behaviour of the boy are the key to unlocking other, deeper, differences in the boy’s personality. Asperger believed that behavioural differences cannot be explained without reference to the inner personality, and that a good understanding of another person shows how both are always *related*. I shall call this *the interiority requirement*, a term not used by Asperger.

We learn of the second epistemological requirement when Asperger observed in the behaviour and personality of the boy a striking “contrast between abnormalities and in a sense highly developed characteristics”.<sup>199</sup> In other words, he was struck by the duality of his personality: it had positive *and* negative consequences – for the child and his milieu. Asperger did not present this duality as unique to autistic children. To the contrary, he discussed the boy, among a few other children, to illustrate his general thesis that the problematic symptoms of abnormal children are often the flip side of (exceptional) abilities. In this respect, the seven-year-old boy with autism was certainly no exception but proved the rule. Knowledge of the personality of other human beings, then, first of all has to meet what I call *the duality requirement*: knowledge of other people must do justice to the experience that personality traits have positive *and* negative consequences.<sup>200</sup>

The third epistemological requirement concerned the relation between different sides of the personality. Asperger insisted that knowledge of human beings must be true to the experience that their behaviours and traits *belong to an organic whole*.<sup>201</sup> Personality traits are not like parts of a machine that can be added one by one, but are aspects of a *living* whole which has developed

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<sup>198</sup> Asperger, "Das psychisch abnorme Kind" (1938), p. 1315: “den Schlüssel zu seiner Persönlichkeit”.

<sup>199</sup> Ibid. On the problematic side, the boy had several social problems: he did not bend to the will of others, acted malicious towards other children, and did not respect authority. On the side of abilities, the boy was very smart and a good learner.

<sup>200</sup> Asperger revisited the duality requirement in a lecture on therapy with children, published in 1939. In this lecture he repeated his observation that the human personality always has a positive and a negative side. Again, he described an autistic boy to illustrate this general observation. On the negative side, the eleven-year-old boy talked to other people “as a machine”, had no sense for the demands of his social environment, and no sense for what is allowed and what is not. On the positive side, the autistic boy had the ability “to describe his feelings in an unchildlike, professional parlance, which not only involves a rich vocabulary, but also original and often eccentric phrases”. Cf. Hans Asperger, "Pädagogische Therapie bei abnormen Kinder" (1939), p. 943.

<sup>201</sup> Asperger, "Das psychisch abnorme Kind", p. 1315.

organically and in which every trait is related to all other traits.<sup>202</sup> This goes further than recognizing duality: Asperger believed that the “good and the bad in a human being, his abilities and his failures, his possibilities and his dangers” do not merely coincide, but “are cut from the same cloth, presuppose each other”.<sup>203</sup> In Asperger’s experience problems and abilities do not accidentally coincide, but are *related* to each other. The positive personality traits of normal and ‘abnormal’ children alike “are inevitably connected to their pathological characteristics”.<sup>204</sup> For example, in Asperger’s view it was no accident that the autistic boy (negatively) had no sense for what a social situation demands but (positively) was better in describing his feelings – these opposites are two sides of the same coin.

This gives rise to what I call *the totality requirement*: to know another person one has to know his or her behaviour and personality *as a whole*, not an isolated part or function. In Asperger’s terms, not only their positive and negative consequences, but also the traits of a personality themselves are “in every moment interconnected, each receives from all others a particular colouring, and in turn throws a particular light on all others”.<sup>205</sup> Asperger believed that a person can only be understood by how the different parts of his personality ‘sound together’ (*Zusammenklang*) – harmoniously or disharmoniously. To understand social contact, for example, we must not look at an isolated personality trait, such as empathy, but look at how all parts of a personality illuminate each other. Asperger insisted that you cannot understand a personality by starting from parts and then combining them into a whole; to the contrary, insight in people must *start* from the whole. In 1938, he already described this whole as a single holistic quality that organizes the personality *durchaus* (throughout). Later he used similar terms to refer to this holistic quality: *durchorganisiert* and *durchstrukturiert* (organized/structured through and through).<sup>206</sup> These terms highlight that it concerns a single quality that

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<sup>202</sup> Asperger, “Jugendpsychiatrie’ und ‘Heilpädagogik” (1942), p. 354.

<sup>203</sup> Asperger, “*Das psychisch abnorme Kind*”, p. 1315: “Dag Gute und das Schlechte in einem Menschen, seine Fähigkeiten und sein Versagen, seine Möglichkeiten und seine Gefahren werden aus derselben Quelle gespiest, bedingen einander”..

<sup>204</sup> Asperger, “Pädagogische Therapie bei abnormen Kinder” (1939), p. 943: “Es können [...] positive Seiten aufweisen, die naturnotwendig mit ihren krankhaften Wezenszügen in Verbindung stehen.”

<sup>205</sup> Asperger, “Jugendpsychiatrie’ und ‘Heilpädagogik” (1942), p. 354.

<sup>206</sup> E.g. Asperger, “Bild und soziale Wertigkeit der autistischen Psychopaten” (1950), p. 257.

illuminates the various traits of a personality by showing how contradictory traits can all belong to the same personality. Asperger claimed that this holistic quality defines a certain *type* of personality:

Clearly, in many cases it is fruitful to think of a personality, so to speak, as organized through and through by a singular essential trait, which gives the person as a whole its character, and which *throws a decisive light* on all other traits. In this way, singular well-defined *types* are formed, which are similar to an astounding degree of detail: in external appearances, in expressive phenomena, and in numerous mental behaviours (we intend to show the usefulness of the concept of ‘type’ especially for particular forms of contact disorders, e.g. for ‘autistic psychopaths’).<sup>207</sup>

Asperger emphasized that the ‘organizing idea’ is multidimensional: it cannot be reduced to a one-dimensional opposition between two contrasting personality traits (such as introvert and extravert). Rather, it is a holistic quality of the personality as a whole that affects *all* personality traits, so that ‘introvert’ does not mean the same thing in different types.<sup>208</sup> Asperger compared bringing out this holistic quality to the ability of an artist to paint a lively portrait of a person, by repressing what is average and bringing to the fore what is essential.<sup>209</sup>

The last requirement is what I call *the individuality requirement*: to know someone one must know his or her individual and unique personality. In the words of Asperger, he had experienced that every child who came to the *Hp* was a “singular, unrepeatable, undividable being”.<sup>210</sup> The fact that we all have a unique character makes the human being “the most enigmatic creature on

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<sup>207</sup> Asperger, “‘Jugendpsychiatrie’ und ‘Heilpädagogik’” (1942), p. 354, emphasis added: “Zweifellos ist es in vielen Fällen fruchtbar, sich eine Persönlichkeit sozusagen von einem Wesenszug her ‘durchorganisiert’ zu denken, welcher dem ganzen Menschen das Gepräge gibt, welcher auf alle anderen Züge ein bezeichnendes Licht wirft. So entstehen einzelne wohlcharakterterisierte Typen, welche in erstaunlich vielen Einzelheiten, im äußeren Erscheinungsbild, in den Ausdruckerscheinungen und in zahlreichen seelischen Verhaltensweisen übereinstimmen (wir haben die Absicht; die Brauchbarkeit des Typenbegriffes vor allem für bestimmte Formen von Kontaktstörungen, z. B. für die ‘autistischen Psychopathen’ darzulegen.”

<sup>208</sup> Asperger, “Die „Autistischen Psychopathen“ im Kindesalter” (1944), p. 77.

<sup>209</sup> *Ibid.*, p. 81.

<sup>210</sup> Asperger, “‘Jugendpsychiatrie’ und ‘Heilpädagogik’” (1942), p. 354: “ein einmaliges, unwiederholbares, unteilbares Wesen (‘In-dividuum’).” To apply Wilhelm Windelband’s distinction, Asperger’s approach to knowledge was idiographic rather than nomothetic.



earth”.<sup>211</sup> Asperger suggested that knowing people is different in this regard than knowing other animals: to understand the behaviour of a dog or a horse you only need to understand a few instincts, common to the species, but this is not nearly enough to understand a human being.<sup>212</sup> One needs to understand his or her *individual* personality. This means that describing an ‘autistic type’ must not only help to see that autistic children have a certain kind of psychopathy in common, but also that it manifests itself in different ways. Every child of a certain type still has its unique individuality. The essential trait that defines the type must be general enough to allow for individual differences as well, and these unique characteristics matter as much as the type.

In sum, in Asperger’s view, the problem of knowing other people is not unique for autistic children. Knowing the personality of *any* person in its duality, totality and individuality is difficult. For Asperger every human being is an enigma, and knowing ‘abnormal’ children, such as children with autism, is merely a special case of knowing human beings in general. For this reason, Asperger’s approach to the general problem of knowing other people shaped his approach to the more specific problem of knowing children with autism. Then again, that does not mean that autistic children did not also pose a unique problem, as we will see next.

### *2.2.2 The problem of knowing the ‘autistic’ type in particular*

Looking back, Asperger remembered his experience that autistic children “were totally different from those he had gotten to know through previous pedagogical experiences: highly intelligent (with interesting peculiarities) and still so difficult in their overall behaviour that they could barely be handled in their family and/or their school”.<sup>213</sup> He also remembered that he first experienced this

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<sup>211</sup> Asperger, “‘Jugendpsychiatrie’ und ‘Heilpädagogik’” (1942), p. 354: “das rätselhafteste Geschöpf auf Erden”

<sup>212</sup> Asperger later wrote that human beings are unique in that they are not enclosed in pre-given schemata of instincts, but are ‘open to the world’. He believed that because the body of animals are better developed and adapted than the body of human beings, humans have no choice but to dominate the world with their mind. Cf. Hans Asperger, “Die Jugendgemeinschaften als Erziehungsfactor” (1959), pp. 122/132.

<sup>213</sup> Asperger, “Probleme des kindlichen Autismus” (1977), p. 2: “Kinder [...] die ganz anders waren, als er in seinen bisherigen pädagogischen Erfahrungen kennengelernt hatte: hochintelligent (mit interessanten Besonderheiten) und trotzdem so schwierig in ihrem gesamten Verhalten daß sie in der Familie und/oder der Schule kaum zu halten waren.”

difference, not when they were subject to standardized tests, but when they acted spontaneously in naturalistic situations. It was a general policy of the *Hp* to place children in situations that were as naturalistic as possible and to live with them as total human beings, not just as professionals, and this allowed Asperger to experience these children in quasi-natural situations.

In his early work, we see Asperger draw two problems from this experience. To describe the first problem Asperger used the metaphor of ‘hypertrophy’.<sup>214</sup> Hypertrophy is the “enlargement of a part or organ of an animal or plant, produced by excessive nutrition” (OED). Asperger used the term to refer the overdevelopment of certain functions of an organism – like a foot may grow out of proportion with the rest of the body. I use the more accessible term ‘enlargement’ to designate this problem.

Asperger first formulated *the enlargement problem* in a book review, which he wrote with Josef Feldner.<sup>215</sup> They critically reviewed *Practical Child Psychology*, a book by the German developmental psychologist Charlotte Bühler.<sup>216</sup> Their main critique at the time was she relied too much on tests and statistics. In their view, she relied, at least in this book, excessively on pre-determined intelligence tests and the verbal answers children gave in response.<sup>217</sup> As we will see, in the next chapter, Asperger did value her work in general and relied on her ideas about social development. Here, however, Asperger and Feldner pointed out (like George Frankl) that not only the *content* of what children say matters.

I want to stress that Asperger had no problem with intelligence tests *per se*. For example, in his own monograph, he later also offered a chapter on test methodology. His point was that even though there is nothing intrinsically

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<sup>214</sup> Asperger already used this term in 1938, but then only applied it to a specific symptom of autism, namely special interests. Cf. Hans Asperger, "Das psychisch abnorme Kind" (1938), p. 1316. Its broader application first appeared in Hans Asperger, "Pädagogische Therapie bei abnormen Kinder" (1939), p. 945.

<sup>215</sup> Hans Asperger and Josef Feldner, "Bemerkungen zu dem Buche 'Praktische Kinderpsychologie' von Prof. Charlotte Bühler" (1938).

<sup>216</sup> Charlotte Bühler, *Praktische Kinderpsychologie* (1937). Like Frankl, Bühler was Jewish, and fled to the USA in 1938.

<sup>217</sup> The results were displayed in her book as graphs and numbers about children in general. For example, she presented pie charts and tables specifying for different age groups which percentage of an infant's behaviour involved sleeping, spontaneous reactions, etc. For older children, Bühler offered tables specifying the populational distribution of for example intelligence. Asperger and Feldner criticized this approach as a one-sided 'probability psychology'.

wrong about testing the intelligence of a child, it does not allow professionals to obtain all necessary knowledge about that child and really understand it. An excessive and one-sided reliance on intelligence tests, although not without fruits, has important downsides.

Asperger and Feldner regarded such an excessive reliance on intelligence tests detrimental for knowing children: they believed that because of it “pathological cases remain unrecognized”.<sup>218</sup> That ‘autistic psychopaths’ were such unrecognized cases is clear from a lecture Asperger gave in 1977, in which he looked back at how he had first come to recognize autism as a distinct disorder.<sup>219</sup> In the early 1930’s Asperger realized that the child psychology of that time did not help at all in describing the behaviour of certain children. Although developmental psychologists did attend to the psychological problems of children, their one-sided way of doing so made it impossible to see the problems of autistic children<sup>220</sup>: they focussed on the intellectual domain, but here autistic children did not lag behind, rather, their answers to predetermined intelligence questions were more mature than those of other children. They were exceptionally good at abstract thinking they had original ideas.

The flip side of this enlargement was a “restriction” (*Eingeengtheit*). This term ‘restriction’ draws attention to what is lacking rather than excessively present. As Asperger remembered it, the problems of children with autism “lay not so much in thinking, but in interpersonal relationships, in – contact”.<sup>221</sup> Such relationships, in his view, requires instinct and feeling, more than intellectual understanding.

If the problems of ‘autistic’ children did not manifest in their verbal responses to intelligence tests, they did manifest in their reactions to social situations and demands. They had not learned how to behave well in such situations, and they did not instinctively sense what the concrete situation required. The first time he mentioned ‘autistic psychopaths’, Asperger already

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<sup>218</sup> Hans Asperger and Josef Feldner, "Bemerkungen zu dem Buche 'Praktische Kinderpsychologie' von Prof. Charlotte Bühler" (1938), p. 99: "pathologische Fälle unerkannt bleiben"

<sup>219</sup> Asperger, "Probleme des kindlichen Autismus" (1977).

<sup>220</sup> In addition to Charlotte Bühler, Asperger referred to Hildegard Hetzer and Jean Piaget, in "Probleme des kindlichen Autismus" (1977), p. 2.

<sup>221</sup> E.g. Asperger, "Probleme des kindlichen Autismus", p. 3: "Die Störung lag nicht so sehr im denken, sondern in den mitmenschlichen Beziehungen, im - Kontakt."

said that their “instinctive understanding” is “severely disturbed”.<sup>222</sup> He believed that this restriction of their instinctive functioning affected their reactions to other people. Asperger concluded that in these children, “relations to the world are restricted, especially those relations that depend on instinctive rather than intellectual understanding”.<sup>223</sup>

The opposition between instinct and intellect Asperger first encountered in the youth movement; in his professional work he maintained the ideal of relating to the world not just intellectually but also, and foremost, instinctively.<sup>224</sup> It was in contrast to his own youthful and professional ideas that Asperger found a restriction of instinct and an enlargement of intellect in other professionals. The psychology of that time did not deal with the instinctive reactions of children to social situations, this simply “was not part of its vocabulary”.<sup>225</sup>

That Asperger observed the enlargement and restriction problem in children *and* professionals indicates that he did not see these problems as unique to autism; they were part of a more general reflection on rationality and technology. As he would later make explicit, Asperger held that in the 20<sup>th</sup> century “life as a whole” has become “intellectualized and restricted”, as the instinctive trust in the organic body is replaced by an overreliance on technology.<sup>226</sup>

Nonetheless, there is a difference between professionals and children with autism. Psychologists would have been able to relate instinctively to other people: we can safely assume that in their private life they could relate to others in an instinctive way and could react appropriately to situations. They chose to

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<sup>222</sup> Asperger, "Das psychisch abnorme Kind" (1938), p. 1316: "Eben dieses instinktive Verstehen ist nun bei jenen Kindern schwer gestört."

<sup>223</sup> Asperger, "Das psychisch abnorme Kind" (1938), p. 1315: "Und das is auch das Wesentliche seiner Störung: seine Beziehungen zur Welt sind eingeengt, or allem jene Beziehungen die sich nicht über das Intellektuelle, sonder über das instinktive Verstehen abspielen."

<sup>224</sup> E.g. Asperger, "Probleme des kindlichen Autismus" (1977), p. 2.

<sup>225</sup> Asperger, "Probleme des kindlichen Autismus" (1977), p. 3: "das kam in ihrem Vokabulär überhaupt nicht vor". See also his "Autistisches Verhalten im Kindesalter" (1960), p. 53. That Asperger found *instinctive* reactions lacking from the vocabulary of psychologists, and not all forms of social reactions, is suggested by Asperger's remark that much of what he meant by 'contact' could already be found in Bühler's work on "social behaviour" – missing was attention to *instinctive* reactions. Cf. Asperger, *Heilpädagogik: Einführung in die Psychopathologie des Kindes für Ärzte, Lehrer, Psychologen, Richter und Fürsorgerinnen* (1952), p. 62.

<sup>226</sup> Hans Asperger, "Psychotherapie in der Pädiatrie." (1948), p. 19: "das ganze Leben wird intellektualisiert und eingeengt". See also his "Das Leibesbewußtsein des Menschen in der technischen Welt" (1965).

relate to children only through intelligence tests for professional reasons. In contrast, autistic children relied on the intellect in any domain and not out of choice. They would approach *everything* intellectually and were at a remove from social life. This suggests that in this type of children *the enlargement and restriction problem is a problem of the personality*.

The problem of knowing other people and the enlargement/restriction problem came together in Asperger's focal problem: understanding *the autistic type*. To live up to his own ideals, Asperger would have to show how the autistic *type* of personality can be described in a way that satisfies his four epistemological requirements.

Consider first the duality requirement. In describing the autistic personality, Asperger would have to do justice to both its positive and its negative consequences. Specifically, he must explain that restriction and enlargement have both positive and negative consequences.

Second, to satisfy his interiority requirement Asperger must show that their unexpected behaviour is related to their personality type. He will have to show how the enlargement of intellect and the restriction of instinct not only affect a person's outward behaviour but also his or her inner personality.

The third requirement was to describe the personality *as an organic whole*. Asperger would have to explain how an enlargement of intelligence and a restriction of instinct do not happen to occur together in the autistic type by accident, but are related to each other, and are aspects of a single holistic quality that organizes the personality through and through.

The final requirement was that the personality of every person be described in its individuality. This means that the holistic quality that binds the enlargement and restriction together should not blind Asperger to the unique individuality of each child with autism. Autistic psychopathy is essentially just a type, that is, a characterization based on what these children have in common; in addition, it should remain in view what makes them unique.

### **2.3 Asperger's conception of psychopathy**

The experiences and problems discussed in the previous section determined how Hans Asperger attempted to understand autistic children. We now move

on to the concepts Asperger introduced in response to these problems. In this section I shall discuss his conception of ‘psychopathy’, in the next section, I will turn to the special case of *autistic* psychopathy.

Although Asperger already used the term ‘psychopathy’ since 1938, especially in connection to ‘autism’, he did not properly explain the idea until 1952. He first did so in two texts that he made public in that year. The first text was the initial edition of his monograph *Heilpädagogik*, the second text was a paper on psychopathy, which he delivered at a conference in 1952, and which was published in print a year later.<sup>227</sup>

In these texts, we learn that for Asperger, the term ‘psychopathy’ did not refer to an *antisocial* disorder: it was an umbrella term including *any* disorder involving the triad of personality disorder, contact disorder, and activity disorder. For example, in his monograph, Asperger discussed several kinds of psychopathies: *autistic* psychopathy, but also ‘hysterical’ and ‘compulsive neurotic’ psychopathy.

For Asperger, psychopathies are always *hereditary* disorders that are relatively independent from the child’s milieu. In his work with identical twins, Asperger had shown that influences from the social environment do not have as much effect on the personality of children as the previous generation had thought.<sup>228</sup> That does not mean, however, that psychopathies are manifest from birth. Asperger actually believed that they begin to manifest later in life, especially when the personality typically begins to differentiate, around the age of three. This means that psychopathies in Asperger’s sense are developmental disorders, but expressly disorders in which the development of *the organism as a whole* is disturbed, not just a few functions, or even one.<sup>229</sup>

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<sup>227</sup> Asperger, *Heilpädagogik: Einführung in die Psychopathologie des Kindes für Ärzte, Lehrer, Psychologen, Richter und Fürsorgerinnen* (1952), especially the chapter on general symptomatology and the chapter on functional disorders; idem, "Psychopathie: Begriff, Diagnostik, Therapie" (1953).

<sup>228</sup> Hans Asperger and Heribert Goll, "Über einen Fall von Hemichorea bei einem eineiigen Zwillingsspaar" (1939).

<sup>229</sup> Hans Asperger, "Probleme des kindlichen Autismus" (1977), p. 9.

### 2.3.1 Psychopathy as developmental disorder

In 1952, Asperger began to describe psychopathy as a disturbance of the development of a person's inner personality functions and of a person's relationship with his or her external environment. The idea that the personality and contact-and-activity develop in mutual interaction was central to his conception of psychopathy: "Any disturbance of the inner personality structure also involves an outward one, that is, a disturbance of one's relations to the environment".<sup>230</sup> In his view, the biological self-organisation of the person develops dialectically – in three stages.

The first stage is *the stage of integration*. The child and his or her environment are not yet distinct but form a unity. Asperger implied that at this stage, subject and object not only form a single whole (they still can later) but are not even differentiated from each other. Young children only have a pictorial understanding of the world and only relate to the concrete demands and impulses of their immediate surroundings, in an instinctive and emotional way. They do not yet have a fully distinct self and their personality has not yet differentiated into different layers.

Second is *the stage of differentiation*. This stage involves two substages. First, the child begins to develop a self as something distinct from its environment. The child learns to distance itself from the demands of his immediate environment and relate to it in a more abstract way. Second, this external differentiation of the self from its environment makes possible an internal differentiation: the development of distinct personality parts within the self. This differentiation of the inner personality occurs around three years of age. At this point, children begin to develop new functions such as reason and intellect, which involve an abstract relationship to the world. These new functions allow the child to develop, in addition to the older pictorial understanding, a conceptual understanding of the environment.

Neurologically, the stage of differentiation involves the development of cerebral regulation of impulses (*Großhirnregulationen*), in addition to the earlier subcortical regulation of impulses that dominates the first stage. In

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<sup>230</sup> Asperger, "Psychopathie: Begriff, Diagnostik, Therapie" (1953), p. 27: "Aus jeder Störung des inneren Persönlichkeitsgefüges ergibt sich ja auch eine solche nach außen, eine Störung der Beziehungen zur Umwelt".

metaphorical terms, Asperger described this as the development of a ‘distance’ towards people and things:

The normal child, especially the little one, who properly sits in the environmental situation, responds to it in the right way and moves along with it, does so out of his healthy instincts, but mostly does not arrive at a conscious judgment; the latter would include abstraction from concrete things, and distance from singular things is a precondition for abstraction, for conscious reflection, and for concept formation.<sup>231</sup>

The personality, then, is differentiated into two layers: the layer of the older and more primitive functions, such as instinct and emotion, and the layer of the newer and more mature functions such as intellect and abstraction.

Third is the stage of *re-integration*. As soon as the self and the world become different parts, and the personality begins to differentiate in distinct parts, it becomes a major developmental task to develop a harmonious relation between these distinct parts that re-integrates them into a single whole. The challenge for children at this stage is to continue to function as a single organism, while retaining the differences between self and environment and between personality functions. In other words, a new harmony must be established that is not a return to the primitive integration of the first stage, but that is a re-integration that preserves the second stage as it forms a unity at a higher level of functioning. Essential to Asperger’s view of this third stage is that he considered internal re-integration a precondition for external re-integration:

[O]nly the human being who can establish harmony between the tensions within his personality, can respond (re-act) in the right way to stimuli and demands from his environment – this is always an interplay. One also can only then be properly creative and shape the world, that is, be

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<sup>231</sup> Asperger, "Die „Autistischen Psychopathen“ im Kindesalter" (1944), p. 117: "Das normale Kind, besonders das kleinere, welches richtig in der Umweltsituation steht, richtig darauf reagiert und mitschwingt, tut das aus seinen gesunden Instinkten, kommt aber meist nicht zu bewußter Beurteilung; dazu gehört ein Abstand von den konkreten Dingen. Der Abstand vom Einzelding ist die Voraussetzung zur Abstraktion, zur Bewußtwerdung, zur Begriffsbildung."



spontaneously active in the right way – as a free being – when one is healthy even in the deepest layer.<sup>232</sup>

In Asperger's view, the development of the early layer and the more mature layer of the personality and their interrelationship, determine a person's personality type. On the one hand, I think he would agree that as finite human beings, no person will ever be fully re-integrated. This is an ideal to aspire to, but in awareness that it is an ideal, not an attainable reality. On the other hand, Asperger's point is that there nonetheless is a meaningful distinction to make between a development that falls within the range of what is healthy and a development that falls within the range of 'psychopathy'.

Next, I will discuss the implications of Asperger's conception of psychopathy for his aim of understanding psychopathic children.

### *2.3.2 Diagnosing psychopathies: from external to internal disturbances*

Asperger's ultimate aim was not to describe in general the development of the human personality and its failures, but to know the *individual* personalities of psychopathic children. Essential to his understanding of this task was his view that the internal integration of the personality and the external integration with the environment are co-dependent.<sup>233</sup> If this is so, the psychiatrist who wants to know a child's personality can start from external disturbances, which are observable in behaviour, and then work back toward internal disturbances, which are not directly observable. Asperger proposed, in particular, that diagnosis should start from two observable realities most "closely related to the personality" – and work back from them towards the idea that organizes the

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<sup>232</sup> Asperger, "Psychopathie: Begriff, Diagnostik, Therapie" (1953), p. 27-8: "[N]ur der Mensch, welcher die Spannungen innerhalb seiner Persönlichkeit zu einer Harmonie zu zwingen imstande ist, kann richtig

auf die Anregungen und Anforderungen der Umwelt antworten (re-agieren), was ja immer eine Wechselwirkung ist. Er kann aber auch nur dann richtig ur-hebend, gestaltend in die Welt eingreifen, in richtiger Weise spontan aktiv sein – freies Wesen, das er ist, – wenn er eben im Tiefsten gesund ist.

<sup>233</sup> as we will see in the next chapter, section 3, this distinction draws on Erich Jaensch. Cf. Asperger, *Heilpädagogik: Einführung in die Psychopathologie des Kindes für Ärzte, Lehrer, Psychologen, Richter und Fürsorgerinnen* (1952), p. 66.

personality through and through.<sup>234</sup> These two behaviours are *contact* and *activity*: “The difficulties of psychopathic children are particularly prominent in two areas: contact and activity”.<sup>235</sup>

In 1952, Asperger first publicly defined contact in contradistinction to activity, the main difference being that they involve different parts of the peripheral nervous system; he said that contact is a basic expression of life, which can already be observed in plants and which in human beings involves the autonomic nervous system.<sup>236</sup> In contact, the organism seeks to find a balance between opening itself up to the-world-as-it-is and distancing itself from it. In contrast, activity is a higher expression of life, which is only found in animals and which in humans involves the voluntary nervous system. In activity, the organism balances between seizing the affordances offered by the world and acting on its own spontaneous impulses, regardless of the demands of its environment. In spite of these differences, Asperger felt that contact and activity both express the same tension arc from the inner personality, that is, a tension between an emotional-instinctive “depth person” and a conceptual-abstract “thought person”.<sup>237</sup>

Now, in Asperger’s view, the process of understanding psychopathies involves moving from observable surface differences to an underlying depth structure that is not observable.<sup>238</sup> To conceptualize this diagnostic process, Asperger

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<sup>234</sup> Asperger, "Psychopathie: Begriff, Diagnostik, Therapie" (1953), p. 35: “komplexen persönlichkeitsnahen Gegebenheiten, wie es der Kontakt und der Aktivität sind”.

<sup>235</sup> Ibid., p. 39: “Die Schwierigkeiten mit psychopathischen Kindern zeigen sich besonders stark auf zwei Gebieten: im Kontakt und in der Aktivität”.

<sup>236</sup> Asperger, *Heilpädagogik: Einführung in die Psychopathologie des Kindes für Ärzte, Lehrer, Psychologen, Richter und Fürsorgerinnen* (1952), the chapter on “General symptomatology”, esp. pp. 62, 73, 76.

<sup>237</sup> Ibid., p. 76: “Tiefenperson’ und Denkpersion”

<sup>238</sup> Asperger believed that you can only get a holistic impression of another person’s personality when you are in direct contact with that person. Understanding always takes place in a contact situation. His paradigmatic example was a contact situation involving two people, for example a boy who is talking to his parents, playing with a peer or attending to his teacher. In such dyadic contact situations, the interlocutors “together build a unity [...] in which an observer has no full insight”. (Cf. Asperger, *Heilpädagogik: Einführung in die Psychopathologie des Kindes für Ärzte, Lehrer, Psychologen, Richter und Fürsorgerinnen*, 1952, p. 62: “bilden miteinander eine Einheit etwas irgendwie in sich Abgeschlossenens, in das ein Dritter, also etwas ein von außen Beobachtender, nicht vollen Einblick hat”.) This is why as a pedagogue or as a physician one can really only understand how a child relates to persons and situations by entering into contact with that child oneself. If contact is the key to unlocking the personality, this also means that understanding another person’s personality is only possible through contact with that person.

drew on the then influential German thinker Ludwig Klages. Ignoring his speculative metaphysics and his system of the human character, Asperger drew on a particular part of Klages work: his theory of the relationship between expression and impression.<sup>239</sup> Here, he found confirmation of his view that the human personality becomes publicly observable in circumstances close to the personality. In a nutshell, Klages' idea was that people always express themselves, involuntarily, in phenomena such as mimicry, posture and handwriting.<sup>240</sup> In people who observe them, these phenomena leave an impression behind, which can only be known subjectively by the observer, by looking inward to his impression of the other person's behaviour.

Asperger applied this idea to psychiatric diagnosis: only by looking inward to the total impression a patient leaves behind inside the physician, the latter can develop a holistic understanding of the total structure of the patient's inner personality.

What did Asperger mean by the inner structure of the personality? To explain his view of the personality he opposed it to Paul Schröder's, who claimed that every personality consists of a combination of 'mental sides' (*seelischen Seiten*), e.g. intellect, feeling, and fantasy. In Schröder's view, such sides are constants, which are qualitatively the same for any human personality, but differ in quantity: a child can have more or less intellect than other children, and have more or less of the other sides as well, but what intellect entails is the same in all children. For Schröder, 'psychopathy' was a quantitative *increase* of one of the sides of the personality.

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In social contact, expressive phenomena facilitate the integration of a child with other people, so that they form "a living unity [*lebendige Einheit*] [...] of inter-reacting in countless conscious and even more unconscious relationships".

When children talk to other people, this social integration results in a 'unity of verbal contact' [*Einheit des Gesprächskontaktes*]. Asperger suggested that such verbal integration is a special case of a more general integration with the social environment, which allows children to find their "place in the organism of the social community". This social integration is disturbed in children with autism.

<sup>239</sup> Ludwig Klages, *Grundlegung der Wissenschaft vom Ausdruck* (1936). The title translates as *Foundations for the science of expression*; it was the fifth, reworked and expanded, edition of a text that first appeared in 1913. For an extensive discussion of Klages' influence on Asperger, see Haswell Todd, *The turn to the self: a history of autism, 1910-1944* (2015), chapter 3.

<sup>240</sup> Klages' idea of expressive phenomena is broader than Frankl's concept of 'affective contact', in two ways. First, as it involves phenomena Frankl did not include, such as handwriting. Second, Frankl maintained that some children lack affective language, but Asperger maintained that a revealing and an opaque face are equally expressive, they only express different things.

Asperger was very critical of this quantitative approach, arguing that it is too colourless to capture the complexity of real living human beings; we have seen that he instead argued for a qualitative view of personality areas. When he talks about areas of the personality he does not mean isolated parts from which the whole is built up additively, but aspects *that are related to all other aspects* as they are integrated in the personality as a whole.

Asperger replaced Schröder's idea of an increase with his idea of 'hypertrophy', suggesting that personality parts can become overinvested with energy. On this view, when one personality area develops out of proportion with the rest of the personality, this comes at the expense of the other areas. Hence, in psychopathy the personality as a whole shows a different development, not just one part, and the overdeveloped part differs not just quantitatively, but also qualitatively, from the way it functions in other people. For example, according to Asperger there is no single intelligence.<sup>1</sup> Intelligence is not a quantity different people have more or less of. Rather, there are several *kinds* of intelligence, which are *qualitatively* different. In other words, he insisted that the nature of a person's intelligence depends on the other parts of his or her personality. He believed that there is a typically masculine and feminine intelligence, and that the intelligence of 'autistic psychopaths' is different in kind from the intelligence of other types.

To sum up, Asperger believed that in order to understand the psychopathic personality of a particular child you should observe how the child functions outwardly, in relation to the world, and use your total impression of this behaviour to grasp what disturbs the development of the child's personality. We will now see what, in Asperger's view, this overall disturbance was in children with autism. In so doing, we return to the enlargement and restriction problem.

#### **2.4 Asperger's concept of autistic psychopathy**

The preceding discussion of Asperger's conception of psychopathy helps clarify an apparent inconsistency in the way Asperger described autistic psychopathy.

On the one hand, Asperger said from the beginning that autistic psychopathy is defined by "a disorder of the harmony between intellect (*Verstand*) and

instinct".<sup>241</sup> In his thesis, Asperger repeated the same idea in different words, defining autism by a "disturbance of instinctive, emotional reactivity" but "increased personal distance".<sup>242</sup> Later formulations of the same idea are: "exaggerated intellectualism [...] by disturbed thymic instinctive functioning"<sup>243</sup>, and later, "a disturbance in feeling, in the thymic area" but "above average formal intelligence".<sup>244</sup>

On the other hand, Asperger also defined autistic psychopathy as a disorder of a person's relations to the environment. In another early lecture, he said that they are "autistically restricted to the self" as if "the rest does not exist" for them.<sup>245</sup> Similarly, in his thesis, Asperger said that "the autistic [child] is only a self", thus defining autism as "a restriction to the self".<sup>246</sup> In later papers, he repeated his idea that it belongs to the essence of autism that the child "is too much 'one self'"<sup>247</sup> or "restricted to one's own self".<sup>248</sup> This suggests a more behaviouristic understanding of autism, in the sense that it focuses on the behavioural interaction between an organism and its environment:

The difficulties of psychopathic children are particularly prominent in two areas: contact and activity. The contact disorder, the restriction of personal relations, is the essential determinant of autistic psychopaths [...]. The activity disturbance particularly characterizes the clinical picture of many psychopathic states: [e.g.] the over-spontaneity of the autistic, who has no regard for the demands of each respective situation [...].<sup>249</sup>

These two sets of descriptions of autism pose the question how a disharmony between intellect and instinct is the same as a restriction to the self. The

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<sup>241</sup> Asperger, "Das psychisch abnorme Kind" (1938), p. 1317

<sup>242</sup> Asperger, "Die 'Autistischen Psychopathen' im Kindesalter" (1944), p. 117-118

<sup>243</sup> Asperger, "Autistisches Verhalten im Kindesalter" (1960), p. 63

<sup>244</sup> Asperger, "Das autistische Kind und seine Probleme" (1963), p. 247-8

<sup>245</sup> Asperger, "Pädagogische Therapie bei abnormen Kinder" (1939), p. 944: "Er ist eben autistisch auf sein Selbst eingeengt, alles andere existiert nicht für ihn."

<sup>246</sup> Asperger, "Die „Autistischen Psychopathen“ im Kindesalter" (1944), pp. 84, 136: "Der Autistische ist nur 'er selbst'"; "eine Einengung auf das eigene Selbst (Autismus)".

<sup>247</sup> Asperger, "Bild und soziale Wertigkeit der autistischen Psychopaten" (1950), p. 25: "dass sie zu viel 'sie selbst' sind".

<sup>248</sup> Asperger, "Diagnostische und heilpädagogische Probleme bei autistischen Kindern" (1946), p. 206: "die Einengung auf das eigene Selbst (autos)".

<sup>249</sup> Asperger, "Psychopathie: Begriff, Diagnostik, Therapie" (1953).

foregoing discussion of Asperger’s concept of psychopathy helps us see this. The first group of descriptions defines autistic psychopathy on the level of inner personality structure, by describing the holistic quality that organizes the autistic personality through and through. The second group defines autistic psychopathy on the level of outward relations, pointing to a disturbance of contact and activity. In Asperger’s view, these two disturbances are two sides of the same coin since psychopathy by definition involves a disturbance of the inner personality structure and a disturbance of outward relations to the world. Autistic psychopathy is a particular example of such a psychopathy, and we will now see what set it apart, in Asperger’s view.

*An enlargement of differentiation and a restriction of re-integration*

For Asperger, autistic psychopathy was defined by what in most general terms can be described as an *enlargement of differentiation* and a *restriction of re-integration*. In his work, we see Asperger circle around this opposition, using different concepts to express this general idea (see table 2).

<b>Table 2: different formulations of Asperger’s central opposition</b>	
<b>differentiation</b>	<b>(re-)integration</b>
intellect	instinct
---	thymos
thought person	depth person(ality)
conceptual	visual
abstraction	being with
spontaneity	reactivity
self	being with others

Throughout Asperger’s career his formulations and emphases shifted. Roughly, three stages can be delineated, but in each subsequent stage formulations from the previous stage(s) are retained. Initially, starting in 1938, Asperger focussed on the opposition between an emotional-instinctive layer of the personality, enabling good contact with other people, and an intellectual-conceptual layer of the personality, enabling a good conceptual understanding. In 1952 he shifted his focus to the opposition between spontaneity and reactivity, introducing the

key phrase “increased spontaneity with disturbed reactivity”.<sup>250</sup> At this time Asperger also introduced the opposition between ‘contact’ and ‘activity’ and suggested that in both there is an “increased spontaneity with disturbed reactivity”. The last phase started in 1974, when Asperger proposed that autism and its opposite are two possibilities of human existence that need not be pathological: healthy people too can both act as a “a self” and be “with other people”.<sup>251</sup>

Throughout these shifting formulations and emphases, the chief idea remained the same: ‘autism’ is a particular development of the biological self-organisation of a human being, in which the differentiation of the inner personality functions and the differentiation of the self from the external environment are not (or less so) superseded by a more mature stage of development in which they again become integrated.

On conclusion, two oppositions were essential to Asperger: first, that autistic psychopathy involves an enlargement of ‘differentiation’ *and* a restriction of ‘re-integration’; second, that they affect two levels of functioning: the inner personality and relations to the outer environment. To clarify Asperger’s concept of autistic psychopathy, I describe it as a grid of four *quadrants* (a term not used by Asperger). Taken together, the two oppositions form a grid of four quadrants: (1) outer restriction, (2) outer enlargement, (3) inner restriction and (4) inner enlargement. In autistic psychopathy *all four quadrants are affected*.

## 2.5 The social symptoms of autistic psychopathy

We now turn to one cluster of symptoms within autistic psychopathy: those symptoms that fall in the domain of social interaction and communication. (I will discuss the non-social symptoms of autistic psychopathy in the next chapter.)

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<sup>250</sup> Asperger, *Heilpädagogik: Einführung in die Psychopathologie des Kindes für Ärzte, Lehrer, Psychologen, Richter und Fürsorgerinnen* (1952), p. 171: “gesteigerte Spontaneität bei gestörter Reaktivität”. The same phrase occurs in his “Autistisches Verhalten im Kindesalter” (1960), in his “Das autistische Kind und seine Probleme” (1963), p. 248, and in his “Formen des autismus bei kindern” (1974), p. 1012.

<sup>251</sup> Hans Asperger, “Probleme des kindlichen Autismus” (1977), pp. 9, 10: “‘mitmenschlich’ zu sein”, “Er ist auch ein ‘Selbst’”; idem, “Frühkindlicher Autismus” (1974), p. 2026. See also Hans Asperger and Franz Wurst, *Psychotherapie und Heilpädagogik bei Kindern* (1982), p. 301.

Mostly, Asperger subsumed peculiarities in the social interactions of autistic children under the heading of the *contact* disorder. For many of these peculiarities concerned unconscious and undeliberate expressive phenomena such as eye gazing, mimicry, intonation and posture (similar to what Frankl's called 'affective contact' but somewhat broader, see the next chapter). In autistic children these aspects of social interaction were characterized by a distance towards others and an intellectual even 'mechanical' approach. Then again, in social interactions the content of what is said matters as well. Since this aspect of speaking involves conscious and deliberate motor control, it would fall under the heading of the *activity* disorder. In this domain, autistic children stood out by their original ideas and even wordings, which were spontaneous productions rather than being reactions and adaptations to their social milieu.

In the remainder of this section, I will show how Asperger's framework of the four quadrants underlay description of the social symptoms of autistic psychopathy in his post-doctoral thesis. I focus on *Die 'Autistischen Psychopathen'* because it is Asperger's best known and most concrete publication, which offers rich case studies.

### 2.5.1 Quadrant 1: outer restriction

The first quadrant involves a restriction of outward relations to the environment, that is, of contact and activity. Asperger emphasized that "human beings normally live in uninterrupted interactions with the environment, constantly reacting to it [...] a living part of a larger organism, which constantly influences them and which they constantly influence".<sup>252</sup> Normally, the mimicry of newborns is "open to the world" and vivid.<sup>253</sup> Their facial expression and other expressive phenomena facilitate contact with other people. This is why it is so easy to make contact with very young children. Especially with their mother, they are in constant interaction. Even new-borns already instinctively grasp a finger extended to them. This interaction with the world is a dual phenomenon:

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<sup>252</sup> Asperger, "Die 'Autistischen Psychopathen'" (1944), p. 84: "Während der Mensch normaler Weise in ununterbrochenen Wechselbeziehungen mit der Umwelt lebt, ständig auf sie reagierend [...] ein lebendiger Teil eines größeren Organismus, von diesem ständig beeinflusst und ständig auf diesen wirkend."

<sup>253</sup> Asperger, *Heilpädagogik: Einführung in die Psychopathologie des Kindes für Ärzte, Lehrer, Psychologen, Richter und Fürsorgerinnen* (1952), p. 59: "weltoffen"



it has the positive consequence of learning to adapt to the environment, but it also has the negative consequence of losing one's originality in the process.

For Asperger, the adjective 'autistic' first of all refers to a restriction of contact and activity: the term was derived from the Greek words *autos*, meaning 'self', and *ismos*, a suffix forming action nouns from verbs – together they mean 'acting like (only) a self'.<sup>254</sup> For Asperger, a defining aspect of autism was a restriction 'to the self' – as if there simply is no relevant outer environment. As Asperger put it, "in 'autistics' these relations [to the environment] are severely disturbed, restricted".<sup>255</sup> This is especially clear in their relations to the *social* environment. Asperger found that disturbances of contact led to conflicts in their family, and at school, where they disobeyed the orders given by educators and only followed their own will. In addition, they isolated autistic children from their siblings.

This outer restriction is evident in the case studies Asperger described in *Die 'Autistischen Psychopathen'*. His first case description was of Fritz, an autistic boy who was first brought to the *Hp* in the fall of 1939, when he was six years old. Asperger reported that Fritz "always plays alone, never gets along" and "has no real emotional relationships with anyone".<sup>256</sup> He had an "insusceptibility to external commands".<sup>257</sup> When other people showed affect, he mostly reacted with irritation. Fritz' own expressive phenomena did not afford contact: his gaze was empty and was not directed at other people, his intonation was flat. Still, Fritz did not show a *total* restriction of social contact. He did have an unerring feeling for who had his best interest at heart, and occasionally reciprocated this feeling, for example by embracing a nurse.<sup>258</sup>

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<sup>254</sup>Robert N. Proctor " "-Logos," "-Ismos," and "-Ikos" The Political Iconicity of Denominative Suffixes in Science (or, Phonesthemic Tints and Taints in the Coining of Science Domain Names)" (2007).

<sup>255</sup> Asperger, "Die 'Autistischen Psychopathen'" (1944), p. 84.

<sup>256</sup> Ibid., p. 86: "Er spielt immer allein, nie hat er sieh mit anderen Kindern vertragen oder beschäftigt"; "Zu niemandem hat er richtige Gefühlsbeziehungen". Asperger observed that Fritz' mother, too, was "restricted in her relations to the world", and especially in her instinctive adaptation to situations (p. 87). When things got too much, she simply took off and left her family for a while.

<sup>257</sup> Asperger, "Die 'Autistischen Psychopathen'" (1944), p. 89: "Unzugänglichkeit gegenüber Befehlen von außen

<sup>258</sup> Ibid., p. 90

Harro, an eight-year-old boy, also did not play with other children, but was always “found in a corner, buried in a book, completely indifferent to the noise and movement around him”.<sup>259</sup> He did not develop personal relationships to other children or adults. His gaze was absent, his mimicry and gestures were impoverished. He typically did not respond to questions. Asperger explicitly stated that all of Harro’s behavioural peculiarities “can be explained by the restriction of his relations to the environment.”<sup>260</sup>

### 2.5.2 Quadrant 2: outer enlargement

On their own, these remarks seem to suggest that autistic children have no contact with others at all. However, they must be seen within Asperger’s larger framework, which not only postulates an outer restriction but also an outer *enlargement*. His point is that whereas some kinds of outward behaviour are absent, they are replaced by other forms of outward behaviour. There is a restriction of reactivity to the world, but not of spontaneous activity. The actions of autistic children are not a re-action to their environment but are *original* and *spontaneous*: they originate in a self that maintains a distance from other people.

We have seen that according to Asperger, around their third year, children begin to distance themselves from other people. This change is outwardly expressed in the child’s mimicry and posture. The child’s gaze becomes critical and distrustful. This distance has a positive and a negative side. Positively, Asperger observed that children with autism often actually have a more mature judgment of other people, due to their “heightened personal distance” from them.<sup>261</sup> The negative side of this distance is that their expressive phenomena often do not afford contact with other people. If some form of contact is established, it does not take social expectations into account and the interests of children with autism do not align with those of other children.

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<sup>259</sup> Ibid., p. 101: “in einer Ecke, in ein Buch vergraben, völlig unbekümmert um Lärm oder Bewegung um ihn.”

<sup>260</sup> Ibid., p. 101: “Auch bei Harro L. lassen sich alle Eigenheiten seines Verhaltens aus der Einnengung seiner Beziehungen zur Umwelt erklären.”

<sup>261</sup> Ibid., pp. 117-8: “verstärkte persönliche Distanz”.

Asperger did not mean that autistic children are *completely* shut off from the world, only that their relationship to the world is original rather than reactive. They do talk about their own original experiences and spontaneous interests; they are active just not reactive. They do not react to the concrete situation but keep a distance from what other people expect. Asperger believed that because of this their understanding of the world is actually more mature than that of other children.

This is clear in his case descriptions. Harro “tells long fantastic stories”, which “are becoming ever wilder and more incoherent”.<sup>262</sup> In the same vein, Ernst, “speaks incessantly and unsolicited” and “immediately tells the other person what he sees, whether this remark fits the situation or not”.<sup>263</sup> Fritz regularly surprised his parents with unexpected remarks “which revealed an excellent observation of the situation, and a good judgment of people”.<sup>264</sup>

### 2.5.3 Quadrant 3: inner restriction

Asperger believed that the restriction of certain forms of contact and activity roots in a disturbance of the instinctive organisation of the personality. Asperger sometimes suggested that instinct is one among other personality areas, like drives and feelings – as in Schröder’s system. However, it seems to me that in addition he used ‘instinct’ metonymically to stand for the entire deeper layer of the personality that is there from birth, prior to the differentiation of the personality – including feeling, drives and *Gemüt*. Asperger often combines two or three of these terms and seems to use them interchangeably: each ‘part’ can stand for the whole.

To be concrete, Asperger believed that the absent gaze and flat intonation of autistic children, which itself are behavioural restrictions, point towards a restriction of the inner organisation of the personality. That is, it points to a holistic quality that organizes the autistic personality through and through: a

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<sup>262</sup> Asperger, "Die 'Autistischen Psychopathen'" (1944), p. 97: "er erzählt lange phantastische Geschichten; wenn er einmal im Zug ist, steigert er sich immer mehr hinein, die märphenhaften Erzählungen werden immer wüster, immer unzusammenhängender."

<sup>263</sup> Ibid. (1944), p. 105: "Der Knabe redet unentwegt und ungefragt [...] er muß alles, was er bemerkt, sofort den anderen mitteilen, ob diese Bemerkung jetzt in die Situation paßt oder nicht."

<sup>264</sup> Ibid. (1944), p. 90: "'eine ausgezeichnete Erfassung der Situation, eine gute Beurteilung von Menschen"

“disturbance of instinctive, affective, responses”.<sup>265</sup> He also described it as a restriction of drives, of feeling, and of the core of the personality.<sup>266</sup> In Asperger’s view, this inner disturbance “must be regarded as the final cause for the disturbance of relations to the [external] environment”.<sup>267</sup>

Focussing on instinct, Asperger found that autistic children do not instinctively adapt to social situations, as other children do by imitating their parents. He described it as a lack of “susceptibility to mechanization”.<sup>268</sup> One might think of the mechanical as the opposite of vital instinct, but for Asperger the two are the same: he meant by ‘mechanization’ the process of learning from others, and he meant by ‘mechanisms’ instinctive actions that involve no conscious thought.<sup>269</sup> Non-autistic children learn to act ‘on autopilot’ through exercise and habituation, but children with autism cannot rely on unconscious mechanisms.<sup>270</sup> This restriction shows itself in the circumstance that they need explicit instruction where other children would not.<sup>271</sup>

In the case studies, Asperger described Fritz’ “affective life” as so “disturbed” and “abnormal”, that it was no wonder that he could not react appropriately to the feelings of adults.<sup>272</sup> He described Harro as “unpractical and instinctively disturbed”, an “autistic machine” unable to form real relationships to others.<sup>273</sup>

#### 2.5.4 Quadrant 4: inner enlargement

The final quadrant entails that the restriction of instinctive inner organisation of the personality also has its dual: an enlargement of the intellectual organisation of the personality. Just as Asperger used the term ‘instinct’ to refer to

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<sup>265</sup> Ibid. (1944), pp. 118: “Störung des instinkthaften, gefüllsmäßigen Reagierens”.

<sup>266</sup> Ibid. (1944), p. 123.

<sup>267</sup> Ibid. (1944), p. 125: “den man als die letzte Ursache der Störung der Beziehung zur Umwelt ansehen mug”

<sup>268</sup> Ibid., p. 108: “mangelnde Mechanisierbarkeit”

<sup>269</sup> Asperger, *Heilpädagogik: Einführung in die Psychopathologie des Kindes für Ärzte, Lehrer, Psychologen, Richter und Fürsorgerinnen* (1952), pp. 40, 193.

<sup>270</sup> Asperger, "Die ‘Autistischen Psychopathen’" (1944), p. 107.

<sup>271</sup> Ibid., p. 103.

<sup>272</sup> Ibid. (1944), pp. 92: “Ist so die eigene Affektivität des Knaben so abartig, daß man sich nur schwer einfühlen kann, so wird es nicht wunder nehmen daß auch die Reaktion auf die Affekte des Erziehers nicht die richtige ist.”

<sup>273</sup> Ibid. (1944), p. 111: “der Jugendliche ist ein ‘autistischer Automat’, apraktisch und instinktgestört”.

the entire deeper layer of the personality, he used the term ‘intellect’ metonymically for the entire later layer of the personality that enables more mature functions, such as abstraction.

We have seen why Asperger believed that autistic ‘psychopaths’ do not rely on habits; we can now add that, positively, they “learn everything intellectually”.<sup>274</sup> In his view, ‘autistic psychopaths’ are therefore more conscious of their bodily and mental processes. Whereas other children rarely reflect on themselves, autistic children often “think about themselves, and observe themselves”.<sup>275</sup> They look at themselves as from a distance, and we already have seen that they have a similar distanced attitude to others. Asperger proposed that this greater distance to the concrete allows autistic children to develop a much higher degree of abstraction than their peers.<sup>276</sup> They have “good logical thinking, and an especially good abstraction ability”.<sup>277</sup> They are active, but their activity is spontaneous, not a response to the demands of their milieu.

In Asperger’s analysis, autistic ‘psychopaths’ have a special *kind* of intelligence, defined by that it is not integrated with the instinctive mode of functioning: they understand themselves and the world *only in a conceptual way*.<sup>278</sup> By an enlargement or ‘hypertrophy’ of their intellect Asperger did not mean that they have a higher IQ. He knew autistic ‘psychopaths’ can be intellectually disabled as well as geniuses. Rather, he meant that on whatever intellectual level they function they are more prone to use concepts that are abstracted from concrete experience.

In the case descriptions, Asperger conveyed that Fritz had “exceptionally rich inner experience” and he added that, in general, this is due to increased distance from the (social) environment.<sup>279</sup> He observed in Harro “mature, well-developed and adult-like expressions” that “sprang from his own unchildlike, mature, experience”.<sup>280</sup>

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<sup>274</sup> Ibid., p. 103: “sie müssen alles verstandesmäßig erlernen”.

<sup>275</sup> Ibid., p. 116: “denken diese Kinder über sich nach, stehen sich selber beobachtend gegenüber”

<sup>276</sup> Ibid., p. 117.

<sup>277</sup> Ibid., p. 95: “ein gutes logisches Denken und eine besonders gute Abstraktionsfähigkeit”.

<sup>278</sup> Ibid., p. 118.

<sup>279</sup> Ibid., p. 95: “ein ungewöhnlich reiches inneres Erleben”.

<sup>280</sup> Ibid., p. 98. “ine ganz ungewöhnlich reife, fertige, erwachsene Ausdrucksweise”.

### *2.5.5 Did Asperger's theory meet his own requirements?*

In this final section, I would like to consider whether this grid of quadrants satisfied Asperger's four epistemological requirements (see section 2.1).

First, by combining the idea of a contact disorder with the idea of a personality disorder, within a single overarching disease entity, Asperger showed that 'autism' is not merely a behavioural disorder, of a person's interaction with his environment, but *also an interior disorder*, of the personality. In this way the four quadrants satisfy his interiority requirement. Although Asperger considered a contact disorder essential to autistic psychopathy, it cannot be reduced to it, as it is also a personality disorder.

Second, describing autistic psychopathy as a disharmony between integration and differentiation satisfied his duality requirement. Asperger suggests that in autism two developmental tendencies are out of balance with each other. The result of this is precisely an unbalanced profile, with functions that depend on differentiation being overdeveloped, and functions that require re-integration being underdeveloped. This imbalance has both positive and negative consequences. Together, the four quadrants paint a picture of a person who has strengths as well as weaknesses.

The third requirement was to describe the personality as an organic whole. The disbalance between integration and differentiation described by Asperger is indeed a holistic quality that underlies a range of behaviours. The four quadrants all stem from the same kind of disbalance, which spans both the inner and the outer functioning of the person.

The final requirement was that the personality of every person be described in its individuality. This means that Asperger must attend to how the disturbance of the inner harmony within the personality plays out differently in the unique individuality of each autistic child. Indeed, Asperger did point to different symptoms in each case description and showed that inner disharmony has different consequences in different children.



## CHAPTER 3 / Hans Asperger's theory of autistic psychopathy (2), with a focus on the non-social symptoms of autism

In this chapter, I will address three outstanding issues regarding Asperger's work, which could not yet be answered in the previous chapter. First, I will clarify his debt to other authors, notably George Frankl (see chapter 1), Eugen Bleuler (who coined the term 'autism') and Erich Jaensch (who turns out to be more important than recognized). Second, I will discuss Hans Asperger's relationship to Leo Kanner (see chapters 4 and 5), which was a relationship of similarity, not debt. Finally, I will address the most recent developments in the reception of Asperger's work, especially claims that his conception of autism was tainted by Nazi ideology.

Before I can address these three outstanding issues, my analysis of Asperger's theory of autistic psychopathy must be completed. Having described, in the previous chapter, how he conceptualized the social symptoms of autism, I still need to describe how he conceptualized the *non-social* symptoms of autism, in particular differences in learning, movement, affectivity and perception. The fact that Asperger described these two groups of symptoms poses the question whether he considered them to be distinct parts of the same disorder or two distinct disorders. I will take up this question with a focus on the place he assigns in his theory to the concept of 'contact disorder'.

In section one, I will describe the non-social peculiarities of autistic children, as experienced by Asperger, and the additional problem they posed to him: how can a disorder be described that is *pervasive* in that it involves relations to the *whole* world, not just to the social world? Section two will clarify how Asperger applied to these non-social peculiarities his concept of autistic psychopathy, including the idea of a contact disorder. This clarification will involve an elaborate discussion of his concepts. This level of detail is necessary to shed new light on the three outstanding issues. Section three will clarify the history of Asperger's concepts, addressing his debt to Frankl, Bleuler and



Jaensch. Section four will then map Asperger's marginal relation to Leo Kanner. Section five will discuss how my reading of Asperger's work relates to recent developments in the reception of his work, such as its relation to Nazi ideology. Finally, section six will give my assessment of the contemporary significance of Asperger's theory, followed by an overall conclusion of this and the previous chapter.

### 3.1 The pervasiveness problem

In the narrative Asperger told about the development of his theory of autistic psychopathy, the fact that it encompassed social and non-social symptoms remained in the background. Nonetheless, his theory of autism clearly had such a wide scope. This suggests that it must have had a broader experiential basis than diagnosing disturbances in *social* interaction. In his clinical work as *Heilpädagoge*, Asperger clearly came across a group of children who not only interacted and communicated differently, but who also had difficulty with such basic everyday practicalities as washing themselves, playing with toys, or even moving about – none of which are primarily social activities.<sup>281</sup> Similarly, he observed in children with autism not only a superior judgement of other people, but also an enlarged understanding of those aspects of the non-social world that happen to interest them.

Asperger recognized this broad scope of autism from the start. The first time he publicly discussed autistic psychopathy, in 1938, he already observed in this type of children a different relationship to the inanimate world. In particular, he encountered children who on the one hand had “amazingly mature special interests”, especially in science and technology, but who on the other hand, had “clumsiness in motor function” and “a poor practical understanding”.<sup>282</sup> In 1977, in his last lecture on the subject, he also described both social and non-social symptoms. Asperger still maintained that the

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<sup>281</sup> That is not to deny that they may also have social aspects. For example, toys are not only used to play alone, but also to play together with other children. Moreover, even when a toy is used in isolation, children may learn its function through social contact with peers or adults.

<sup>282</sup> Asperger, "Das psychisch abnorme Kind" (1938), p. 1316: “ungeschicklichkeit im rein Motorischen”, “slechte praktische Verständniss”.

interests of children with autistic psychopathy “are often unusual and impractical” and that their “motor functioning [...] is often on the whole clumsy”.<sup>283</sup> In addition, he still believed that adults with autistic psychopathy may develop their special interests into “highly specialized, scientific, professions, sometimes with skills bordering on genius”.<sup>284</sup>

Throughout his entire career, then, Asperger believed that his theory of autistic psychopathy had to account not only for social but also for non-social differences. I call this *the pervasiveness problem*: what does it mean for their diagnosis that in a certain group of children *all* interactions with the environment are different, not only their communication with other people but also their interactions with inanimate things? In the remainder of this section, I will introduce the clinical experiences that make this pervasiveness problem concrete: the experience of differences in the domains of learning, movement, affectivity, and perception.

For each of these four domains, I will show how Asperger observed them in children with autistic psychopathy. In the previous chapter, we have seen that autistic psychopathy affects children’s inner personality and their relations to their external environment. Asperger believed that, as children grow up, internal functions such as instinct and intellect become differentiated. However, whereas in most children they are then re-integrated into a whole, they remain differentiated in children with autism. In the same vein, as children grow up, their self is differentiated from the environment. Again, in most children the self is then reintegrated with the environment but not so, or to a limited degree, in children with autistic psychopathy. Thus, Asperger held that the human personality develops dialectically, starting from integration, moving through a stage of differentiation, and culminating in a final stage of re-integration. In his view, autistic children remain stuck at the second stage.

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<sup>283</sup> Asperger, "Probleme des kindlichen Autismus" (1977), p. 6: “ihr Denken [...] geht oft eigene Wege [...], scheint auf oft sehr ausgefallene, praktisch wenig brauchbare Sonderinteressen eingengt”, “die Motorik zeigt Stereotypien, ist oft im ganzen ungeschickt”. English translation: p. 48.

<sup>284</sup> Asperger, "Probleme des kindlichen Autismus" (1977), p. 7: “die Kinder des Aspergerschen Typs [...] finden oft in abseitige, manchmal in hochspezialisierte, wissenschaftliche Berufe, manchmal mit an Geniale grenzenden Fähigkeiten”. English: "Problems of infantile autism" (1979), p. 49.

We also saw in the previous chapter that this difference in development, i.e. being stuck at the stage of differentiation, resulted in two differences in their relation to the environment. On the one hand, children with autistic psychopathy have an enlarged (overdeveloped) autonomy vis-à-vis their environment, on the other hand they have restricted (underdeveloped) contact with their environment. We will now see that Asperger observed such enlargement and restriction not only in the relations of autistic children *to other people*, but also in their relations to *the inanimate world*.

### *3.1.1 Restriction and enlargement in learning*

Asperger learned indirectly that autistic children have learning difficulties, in school as well as at home. He experienced some of these learning differences directly during intelligence and language tests. As early as 1939, Asperger discussed an eleven-year-old boy who did not do well at school.<sup>285</sup> He could not focus and work on a problem for longer periods of time and he was easily distracted. Instead of following the logical and systematic procedures taught by his teachers, his thinking showed unexpected twists. Later, Asperger reported that Fritz had difficulty with calculations and more generally was easily disturbed and could not concentrate on his schoolwork.<sup>286</sup> At home, Asperger found, autistic children have “not the slightest interest” in their “practical situation” and have difficulty learning everyday skills that other children pick up automatically.<sup>287</sup> For example, Fritz “learned the practical skills of everyday life very late and with great difficulty”.<sup>288</sup> Asperger concluded that these children have difficulty learning things that other children learn instinctively, and do not readily accept lessons from adults.

Conversely, Asperger observed enlargements of their conceptual understanding of the non-social world, involving more spontaneous and original

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<sup>285</sup> Asperger, "Pädagogische Therapie bei abnormen Kinder" (1939), p. 944.

<sup>286</sup> "Die 'Autistischen Psychopathen'" (1944), pp. 85, 90, 94. English translation: pp. 39, 45, 48.

<sup>287</sup> Asperger, "Autistisches Verhalten im Kindesalter" (1960), p. 58: "sie sind nicht nur begabungsmäßig *in der praktischen Situation* insuffizient, sie haben dafür auch nicht das geringste Interesse".

<sup>288</sup> "Die 'Autistischen Psychopathen'" (1944), p. 86: "erlernte die praktischen Verrichtungen des Alltagslebens sehr spät und schwer". English translation: p. 39.

forms of learning. Harro did give the right answer when presented with a calculation problem, but he arrived at his answers in an original way. For example, here is how he calculated 34 minus 12: “34 plus 2 is 36, minus 12 is 24, minus 2 is 22”.<sup>289</sup> Asperger observed a similar originality in language. An eleven-year-old (who remains unnamed) used idiosyncratic sentences, such as “mouthwise I can’t, but headwise I can” (I understand it, but can’t express it).<sup>290</sup> In general, Asperger found that ‘autistic psychopaths’ may offend their teachers, by arriving at results through self-invented methods and by outright rejecting tasks in areas that do not interest them.<sup>291</sup>

The originality of learning was most pronounced in so-called ‘special interests’: more intense interests in a specific area that form spontaneously without regard for the demands and expectations of other people. The first time Asperger publicly mentioned ‘autistic psychopaths’, he already noted that “very often astonishingly mature special interests are present”, ranging from “properly scientific” to “quite eccentric and absurd”.<sup>292</sup> In *Die ‘Autistischen Psychopathen’*, Asperger further observed that “almost all” children with autistic psychopathy have a special interest.<sup>293</sup> Asperger gave examples in several of his case descriptions. In spite of this difficulty with average calculations, Fritz had a “special interest” in numbers.<sup>294</sup> Another child (who remains unnamed) had “most of all technical interests”.<sup>295</sup>

Special interests were also central to a later paper, in which Asperger offered several examples:

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<sup>289</sup> Asperger, "Die ‘Autistischen Psychopathen’" (1944), p. 100; see his "Autistisches Verhalten im Kindesalter" (1960), p. 58, which also appears to be about Harro.

<sup>290</sup> Hans Asperger, "Die ‘Autistischen Psychopathen’" (1944), p. 115: “mündlich kann ich das nicht, aber köpfllich”. English translation: p. 71.

<sup>291</sup> Asperger, "Autistisches Verhalten im Kindesalter" (1960), p. 58.

<sup>292</sup> Asperger, "Das psychisch abnorme Kind" (1938), p. 1316: “sehr oft sind erstaunlich reife Sonderinteressen vorhanden, oft richtig wissenschaftliche (z. B. naturforscherische) oder technische Interessen, die freilich oft wieder recht verschoben sonderlinghaft, abseitig sind”

<sup>293</sup> Asperger, "Die ‘Autistischen Psychopathen’" (1944), p. 90: “Wir sehen hier also, was uns bei fast allen Autistischen begegnen wird, ein Sonderinteresse ausgebildet, das den Knaben auf seinem „Spezialgebiet“ zu ganz ungewöhnlichen Leistungen befähigt.” English translation: p. 45.

<sup>294</sup> Asperger, "Die ‘Autistischen Psychopathen’" (1944), p. 90: “Vor allem habe er schon sehr früh besonderes Interesse für Zahlen und Rechnen gezeigt”. English translation: p. 45.

<sup>295</sup> Asperger, "Die ‘Autistischen Psychopathen’" (1944), p. 116: “Ein anderes Kind wieder hat vor allem technische Interessen, weiß unglaublich viel vom Aufbau komplizierter Maschinen”. English translation: p. 72.

You will find among this group budding young natural scientists who ask questions at an almost scientific level and who develop their own independent methods to acquire new knowledge and shape their world view. There are also amateur chemists who spend all their money on their experiments – even if it was stolen casually. Yet others become further specialised by focussing on tests that produce a lot of noise and smell. Then there are those who develop a fascination with toxins, and while many of their experiments might be naive and ‘quirky’, many others are clever and in fact not without danger. Some children with autism are focussed exclusively on the world of numbers, achieving amazing mathematical feats (as opposed to simply having the ability to memorise, which is actually not uncommon among people with severe learning disabilities). You will also find engineers with authentic, profound knowledge and boys preoccupied with eccentric and fantastical inventions, far removed from reality. A fair number of children with autism also have an unusually rich and deep understanding of art: whereas the ‘normal’ child tends to favour attractive, bland, even kitschy images, children with autism spectrum disorder have the ability to understand, and enjoy, at the deepest level, artworks which are difficult because of their age or their abstract, artificial representation – to the extent that through presenting works of art to these children one can encourage them and establish a rapport with them.<sup>296</sup>

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<sup>296</sup> Adapted from a professional translation. Asperger, "Bild und soziale Wertigkeit der autistischen Psychopathen" (1950), p. 260-1: "Da gibt es kleine Naturforscher von geradezu wissenschaftlichen Fragestellungen, die mit eigenständigen Methoden ihre Erkenntnisse erlangen und zu einem Weltbild ordnen, Chemiker, die ihr ganzes Geld – uns sei es auch unbekümmert gestohlen – auf ihre Experimente aufwenden, da spezialisiert sich einer noch weiter, auf Versuche, bei denen es stark kracht und – riecht, wieder ein anderer hatte sich auf Gifte festgelegt, manches von seinen Versuchen war naiv und verschoben, manches aber gescheit und nicht ungefährlich; anderen ist das Reich der Zahlen das einzige Interesse, sie bringen erstaunliche echte Rechenleistungen zuwege (nicht bloss Gedächtnisleistungen dieser Art, was man ja nicht selten auch bei tiefbestehend Schwachsinnigen findet); dann gibt es Techniker von echtem, tiefgründigem Wissen, aber auch Buben die mit absonderlichen, realitätsfernen Erfindungen beschäftigt sind. Nicht wenige haben ein ungewöhnlich reiches Kunstverständnis; während das 'normale' Kind, das gefällige, weiche, ja kitschige Bild am höchsten schätzt, vermögen sie durch Alter oder abstrakte, naturferne Darstellung schwierige Kunstwerke in ihrem tiefsten Sinn zu verstehen und zu genießen, sodass man solche Kinder gerade durch das Darbieten von Kunstwerken bereichern, an sich binden und fördern kann."

Between 1964 and 1968, 50 children who were inpatients at the *Hp* were diagnosed with autistic psychopathy.<sup>297</sup> For 46 of them there are detailed files. Now, in 28 of these well-documented cases (60%), Asperger and his team reported special interests, some of them highly scientific, others obscure or atypical for children that age.

According to Asperger, special interests in children have the following features. First, these interests are unchildlike and unexpectedly mature.<sup>298</sup> Second, they are often impractical and of little use.<sup>299</sup> Third, their topic may be unusual<sup>300</sup> but can become the basis of a proper career when the child grows up.<sup>301</sup> Fourth, in pursuing their interests, ‘autistic psychopaths’ come to their results in an unusual way.<sup>302</sup> Fifth, special interests often emerge early and remain the same through life.<sup>303</sup> Finally, the topic of interest may be in the natural sciences, technology or mathematics, but also in the visual arts or poetry.<sup>304</sup> Asperger believed that such special interests result from an enlargement of inner and outer differentiation, which showed itself in their spontaneous and original nature, their irrelevance to the social expectations, and their focus on conceptual domains such as the sciences and art.

Asperger introduced new compound terms to describe such interests, i.e. “special interests” (*Sonderinteressen*) and “autistic interests” (*autistischen Interessen*).<sup>305</sup> Yet, written in German, *Die ‘Autistischen Psychopathen’* could not be read by the general English-language public until Uta Frith published a partial translation in 1991.<sup>306</sup> This is probably the main reason that special interests within autism have not been researched as a topic in their own right until

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<sup>297</sup> Kathrin Hippler and Christian Klicpera, "A retrospective analysis of the clinical case records of ‘autistic psychopaths’ diagnosed by Hans Asperger and his team at the University Children's Hospital, Vienna" (2003), pp. 294, 297.

<sup>298</sup> Asperger, "Das psychisch abnorme Kind" (1938), p. 1316; idem, "Pädagogische Therapie bei abnormen Kinder" (1939), p. 944.

<sup>299</sup> Asperger, "Probleme des kindlichen Autismus." (1977), p. 6.

<sup>300</sup> Asperger, "Das psychisch abnorme Kind" (1938), p. 1316; "Autistisches Verhalten im Kindesalter" (1960), p. 58.

<sup>301</sup> Asperger, "Bild und sociale Wertigkeit der autistischen Psychopathen" (1950), p. 266.

<sup>302</sup> *Ibid.*, p. 260.

<sup>303</sup> Asperger, "Das autistische Kind und seine Probleme" (1963), p. 251.

<sup>304</sup> Asperger, "Das psychisch abnorme Kind" (1938), p. 1316; "Das autistische Kind und seine Probleme" (1963), p. 251.

<sup>305</sup> Asperger, "Die ‘Autistischen Psychopathen’" (1944), pp. 90, 112, 116.

<sup>306</sup> Asperger, "'Autistic psychopathy' in childhood" (1991). Translated by Uta Frith. Lorna Wing already had a translation, made by her husband, in the 1970's, but it was not publicly available. Cf. Sheffer, *Asperger's children: the origins of autism in Nazi Vienna* (2018), p. 241.

the 1990's. Leo Kanner did cite, in his initial paper, observations of special interests by two mothers: Donald was "absorbed in some kind of silly, unrelated subject" and Alfred had a "marked tendency toward developing one special interest which will completely dominate his day's activities".<sup>307</sup> However, Kanner did not focus on the phenomenon, and came to consider "circumscribed interest patterns" as a "syndrome" distinct from autism.<sup>308</sup>

### *3.1.2 Restriction and enlargement in motor action*

Directly, from his own observation at the ward, and indirectly, from talking with their mothers, Asperger learned that children with autistic psychopathy can have difficulty with the "everyday demands of practical life".<sup>309</sup> *Die 'Autistischen Psychopathen'* tells us that Harro dealt "with small everyday tasks, such as washing himself" reluctantly and awkwardly.<sup>310</sup> In the same vein, the mother of Ernst told Asperger that her son was "practically very inept"; for example, as a 7,5 year old, he had "learned to eat independently only recently".<sup>311</sup> Similarly, Fritz was "particularly clumsy and dependent".<sup>312</sup>

The idea that children with autism are impractical recurs in later papers. For example, we read that "the conquest of the habitat through moving about and handling things" in autistic children tends to be delayed and difficult, "dressing and washing oneself, eating, tying knots" are difficult and children

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<sup>307</sup> Leo Kanner, "Autistic disturbances of affective contact" (1943), pp. 222, 233.

<sup>308</sup> Leo Kanner, "The children haven't read those books: reflections on differential diagnosis" (1969), p. 3; This syndrome was identified in Franklin and Vitale, "Children with circumscribed interest patterns" (1954).

<sup>309</sup> Hans Asperger, "Die 'Autistischen Psychopathen'" (1944), p. 121: "eine Insuffizienz gerade den alltäglichen Anforderungen des praktischen Lebens gegenüber". English translation: p. 77. Kanner, in a paper written with two co-authors, later observed in persons with autism in their 20's and 30's "the obsessive rumination of specific topics (music, mathematics, history, chemistry, astronomy, wild life, foreign languages, etc." Leo Kanner, Alejandro Rodriguez and Barbara Ashenden, "How far can autistic children go in matters of social adaptation?" (1972), p. 31.

<sup>310</sup> Asperger, "Die 'Autistischen Psychopathen'" (1944), p. 102: "Wie alle diese Kinder, war auch Harro gerade bei den alltäglichen kleinen Verrichtungen, z. B. beim Waschen, besonders ungeschickt – und auch widerwillig." English translation: p. 57.

<sup>311</sup> Asperger, "Die 'Autistischen Psychopathen'" (1944), p. 104: "auch selbständig zu essen habe er erst vor kurzem gelernt, immer noch sei er dabei sehr unappetitlich, schmiere mit dem Essen herum". English translation: p. 59.

<sup>312</sup> Asperger, "Die 'Autistischen Psychopathen'" (1944), p. 86: "war lange besonders ungeschickt und unselbständig, erlernte die praktischen Verrichtungen des Alltagslebens sehr spät und schwer". English translation: p. 39.

with autism tend to have “two left feet”.<sup>313</sup> Elsewhere, we find the observation that autistic children promptly become angry when confronted with the practical demands of everyday reality, such as getting a haircut and getting their nails clipped.<sup>314</sup> In yet another paper, Asperger specified that autistic children are “impractical” both “motorically and ideationally” and that difficulties with everyday demands often lead to conflicts within the family.<sup>315</sup>

Asperger explained such difficulties as restrictions of a child’s motor action, due to a lack of integration of the upper motor neurons (which afford purposeful muscle movement) with more primitive functions such as reflexes.

As the flip side of such restrictions of expected behaviour, Asperger described an enlargement of unexpected behaviour. Asperger found that ‘autistic psychopaths’ often show simple stereotypical movements and handle things in a repetitive way.<sup>316</sup> Whereas “in normal actions the methods and goals change continuously and are becoming more and more successful”, stereotypic behaviours “have an uncanny mechanical and empty quality”.<sup>317</sup> For example, autistic children would make the same movement again and again, would spin objects around, would play with the same toy all the time, or would cling to specific habits. A case in point is Fritz who sometimes suddenly began “to beat himself rhythmically on the thighs, or clap loudly on the table, hit the wall, strike another person, or hop around in the hall”.<sup>318</sup> In sum, Asperger found that autistic children develop behaviours that stand on their own rather than being integrated into a wider purposeful and goal-directed pattern of behaviour.

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<sup>313</sup> Asperger, "Bild und soziale Wertigkeit der autistischen Psychopaten" (1950), p. 259: “beim An- und Ausziehen, Waschen und Essen, Binden van Knoten und Schleifen, usw.”, “sie haben zwei linke Füße”

<sup>314</sup> Asperger, "Autistisches Verhalten im Kindesalter" (1960), p. 58.

<sup>315</sup> Asperger, "Das autitische Kind und seine Probleme" (1963), p. 248: “apraktisch wie es ist (motorisch sowohl wie ideatorisch)”.

<sup>316</sup> Asperger, "Die ‘Autistischen Psychopaten’" (1944), p. 51.

<sup>317</sup> Asperger, "Autistisches Verhalten im Kindesalter" (1960), p. 62: “Bei normalem Handeln wandeln sich ununterbrochen Methoden und Ziel, werden standig vollkommener, stereotypes Geschehen aber hat eine unheimliche Automatik und Leere an sich.”

<sup>318</sup> Asperger, "Die ‘Autistischen Psychopaten’" (1944), p. 88: “plötzlich begann er, sich rhythmisch

auf die Schenkel zu schlagen, oder laut klatschend auf den Tisch, gegen die Wand zu schlagen, oder auf eine andere Person loszuschlagen, oder im Saal herumzuhüpfen, ganz ohne jede Rücksicht auf das Staunen der anderen”. English translation: p. 43.



### 3.1.3 Restriction and enlargement in affectivity

Asperger sometimes suggested that autistic children were less attached to the objects around them and were less interested in them. For example, he said of Harro that he “seems distant from things and people” and of autistic children in general that they maintain “a distance from concrete things”.<sup>319</sup> Similarly, he said that autistic children “do not notice the things around them at all, for example, they do not play with toys”.<sup>320</sup> At other times, Asperger proposed that they may actually be *more* attached to things. He often returned to two examples of such hyper affectivity with regard to things.

The first example is what he called *fetishism*: he found that autistic children often have a strong emotional bond to specific objects, e.g. certain toys.<sup>321</sup> Asperger saw children who were so attached to a wooden block or a doll that they would not lose sight of it for a moment and could not eat or sleep without it being present.<sup>322</sup> Similarly, Ernst demanded that certain objects were always in the same place.<sup>323</sup>

The second example is homesickness. Usually when children were admitted to the department for weeks, they would get homesick at first, but would then adapt to their new milieu. In contrast, autistic children remained homesick all the time and could not get used to their new environment. They were almost obsessively attached to “the things and habits of their home environment”.<sup>324</sup>

All things considered, then, it seems Asperger believed that autistic children may at times appear cool and emotionless, while at other times their emotions rather seem exceptionally strong.

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<sup>319</sup> Asperger, "Die 'Autistischen Psychopathen'" (1944), pp. 98, 117: “den Dingen und Menschen sehr fern scheint”, “Abstand von den konkreten Dingen”. English translation: pp. 52, 74

<sup>320</sup> Asperger, "Die 'Autistischen Psychopathen'" (1944), p. 126: “sie nehmen die Dinge der Umwelt überhaupt nicht zur Kenntnis, nehmen etwa an Spielsachen gar keinen Anteil”. English translation: p. 81.

<sup>321</sup> Asperger, "Bild und soziale Wertigkeit der autistischen Psychopathen" (1950), p. 262; idem, "Autistisches Verhalten im Kindesalter" (1960), p. 60; idem, "Zur Differentialdiagnose des kindlichen Autismus" (1968), p. 142; idem, "Formen des Autismus" (1974), p. 1012.

<sup>322</sup> Asperger, "Die 'Autistischen Psychopathen'" (1944), p. 126.

<sup>323</sup> Ibid., p. 104.

<sup>324</sup> Ibid., p. 127: “eine ans Zwangsneurotische grenzende Bindung an die Dinge und Gewohnheiten des häuslichen Milieus”. English translation: p. 83.

### 3.1.4 Restriction and enlargement in perception

Asperger did not put much emphasis on sensory differences, but he did acknowledge that they occur in autistic children. For example, he observed in some autistic children a strong aversion to the sensation of “sand, silk, wadding and chalk”; some could not stand “the roughness of new undershirts, or plugged socks”.<sup>325</sup> In addition to such hypersensitivities, he found hyposensitivities. He encountered children who rejected blunt foods, such as milk and vegetables, while being partial to foods with strong tastes, such as sour pickles – as if they needed strong sensation to be pulled into the world.<sup>326</sup> Asperger also described a seven-year-old boy who “would not stop staring at the fat spots in his soup, which highly interested him – he would look at them, move them about, blow at them; clearly the changing forms became lively and significant to him”.<sup>327</sup>

## 3.2 Conceptualizing the non-social symptoms of autistic psychopathy

In the previous section we have seen that Asperger was confronted with children who showed not only social but also non-social peculiarities, especially in four domains: learning, movement, affectivity and perception. In this section, I will take up the question what concepts Asperger used to describe such non-social differences.

To describe the non-social symptoms of autistic psychopathy, Asperger initially used the concept of contact. The strongest indication that Asperger did not restrict his conception of contact to social contact is this sentence from his monograph: “We consider the essential and fundamental disorder a restriction of personal contact to things and persons”.<sup>328</sup> Hence, the object of contact – who

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<sup>325</sup> Asperger, "Die 'Autistischen Psychopathen'" (1944), p. 124-5: “viele dieser Kinder haben eine bis zu abnormen Graden gehende Abneigung gegen bestimmte Berührungsempfindungen, etwa für Samt, Seide, Watte, Kreide, sie vertragen nicht die Rauigkeit neuer Hemden, gestopfter Strümpfe”. English translation: p. 80.

<sup>326</sup> Asperger, "Autistisches Verhalten im Kindesalter" (1960), p. 59; idem, "Die 'Autistischen Psychopathen'" (1944), p. 124.

<sup>327</sup> Asperger, "Die 'Autistischen Psychopathen'" (1944), p. 122: “Ein 7jähriger autistischer Knabe hatte schwere Konflikte beim Essen, weil er nicht aufhörte, die Fettaggen seiner Suppe, die ihn so sehr interessierten, zu betrachten, hin- und herzuschieben oder – zu blasen – sichtlich wurden ihm die wechselnden Formen lebendig und bedeutsam”. English translation: p. 78.

<sup>328</sup> Asperger, *Heilpädagogik: Einführung in die Psychopathologie des Kindes für Ärzte, Lehrer, Psychologen, Richter und Fürsorgerinnen* (1952), p. 166: “Für die wesentliche Grundstörung

or what a person does or does not make contact with – need not be other persons but may equally be other kinds of animals and even inanimate things. Then, after a colon, follows the definition which Asperger already offered in his post-doctoral thesis: “While humans normally live in uninterrupted interactions with the environment [Umwelt], constantly reacting to it, in ‘autistics’ such relationships are severely disturbed, restricted”.<sup>329</sup> This suggests that Asperger did not use the term ‘environment’ in a narrowly social sense, but in its broader biological sense of all that surrounds an animal and is relevant to it.

That does not mean that Asperger considered social and non-social contact as being equally affected by autistic psychopathy. On the contrary, he stated that the autistic contact disorder mostly affects children’s contact with people and not so much their contact with things:

[E]ven autistics, whose relationships to other people are so disturbed, have often, even in severe cases, relatively intact relationships to things [...]: while they are not concerned with the people around them, one can definitely interest them in toys [...]; in autistic children, even those whose are most

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halten wir eine Einschränkung des persönlichen Kontaktes zu Dingen und Menschen”. Third edition: p. 177.

The inclusive phrase “contact to things” did not yet occur in *Die „Autistischen Psychopathen”* (1944). Asperger added it when he reworked this thesis to a shorter chapter in the 1952 edition of his monograph – and he retained it in the 1956 and 1961 editions. However, even in *Die „Autistischen Psychopathen”* Asperger did write about “relationships with things, animals and other people”, suggesting that they are forms of contact similar in kind: through these forms of contact a child expresses higher feelings (at p. 125: “Beziehungen zu Dingen, Tieren und anderen Menschen”. English translation: p. 80). In other words, Asperger already suggested that children ordinarily do not only develop affective relations with people but also with non-human animals and inanimate things. In addition, he suggested that children with autism not only affectively but also rationally relate differently to both living and inanimate beings. For example, when he claimed that autistic children are better in abstraction he did not confine this claim to their contact with persons, but used the more generic term ‘things’: they have a greater “distance from concrete things [Dingen]”, that is, a greater “distance from the individual thing [Einzelding]”; in contrast, non-autistic children are better in “sticking to a singular thing [einzelne Ding]” (“Die ‘Autistischen Psychopathen’”, p. 107-108; English translation: p. 74). At the end of his career, Asperger described such behaviour as “shutting oneself off from the external world, from people and things, and withdrawing in one’s self”. (“Probleme des kindlichen Autismus”, p. 10: “er muß sich weitgehend gegen die äußere Welt, gegen Menschen und Dinge abschirmen, abschließen, muß in sich gehen”)

<sup>329</sup> Hans Asperger, “Die ‘Autistischen Psychopathen’” (1944), p. 84: “Während der Mensch normalerweise in ununterbrochenen Wechselbeziehungen mit der Umwelt lebt, ständig auf sie reagierend, sind diese bei den ‘Autistischen’ beträchtlich gestört, eingeengt”. English translation: p. 38.

abnormal, 'objects relations' are not nearly so disturbed as their relations to other human beings [...].<sup>330</sup>

Asperger suggested that this is so because relationships with things merely requires contact with the emotional-instinctive layer of *your own* personality, as things do not have emotions. In contrast, in relating to other persons it is essential to make contact to your own emotional-instinctive layer as well as to those of *others*: there are emotions involved on both sides.

When Asperger introduced the concept of 'activity', in 1952, he found that most non-social symptoms were better described in terms of activity. However, even then, certain non-social symptoms could still be described as differences in contact.

A case in point is gazing. Observing the gaze of autistic children, he saw that they not only refrained from eye contact with people, but also had peripheral vision when looking at inanimate things. For example, he said of Fritz: "He only seems to brush people and things with short, 'peripheral' looks".<sup>331</sup> Like Fritz, Harro often stared into the void as if he was not really there and this affected not only his contact with other people but also his contact with things. Similarly, Asperger said of Ernst's gaze: "[it] looks completely lost, attached to nothing, does not hold on to things, is usually directed far into the distance".<sup>332</sup> In the discussion, he concluded: "Hardly ever does the gaze hold on to a particular thing, to a particular human being".<sup>333</sup>

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<sup>330</sup> Asperger, "Autistisches Verhalten im Kindesalter" (1960), p. 61: "Und gerade die Autistischen mit ihren so gestörten menschlichen Beziehungen haben oft, auch in hochgradig abnormen Fällen, relative intakte Beziehungen zu Dingen, nun wirklich 'Objekten' erhalten: während sie sich um die Menschen ihrer Umgebung überhaupt nicht kümmern, sind sie für Spielzeug, besonders solches mit starkem 'Aufforderungscharakter', durchaus zu interessieren; ja sind von da aus in gewissem Grade zu gewinnen. [...] bei autistischen Kindern, auch bei den abnormsten, sind die 'Objektbeziehungen' lange nicht so hochgradig gestört wie die von Thymopsyche zu Thymopsyche gehenden mitmenschlichen beziehungen."

<sup>331</sup> Asperger, "Die 'Autistischen Psychopathen'" (1944), p. 87: "Menschen und Dinge scheint er nur mit kurzen, 'peripheren' Blicken zu streifen." English translation: p. 42.

<sup>332</sup> Asperger, "Die 'Autistischen Psychopathen'" (1944), p. 105: "Wieder ist der Blick sehr charakteristisch, der ganz verloren wirkt, an nichts haftet, die Dinge nicht packt, meist weit in die Ferne gerichtet ist." English translation: p. 60.

<sup>333</sup> Asperger, "Die 'Autistischen Psychopathen'" (1944), p. 112: "Kaum je haftet der Blick wach auf einem bestimmten' Ding, auf einem bestimmten Menschen". In keeping with his dualistic view of autism, Asperger added that in spite of this children with autism "perceive and process so much

Other symptoms that could still be described in terms of contact were fetishism, homesickness, and special interests. They do not involve purposeful motor activity, but rather involve being open only and more intensely to a specific part of the world. Apparently, Asperger would only call *acting on* an interest ‘activity’.

Asperger’s take on the non-social symptoms of autism changed around 1952 – it is unclear why. Three years earlier, he had already proposed that for autistic children not merely contact, but also purposeful behaviour is difficult. However, at that time he did not yet use the term ‘activity’ to describe such behaviour: He said that “[f]inding a relation to the environing situation, being effective in the world, involves motor action” – he added that this is “very difficult for autistic children, due to who they are”.<sup>334</sup> In 1952 he introduced for such motor action the term *activity*. He distinguished between behaviour through which children merely relate to the world (contact) and behaviour through which they intervene in the world, changing their environment, in reaction to stimuli or spontaneously (activity). He began to find the latter term more fitting for several non-social symptoms. For example, difficulties with dressing oneself clearly involves purposeful and conscious motor control and would therefore fall in the domain of activity, not contact. Here is how Asperger described this activity disorder:

We are convinced that there is a connection between the thymic disorder in these children, as described by observers, and their aberrant activity, at both the reactive and the spontaneous level. In normal children, their skills are gradually further perfected as soon as their pyramidal tract is fully developed, with each step being at a higher level than the last; in this way not only the requirements of the particular situation are answered, also the spontaneous activity [...] of [such] human beings, who are open-to-the-

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of the world” (p. 113: “und daß sie dann doch, wie bei majachen Gelegenheiten zutage kommt, soviel von der Welt wahrnehmen und verarbeiten”.

<sup>334</sup> Asperger, "Bild und soziale wertigkeit der autistischen Psychopaten" (1950), p. 259: “Beziehung finden zur Umweltsituation, Wirken in der Welt geht über die motorische Aktion. Even das aber ist den autistischen Kindern durch ihr Wesen sehr erschwert”,

world, makes them establish ever firmer roots in reality [...] – how different is the behaviour of autistic children.<sup>335</sup>

In the previous chapter we have seen that in Asperger's view the personality develops dialectically, starting from integration, moving through a stage of differentiation and ideally culminating in re-integration. Autistic children remain 'stuck' at the second stage, leaving them with an enlargement of differentiation and a restriction of (re)-integration. Now, because most non-social symptoms are disturbances of activity, it is important to add that a child's motor development follows these same stages. Older patterns of motor activity are not discarded but retained and integrated into ever more complex functions. Personality disorders arise when a child remains stuck at one of these three dialectical stages. In autistic children, there is an excess of differentiation: functions differentiate (which is a good thing in itself) but fail to re-integrate into a new seamless whole, of a higher order. Specifically, their upper motor neurons (muscle movement) and their epicritic neurons (skin sensibility) are not properly integrated with more primitive functions, such as reflexes.

### 3.3 The history of Asperger's conception of autistic contact disorders

We have seen that Hans Asperger developed his theory of autistic psychopathy in response to social as well as non-social differences, particularly in learning, movement, affectivity and perception. It remains to be seen how in making sense of these clinical experiences Asperger made use of conceptual tools developed by other scholars. Thus, I will now discuss the conceptual history of his theory, focussing on his idea of an autistic *contact disorder*.

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<sup>335</sup> Adapted from a professional translation. Asperger, "Autistisches Verhalten im Kindesalter" (1960), p. 62: "Mit dieser Störung der thymischen Qualitäten dieser Kinder steht unserer Überzeugung nach auch die von allen Beobachtern als besonders beschriebene *Abartigkeit der Aktivität* in Zusammenhang, sowohl der reaktiven wie der spontanen. Ganz anders als beim normalen Kind, bei dem sich, sobald nur die Pyramidenbahn ausgereift ist, das Handeln stufe für Stufe zu immer größerer Vollkommenheit entfaltet, wobei jeder folgende Moment schon um ein Stück höher steht als der vergangene, wobei sowohl die die Anforderungen der jeweiligen Situation durch Leistung beantwortet werden, wie auch das spontane urhebende gerade beim jungen Kind unerschöpflich quellende Handeln dieses 'weltoffene' Wesen Mensch immer fester in der Wirklichkeit Wurzeln schlagen läßt und es zugleich über die Welt erhebt – ganz anders ist es um die Aktivität der Autistischen bestellt."

### 3.3.1 Eugen Bleuler: the source of the term 'autism'

In the previous chapter, we have seen that Asperger could not derive his concept of 'contact' from child and developmental psychology but had to borrow concepts from adult psychiatry. Because Asperger borrowed the term 'autism' from Eugen Bleuler, who introduced it to describe a symptom of schizophrenia in adolescents and adults, one might think that Bleuler was the most important source of his conception of contact. I do not think that is the case, however. Then again, Asperger did see some similarities between his and Bleuler's idea, and that is why he decided to use Bleuler's term.

Bleuler coined the noun 'autism' and the adjective 'autistic' while writing *Dementia preacox oder Gruppe der Schizophrenien*, his now famous book on the schizophrenia's. However, as this book did not appear until the summer of 1911, the first time he made the terms public was on 6 August 1910, in his paper on the theory of schizophrenic negativism. He described a group of patients with schizophrenia who were "highly autistic", i.e. turned away from reality".<sup>336</sup>

Central to this idea of turning away was Bleuler's proposal that autistic patients want to protect certain complexes, i.e. (unconscious) parts of the self that are split off from the ego, from being brought into contact with reality. In this state of isolation, any influence from outside, even the very idea of reality, would feel like an intrusion. "They want to be with themselves without being disturbed, and it can annoy them a lot even when the attendant just comes into the room to bring food."<sup>337</sup> They evade questions relating to their complexes. In addition to this passive isolation, they also avoid influencing the external world through their own actions. They avoid at all cost being drawn back to the external world or establishing a relation to the world. Taken together, this passive and active withdrawal forms the first aspect of Bleuler's autism. I will call it the *isolational* aspect, a term not used by Bleuler.

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<sup>336</sup> Eugen Bleuler, "Zur Theorie des schizophrenen Negativismus" (1910). p. 185-186: "Alle diese Kranken sind hochgradig autistisch,\*\*) d. h. der Wirklichkeit abgewandt; sie haben sich in ein Traumleben zurückgezogen, oder der wesentliche Teil ihres zerspaltenen Ich wenigstens lebt in einer Welt subjektiver Vorstellungen und Wünsche, so daß die Wirklichkeit ihnen nur Störungen bringen kann".

<sup>337</sup> Ibid., p. 185: "Sie wollen ungestört mit sich selbst sein, und da kann es sie im höchsten Grade ärgern, wenn nur der Wärter ins Zimmer kommt, um das Essen zu bringen."

In his negativism paper, Bleuler already hinted that autistic isolation need not be total or even pathological. He pointed out that in patients with paranoia “the autism is not complete” so that they “feel the obstacles to their desires and convert them into paranoia.”<sup>338</sup> In these patients, relations to reality are not completely absent, but are merely *reduced*. In the same vein, he pointed out that even healthy people “have the tendency to withdraw, when in their dealings with other people, there are too many things that stir up their pain, i.e. are connected to their complex”.<sup>339</sup>

In addition to the isolational aspect, Bleuler’s concept of autism involved what I will dub its *orientational* aspect – again a term not used by Bleuler.<sup>340</sup> Bleuler first described it in his schizophrenia book, arguing that the thinking of autistic patients is not realistic but is oriented by wishes and fears. More precisely, he said that their thinking becomes unrealistic only insofar it deals with realities that threaten to contradict their split-off complexes.<sup>341</sup> Thus, autistic patients may use objects, navigate spaces, and talk to people without any problem, taking into account the constraints and demands of reality, but when they encounter something that threatens to interfere with their complexes they begin to project the ideas and emotions related to those complexes onto the reality they cannot face. Such projection is really just isolation with other means: it protects their complexes from coming into contact with realities that may disturb them. Now there is a relationship to the ‘external’ world, but only because it has been transformed into what the patients want or fear. This distorted and partial relationship to the external world is clear in the following example offered by Bleuler:

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<sup>338</sup> Ibid., p. 186, footnote: “und bei Paranoiden, die, weil der Autismus kein vollständiger ist, die Hindernisse ihrer Wünsche empfinden und in Verfolgungswahn umsetzen und demgemäß reagieren”.

<sup>339</sup> Ibid., p. 186: “Auch Gesunde sorgen dafür, daß ihre Lebenswunde nicht berührt wird, und auch sie haben im Unglück vielfach die Tendenz, sich zurückzuziehen, weil es in der Berührung mit andern Menschen zu vielerlei gibt, was die Schmerzen aufwühlt, d. h. Assoziationen zum Komplex hat.”

<sup>340</sup> On this distinction, see Adolf Friedemann’s remark in response to Asperger’s paper “Autistisches Verhalten im Kindesalter”, reported in Rolf Castell et. al, *Geschichte der Kinder- und Jugendpsychiatrie in Deutschland in den Jahren 1937 bis 1961* (2003), p. 138: “Bleuler’s original concept of autism not only included a turning away from reality, an alienation from the environment, but also a form of thinking that was not oriented by reality and logic”.

<sup>341</sup> p. 52, note 1: “Der *Sens de la realite* fehlt dem Schizophrenen nicht ganz, er versagt nur für diejenigen Dinge, die sich gerade in Widerspruch gestellt haben zu seinen Komplexen.”



For ten years a patient has from time to time been giving me notes, with always the same four words that mean that he has been illegally interned; he doesn't mind giving me half a dozen pieces of paper at once; when you confront him, he does not understand how useless this is. At the same time, this patient has a good judgment of others and works independently in the department.<sup>342</sup>

To describe this split orientation, Bleuler introduced the distinction between 'realistic thinking' and 'autistic thinking'.<sup>343</sup> In schizophrenic patients, both forms co-exist: when their complexes are not threatened their thinking is oriented by the constraints and demands of reality, but when their complexes are threatened their thinking becomes oriented by the wishes and fears related to their complex. Like with autistic isolation, Bleuler believed that autistic thinking was not necessarily pathological.

Bleuler returned to the topic of autism in his textbook, which had its first edition in 1916, and its fifth edition in 1930. This fifth edition is the text Asperger used: when he borrowed the term 'autism' he referred to the schizophrenias section (IX) of the fifth edition of Bleuler's handbook.<sup>344</sup> Here is how Bleuler described 'autism' there:

Schizophrenics loose contact with reality, in mild cases inconspicuously, here and there, in extreme cases completely. One patient believes that

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<sup>342</sup> Eugen Bleuler, *Dementia praecox or the group of schizophrenias* (1911), p. 25: "Ein Patient gibt mir seit zehn Jahren von Zeit zu Zeit Zettel, auf denen immer die gleichen vier Worte stehen, die bedeuten, daß er unrechtmäßig interniert ist; es macht ihm nichts aus, mir gleich ein halbes Dutzend der Zettel ugleich zu geben; das Unsinnige begreift er nicht, wenn man ihn zur Rede stellt. Dabei hat dieser Kranke ein gutes Urteil über die anderen und arbeitet selbständig auf der Abteilung."

<sup>343</sup> Eugen Bleuler, *Dementia praecox or the group of schizophrenias* (1911), p. 55: "Wir haben also ein realistisches und ein autistisches Denken zu unterscheiden, und zwar beim gleichen Patienten nebeneinander. Im realistischen Denken orientiert sich der Kranke ganz gut in Zeit und Raum der Wirklichkeit; er richtet danach seine Handlungen, so weit sie uns normal erscheinen. Dem autistischen Denken entspringen die Wahnideen, die groben Verstöße gegen Logik und Anstand u. dgl. krankhafte Symptome."

<sup>344</sup> Bleuler spoke of a group of multiple schizophrenias. Recall that George Frankl took up Eugen Bleuler's term 'affective rapport'. Bleuler used this very term in the schizophrenias section of his handbook, just two pages before he introduced the term autism (p. 285). In spite of this, Asperger used Bleuler's term 'autism' not 'rapport'. This is a significant choice, but I can only speculate as to its motivation. A possible reason is that autism was the more general term, as 'affective rapport' was used specifically for therapeutic contact.

the doctor will marry her. Every day he tells her the opposite; that has no effect, however. Another patient sings in a concert but carries on far too long. She does not mind when the audience becomes noisy and when she is finally finished, she returns to her seat satisfied.<sup>345</sup>

These examples, again, illustrate that Bleuler was not simply talking about a complete isolation from contact with the environment. The patient who believes that the doctor will marry her, is still in contact with her doctor, in the sense that she talks and listens to him, but has lost contact with him, in the sense that she projects onto him her own, unrealistic, fantasy and does not take into account the real content of what he says. Similarly, the patient who sings during a concert, is well aware of the existence of her audience but carries on far too long because she projects her wishes onto the audience; her thinking is not oriented by the real content of the audience's preferences.

That Asperger used Bleuler's *term* autism, does not necessarily mean that he simply took over Bleuler's *concept* of autism.<sup>346</sup> In Asperger's

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<sup>345</sup> Eugen Bleuler, *Lehrbuch der Psychiatrie*, 5th edition (1930), p. 287: "“Die Schizophrenen verlieren den Kontakt mit der Wirklichkeit, die leichten Fälle ganz unauffällig da und dort, die schwereren vollständig. Eine Patientin glaubt, der Arzt wolle sie heiraten. Er sagt ihr täglich das Gegenteil; das ist aber ganz wirkungslos. Eine andere singt in einem Anstaltkonzert, aber viel zu lange. Das Publikum lärmt; das ficht sie nicht an, und da sie endlich fertig ist, geht sie sehr befriedigt an ihren Platz. Die Kranken stellen uns schweiflich und mündlich unzählige Begehren, auf die sie überhaupt keine Antwort erwarten, obgleich es sich oft um die nächstliegenden Bedürfnisse handelt, wie die Entlassung. Sie verlangen hinaus, drücken täglich hunderte von Malen die Türklinke, und wenn man die Tür aufmacht, fällt es ihnen nicht ein, fortzugehen. Sie verlangen dringend einen bestimmten Besuch; wenn er da ist, kümmern sie sich nicht um ihn.” This passage is unaltered since the first edition, see *Lehrbuch der Psychiatrie*, 1st edition (1916), p. 286.

<sup>346</sup> It seems that in adopting the term 'autistic' Asperger actually thought of a more general range of symptoms of schizophrenia than what Bleuler called autism. This is suggested by the way Asperger introduced the term 'autism', both in *Die „Autistischen Psychopathen“* and later in all editions of his textbook. To see this, it is essential to know that Bleuler distinguished between schizophrenic disturbances of 'simple' functions (e.g. Association and affect), and schizophrenic disturbances of composite functions (resulting from the combined effect of the disturbances of several simple functions). For Bleuler 'autism' meant a disturbance of only one of the composite functions, but when Asperger introduced the term 'autism' he quoted phrases pertaining to disturbances of several functions, i.e. attention, the will, and action. For example, Asperger quoted Bleuler's phrase "the intensity and extensity of attention are disturbed", as well as his term "passive attention" – ideas which Bleuler introduced in his description of attention, a different composite function than autism. Cf. Asperger, "Die 'Autistischen Psychopathen'" (1944), pp. 84, 95, 106; Eugen Bleuler, *Lehrbuch der Psychiatrie*, 5th edition (1930), pp. 287, 288: "Um so auffallender ist, daß die passive Aufmerksamkeit meist nicht nur ungestört os, sonder tätiger scheint als normal", "Im letzteren Falle sind sowohl Intensität als Extensität der Aufmerksamkeit gestört".

interpretation, Bleuler most of all showed that the personality of adults with schizophrenia is organized through and through by “a progressive process of losing contact” and a “blocking of relations between ego and external world”.<sup>347</sup> These verbs ‘loosing’ and ‘blocking’ both indicate a progressive loss of contact, after an initial state of good contact. In contrast, In Asperger’s children there was no such progressive process, to the contrary: if there was a progression it was towards more (or rather, better) contact not less. Thus, Asperger took up the isolational aspect of Bleuler’s concept.

Then again, Asperger developed a different idea of autistic isolation: he called children ‘autistic’ when *their whole self* was isolated, not just certain split-off complexes. Moreover, in describing what these children were isolated from, Asperger did not use the epistemic concept of reality, but rather used biological concepts: he said that they are not part of a larger organism or environment.<sup>348</sup> This signals that he was talking about a functional rather than an epistemic isolation.

Neither did Asperger take over the orientational aspect of Bleuler’s concept of autism. He did not suggest that autistic children are oriented by wishes and fears but by original experiences as opposed to social constraints and expectations. Indeed, he thought that their distance from other people allowed them to develop an original and conceptually advanced understanding of the external world.

### *3.3.2 Personality typologies: the source of Asperger’s pervasive conception of contact*

Recall that understanding children with autism for Asperger was a special case of understanding the human personality in general. This suggests the possibility that personality theories of his time were also important to Asperger.

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Other quotes came from Bleuler’s description of the will, and action – also different functions than autism. Asperger quoted these phrases *as if they were part of Bleuler’s definition of autism*. This suggests that when Asperger talked about autism, he had in mind not Bleuler’s concept of autism specifically, but more generally all the composite symptoms of schizophrenia described in his handbook. Bleuler did not include these other symptoms in his conception of ‘autism’.

<sup>347</sup> Asperger, "Die ‘Autistischen Psychopathen’" (1944), p. 85: prozeßhaft fortschreitenden Kontaktverlust; “der Absperrung der Beziehungen zwischen Ich und Außenwelt”.

<sup>348</sup> Asperger, "Die ‘Autistischen Psychopathen’" (1944), p. 84

Indeed, his writings offer several indications that personality theories were the most important source for developing the idea of contact with the environment.

In 1942, Asperger mentioned his intention “to expound the usefulness of the concept of the type, especially for certain forms of contact disorders, i.e. for Autistic Psychopaths”.<sup>349</sup> This confirms that his work on autism was part of a broader project of diagnosing personality types. Moreover, Asperger’s presentation of the autistic type in *Die „Autistischen Psychopathen”* was framed by a discussion of the proper form of personality typologies. This is obscured to English readers by Uta Frith’s unfortunate decision not to translate the introduction. For including the introduction would have shown that Asperger started with a critique of existing personality typologies, arguing that they are lifeless systems that do not do justice to the living human being.

Despite this critique, Asperger’s thesis ended with pointing to a similarity between autistic psychopathy and several existing personality types. In particular, Asperger proposed that “there are definite similarities” between “the schizothymics of Kretschmer, certain forms of disintegration of E. R. Jaensch and above all with Jung’s ‘introverted thinking type’”.<sup>350</sup> Important in this proposal is not that Asperger referred to these three scholars in particular, for he did not take over the specifics of their typologies<sup>351</sup> and emphasized that they were developed for adults rather than for children.<sup>352</sup> To Asperger, not the specifics of these three types were most important but the general feature they have in common: they differ from their opposites in involving a lack or distortion *of relations to the environment*.<sup>353</sup> Indeed, a similar observation was made

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<sup>349</sup> Asperger, “‘Jugendpsychiatrie’ und ‘Heilpädagogik’” (1942), p. 354; here, Asperger specifically speaks of *interpersonal* contact.

<sup>350</sup> Asperger, “Die ‘Autistischen Psychopathen’” (1944), p. 64: “Da finden sieh gewisse Ähnlichkeiten zwischen den Autistischen Psychopathen und den Schizothymen Kretschmers, weiter mit gewissen Formen der Desintegrierten von E. R. Jaensch und vor allem mit dem ‘introvertierten Denktypus’ von Jung.”

<sup>351</sup> In the case of Jung, these specifics include the ideas (which he shared with Freud and Abraham) that (1) extraversion and introversion involve the conscious withdrawal from or investment of libido in ‘objects’ and (2) that this conscious attitude is normally compensated for by the opposite movement of the libido in the unconsciousness. Specific to Jaensch’s theory were the ideas that (1) integration involves the interpenetration of perception and representation, and (2) that their disintegration is characteristic of Jews and foreigners. Specific to Kretschmer was the idea that a certain physique (constitutional type) is associated with a certain personality and with certain mental disorders (psychopathological types). None of these ideas were taken up by Asperger.

<sup>352</sup> Asperger, “Bild und soziale wertigkeit der autistischen Psychopaten” (1950), p. 257.

<sup>353</sup> Asperger, “Autistisches Verhalten im Kindesalter” (1960), p. 53

in 1928 by Otto Tumlirz; he concluded that the basis of these three typologies is “the position of the ego vis-à-vis the external world”, which, like Asperger, he considered to be “one of the most general and important characteristics of the personality”.<sup>354</sup>

The most direct influence that does show up in Asperger’s work is Erich Jaensch’s opposition between the inner integration of psychological functions and the external integration or ‘coherence’ of the self with the environment.<sup>355</sup> To elaborate, by inner ‘integration’ Jaensch meant the mutual interpenetration of perception and representation, allowing the person to function as a whole; isolation of these functions Jaensch called ‘desintegration’.<sup>356</sup> By ‘coherence’, Jaensch meant that the organism forms a unity with the environment; the opposite is withdrawal (*Abspaltung*) from such relations, leading to isolation from the world.<sup>357</sup>

Asperger first mentioned Jaensch’s opposition of integrated and unintegrated types in 1942, criticizing such one-dimensional oppositions; he argued that although they have heuristic value they are forced and unconvincing,

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<sup>354</sup> Otto Tumlirz, *Probleme der Charakterologie* (1928), p. 20.

<sup>355</sup> This opposition developed out of Jaensch early empirical research on ‘eidetic images’ (*Anschauungsbilder*): the re-occurrence of a previously seen image, in such a way that it is actually seen (not imagined), but from memory, with one’s eyes closed. For a good contemporary discussion of this phenomenon, and Jaensch’ early work, see Gordon W. Allport, “Eidetic imagery” (1924). After experimentally establishing their presence in some people but not in others, Jaensch explained such images as resulting from a high level of integration between perception and representation. The presence and absence of such integration later became the basis for his typology, which went through several stages and reformulations.

Jaensch initially distinguished between a B-type (for Basewoid), which was highly integrated and capable of experiencing eidetic images, and a T-type (for Tetanoid) which was not. See Erich R. Jaensch, “Die Eidetik und die typologische Forschungsmethode in ihrer Bedeutung für die Jugendpsychologie und Pädagogik, für die allgemeine Psychologie und die Psychophysiologie der menschlichen Persönlichkeit”, part I - III (1925).

Apparently under influence of Carl Jung’s distinction between introvert and extravert, Jaensch began to distinguish between inner integration (*Integration*) and outer integration (*Kohärenz*). Cf. Maria Anastasia Strauhal, *Kritische Untersuchung zur Jaensch'schen Integrationstypologie* (1941), p. 9. On this basis Jaensch developed a more complex typology, discerning 5 types differing in inner and outer integration. See Erich Jaensch et. al., *Über den Aufbau des Bewusstseins*, part 1 (1930).

<sup>356</sup> He placed this opposition within the biological debate over ‘organism’ versus ‘mechanism’; this is where Asperger comes closest to Jaensch. Cf. Jaensch, “Die Eidetik und die typologische Forschungsmethode”, part III, p. 238.

<sup>357</sup> Erich R. Jaensch, *Grundformen menschlichen Seins: mit Berücksichtigung ihrer Beziehungen zu Biologie und Medizin, zu Kulturphilosophie und Pädagogik* (1929), pp. 14, 16.

especially in children who are still developing.<sup>358</sup> He repeated this critique in *Die 'Autistischen Psychopathen'*.<sup>359</sup> This had changed in the 1952 edition of *Heilpädagogik*, where Asperger began to use Jaensch' opposition to describe his own ideas. In the section on contact, Asperger said that to describe "too much" contact – the opposite type of autistic psychopathy – "the term 'integration', introduced by E. R. Jaensch, seems fruitful".<sup>360</sup> He elaborated by discussing the difference between Jaensch's terms (inner) integration and (external) integration or 'coherence'. Although Asperger certainly found something of value in Jaensch's work, it is also clear that Asperger gave the terms integration and coherence a more general meaning and developed the idea of 'integrated' and 'unintegrated' types as it suited his own theory.

More significant than his reference to specific authors is the geographical fact that Asperger situated his work on psychopathies within German, Austrian and Swiss personality typologies. His publications suggest that in the 1940's, Asperger worked through a whole range of personality typologies, i.e. those of Paul Schröder, Kurt Schneider, Ludwig Klages, Ernst Kretschmer, Carl Jung and Erich Jaensch. The approach of these German language authors was very different from the American approach.<sup>361</sup> Americans would approach the personality through standardized tests. They believed that a controlled, standardized, test could isolate a universal behavioural tendency. The strength of this behavioural tendency could then be determined by measuring the aggregate frequency of a person's reaction to the test. In contrast, European authors favoured qualitative methods. They focussed on complex behaviour in natural situations, which revealed a wide variety of factors, all of which had to be considered. Rather than statistical patterns they developed logical generalizations that reduced a wide range of phenomena to a single formula, which they called *types*.

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<sup>358</sup> Asperger, "'Jugendpsychiatrie' und 'Heilpädagogik'" (1942), p. 235: "So fruchtbar sich diese Einteilungsprinzipien als heuristisches Prinzip erwiesen habe [...] wirken solche Einteilungsversuche oft recht krampfhaft und nicht überzeugend."

<sup>359</sup> pp. 77-78

<sup>360</sup> (1952), p. 66: "Zur Beschreibung dieses Verhaltens erscheint uns der von E. R. JAENSCH eingeführte Begriff der 'Integriertheit' fruchtbar." Specifically, he referred to Erich R. Jaensch, *Grundformen menschlichen Seins* (1932).

<sup>361</sup> Philip E. Vernon, "The American v. the German methods of approach to the study of temperaments and personality" (1933).

In addition to this geographical difference, there was a disciplinary difference: almost all great typologists of the 20<sup>th</sup> century were psychiatrists (Jaensch being the exception).<sup>362</sup> The typologies they developed were not based on experimental research (nor aspired to be), but derived from clinical experience. Most of these typologists were practicing physicians, who in their medical work were confronted with a diversity of patients, who they then tried to classify in the service of diagnosis and treatment. In so doing, psychiatrists followed the footsteps of Emil Kraepelin, but whereas he classified disorders, they would classify personalities.

To properly understand Asperger's typological approach to development it is important to see what a personality type is and is not.<sup>363</sup>

First, personality types describe *the stable biological structure of individuals* as it persists through time, in relation to but relatively independent of environmental influences. This is clear in the autistic type as envisioned by Asperger: although relations to the environment are essential to it (contact and activity), Asperger believed that in the autistic type these relations are disturbed *in any environment*, and are more determined by the biological structure of the organism than by environmental influences. The underlying idea is that although an organism always interacts with its environment, some aspects of its structure are more dependent on and constituted by that interaction than others.

Second, a personality type does not describe a stable biological structure unique to a single individual, but a structure that is *shared among a group of individuals*. It is assumed that the members of a given species will not develop an infinite but rather a limited number of biological structures, so that highly similar structures will develop in different individuals. Indeed, underlying Asperger's idea of autistic psychopathy was the assumption that human personalities develop into a limited number of ways, depending on the kind and degree of harmony between integration and differentiation.

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<sup>362</sup> See Herbert Shuey, "The fundamental principles of typology" (1937).

<sup>363</sup> In doing so, I will follow Hebert Shuey, who in my view makes the most clear and convincing case for the use of personality typologies in psychiatry. See Herbert Shuey, *A typological approach to the study of human behavior* (1934); idem, "Recent trends in science and the development of modern typology" (1934); idem, "The fundamental principles of typology" (1937).

Third, a personality type is not a behavioural type: it does not mean to describe a uniform and stable set of behaviour, but rather *the underlying biological structure that forms the totality of the organism*. This structure can give rise to different, even opposite, behaviours, at different points in time. This last point was difficult to grasp for American psychologists, because they would mistakenly apply their idea of universal behavioural tendencies to the types proposed by European authors, assuming that the behavioural reaction of a given type must be the same all the time – of course it is then not difficult to discredit such ‘types’. Asperger was well aware of the diversity between and within autistic children, but his claim was that opposite behaviours can be two sides of the same coin. His proposal was that the various enlargements and restrictions characteristic of autistic behaviour result from a particular ‘autistic’ type of disbalance in the development of their personality, namely a disharmony in which the newer differentiated personality functions overshadow the older functions and are not reintegrated into a new whole.

### 3.3.3 Viennese influences

Vienna is, of course, the city of Freud and the birthplace of psychoanalysis. When the *Heilpädagogische Abteilung (Hp)* was founded, in 1913, Freud had already delivered and published his lectures on sexual theory and psychoanalysis. When Asperger joined the *Hp* in 1932, Freud was still living and working in Vienna and had published his best-known works. More generally, the *Wiener Psychoanalytische Vereinigung* had been around for 24 years. However, Neither Asperger nor his colleagues found psychoanalysis particularly helpful in their clinical work with children.

The first, most direct, source of influence on Asperger’s concept of autistic psychopathy were ideas developed at the *Heilpädagogische Abteilung*. I will turn to another of his colleagues later, but first consider the parallels between Asperger’s idea of contact and the ideas of his older colleague George Frankl (discussed in chapter 1), who published on the concept of ‘contact disorders’ prior to Asperger. It is unclear who influenced who and in what way precisely, but either way it is important to see how Asperger’s ideas compared to Frankl’s.



Recall that for Frankl, contact meant *communicative* contact: the exchange of feelings and ideas mediated by symbols. He emphasized that such symbols encode not only the factual content of what is communicated – what he called ‘logical speech. Non-verbal symbols, in particular, also encode the people that are involved and their feelings, as well as the wider contact situation in which any communication is always embedded –what Frankl called ‘affective speech’. Asperger’s conception of contact was broader than Frankl’s conception of contact, in several ways.

First, instead of Frankl’s concept of ‘affective speech’ Asperger used the broader concept of ‘expressive phenomena’, which he borrowed from Ludwig Klages. Whereas affective speech is not present in ‘opaque’ children (as they do not express emotion), expressive phenomena *are* present in such children. Asperger would say that even when children do not express emotion, they do express *something*. Moreover, Klages’ concept of ‘expressive phenomena’ not only included the symbols recognized by Frankl (mimicry, gestures, intonation and vegetative reactions) but also a person’s gaze, gait and handwriting. This broader idea allowed Asperger to also analyse expressive phenomena that are not merely communicative, but that are also present in the absence of communicative intent: a child who feels no need to communicate with another person, still looks and moves in a certain way.

Second, whereas Frankl focussed on what children with autism *lack*, Asperger also included their *strength*: an exceptionally good conceptual understanding of other people, things, and themselves. It is not just that Asperger considered to be a strength the logical speech which autistic children in Frankl’s view lacked; Asperger rather offered a different concept. Whereas Frankl was concerned with ‘logical speech’, which involves the communication of *facts* only, Asperger was concerned with ‘intelligence’, which can be used to analyse facts, but also to analyse feelings. Asperger defined intelligence by its abstraction from concrete particulars, not by a certain type of content. This is why Asperger *could* think the possibility that children with autism may be exceptionally good at describing their own feelings and the feelings of others. Asperger recognized this duality of autism, whereas Frankl did not.

Third, even though Frankl criticized crude stimulus-response behaviourism by emphasizing that autistic children are capable of intentional and

communicative acts, he was only concerned with overt behaviour, i.e. communicative exchanges through exterior signs. In contrast, Asperger stressed the interiority of autism, arguing that differences in contact are rooted in differences of the inner personality. In this way he embedded contact disorders within larger developmental types.

These differences in the conceptual frameworks of Frankl and Asperger were motivated by the different problems they addressed. Recall that Frankl tried to understand ‘false reactions’: the unusual response of some children to the commands of adults. Asperger discussed something similar but his framing of the problem was different.<sup>364</sup> Whereas for Frankl the very point was to show that false reactions need not result from mischief, Asperger saw no contradiction in pointing to an autistic boy who had “malicious pleasure” in not following instructions, and did so with the intention “to irritate other people”.<sup>365</sup> For Asperger, the point was rather to show the duality of autistic responses. To make this point, it was as important for him to show that certain responses of autistic children were bad, as it was to show that others are good.

Frankl’s other problem was that in ‘opaque’ children he could not deduce from their mimicry and intonation how they felt. This opacity problem is unique to a limited group of children, including children with autism. In contrast, Asperger felt that *all* human children are an enigma: unlike animals, human beings are difficult to understand, because each human personality is unique. Understanding *autistic* children is merely a special case of this general epistemological problem. Moreover, Asperger saw ‘opacity’ not as the absence of affective symbols, but as *a different class* of expressive phenomena, which no less reveal a person’s underlying personality as communicative expressions. He reinterpreted the problem on a higher level of abstraction: the problem is not how to understand the way children feel, but how to understand their personality. If autistic children seemed opaque to professionals (and here he suggests, but

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<sup>364</sup> Like Frankl, Asperger maintained that what allows small children to respond in the right way to adults is not that they consciously understand the *content* of their speech, but rather that they understand “what expresses itself in [their] intonation, mimicry and gestures” (“weil Sie instinktiv verstehen was sich im Ton der Worte, in Mimik und Gestik des Erziehers ausdrückt”). Like Frankl, Asperger found that in children with autism this understanding is disturbed, and he described the resulting behaviour in similar terms, as “abnormal responses” (“*abnorme Reaktionweisen*”). Asperger, *Das psychisch abnorme Kind* (1938), pp. 1315-16.

<sup>365</sup> Asperger, “Das psychisch abnorme Kind”, p. 1315: “er hat eine boshafte Freude daran nicht zu folgen und anderen Menschen damit zu ärgern”.

never quite states, a critique of Frankl), this was only because they were insufficiently attuned to subtle differences in expressive phenomena.

In the first chapter we have seen that Frankl, in the 1950's, described a solitary state, opposed to the state of being-in-contact with other people. Towards the end of his career, Asperger began to make a similar distinction. Asperger began to say that all human beings can and sometimes do act in an 'autistic' way, most prominently in certain developmental stages (e.g. terrible twos) and under certain conditions (e.g. suffering). To distance oneself from one's environment is not just a disorder, but a basic "possibility of human existence": it is deeply rooted in human nature that any healthy person can both be "a self" and be "with other people".<sup>366</sup> Similarly, any healthy human being "is not just part of the world, resonating with people and things, but is also a self, separating itself from the world and existing on itself".<sup>367</sup> There is an essential difference, however. While in Frankl's work, the false reaction and opacity problems only came to the fore when autistic children were *among other people*, Hans Asperger found that autistic children relate differently to the non-social environment as well, and act differently even when they are solitary. On this expanded view, contact disorders do not just affect communication but, more fundamentally, a person's *contact with the world*.

In developing his positive understanding of Jaensch' conceptual opposition, a possible influence at the *Heilpädagogische Abteilung* is Asperger's colleague Josef Feldner. In 1955, Feldner's book on the developmental psychiatry of children came out, and in the 1956 edition of *Heilpädagogik* Asperger added a reference to this book.<sup>368</sup> Asperger referred specifically to Feldner's opposition between 'homotomy' (*Homothomie*) and 'dichotomy' (*Dichotomie*)<sup>369</sup> in which he found parallels to what Jaensch called 'integrated' and 'unintegrated'.<sup>370</sup>

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<sup>366</sup> Asperger, "Probleme des kindlichen Autismus" (1977), p. 9: "es lieft tief in Menschen begründet 'mitmenschlich' zu sein"; "Er is auch ein 'Selbst'".

<sup>367</sup> Asperger, "Frühkindlicher Autismus" (1974), p. 2026; "Aber der Mensch ist nicht nur Teil der Welt, mitschwingend mit Menschen und Dingen, sondern er ist auch ein „Selbst“, in sich beruhend, sich abgrenzend von der Welt um ihn."

<sup>368</sup> Josef Felnder, *Entwicklungspsychiatrie des Kindes: Aufbau und Zerfall der Persönlichkeit* (1955)

<sup>369</sup> Asperger, *Heilpädagogik: Einführung in die Psychopathologie des Kindes für Ärzte, Lehrer, Psychologen, Richter und Fürsorgerinnen* (1952), pp. 55- 56.

<sup>370</sup> Even though Feldner did not mention Jaensch by name, by he did refer to the idea of 'Eidetik' (a certain kind of image), which was central to Jaensch and his school. Moreover, he took over Jaensch' related idea that inner integration is a blending of perceptions and representations.

Although Feldner's book appeared three years after the first edition of *Heilpädagogik*, he and Asperger had been long-standing colleagues. Recall that they had co-authored a book review of Charlotte Bühler back in 1938.<sup>371</sup> Indeed, in the preface to his book, Josef Feldner thanked Asperger for his "years-long cooperation and many valuable suggestions". Asperger may have worked together with Feldner on Jaensch' typology, he may have found in Jaensch' work a convenient terminology to express ideas developed in his own department, or he may have gotten the idea directly from Jaensch himself. Either way, it is clear to me that a distinction similar to the ones used by Jaensch and Feldner became central to Asperger's conception of autistic psychopathy from 1952 onwards. It is also clear that he used these distinctions to develop his own ideas about what 'contact with' and 'relation to' the environment entail.<sup>372</sup>

### 3.4 The relationship of Hans Asperger to Leo Kanner's work

In the previous chapter, I already discussed Asperger's relationship to Georg Frankl, and in this chapter, I have added a comparison of their conceptions of contact. Now, in this section, I will discuss Asperger's relationship to Leo Kanner (see chapters 4 and 5), the other so-called 'founding father' of autism studies, postponing a comparison of their ideas to the next chapter, when we have developed an understanding of Kanner's work.

The first thing to note is that here is an asymmetry in their relationship, since Leo Kanner referred to Asperger's work just once, in passing in a book review, whereas Asperger consistently referred to Kanner's work after 1952.

Asperger's post-doctoral thesis was written in 1943, prior to Leo Kanner's first publication on autism and therefore could not have referred to Kanner's ideas. Neither did Asperger refer to Kanner in 1949 – the first occasion he read

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Now, the opposition of homotomy and dichotomy was central to Feldner's first chapter, entitled *Relations to the environment*. He defined homotomy as the early developmental stage in which perception and representation are not yet separated and in which a child's *thymos* (instinct) "still forms a unity with the world of objects" (p. 2). Dichotomy, in contrast, is the stage in which conceptual representations are formed, separate from perceptions, and in which the subject separates itself from the object world. This is the same distinction that became central to Asperger's post-1952 theory of psychopathy.

<sup>371</sup> Hans Asperger and Josef Felnder, "Bemerkungen zu dem Buche 'Praktische Kinderpsychologie' von Prof. Charlotte Bühler" (1938).

<sup>372</sup> Asperger, *Heilpädagogik: Einführung in die Psychopathologie des Kindes für Ärzte, Lehrer, Psychologen, Richter und Fürsorgerinnen* (1952), pp. 66, 69.

a paper about ‘autistic psychopaths’ after 1944.<sup>373</sup> Asperger first mentioned Leo Kanner’s in the first, 1952, edition of *Heilpädagogik*. Here, Asperger introduced Kanner at the end of his discussion of autism, in a section entitled ‘discussion with the literature’ – the same place where he referred (and did so already in his thesis) to other authors, such as Jaensch and Jung. Asperger did not yet mention Kanner’s term ‘infantile autism’.

In the first edition of *Heilpädagogik* Asperger spoke of “extensive agreement” between his and Kanner’s description (p. 191), in the second edition he found “much that is related” (p. 191), and in the third he found “many similarities” (p. 205). In the first two editions of *Heilpädagogik*, Asperger did not include a specific reference. He certainly could have. When the first edition came out (1952), Kanner had published six papers on early infantile autism, in American journals<sup>374</sup>, and had described the disorder in the second edition of his handbook *Child Psychiatry* (1948). At the time of the second edition of *Heilpädagogik* (1956) three more papers had followed.<sup>375</sup> Even so, it was not until the third edition (1961) that Asperger would refer to a specific publication by Kanner. He referred to the same publication in an article from around that time.<sup>376</sup> The publication in question was Kanner’s short paper *The Specificity of early infantile autism*. Kanner read this paper in September 1957 at the 2<sup>nd</sup> International Congress for Psychiatry in Zürich.<sup>377</sup> The reason that Asperger referred to this paper must have been that it was printed with a German summary in the European journal *Acta Paedopsychiatrica*, in 1958.<sup>378</sup> The paper has only four pages, and is thus an odd choice to cite as representative of Kanner’s views on autism, that is, if Asperger had read Kanner’s longer and more original papers. This poses the question how much of Kanner’s work Asperger had read at

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<sup>373</sup> The paper was published in 1950 as Asperger, "Bild und soziale Wertigkeit der Autistischen.

<sup>374</sup> Leo Kanner, "Autistic disturbances of affective contact" (1943); idem, "early infantile autism" (1944); idem, "Irrelevant and metaphorical language in early infantile autism" (1946); idem, "Problems of nosology and psychodynamics of early infantile autism" (1949); idem, "A Discussion of early infantile autism" (1951); idem, "The conception of wholes and parts in early infantile autism" (1951).

<sup>375</sup> Leo Kanner, "To what extent is early infantile autism determined by constitutional inadequacies" (1954); idem, "early infantile autism, 1943-1955" (1956); Leo Kanner and Leon Eisenberg, "Notes on follow-up Studies of Autistic Children" (1955).

<sup>376</sup> Asperger, "Autistisches Verhalten im Kindesalter" (1960).

<sup>377</sup> Werner Arthur Stoll, *2nd International Congress for Psychiatry, Zurich, Switzerland, September 1st to 7th* (1957), vol. 3, p. 445.

<sup>378</sup> Leo Kanner, "The specificity of early infantile autism" (1958).

this time. It seems likely that he had only read the German summary of that single short article.

In all editions of *Heilpädagogik*, Asperger criticized the view that autism is an exogenic disorder due to upbringing, which he attributed to Kanner. For example, in the first edition he wrote that Leo Kanner “conform the general attitude of American psychotherapeutic schools, regards this [autistic] disorder as purely exogenous”.<sup>379</sup> In later editions, Asperger similarly ascribed to Kanner the view that the social relation of children with ‘infantile autism’ are disturbed due to a lack of “maternal tenderness” and “emotional warmth”.<sup>380</sup>

In the 1958 paper cited by Asperger, Kanner clearly defined early infantile autism as “an inability to relate to people and situations *from the beginning of life*”, suggesting that it has constitutional rather than environmental causes.<sup>381</sup> There is no mention of maternal influence at all in the paper, and neither was there in Kanner’s first and best known article on autism.<sup>382</sup> The idea that Leo Kanner regarded early infantile autism as due to upbringing must rather stem from a 1949 paper, where he observed in parents of children with ‘infantile autism’ a “mechanization of human relationships”, resulting in “unemotional objectivity” and “lack of genuine warmth”.<sup>383</sup> This idea was not specific to autism, but was part of the more general theory Kanner developed at that time that the emotional climate in the “homes in which [such children] grow up can be pleasantly air-conditioned places, ovens, or refrigerators” (see §5.1).<sup>384</sup> All this means that Asperger must have learned about Kanner’s ideas between 1949 and 1952, just at the time Kanner put forward a new exogenic view of early infantile autism, and mostly likely learned about it indirectly, via secondary sources.

In *Heilpädagogik*, Asperger did not yet elaborate on the similarities between his ideas and Kanner’s. He first did so in 1963, when he wrote that they described ‘their’ disorders “[a]t the same time [...] of course both independent

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<sup>379</sup> Asperger, *Heilpädagogik: Einführung in die Psychopathologie des Kindes für Ärzte, Lehrer, Psychologen, Richter und Fürsorgerinnen* (1952), p. 191.

<sup>380</sup> “mütterlichen Zärtlichkeit” and “Gefühlswarme”

<sup>381</sup> Leo Kanner, "The specificity of early infantile autism" (1958), p. 108.

<sup>382</sup> Leo Kanner, "Autistic Disturbances of Affective Contact" (1943).

<sup>383</sup> Leo Kanner, "Problems of Nosology and Psychodynamics of early infantile autism" (1949), p. 422.

<sup>384</sup> Leo Kanner, "Round Table Discussion: Psychiatric Problems of Adolescence" (1948), p. 672.

from each other, since at that time there was no scientific communication” (that is, between the USA and Austria, due to the Second World War).<sup>385</sup> In this description, he disregarded that he already spoke about autism on four occasions before Kanner’s first article, I assume because his 1944 thesis was his first substantial discussion of autistic psychopathy.

Asperger mentioned Kanner in all his papers on autism after 1952. Even so, his first substantial engagement with Kanner’s idea was in a paper published in 1974 in the German medical journal *Deutsche Ärzteblatt* – forty years after Kanner’s first article on autism. Here Asperger said that Kanner defined ‘infantile autism’ as an “encapsulation of the child in himself”, affecting his “affective contact” with other people and, to a lesser degree, his “relations to things”.<sup>386</sup> In this paper, Asperger did not offer any specific references, but he did do so in another paper from the same year. Here he referred, for the first time, to Kanner’s best known papers *Autistic disturbances of affective contact* (1943) and *Early infantile autism* (1944).<sup>387</sup>

### 3.5 The changing reception of Hans Asperger’s theory of autism

In recent years, the reception of Hans Asperger and his work has changed in two ways. The first, positive, change is that although there obviously has been basic knowledge of Asperger’s work before, especially since Lorna Wing’s paper from 1981<sup>388</sup>, only in the last decade or so<sup>389</sup> his work has really become a topic

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<sup>385</sup> Asperger, "Das autistische Kind und seine Probleme" (1963), p. 247: "Zu gleicher Zeit [...] natürlich beide unabhängig voneinander, da es zu dieser Zeit ja keine wissenschaftliche Kommunikation gab". Asperger repeated this claim of independence in his "Formen des Autismus bei Kindern" (1974), p. 1010.

<sup>386</sup> Asperger, "Formen des Autismus bei Kindern" (1974), p. 1010.

<sup>387</sup> It is unsurprising that Asperger did not recognize “affective contact” in the first of these titles as a term of Georg Frankl’s. Frankl had first used this term in an American article in 1943 and there is no indication that Hans Asperger knew this article.<sup>387</sup> Prior to his emigration to the United States Frankl had rather used the term “affektive Sprache” (*affective speech*), see Georg Frankl, "Über postenzephalitischen Parkinsonismus und verwandte Störungen im Kindesalter" (1937).

<sup>388</sup> Lorna Wing, "Asperger's syndrome: a clinical account" (1981).

<sup>389</sup> Before that, Kathrin Hippler and Christian Klicpera did publish historical research on Asperger’s patients. See their "A retrospective analysis of the clinical case records of ‘autistic psychopaths’ diagnosed by Hans Asperger and his team at the University Children's Hospital, Vienna" (2003) and "Hans Asperger and his patients--a retrospective examination of the spectrum of autistic disorders" (2005).

of investigation by historians, notably Helmuth Gröger<sup>390</sup>, Herwig Czech<sup>391</sup>, Stephen Haswell Todd<sup>392</sup> and Edith Sheffer.<sup>393</sup> This historical work has given us a better and wider view of Asperger's ideas. The second, negative, change, is that some of these historians now claim that Asperger's concept of autistic psychopathy was influenced by Nazi ideology. In what follows, I will reflect on these two changes in the reception of Asperger's work, focussing on his concept of contact.

### 3.5.1 *The emergence of historical investigations of Hans Asperger's work*

In the English-speaking world, Kanner was long considered the first to have described autism. His paper *Autistic disturbances of affective contact* was published in June 1943 in *The Nervous Child* and is the most cited paper on autism.<sup>394</sup> In contrast, Asperger's work only became generally known to English audiences after 1981, when Lorna Wing published her influential article on 'Asperger's Syndrome', as she renamed autistic psychopathy. Asperger's last lecture was published in English translation in 1979, but his post-doctoral thesis did not become available in English until Uta Frith translated part of it in 1991. Together, Asperger's thesis (*Die 'Autistischen Psychopathen' im Kindesalter*) and its English translation (*'Autistic psychopathy' in childhood*) are still cited three times less often than Kanner's.

One reason for the different reception of Asperger and Kanner is the language barrier. Asperger wrote in German and only published in European journals such as *Wiener Klinische Wochenschrift*, *Archiv für Psychiatrie und Nervenkrankheiten*, *Oesterreichische Aerztezeitung*, *Deutsches Ärzteblatt* and *Medizinische Klinik*. While he was neglected in the English-speaking world, he was not in mainland Europe: in the 1950's and 1960's there already appeared

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<sup>390</sup> Helmuth Gröger, "Das Syndrom des 'Autistischen Psychopathen': Hans Asperger zwischen Pädiatrie, Kinderpsychiatrie und Heilpädagogik" (2008); idem, "Zur Ideengeschichte der medizinischen Heilpädagogik–Hans Asperger und das Syndrom des 'Autistischen Psychopathen'" (2015).

<sup>391</sup> Herwig Czech, "Hans Asperger und die » Kindereuthanasie «in Wien–mögliche Verbindungen" (2015); idem, "Hans Asperger, national socialism, and "race hygiene" in Nazi-era Vienna" (2018).

<sup>392</sup> Stephen Haswell Todd, *The turn to the self: a history of autism, 1910-1944* (2015).

<sup>393</sup> Edith Sheffer, *Asperger's Children: The Origins of Autism in Nazi Vienna* (2018).

<sup>394</sup> It has been reprinted twice, in *Acta Paedopsychiatrica* (1968) 35:100-136 and in J.G. Howell (Ed.), *Modern perspectives in International Child Psychiatry* (1969), Edinburgh: Oliver & Boyd, 617-468.



several articles in German, French and Dutch discussing Asperger's concept of autistic psychopathy.<sup>395</sup> Another factor may be the difference in volume of Kanner and Asperger's publications. I have been able to obtain 110 journal articles by Kanner on child psychiatry, 1047 pages in total (and there are a few more), compared to only 29 articles on *Heilpädagogik* by Asperger, 270 pages in total, and that seem to be all there are. Both men published a textbook, but Kanner's first edition had 510 pages, compared to 275 pages in the first edition of Asperger's textbook. Finally, Kanner published four more books.

Even in the three decades or so after Asperger became well-known beyond the continent, *Die 'Autistische Psychopathen'* was considered his first work, and Kanner was still deemed the first to have described autism as a distinct disorder. Asperger's early works are rarely cited, and neither are his later papers on autism. In this and the previous chapter, I have presented evidence that Asperger started working on autism at least for years earlier than Kanner and I have included his work between 1938 and 1944 in my analysis.<sup>396</sup> I have also included later papers, written between 1944 and 1977. I am not the first historian to have done so. In fact, it is a general result of the new historical interest in Hans Asperger that his earlier and later publications on autistic psychopathy have been rediscovered.

Now that his previous and later works have been identified, the reception of Asperger's work is still complicated by the fact that almost all of his writings are only available in German. Moreover, even the German publications are not easily to access. I found that most of them were not available in any of the Dutch university libraries, and I expect this will be the same for other European countries.

The limited knowledge of Asperger's work as a whole has had two effects on its reception. First, recognition of the non-social symptoms proposed by

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<sup>395</sup> Lucas Nicolaas Johannes Kamp, "Les psychoses chez l'enfant" (1953); J.J. Prick, "Het autistische kind" (1954); Dirk Arnold van Krevelen, "Zur problematik des Autismus" (1958); Dirk Arnold van Krevelen, "Zur Ätiologie des Kannerschen Autismus und der Aspergerschen autistischen Psychopathie" (1963); Gerhard Bosch, *Der Frühkindliche Autismus: eine klinische und phänomenologisch-anthropologische Untersuchung am Leitfaden der Sprache* (1962); I.B.M. Frye, *Fremde unter uns: autisten, ihre erziehung, ihre lebenslauf* (1968).

<sup>396</sup> Asperger, "Das psychisch abnorme Kind" (1938); idem, "Pädagogische Therapie bei abnormen Kinder" (1939); idem, "Zur Erziehungstherapie in der Jugendfürsorge" (1941); idem, "'Jugendpsychiatrie' und 'Heilpädagogik'" (1942).

Asperger but not by Kanner has been delayed. Especially, his idea of special interests – a core symptom of autistic psychopathy – has been taken up much later than symptoms of autism that were also observed by Kanner. Second, Asperger’s conceptual framework as a whole remains largely unknown. In this and the previous chapters I have offered one of the first thorough discussions of his conceptual framework as a whole.

Stephen Haswell Todd’s chapter on Asperger<sup>397</sup> comes closest to a broad understanding of his ideas, as the other historians I mentioned have focussed on social rather than conceptual history. There is much to commend in his chapter, certainly compared to earlier readings of Asperger. With regard to the intellectual context of Asperger’s work, he offers a wide-ranging discussion of Asperger’s relation to Eugen Bleuler and Ludwig Klages. With regard to Asperger’s conceptual framework, he offers an excellent discussion of the opposition between intellect and affect (inner) and the opposition between distance and contact (external) – but he still lacked the general framework of psychopathy that ties them together. Todd was also one of the first to recognize the possible influence of Frankl on Asperger.

That being said, Todd’s interpretation needs to be corrected on one central point: he overestimates the importance of Eugen Bleuler’s concept of autism, and the discourse on autism following Bleuler, as a source of Asperger’s concept of autistic psychopathy. Todd devotes a whole chapter to Bleuler and suggests that Bleuler’s concept of autism is essential to the history of Autistic Spectrum Disorders, albeit in an unexpected way: Todd neither claims that Bleuler’s concept of autism is the same as Asperger’s (and Kanner’s), nor that it “has nothing to do” with their concepts; he rather claims that Bleuler’s autism “was a kind of reverse of ours”. In his view, Bleuler’s influence on Asperger was mediated by a later discourse which involved a polarity switch “from an autism characterized mainly by irrational thoughts and behaviours to [an autism] primarily identified with the hyperrational”.<sup>398</sup> However, although it seems that there did indeed occur such a reversal in the meaning of autism, its existence does not yet show that Asperger was influenced by it. I have seen no convincing

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<sup>397</sup> Stephen Haswell Todd, *The turn to the self: a history of autism, 1910-1944* (2015), chapter three.

<sup>398</sup> *Ibid.*, p. 114

evidence to support this further claim. What clearly speaks against it is the definition of ‘autism’ Asperger offered in the glossary at the end of *Heilpädagogik*: “Limitation to one’s own self; especially thinking that follows affective rather than logical connections, to which is related a closing-oneself-off from reality with withdrawal in phantasy”. In this definition there is no polarity switch, but the original Bleulerian concept of autism.

My own analysis shows that Asperger was influenced by Bleuler directly, that he was not just influenced by the concept of autism but by Bleuler’s wider ideas about schizophrenia, and that the German discourse on personality typologies was a much more important influence than the post-Bleulerian discourse on autism (which was only a part of that discourse).

### *3.5.2 Suspicions of Nazi-influences on Asperger’s conceptual framework*

The second change in the reception of Asperger’s work is that some historians have recently claimed that Asperger’s concept of autistic psychopathy was influenced by Nazi ideology.

This is a break with earlier readings of Asperger’s work.<sup>399</sup> In 2002, Brita Schirmer maintained that Asperger defended autistic children against the race ‘hygiene’ of the Nazi’s.<sup>400</sup> Similarly, in 2008, Helmuth Gröger wrote that “Asperger takes a critical stance towards [National Socialist] race ideology”.<sup>401</sup>

Public opinion has now shifted. In 2015, Herwig Czech concluded that Asperger was “openly loyal to [National Socialist] race hygiene”.<sup>402</sup> In a longer article he argued that Asperger was willing to cooperate with the Nazi’s and to accept, as a final resort, the killing of ‘hopeless’ children.<sup>403</sup> Nonetheless, Czech concluded “[r]egarding Asperger’s contributions to autism research, [that] there

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<sup>399</sup> For a more detailed discussion of the earlier view and the emergence of the later view, see Herwig Czech, "Hans Asperger, national socialism, and ‘race hygiene’ in Nazi-era Vienna" (2018).

<sup>400</sup> Brita Schirmer, "Autismus und NS-Rassengesetze in Österreich 1938: Hans Aspergers Verteidigung der ‘autistischen Psychopathen’ gegen die NS-Eugenik" (2002).

<sup>401</sup> Helmuth Gröger, "Das Syndrom des ‘Autistischen Psychopathen’: Hans Asperger zwischen Pädiatrie, Kinderpsychiatrie und Heilpädagogik" (2008).

<sup>402</sup> Herwig Czech, "Hans Asperger und die » Kindereuthanasie «in Wien–mögliche Verbindungen" (2015), p. 26

<sup>403</sup> Herwig Czech, "Hans Asperger, national socialism, and “race hygiene” in Nazi-era Vienna" (2018).

is no evidence to consider them tainted by his problematic role during National Socialism”.<sup>404</sup>

The final blow to Asperger’s reputation has been dealt by Edith Sheffer, in her book *Asperger’s children* (2018), which has attracted wide attention in the press. She argues that Asperger in his post-doctoral thesis defined autism primarily as a lack or poverty of *Gemüt* (community spirit), and did so to align himself with Nazi ideology.<sup>405</sup> Unlike Czech, she believes that Asperger’s very idea of autism was influenced by the Nazi context in which he worked.

Sheffer argues, first, that Asperger defined autism in terms of a lack of *Gemüt*, meaning “one’s fundamental capacity to form deep bonds with other people”.<sup>406</sup> She argues, in particular, that Asperger drew on the conception of *Gemüt* of Paul Schröder and Hans Heinze, who he both met in Leipzig in 1934, and who he both cites in his thesis.<sup>407</sup> They proposed that certain types of children are “emotionally impoverished” (*gemütsarm*) and lack a sense of community.<sup>408</sup>

Second, Sheffer claims that when Asperger proposed the concept of ‘autistic psychopathy’, he merely gave a new name to an idea widely shared in Nazi psychiatry. On this view, Asperger’s concept of autism was part and parcel of a wider discourse on defective *Gemüt* in Nazi psychiatry that served to legitimize the separation of children in children with and children without social prospects. Children who had *Gemüt* were thought to have good social prospects and were deemed eligible for education. Children lacking in *Gemüt* were thought to have poor social prospects and should be killed. This would mean that Asperger’s extension of the concept of contact disorders to the interior personality had sinister motives and fatal consequences.

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<sup>404</sup> Herwig Czech, "Hans Asperger und die 'Kindereuthanasie' in Wien—mögliche Verbindungen" (2015), p. 32.

<sup>405</sup> Edith Sheffer, *Asperger's Children: The Origins of Autism in Nazi Vienna* (2018), p. 67-74, p. 215.

<sup>406</sup> *Ibid*, p. 69.

<sup>407</sup> Asperger seems to cite with approval Paul Schröder’s definition of *Gemüt* as “the ability to participate in other people’s lives, to empathize with them, to be with them”; that is, the ability that allows one to form “relations to other people”. Hans Asperger, "Die 'Autistischen Psychopathen' im Kindesalter" (1944), pp. 77n2, 78n1, p. 80n1, p. 136.

<sup>408</sup> Edith Sheffer, *Asperger's Children: The Origins of Autism in Nazi Vienna*, p. 72-74.

I believe Sheffer is right that the discourse on *Gemüt* in Nazi psychiatry would have influenced the reception of Asperger's thesis, but in my view, she overestimates the importance of the idea of a lack of *Gemüt* to Asperger's theory.

First, the reason that Asperger cited Schröder and Heinze was not that he shared their approach to *Gemüt*. To the contrary, he criticized their approach, arguing that children with autism do not simply have *less Gemüt*, but rather have *a different kind of Gemüt*.<sup>409</sup> Asperger outright rejected the possibility that autistic children only have 'impoverished emotions' (*gemütsarm*). To begin with, he argued that they display both enlargement (more emotion) and restriction (less emotion). In section 3.1.3 we have seen his finding that these children often have an intense affective connection to a restricted part of the world: to an animal, a particular thing, or a single person.<sup>410</sup> Asperger therefore concluded that they show an "apparently unfathomable contradiction between an endearing attachment to things and animals and a crass lovelessness and even cruelty towards people, especially those closest to them".<sup>411</sup>

More fundamentally, Asperger criticized the approach of Schröder and Heinze for being overly quantitative. Asperger rejected the idea that autistic children differ in their *amount* of *Gemüt*. In his view, they only *seemed* to have less and more *Gemüt*, but this was really due to a qualitative difference, namely a general disharmony between the differentiating and integrative tendencies in their development. In sum, Asperger's concept of autistic psychopathy cannot be reduced to the Nazi idea that certain children have less *Gemüt* and that their life therefore has no value.

Second, the fact that Asperger retained the term *Gemüt* after the war speaks against Sheffer's suggestion that Asperger elevated the role of the

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<sup>409</sup> Asperger, "'Jugendpsychiatrie' und 'Heilpädagogik'" (1942), p. 354; idem, *Heilpädagogik: Einführung in die Psychopathologie des Kindes für Ärzte, Lehrer, Psychologen, Richter und Fürsorgerinnen* (1952), p. 10. Sheffer is well aware of this critique (she discusses it on p. 219) but argues that Asperger later contradicted this view. Michael Haswell Tod offers a similar rejoinder to Sheffer's argument in *The turn to the self: a history of autism, 1910-1944* (2015), p. 166-174.

<sup>410</sup> Asperger, "Diagnostische und heilpädagogische Probleme bei autistischen Kindern" (1946), p. 207; idem, "Bild und soziale Wertigkeit der autistischen Psychopaten" (1950), p. 262.

<sup>411</sup> Asperger, "Die „Autistischen Psychopaten“ im Kindesalter" (1944), p. 81: "scheinbar undurchschaubaren Widersprüchen zwischen rührender Anhänglichkeit etwa an Tiere oder Dinge und krasser Lieblosigkeit und Grausamkeit Menschen, besonders den nächsten Menschen gegenüber"; omitted from the English translation.

concept of *Gemüt* in his 1944 thesis just to align himself with Nazi ideology.<sup>412</sup> For example, in his 1977 he said (talking about himself in the third person) that “Asperger speaks of a defect in the ‘thymic’, that is, the emotional layer [*Gemütsbereich*] of the personality” and suggested that this was basically the same as what Kanner called “affective contacts”.<sup>413</sup> Asperger said this in an address to the *Swiss association of Parents of Autistic Children* – not an audience where associating himself with Nazi ideas would be prudent.

Third, Sheffer fails to acknowledge that for Asperger the term *Gemüt* was merely another term to describe the instinctive layer of the personality, which he had described in 1938 as ‘instinctive function’.<sup>414</sup> In his 1944 thesis, Asperger continued to use the term ‘instinctive function’, but also introduced *Gemüt*, as a synonym.<sup>415</sup> This reflected his idea that autistic differences in *Gemüt* are based in a lack of reintegration – this lack of reintegration, not a lack of *Gemüt*, was the real backbone of his concept of autistic psychopathy.

This sheds new light on the relation of Asperger’s ideas to Nazi ideology. For his source of the idea of inner and external integration was Erich Jaensch, who started out as an empirical scientist with high stature, but became a proponent of Nazi-ideology in the 1930’s, and developed increasingly erratic views without empirical basis.<sup>416</sup> Jaensch developed the opposition between inner integration and outer coherence in the 1920’s, at which time Jaensch had “strong national conservative tendencies” but harboured no antisemitism or racism.<sup>417</sup> In contrast, between 1933 and 1940, in the period that Asperger started writing on typologies, Jaensch was a convinced defender of National Socialism and used his typology to discredit Jews and foreigners. Asperger began to give a more prominent place to Jaensch’s opposition after the war, in the 1950’s, when there would have been no political reason to align himself with a Nazi ideologist. He did not take over Jaensch’ antisemitism, but neither did he distance himself

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<sup>412</sup> Edith Sheffer, *Asperger's Children*, chapter 3

<sup>413</sup> Asperger, "Probleme des kindlichen Autismus" (1977), p. 7: “*Asperger spricht von einem Defekt im ‘thymischen’, im Gemütsbereich der Persönlichkeit*”. In the English edition this was translated rather imprecisely as “We, in this country, speak of a defect in the ‘thymic’, the mind of the personality.” Asperger, "Problems of infantile autism" (1979), p. 49

<sup>414</sup> Asperger, "Das psychisch abnorme Kind" (1938), p. 1316: “der Instinktfunktionen”.

<sup>415</sup> Asperger, "Die „Autistische Psychopathen“ im Kindesalter" (1944), p. 87: “Instinktfunktionen”.

<sup>416</sup> Helmut E. Lück and Uwe Wolfradt, "Erich Rudolf Jaensch: Von der experimentellen Wahrnehmungspsychologie zu NS-Ideologie" (2012).

<sup>417</sup> *Ibid.*, p. 30

from Jaensch's National Socialist convictions. He was not alone in this, as his colleague Josef Feldner (who saved a Jew from the Nazi's by hiding him in his apartment during the war) did essentially the same in his 1955 book.<sup>418</sup>

More generally, it is significant to note that after Hitler's rise to power, in 1933, the study of the human character or personality became the dominant topic in German psychology.<sup>419</sup> Typologies allowed German psychologists to distinguish between good and bad types and to evaluate people accordingly. Asperger's work certainly fits within this context, but only to some extent: he only talked about gender types, claiming that autistic children are 'extremes' of the male type<sup>420</sup>, but Asperger never followed his Nazi colleagues in developing racial types, nor did he use his typology to claim that Jews or foreigners are inferior. It seems to me that his interest in typologies was not so much motivated by a pragmatic decision to align himself with the Nazi's but by his identification with a more general cultural conservatism, which he had cultivated since the 1920's, when he became active in the German youth movement.

### **3.6 The contemporary significance of Asperger's theory of autism**

Today, Asperger is known as one of the 'founding fathers' of autism studies and as the first to have described 'Asperger's Syndrome'. Now that in the DSM-5 Asperger's Syndrome has been dissolved in the category of autism spectrum disorders, he is remembered as the paediatrician who contributed significantly to the breadth of this spectrum. Without his pioneering work many so-called 'high functioning' persons might not have been diagnosed with autism today.

After Kanner's first publication, it took 37 years for early infantile autism to become included in the DSM, but it took 50 years for autistic psychopathy, renamed Asperger's Syndrome, to be included in the DSM. This finally happened in the DSM-IV, which was published in 1994. The main reason for this seems to be that the work on the DSM-IV started in 1988, seven years after Lorna Wing's article on Asperger's Syndrome.

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<sup>418</sup> Anna Goldenberg, *Versteckte Jahre: der Mann, der meinen Grossvater rettete* (2018).

<sup>419</sup> Frederick Wyatt and Hans-Lukas Teuber, "German psychology under the Nazi system: 1933-1940" (1944).

<sup>420</sup> Asperger, "Die 'Autistischen Psychopathen'" (1944), p. 129.

The DSM-IV criteria for Asperger's Syndrome were the same as for "autistic disorder" (which was based on Kanner's idea) with minor differences: there should be no clinically significant delays in language, in "cognitive development or in the development of age-appropriate self-help skills, adaptive behavior" and in "curiosity about the environment" in childhood.<sup>421</sup> This gives the impression that Asperger's own work has not been consulted. According to Asperger, children with autistic psychopathy are superior in abstract thinking, which was not mentioned at all in the DSM-IV, and had difficulty with everyday practicalities, which was explicitly excluded. Similarly, while Asperger emphasized originality and independence of thinking, the DSM-IV only included special interests.

This re-interpretation of autistic psychopathy already started in Lorna Wing's article on Asperger's Syndrome: although she claimed to give a description "based on Asperger's accounts", she did not mention the overdevelopment of intellect and the underdevelopment of instinct that were so central to Asperger's account.<sup>422</sup> Instead, she wrote about intellectual (and social) impairments. She described the deficits that were part of autistic psychopathy, without discussing the underlying idea, and without describing the strengths Asperger had described.

This re-interpretation has created the idea that autistic psychopathy was the same as 'high-functioning' early infantile autism. Both before and after the inclusion of Asperger's Syndrome in the DSM there have been concerns that there is too much overlap between the two disorders for the difference to be clinically significant. In my view, part of this overlap is due to a watering down of Asperger's ideas, leaving out what he considered most important: a disharmonious development of the personality, which has positive and negative sides.

In the DSM-5, Asperger's syndrome has been dissolved into autism spectrum disorder and diagnosticians have been instructed that "individuals with a well-established DSM-IV diagnosis of [...] Asperger's disorder [...] should be given the diagnosis of autism spectrum disorder".<sup>423</sup> Just as the DSM-IV, the

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<sup>421</sup> American Psychiatric association, *Diagnostic and statistical manual of mental disorders: DSM-IV* (1994)., p. 75.

<sup>422</sup> Lorna Wing, "Asperger's syndrome: a clinical account" (1981), p. 116

<sup>423</sup> American Psychiatric association, *Diagnostic and statistical manual of mental disorders: DSM-5* (2013).



DSM-5 has not included the strengths Hans Asperger ascribed to children with autistic psychopathy or his idea of a disharmonious development of the personality. This means that is not the idea of a spectrum that has watered down autistic psychopathy, but that this is due to its earlier re-interpretation as ‘Asperger’s syndrome’.

This is unfortunate, as the main strength of Asperger’s theory is that he already offered a description of the wide-ranging phenotypic heterogeneity of autism: he already recognized social differences ranging from non-verbal contact to verbal speech, as well as non-social differences ranging from sensorimotor integration to learning and affectivity. Moreover, while present-day theories of autism typically explain only some of these symptoms, Asperger proposed a single explanation for all of them: in his view they are all behavioural manifestations of a single underlying structural difference in the way autistic children develop. In other words, he had a clear idea about both the phenotypic heterogeneity and the structural homogeneity of autism and balanced both in his approach to diagnosis.

Some of what Asperger described in terms of the integration and differentiation of personality functions is addressed by recent research on the connectivity between brain regions in autism. While many studies have reported alterations in functional connectivity in autism, there is disagreement as to the nature of these alterations, as overconnectivity, underconnectivity and a combination of both have all been found.<sup>424</sup> These findings have led to the disrupted connectivity theory, which postulates that at least some symptoms of autism can be explained by differences in how neural activity is coordinated between different brain regions.<sup>425</sup> It seems that Asperger anticipated some of these findings, but his position different from them in that he was as much concerned with the wider nervous system as with the brain.

Other aspects of Asperger’s theory are clearly not supported by the facts we have today. This is particularly so for Asperger’s prediction that children with autism will not develop and behave differently before the age of 3, when

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<sup>424</sup> Jose O Maximo, Elyse J. Cadena and Rajesh K. Kana, "The implications of brain connectivity in the neuropsychology of autism" (2014).

<sup>425</sup> Roma A. Vasa, Stewart H. Mostofsky and Joshua B. Ewen, "The disrupted connectivity hypothesis of autism spectrum disorders: time for the next phase in research" (2016).

he believed the stage of inner and external differentiation began. It is true that the clinical phenotype of developmental disorders in general is not fully present at birth, but manifests when development progresses.<sup>426</sup> It is also true that in the 20<sup>th</sup> century, children were rarely diagnosed with autism before the age of 3.<sup>427</sup> However, recent evidence suggests that the behavioural manifestations of autism may begin to present between 6 and 12 months of age<sup>428</sup> and that diagnosis is already stable between 14 and 18 months.<sup>429</sup> Focussing on development, one functional connectivity study found that connectivity is increased in children with autism but is reduced after adolescence.<sup>430</sup> This suggests a much later turning point than predicted by Asperger. In light of all this, Asperger may have been wrong about either the importance of the stage of differentiation or the age of its onset.

Another prediction of Asperger (and Kanner) that is now called into question is that in autism, in contrast to schizophrenia, there would be no development from good to poor contact; some recent studies report that regression, in this sense, is actually more common in autism than previously thought.<sup>431</sup>

Asperger was in general disagreement with the cognitive theories of autism: he criticized their attempt to identify a specific module of function (*Einzelfuntion*) that is impaired in autism, and argued that “the defect is much more central”, namely in the structure of the personality.<sup>432</sup>

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<sup>426</sup> Elizabeth C. Bacon et al., "Rethinking the idea of late autism spectrum disorder onset" (2018); Rebecca J. Landa et al., "Latent class analysis of early developmental trajectory in baby siblings of children with autism" (2012) .

<sup>427</sup> Sven Bölte et al., "Infants at risk for autism: a European perspective on current status, challenges and opportunities" (2013).

<sup>428</sup> Lonnie Zwaigenbaum, Susan Bryson and Nancy Garon, "Early identification of autism spectrum disorders" (2013); Jed T. Elison et al., "Repetitive behavior in 12-month-olds later classified with autism spectrum disorder" (2014); Peter Szatmari et al., "Prospective longitudinal studies of infant siblings of children with autism: lessons learned and future directions" (2016).

<sup>429</sup> Sally Ozonoff et al., "Diagnostic stability in young children at risk for autism spectrum disorder: a baby siblings research consortium study" (2015); Karen Pierce et al., "Evaluation of the diagnostic stability of the early autism spectrum disorder phenotype in the general population starting at 12 months" (2019)

<sup>430</sup> Lucina Q. Uddin, Kaustubh Supekar, and Vinod Menon, "Reconceptualizing functional brain connectivity in autism from a developmental perspective" (2013).

<sup>431</sup> Sally Ozonoff et al., "Onset patterns in autism: Variation across informants, methods, and timing" (2018); Niamh Pearson et al., "Regression in autism spectrum disorder: Reconciling findings from retrospective and prospective research" (2018).

<sup>432</sup> Asperger, "Probleme des kindlichen Autismus" (1977), p. 9.

At first sight, his theory may appear to have anticipated two of Baron-Cohen's ideas. Baron-Cohen's extreme male brain theory<sup>433</sup> seems to be a modern restatement of Asperger's idea that "the autistic psychopath is an extreme variation of male intelligence".<sup>434</sup> Similarly, the Empathizing-Systemizing theory<sup>435</sup> seems to reiterate Asperger's idea that there is a specifically autistic intelligence.<sup>436</sup> These similarities are only superficial, however. Baron-Cohen predicts that in autism there is a specific deficit in empathy, i.e. "the drive to identify and respond to agents' mental states, in order to understand and predict [their ...] behavior". In contrast, Asperger predicted a much more general underdevelopment of instinct and feeling.<sup>437</sup> Asperger found that autistic children are less instinctive not only in their dealing with other people but *equally* in their practical dealings with objects and in formal learning, for example in their development of such exact skills as mathematics. Baron-Cohen predicts that autistic children excel in systemizing, i.e. "the drive to analyze and build systems in order to understand and predict the behavior of non-agentive events".<sup>438</sup> Instead, Asperger predicted that autistic children excel in abstract conceptual thinking about any domain, not only about technical and natural scientific fields, but *equally* about art and the motives and emotions of other people.

Similarly, Asperger diverges from Uta Frith and Francesca Happé's theory that autism involves a detail-focussed cognitive style<sup>439</sup>. He rather claimed that autistic children excel in abstraction from concrete particulars. Few studies have addressed abstraction abilities in Asperger's Syndrome, but one study that did suggests that children with Asperger's may indeed have superior abstract reasoning ability as Hans Asperger believed.<sup>440</sup>

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<sup>433</sup> Simon Baron-Cohen, "The extreme male brain theory of autism" (2002).

<sup>434</sup> Asperger, "Die 'Autistischen Psychopathen'" (1944), p. 129.

<sup>435</sup> Simon Baron-Cohen et al., "The exact mind: empathising and systemising in autism spectrum conditions" (2002).

<sup>436</sup> Asperger, "Die 'Autistischen Psychopathen'" (1944), p. 114.

<sup>437</sup> Simon Baron-Cohen et al., "The exact mind", p. 495

<sup>438</sup> Ibid.

<sup>439</sup> Uta Frith, *Autism: Explaining the enigma* (1991); Francesca Happé and Uta Frith, "The weak coherence account: detail-focussed cognitive style in autism spectrum disorders" (2006)

<sup>440</sup> Mika Hayashi et al., "Superior fluid intelligence in children with Asperger's disorder" (2008).

### 3.7 Conclusion

Asperger metaphorically described autistic children as ‘machines’. He did so because he believed that the intellect of autistic children is overdeveloped while their emotions and instincts are underdeveloped. However, we have seen that this is only part of his theory of autism. He also believed that autistic children are more original and have a greater distance to their environment. More importantly, he did not see being only a self or being only intellectual as only a negative thing: he thought that some degree of autism is actually a gift that can result in high achievements.

Asperger’s theory of autism involves three layers. While trying to understand children with autism he first encountered a diversity of surface behaviours that can be observed from the outside. These are the behaviours that we know today as the symptoms of autism. Second, Asperger used his total impression of these behaviours to grasp the underlying depth structure. That is, he inferred that these children have an autistic type of personality, defined as a personality in which the differentiation of inner functions and of the self is overdeveloped, while their integration is underdeveloped. Third, to explain this autistic type he pointed to a developmental process, in which the child is stuck at the stage of differentiation that starts around three years of age.

Did Asperger develop a convergence between the term ‘autistic’, the concept of contact disorders and all the symptoms of autism? Not exactly. Asperger used the term autism in two ways; he conceptualized autism as the opposite of contact, but also as a pervasive disorder that involves the whole personality.

On the narrow conception, Asperger meant by ‘autistic’ the opposite of contact, especially the opposite of instinctive and reactive contact. Asperger conceptualized contact as integration of the self and its environment. Autistic psychopathy, in his view, entailed the opposite: being original and spontaneous and having a greater distance from the social and inanimate environment.

On the broad conception, Asperger envisioned autistic psychopathy as a more general disorder. This new disease entity included both disturbances of contact *and* disturbances of activity. Further, in addition to these disturbances of a person’s relation to the environment, it included a disturbance of the inner personality. These three disturbances have in common that they all involve a form differentiation and are therefore opposite to integration.

Asperger gave 'autistic' the place of a modifying adjective and 'psychopathy' the place of the head noun because he considered *autistic* development one type of psychopathic development, alongside other types, such as hysterical psychopathy. We have seen that in Asperger's view the 'autistic' type was defined by a particular type of development, i.e. an enlargement of differentiation and a restriction of integration. Hence, by extension, 'autistic' came to mean to Asperger a *personality type* characterized by a highly differentiated personality organization, in which the integration of inner and outer functions that can be seen in typical development is disturbed. This disturbance of (re)integration expresses itself in range of diverse and even conflicting behaviours.

All in all, then, Asperger's autism is *not only* a contact disorder. Rather, he suggests that psychiatrists must be careful not to *reduce* autism to a contact disorder. In his view, not all aspects of autism are best conceptualized in terms of contact: he found that symptoms such as motor and learning differences are better described as 'activity', while symptoms such as 'autistic intelligence' are best described as an inner personality disorder. Autism, in this view, does not affect a single function: in typical human functioning all parts are integrated into a seamless whole; being a disturbance of this integration process, autism affects the whole personality, giving rise to both strengths and weaknesses.

The convergence that I have found in Asperger's work, then is between (1) the term 'autistic psychopathy', (2) the twin concepts of an overdevelopment of differentiation and an underdevelopment of integration, and (3) the social and non-social symptoms of autism.

## CHAPTER 4 / Leo Kanner's theory of early infantile autism (1): an inborn inability to form affective contact

Leo Kanner was a child psychiatrist working in America, who, in 1943, published one of the earliest and most influential papers on autistic children. In contrast to later conceptualisations of autism as a behavioural or cognitive disorder, Kanner defined it as an emotional disorder. He believed that he had identified a new childhood disorder, which he called early infantile autism.

Kanner described this disorder in two ways. First, he said that autistic children have an inability to form emotional ties with other people. Like Hans Asperger, Leo Kanner turned to the term 'contact' to describe this feature of autism: he wrote that all autistic behaviour roots in an inability to develop *affective contact*. Second, Kanner said that the fundamental features of early infantile autism are two desires: a desire to be alone and a desire to keep the environment exactly the same.

It remains unclear how he related these two descriptions. Are they two sides of the same coin, the inability being the negative formulation and the desires being the positive? Is what is seen as an inability by observers, a desire from the perspective of the children themselves? Did the inability cause the desires, or the other way around?

This is the first of two chapters on Kanner. The first focuses on the inability to make affective contact on the one hand and the desire to be alone and to keep the environment exactly the same on the other hand. I will trace these ideas through Kanner's experience, problems and concepts, and finally his theory of autism. The next chapter focuses on the impact of this emotional disorder on the personality as a whole. In that chapter, I shall discuss the controversial metaphor of 'refrigerator mothers', the influence of George Frankl and Adolf Meyer and Kanner's relationship to Hans Asperger's work.

The current chapter, then, lays the foundation for these discussions. It starts with a biography, followed by a section on the most central experiences and problems to which Kanner responded. The most important problem

addressed by his theory of autism was how to make sense of the parental complaint that their children reacted indifferently to the presence of other people, even to their own parents, but became very upset when their parents interfered with their toys or their routines. I will then introduce Kanner's conception of affective contact, which gave him the idea that the emotional problems of these children were not a symptom of any known disorder, such as schizophrenia, but formed a new disorder. The last section will show how Kanner developed a theory of early infantile autism.

#### 4.1 Biography<sup>441</sup>

'Leo' Kanner was born Chaskel Leib Kanner on 13 June 1894. He was the first child of Clara Reisfeld and Abraham Kanner. They later had four more children, three boys and one girl. The Kanner's lived in Klekotów (now Klekotiv), a small town in Galicia, which at that time was part of the Austrian-Hungarian Monarchy, near the Russian border; it is now part of Ukraine. Leo last saw Klekotów when he was nine years old.

Leo's family were orthodox Jews. He grew up in an environment with various languages, but Yiddish was his mother tongue. He was initially home schooled: his father taught him to read the Bible in Hebrew and he learned German and Polish from a tutor.

When he was eight years old, Leo went to a Jewish elementary school in Brody, a nearby city with a large and influential Jewish population. The other family members moved to Brody a year later. Leo was a good student, who loved reading, and who spent a lot of time in libraries and bookstores. After primary school he went to a gymnasium, still in Brody, where he learned Greek and Latin. All the while, his father continued his Hebrew education.

In 1906, the Kanner's moved to Berlin, where Leo went to a *Realgymnasium*. Here he learned French. In 1913, he graduated top of his class. When he

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<sup>441</sup> Unless specified otherwise, the information in this section comes from: American Psychiatric association Foundation, Melvin Sabshin, M.D., Library & Archives, Leo Kanner, M.D. papers, Archives Box 100695, folder 7: Autobiography (2) typed copy; Eric Schopler, Stella Chess and Leon Eisenberg, "Our memorial to Leo Kanner (1981)"; W.E . Baxter, *Leo Kanner (1894–1981) Papers Archives Finding Aid* (1985) and Victor D. Sanua, "Leo Kanner (1894–1981): The man and the scientist"(1990).

was 16, Leo began to tutor boys who did not do well in school. This was his first experience with guiding young people.

Leo decided to study medicine and enrolled in the University of Berlin. Only a year into his studies, the First World War broke out, and he joined the Austrian army. In 1918, Kanner resumed his studies, which included a course on paediatrics, taught by Adalbert Czerny. A year later Kanner graduated, passing the first state examination. Shortly after his graduation Kanner became a German citizen through naturalization. This allowed him to become an intern at the *Second Medical Clinic of the Charité*, the university hospital. Here he obtained his Medical Doctorate, in 1921.

In January 1921, at the age of 26, Leo Kanner married June (Dziuna) Lewin, after an engagement of five years. This turned out to be a marriage for life and they celebrated their 60<sup>th</sup> wedding anniversary just before he died.

After obtaining his medical degree, Kanner continued to work at the *Charité*, now at the gastroenterological section of the outpatient unit. At the same time, he started a private practice out of his three-room apartment. He worked as a general practitioner for three years.

In 1923, June gave birth to a daughter, Anita. Around that time, a colleague convinced Kanner to emigrate to the United States and secured a position for him as assistant at the Yankton State Hospital (South Dakota). On February 11 the next year, Leo Kanner, his wife, and his 14 months old daughter Anita, arrived in the United States. When he arrived, Kanner had only a basic grasp of the English language. For 4,5 years he worked at Yankton as a psychiatrist, although neither he nor his colleagues had substantial training in psychiatry. In 1925, Kanner passed the Medical Board exam and obtained his medical license.

When in May 1928 he read a call for a three-year fellowship in psychiatry at the *Henry Phipps Psychiatric Clinic* of the *Johns Hopkins Hospital* in Baltimore, Kanner jumped at the chance to improve his knowledge of psychiatry. In October that year he started his fellowship, under supervision of Adolf Meyer. Kanner later recalled that “[c]oming from a pluricultural and plurilingual background” and having emancipated himself from “the theological and political absolutism” of his youth, he fell “easily in step with Meyer’s practiced advocacy of



a scientifically objective, self-scrutinizing, pluralistic and relativistic attitude".<sup>442</sup>

After two years at *Phipps*, Kanner was known for his psychological insight and patience in dealing with parents; one mother said: "Kanner is the first person who ever understood my child."<sup>443</sup> When he finished his fellowship, Kanner was asked by Adolf Meyer and the chief of paediatrics, Edwards E. Park, to start a child psychiatry service at the paediatric clinic of *Johns Hopkins* – the first of its kind. Park observed that paediatricians could not adequately care for children with behaviour disturbances because they lacked the necessary knowledge, connections and time. Park therefore asked Kanner to oversee the care of children with behaviour disturbances and to also educate the paediatric staff. The education included teaching an elective course on Child Psychiatry to fourth-year students, focussing on "[p]ersonality difficulties of children, with special consideration of practical problems met in general and pediatric practice".<sup>444</sup>

One year into his new function, Kanner and June had a son, Albert.

In 1933, Kanner became Associate Professor of Psychiatry at *Johns Hopkins*. Because *Johns Hopkins* allowed there to be only one full professor in each department, he was not elevated to the rank of Professor of Child Psychiatry until two years before his retirement.

In 1935, Kanner published the first American textbook on child psychiatry. It would go through four editions (the last in 1979). The first edition was steeped in the psychobiological terminology of Adolf Meyer, but in later editions Kanner's approach became more pluralistic. His textbook was translated into Spanish, Japanese, Italian and Portuguese.

Two groups of children were of special concern to Kanner. First, from 1938, he worked on children with early infantile autism, a syndrome that he would delineate and first publicly describe in 1943. Kanner brought some of

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<sup>442</sup> Kanner, "The thirty-third Maudsley lecture: Trends in child-psychiatry" (1959), p. 589.

<sup>443</sup> Kanner, "Supplying the psychiatric needs of a pediatric clinic" (1932), p. 407.

<sup>444</sup> *The Johns Hopkins University Circular*, 1938-1943. JScholarship, <https://jscholarship.library.jhu.edu/>. Accessed 20 August 2021; Kanner, "The development and present status of psychiatry in pediatrics" (1937), p. 432.

these autistic children home and Albert would play with them on the living-room floor.<sup>445</sup>

Less well known is that Kanner was also deeply concerned with children with mental disability. In the first edition of his textbook, he devoted a section of 7 pages to “intellectual inadequacy” – a term he preferred over the terms ‘feble-mindedness’ and ‘mental retardation’ which were then common. In 1938, Kanner made the newspapers when he published a report detailing the detrimental consequences of the release by the court of 166 patients with intellectual disability from the *Maryland State Training School for the Feeble-minded*.<sup>446</sup> Four years later, Kanner was elected chair of the *Section on Mental Deficiency* of the *American Psychiatric association*.<sup>447</sup> Over the span of his career, he published several papers on the subject. In 1954, the *association for the Help of Retarded Children* praised his “outstanding contributions in the field of medicine for the help of the mentally retarded” and six years later he received an award from the *National Organization for Mentally Ill Children*.<sup>448</sup>

Albert, who grew up to become an ophthalmologist, recalled that his father “preferred his work to any other activity” and “maintained a rigorous schedule of teaching, writing, lecturing and patient care”.<sup>449</sup> He also remembered that his father protested against being completely identified with his work on early infantile autism, saying “I’ve done plenty of other things in my career”.<sup>450</sup>

Between 1938 and 1943, Kanner’s direct colleagues at *Johns Hopkins* were Adolf Meyer, Wendell S. Muncie, Henry M. Fox, Leslie B. Hohman, Jacob H. Conn, Georg(e) Frankl, and Erich Benjamin, among others.<sup>451</sup>

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<sup>445</sup> Adam Feinstein, *A history of autism: Conversations with the pioneers* (2010), p. 26.

<sup>446</sup> Kanner, "Habeas Corpus releases of feeble-minded persons and their consequences" (1938).

<sup>447</sup> American Psychiatric association, "Proceedings of the Ninety-Eighth Annual Meeting" (1942), p. 273.

<sup>448</sup> Bertram S. Brown, "A task force with a goal" (1971), p. 3.

<sup>449</sup> Foreword to Victor D. Sanua, "Leo Kanner (1894–1981): The man and the scientist"(1990), p. 3.

<sup>450</sup> Adam Feinstein, *A history of autism: Conversations with the pioneers* (2010), p. 206.

<sup>451</sup> *The Johns Hopkins University Circular*, 1938-1943. They all published papers, on various subjects in the field of psychiatry.

In 1963, Kanner's daughter Anita died of cancer at the age of 42.<sup>452</sup> She had been a social worker, working to improve psychiatric services for adolescents.

In August 1970, Kanner formed "a task force with a goal", namely founding a scholarly journal for child psychiatry.<sup>453</sup> Together with Leon Eisenberg, Michael Rutter, and others, he founded the *Journal of Autism and Childhood Schizophrenia* in 1971, renamed *Journal of Autism and Developmental Disorders* in 1979.

After his retirement, Kanner served as Visiting Professor at the Universities of Wisconsin, Minnesota, and Stanford. Until a few years before his death, he had a private consulting practice.

Leo Kanner died on April 3<sup>rd</sup>, 1981, at the age of 86.

## 4.2 Kanner's problems

Leo Kanner worked in an institutional context which, at least at the start, was unique in the United States: a fulltime psychiatric consultation service in a large paediatric clinic. It was established in November 1930.<sup>454</sup> The consultation service entailed that paediatricians could consult Kanner at any time (before, during or after their contact with patients) and if deemed necessary they could refer patients to him altogether for psychiatric diagnosis and treatment.<sup>455</sup>

At that time, child psychiatry did not yet exist. Indeed, the term was not used until three years later, when Moritz Tramer first spoke of *Kinderpsychiatrie*; its English equivalent only became popular after Kanner chose it as the title for his textbook.<sup>456</sup> The next year, Tramer founded the *Zeitschrift für Kinderpsychiatrie* and in 1937 the first international congress on child psychiatry was held.<sup>457</sup> This emerging field of child psychiatry was to stand in relation

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<sup>452</sup> Leon Eisenberg, "Anita Gilbert" (1966).

<sup>453</sup> Bertram S. Brown, "A task force with a goal" (1971).

<sup>454</sup> "Supplying the Psychiatric Needs of a Paediatric Clinic" (1932), p. 400; "The development and present status of psychiatry in pediatrics" (1937), p. 431.

<sup>455</sup> Kanner, "Prognosis in child psychiatry" (1937), p. 928.

<sup>456</sup> Kanner, "Child Psychiatry in the Framework of Western society" (1967), p. 8.

<sup>457</sup> Tramer, "Zum ersten internationalen Kongreß für Kinderpsychiatrie" (1937).

to psychiatry as paediatrics stood in relation to general medicine.<sup>458</sup> When Kanner started the consultation service, in 1930, this was still in the future and all that existed was a number of separate clusters that were not yet integrated into a single discipline:

Child psychiatry had started out as a number of clusters of building stones, each at first removed from the others in not too splendid isolation: the care of the mentally retarded, developmental psychology, education, the conditioned reflex theory, psychoanalysis, the child guidance clinics, contributions from neurology, pediatrics, biochemistry, and sociology, and more recently the learning theories".<sup>459</sup>

At that time, child guidance clinics came closest to Kanner's psychiatric consultation service. They were community-oriented services working with parents and teachers to address the everyday problems of children. These services had been first established eight years earlier. Kanner praised these clinics for paying attention not only to internal forces or drives, but also to influences from the social environment.<sup>460</sup> These clinics were staffed by an interdisciplinary team consisting of a psychologist, a social worker and a psychiatrist. However, there was a significant difference between the psychiatrists working in these teams and Kanner: the former worked remote from medical centres, whereas Kanner worked in the medical setting of a large paediatric clinic.<sup>461</sup>

This paediatric clinic had opened in October 1912 in the *Harriet Lane Home*, a 5-story building that at the time of opening could house 100 patients.<sup>462</sup> The clinic was part of *The Johns Hopkins Hospital* and it was the first children's clinic in the United States associated with a medical school. Children from a few months to 14 years old would come to the clinic for diagnosis and treatment.

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<sup>458</sup> "The scope and goal of psychotherapy with children" (1963), p. 370.

<sup>459</sup> Kanner, "Child Psychiatry in the Framework of Western society" (1967), p. 9.

<sup>460</sup> Kanner, "The scope and goal of psychotherapy with children" (1963), p. 368-9.

<sup>461</sup> Kanner, "The future of child psychiatry" (1964), p. 290; "Child Psychiatry in the Framework of Western society" (1967), p. 7.

<sup>462</sup> "Lane Home opens Oct. 1" (1912), p. 12.

Kanner was assigned a small examining room and was on daily call to the wards and the dispensary.<sup>463</sup> He would take care of “psychiatric emergencies and immediate problems in the wards, such as delirium, acute excitements, violent resentment of hospitalization, psychogenic vomiting, or excessive masturbation”.<sup>464</sup>

At first, Kanner worked alone, but, in 1931, a secretary and a well-trained psychiatric social worker were added to the psychiatric consultation service.<sup>465</sup> This extension was necessary: there was “a steady flow of referrals from the wards, outpatient divisions and the private consultation unit”.<sup>466</sup> According to Kanner, up to 70 per cent of children seen by paediatricians had (also) difficulties “rooted in their personalities and in their modes of interpersonal relationships rather than solely in somatic disorders”<sup>467</sup> and 10 per cent was referred to him for psychiatric diagnosis and treatment.<sup>468</sup> In the 1930’s, psychiatric consultation was requested by paediatricians at the *Harriet Lane Home* for 400 children a year, on average, and that number would have been higher had the small staff been able to handle it.<sup>469</sup>

This unique setting, of “close contact with the staff of a large paediatric clinic”<sup>470</sup> exposed Kanner to a wider range of children, including infants under three years old, and with a greater range of problems, than would have been the case had he worked in a child guidance clinic.<sup>471</sup>

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<sup>463</sup> Kanner, “The contribution of a psychiatrist” (1935), p. 560.

<sup>464</sup> Kanner, “The contribution of a psychiatrist as a member of the pediatric hospital staff” (1936), p. 560.

<sup>465</sup> Kanner, “Supplying the psychiatric needs of a paediatric clinic” (1932), p. 404.

<sup>466</sup> Kanner, “Psychotherapy of children” (1941), p. 498.

<sup>467</sup> Kanner, “The pediatric-psychiatric alliance” (1938), p. 71; “Psychiatry: its significance in pediatrics” (1943), p. 51.

<sup>468</sup> Kanner, “The contribution of a psychiatrist” (1935), p. 559; idem, “Liaison Work in Psychiatry in the Department of Pediatrics” (1935), p. 80; idem, “The application of psychiatry to general medicine” (1937), p. 551.

<sup>469</sup> Kanner, “Supplying the psychiatric needs of a paediatric clinic” (1932), p. 404; “The application of psychiatry to general medicine” (1937), p. 551.

<sup>470</sup> Kanner, “The significance of the complaint factor” (1933), p. 177.

<sup>471</sup> Kanner, “The training of the psychiatrist in child guidance” (1947), p. 359-60; “Psychiatry: its significance in pediatrics” (1943), p. 51.

#### 4.2.2 *The problem of understanding personality and behaviour problems*

Kanner discerned three tasks for the new field of child psychiatry: clinical work with children, educating the public and research.<sup>472</sup> He was not concerned with children who were well-behaved and healthy, but only with those children who posed some kind of ‘problem’ to adults. Adults, after all, brought children to Kanner with a complaint. In dealing with these complaints, Kanner wanted to foster an attitude that was concrete rather than abstract and that focussed on a plain description and grouping of the facts of the case. I will now elaborate on these attitudinal requirements.

First, Kanner emphasized that the *whole range* of children’s difficulties must be considered. Child psychiatrists should attend to all behaviour disorders: “a vast range of major and minor deviations from vaguely defined and variously considered norms of general maturation and specific performances”.<sup>473</sup> Thus, in both his clinical work and his academic reflection, he addressed all behaviour of children that adults deemed undesirable for some reason, not just severe disorders.<sup>474</sup>

The second requirement was *focussing on the complaint*.<sup>475</sup> When parents came to the clinic with their child, Kanner would simply ask them ‘what is the complaint?’ He would then record the answer verbatim and unaltered, including side-marks. To this answer he would then add his own formulation of the complaint, with an indication of its nucleus. ‘The complaint’ was not just

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<sup>472</sup> Kanner, "Psychiatric problems in children" (1942), p. 572.

<sup>473</sup> Kanner, "Behaviour disorders in childhood" (1944), p. 761. See also his “Early behaviour problems as signposts to later maladjustment” (1941), p. 1261: “The term ‘behavior problems of children,’ as it is used in psychiatric literature as well as in common parlance, covers a vast territory. It includes the concomitants of alterations of cerebral tissue and endocrine functioning, deficiencies arising from inadequate endowment, failure to comply with standards of conventional conduct, the results of devious child rearing, gropings during the process of establishing daily routine and interpersonal relationships, and more or less disturbing reactions to situations involving anxiety, insecurity, resentment and frustration.”

In addition to the term ‘behaviour disorders’ he used a range of others terms to denote the objects of child psychiatry, such as “personality difficulties”, “personality disorders”, “abnormal reactions”, “psychopathology of childhood”, and “behaviour problems”.

<sup>474</sup> Leo Kanner and Sander E. Lachman, "The contribution of physical illness to the development of behavior disorders in children" (1933), p. 607; idem, "The significance of a pluralistic attitude in the study of human behavior" (1933), p. 36; idem, "The development and present status of psychiatry in paediatrics" (1937), p. 431-2.

<sup>475</sup> Kanner, "Supplying the Psychiatric Needs of a Paediatric Clinic" (1932), p. 104; idem, "The significance of the complaint factor" (1933); idem, "Psychopathological problems of childhood" (1935), p. 588-9; idem, *Child psychiatry* (1935), p. 15.

another term for ‘symptoms’. The complaint was so important to Kanner because he believed that whereas symptoms are detached signs of and underlying condition, the complaint was an entire clinical picture, including the child’s “relationships and life situation”.<sup>476</sup> Whereas symptoms may be similar in ‘cases’ with the same disorder, the complaint in all its complexity is unique for each child. Kanner sometimes used the term ‘profile’ to describe such an individual clinical picture. He felt a strong obligation “to study each individual child with his own unequalled profile”.<sup>477</sup> Such a profile would contain all ‘determinants’ of the child’s condition: genetic, cultural, physical, material, educational and emotional.<sup>478</sup> Thus, in formulating the complaint, Kanner considered not just what the complaint was but also *whose* complaint it was.<sup>479</sup> For example, one third of the children were brought to him with a complaint of poor progress or conduct at school; Kanner would then ask himself whether this was a mentally handicapped but hard working child, a child who obsessed over grades that were not that bad, or an average child who could not live up to the perfectionistic standards of his parents.<sup>480</sup>

Kanner’s third, related, attitudinal requirement was that physicians in writing down the complaint would *avoid abstractions*. When Kanner started working at the *Harriet Lane Home*, referral slips were written hastily, in vague and general terms, such as ‘neuropathic’, ‘neurotic’, ‘constitutionally inferior’ and ‘mentally retarded’.<sup>481</sup> In the face of the bewildering spectre of concepts and theories in psychiatry many paediatricians felt overwhelmed and inferior. He taught paediatricians to find security in “the facts”: realities that were concrete and directly demonstrable.<sup>482</sup> Kanner was fond of saying that he treated children, not cases: that some children have ‘the same’ disorder is an abstraction, the concrete facts are that each child is a unique human being with a unique

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<sup>476</sup> Kanner, "Behaviour disorders in childhood" (1944), p. 764.

<sup>477</sup> Kanner, "The children haven't read those books: reflections on differential diagnosis" (1969), p. 9.

<sup>478</sup> Kanner, "Feeble-mindedness: absolute, relative, and apparent" (1948).

<sup>479</sup> Kanner, "Prognosis in child psychiatry" (1937), p. 926.

<sup>480</sup> Leo Kanner and Sander E. Lachman, "The Contribution of a Psychiatrist as a Member of the Pediatric Hospital Staff" (1935), p. 559; Kanner, "Prognosis in child psychiatry" (1937), p. 926.

<sup>481</sup> Kanner, "The significance of the complaint factor (1933)", p. 177.

<sup>482</sup> Kanner, "Prognosis in child psychiatry" (1937), 922-24; idem "Psychotherapy of children" (1941), p. 499

history.<sup>483</sup> He warned paediatricians for the fallacies of homogeneity and categorical absoluteness: he stressed that ‘the’ feeble-minded are very different from each other and show varying degrees of ‘inadequacy’.<sup>484</sup> Avoiding these fallacies required a revision of diagnostic practice: Kanner taught paediatricians “to formulate the problem briefly and concisely” and to express the facts “lucidly in plain English, steering clear of terminologic [sic] confusions and generalizations”.<sup>485</sup>

Kanner’s fourth and final attitudinal requirement was that, *after* the unique, individual, profiles of many children had been determined, it would be useful to group similar profiles under a single heading, for example ‘schizophrenia’.<sup>486</sup> Kanner did not think of these headings as disease entities, as Emil Kraepelin had, but rather as ‘types’, ‘patterns’ or ‘sets’ of individual profiles.<sup>487</sup>

#### *4.2.1 The problem of psychiatric-paediatric collaboration*

Kanner was in favour of interdisciplinary collaboration in general: he called for the “efficient working together of the parents, the schools, the school physicians, the psychiatrist, the social workers, the juvenile courts, and the welfare agencies”.<sup>488</sup> Kanner believed that all disciplines working with people had the same interest, namely “the overt as well as the implicit activities of the human individual receiving impressions from and projecting himself upon his environment”.<sup>489</sup>

Then again, given Kanner’s position, his principal concern was with the role of paediatricians and psychiatrists within this combined effort. The first problem Kanner encountered in the unique setting of a psychiatric consultation

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<sup>483</sup> Kanner, "Psychological Care of the Sick Child" (1942), p. 2; "Psychiatry: its significance in pediatrics" (1943), 57

<sup>484</sup> Kanner, "Exoneration of the feeble-minded" (1942), p. 18.

<sup>485</sup> Kanner, "The Contribution of a Psychiatrist as a Member of the Pediatric Hospital Staff" (1935), p. 559.

<sup>486</sup> Kanner, "The significance of a pluralistic attitude in the study of human behavior" (1933), p. 35; idem, "The children haven't read those books: reflections on differential diagnosis" (1969), p. 9.

<sup>487</sup> Kanner, "Modern trends in psychiatry" (1937), p. 481; *Child psychiatry* (1948), p. 209. Kanner further organized these types in larger groups but also relativized his own groupings See The significance of the complaint factor (1933), p. 177; "psychiatric problems in children" (1942); "Behaviour disorders in childhood" (1944), p. 765

<sup>488</sup> E.g. Kanner, "Mental hygiene in elementary and secondary schools" (1933), p. 12.

<sup>489</sup> Kanner, "The significance of a pluralistic attitude in the study of human behavior. (1933), p. 30.



service at a large paediatric hospital was that paediatricians had to collaborate closely with him in his role of child psychiatrist. This collaboration was not a matter of course. In the first decades of the 20<sup>th</sup> century, psychiatry and paediatrics did not seem to have anything in common.<sup>490</sup> Since psychiatric disorders were observed very rarely before puberty, psychiatric interest in children was limited to the most severely mentally handicapped.<sup>491</sup> As for paediatricians, they received no psychiatric training and the diagnosis and treatment of the kind of behaviour problems that were commonly found in children had been taken out of their hands by non-medical professionals, notably teachers and psychologists.<sup>492</sup> When in the 1920s child guidance clinics began to address these common problems, paediatricians were not included in their interdisciplinary teams.<sup>493</sup>

For such reasons, it was not until the 1930s that the idea was born of a closer collaboration between psychiatrists and paediatricians.<sup>494</sup> Paediatricians became more psychiatry-conscious, as more articulate parents began to demand mental as well as physical treatment of their children.<sup>495</sup> Psychiatrists became interested in childhood in its own right, not just as a source of adult problems. As the first psychiatrist working at a paediatric hospital, Kanner was at the forefront of this new collaboration and had to warm paediatricians to the idea. In so doing, his strategy was to show the practical usefulness and scientific rigor of psychiatry.<sup>496</sup>

For Kanner, the consultation service for individual patients was just the basis for a wider educational approach, aimed at giving paediatricians a base of "psychiatric intelligence".<sup>497</sup> He invited paediatricians to be present during

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<sup>490</sup> Kanner, "The development and present status of psychiatry in pediatrics" (1937), p. 418.

<sup>491</sup> Kanner, "The pediatric-psychiatric alliance" (1938), p. 72.

<sup>492</sup> Kanner, "Work with psychobiological children's personality difficulties" (1934), p. 403.

<sup>493</sup> Kanner, "The development and present status of psychiatry in pediatrics" (1937), p. 422.

<sup>494</sup> Kanner, "The development and present status of psychiatry in pediatrics" (1937), p. 423; idem, "Modern trends in psychiatry" (1937), p. 482. See Marga Vicedo and Juan Ilerbaig, "Leo Kanner's call for a pediatric-psychiatric alliance" (2020).

<sup>495</sup> Kanner, "The pediatric-psychiatric alliance" (1938), p. 73.

<sup>496</sup> Kanner, "The contribution of a psychiatrist as a member of the pediatric hospital staff" (1935), p. 558. In the beginning, Kanner set three aims for himself (p. 562): being of service to children with behaviour and personality disorders, demonstrating that psychiatric methods are objective and common sense and teaching paediatricians to treat the whole patient, as a unique individual, and not just attend to his organs and tissues.

<sup>497</sup> "Liaison work in psychiatry" (1935), p. 81-82; idem, "Supplying the psychiatric needs of a pediatric clinic" (1932), p. 403-4.

his contact with children and their parents. In case of referrals, a copy of the complete psychiatric record was sent back to them, so as to be included in the case history. Kanner participated in their weekly staff conferences, during which he would sometimes present a case of his own. He organized bi-weekly lectures about child psychiatry for the paediatric staff and gave lectures to medical students as part of their training in paediatrics.

In all this, Kanner found it important that behaviour and personality problems of children would be approached *medically*, by physicians within a *clinical* setting.<sup>498</sup> Although Kanner valued the contribution of other professionals, he was also aware of their lack of schooling in physical health. Child guidance clinics and schools were isolated from medicine and only concerned with the mental wellbeing of children. Kanner considered this separation of mental problems and physical problems a symptom of an artificial separation of mind and body that he found very problematic. In his view, the discipline best prepared to deal with the child as a whole and with the whole range of infantile personality and behavioural problems was child psychiatry, which in Kanner's view, "just as adult psychiatry, unquestionably belongs in the domain of medicine".<sup>499</sup>

#### 4.2.3 *The problem of incongruent emotional reactions*

In 1938, being one of the leading child psychiatrists in the States, Kanner received a thirty-three-page letter from Beamon Triplett, an attorney from Forest, Mississippi. In the letter, Beamon described the conduct and life history of his five-year-old son, Donald – according to Kanner he did so "in obsessive detail".<sup>500</sup> Kanner replied that he would like to observe Donald in his clinic. A date was set for the second week of October 1938, and the Triplett's embarked on a two-day journey by train to Baltimore.<sup>501</sup> On October 7, they first visited

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<sup>498</sup> Kanner, "The training of the psychiatrist in child guidance" (1947), p. 360-361.

<sup>499</sup> Kanner, "Psychiatric problems in children" (1942), p. 574.

<sup>500</sup> Kanner, "Autistic disturbances of affective contact" (1943), p. 217; for context, see Dan Olmsted and Mark Blaxill, *The age of autism: mercury, medicine, and a man-made epidemic* (2010), p. 172-3; Steve Silberman, *Neurotribes: The legacy of autism and how to think smarter about people who think differently* (2016), p. 177; John Joseph Donovan and Caren Brenda Zucker, *In a different key: The story of autism* (2016), p. 30.

<sup>501</sup> John Joseph Donovan and Caren Brenda Zucker, *In a different key: The story of autism* (2016), p. 33.

Kanner at Johns Hopkins.<sup>502</sup> Here is how Kanner recalled this experience, 35 years later:

I was struck by the uniqueness of the peculiarities which Donald exhibited. [...] [H]e was unable to carry on an ordinary conversation. He was out of contact with people, while he could handle objects skillfully. His memory was phenomenal. The few times when he addressed someone – largely to satisfy his wants – he referred to himself as “You” and to the person addressed as “I”. He did not respond to any intelligence tests but manipulated intricate formboards adroitly.<sup>503</sup>

On October 14, Kanner examined Donald with Georg(e) Frankl at the *Harriet Lane Home*.<sup>504</sup> Kanner was puzzled by Donald’s behaviour, which he had never seen before and which he had never seen described before.<sup>505</sup> He was not alone in his puzzlement. The next day, Donald was admitted to the *Maryland Nursery and Child Study Home*, where George Frankl and Eugenia Cameron examined him for two weeks. On October 27, Donald was shown to the staff of the *Henry Phipps Psychiatric Clinic* prior to the staff conference; during the conference, his case was discussed.<sup>506</sup> Like Kanner, the other psychiatrists present at the staff meeting did not know what to make of Donald’s behaviour. Psychiatrist Wendell Muncie, who had a daughter with similar symptoms, believed that Donald’s condition was “not in the literature”; others in the team considered “various possible explanations, from problems with ego development to word deafness and organic lesion”.<sup>507</sup>

In the next five years, ten more children were brought to *Johns Hopkins* whose behaviour resembled Donald’s and differed “markedly and uniquely from anything reported so far”.<sup>508</sup> In January 1942, Kanner wrote in a letter: “I have followed a number of children, who present a very interesting, unique and as of

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<sup>502</sup> Ibid., p 319.

<sup>503</sup> Kanner, "The birth of early infantile autism" (1973), p. 93.

<sup>504</sup> Marga Vicedo and Juan Ilerbaig, "Autism in Baltimore, 1938–1943" (2021), p. 1158.

<sup>505</sup> Albert Zachik and Henry Wasserman, "Interview with Dr. Leo Kanner" (1976).

<sup>506</sup> Marga Vicedo and Juan Ilerbaig, "Autism in Baltimore, 1938–1943" (2021), p. 1157.

<sup>507</sup> Ibid., p. 1159.

<sup>508</sup> Kanner, “Autistic disturbances of affective contact” (1943), p. 217; idem, “Early infantile autism” (1944), p. 211.

yet unreported condition, which has both interested and fascinated me for quite some time".<sup>509</sup> This group of children was an "unpremeditated 'discovery' which was not the result of a specific search", which Kanner often described as a piece of serendipity: "a gift not originally sought for".<sup>510</sup>

What were the complaints of the adults who brought or referred these children to Kanner?

The complaint of Donald's parents was that he seemed to have no affection for other people but had strong emotional reactions when he was interfered with. Donald's emotional responses to the presence or absence of people were different than expected. Donald could occupy himself for a long time without demanding the attention of his parents. When his parents let Donald be, he seemed a happy child without a care in the world. At first, his parents interpreted this ability to entertain himself as 'goodness' and they were pleased with it.<sup>511</sup> Donald's parents were worried because he did not seem to feel for or to be interested in the people around him. Donald's parents were distressed that he only seemed concerned with lifeless objects, meaningless facts and rigid routines. His interactions with objects and people had to be consistent and predictable. Most of Donald's actions were "repetitions carried out in exactly the same way in which they had been performed originally"<sup>512</sup> and he required the same predictability of his parents. His happiness would turn into rage or panic when his parents tried to rearrange the objects, tried to deviate from fixed rituals or tried to interfere in another way.

Frederick also had unexpected emotional responses to his environment. A physician referred him to Kanner with the complaint that Frederick, according to his mother, was "afraid of mechanical things" such as her egg beater, and

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<sup>509</sup> Leo Kanner papers, Archives Box 100695, folder 24, American Psychiatric association Foundation, Melvin Sabshin, M.D., Library & Archives: Letter from Leo Kanner to Ernst Harms, dated 19 January 1942.

Muncie's daughter Bridget (under pseudonym Barbara K.) was the fifth case described by Kanner in "Autistic disturbances of affective contact". See Dan Olmsted and Mark Blaxill. *The age of autism: mercury, medicine, and a man-made epidemic* (2010), p. 173, 182, 350-351.

<sup>510</sup> "early infantile autism Revisited" (1968), p. 18; "The birth of early infantile autism" (1973), p. 93.

<sup>511</sup> Kanner, "Early infantile autism, 1943-1955" (1956), p. 92.

<sup>512</sup> Kanner, "Autistic disturbances of affective contact" (1943), p. 219.

was “perfectly petrified” of her vacuum cleaner, but didn’t like to be hugged and “acted as if people weren't there at all”.<sup>513</sup>

On February 2, 1943, the mother of Charles brought her four-year-old son to Kanner’s clinic with the complaint: “The most impressive thing is his detachment and his inaccessibility. He walks as if he is in a shadow, lives in a world of his own where he cannot be reached”; in contrast, he would “get severely excited and jump up and down in ecstasy” when spinning cylinders.<sup>514</sup>

The mother of Alfred complained that he had an “overattachment to the world of objects and failure to develop the usual amount of social awareness”.<sup>515</sup>

The general complaint, then, was that the emotional responses of these children seemed to be different than the situation required.

Kanner’s initial interest in Donald and children with similar (albeit unique) profiles, “went in the direction of observation and diagnosis”: he wanted to develop a diagnostic formulation that would help himself and his colleagues to understand “the intrinsic nature of the condition as related or unrelated to the intrinsic nature of other conditions”.<sup>516</sup>

“Diagnosing”, Kanner once wrote, “means knowing something well enough to be able to tell it apart from other things”.<sup>517</sup> In Kanner’s view, progress in psychiatric diagnosis has been made mostly by breaking ill-defined generalities up in carefully separated entities, “like an onion from which more and more layers were peeled off”.<sup>518</sup> Often the facts about the patient might be subsumed under several such diagnostic headings. This posed the question: to which of these different headings does the unique profile of this patient belong?

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<sup>513</sup> Ibid., p. 222-223.

<sup>514</sup> Kanner, "Autistic disturbances of affective contact" (1943), p. 235-236; idem, "Early infantile autism" (1944), p. 213; idem, "Early infantile autism" (1961), p. 3; idem, "Follow-up study of eleven autistic children originally reported in 1943" (1971), p. 135.

<sup>515</sup> Kanner, "Autistic disturbances of affective contact" (1943), p. 233.

<sup>516</sup> Kanner, "Problems of nosology and psychodynamics of early infantile autism" (1949), p. 416.

<sup>517</sup> Kanner, "Modern trends in psychiatry" (1937), p. 480.

<sup>518</sup> " Kanner, "The children haven't read those books: reflections on differential diagnosis" (1969), p. 5; see further his "The Specificity of Early infantile autism" (1958), p. 110 and "Emotionally disturbed children: a historical review" (1962), p. 101.

Donald and the other children were originally presented to Kanner as being deaf, mentally disabled or schizophrenic, but on further inspection they did not meet the criteria for any of these three conditions.<sup>519</sup>

Seven of the eleven children Kanner initially described were considered deaf or hard of hearing.<sup>520</sup> The reason was that they did not respond to commands and questions by other people.<sup>521</sup> Initial testing by Kanner and his colleagues confirmed that their response to sounds were absent or inadequate. However, careful further inspection revealed that their hearing as such was not impaired.

Kanner at first considered that Donald and the other ten children might have Heller's disease, as in this syndrome a period of normal development is followed by regression, but this did not explain their difficulties with and lack of positive feelings about interactions with people.

Several children were brought in with the suspicion of mental disability; in the parlance of that day, they were called 'idiots', 'imbeciles' or 'feble-minded'.<sup>522</sup> Again, testing by Kanner and his colleagues initially seemed to confirm this: the children scored very low on standard intelligence tests. However, on further examination, their early history and their specific characteristics distinguished them from children with mental disability.<sup>523</sup> For example, they had "excellent memory" for certain facts and an "astounding vocabulary".<sup>524</sup> These children were intelligent, and some parents even thought of their children as child prodigies.

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<sup>519</sup> Kanner, "Autistic disturbances of affective contact" (1943), pp. 242, 247, 248 ; idem, "Early infantile autism" (1944), p. 211. Another possibility considered but rejected by Kanner was that they suffered from a "degenerative organic process". Cf. Kanner, "Problems of nosology and psychodynamics of early infantile autism" (1949), p. 417; Kanner and Leonard I. Lesser, "Early infantile autism" (1958), p. 721. Kanner also considered the possibility of aphasia, but as their gestures were also affected, he rejected this possibility too. Cf. his "Problems of nosology and psychodynamics of early infantile autism" (1949), p. 417.

<sup>520</sup> Kanner, "Autistic disturbances of affective contact" (1943), p. 244.

<sup>521</sup> Kanner, "Problems of nosology and psychodynamics of early infantile autism" (1949), p. 418.

<sup>522</sup> Kanner, "Autistic disturbances of affective contact" (1943), p. 242; "Early infantile autism" (1944), p. 211.

<sup>523</sup> Kanner, "Feeble-mindedness: absolute, relative, and apparent" (1948), p. 391.

<sup>524</sup> Kanner, "Early infantile autism" (1944), p. 217.

Of the initial group of eleven children, two had been presented to Kanner as schizophrenic.<sup>525</sup> Kanner had seen his share of patients with schizophrenia<sup>526</sup> and was acquainted with the literature on the subject.<sup>527</sup> Kanner did notice certain remarkable similarities to this rare condition, notably the difficulty of establishing affective rapport.<sup>528</sup> Hence, Kanner considered the possibility of schizophrenia with insidious onset.<sup>529</sup> Were this the case then he would have expected that the period in which affective rapport was impossible was preceded by a period in which affective rapport had been possible. However, in these children, there was no such withdrawal from a previous period of affective rapport.<sup>530</sup> In addition, the children did not have hallucinations or delusions, as Kanner would have expected to be the case in childhood schizophrenia.<sup>531</sup> Kanner's conclusion was that Donald and the other children did not meet the criteria for childhood schizophrenia and must have a condition that "differs in many respects from all other known instances of childhood schizophrenia".<sup>532</sup>

None of these existing disorders was known to include the precise combination of features that was reported by the parents of Donald, Frederick, Charles and the other children. Then again, although Kanner could not diagnose Donald and the other children with any of the known psychiatric disorders, he could relate their condition to a *symptom* of several known disorders.

In the 1930's Kanner had already described, in several disorders, emotions that were not congruent with the situation; they did not fit the circumstances. Kanner first described this symptom in the 1935-edition of his textbook.<sup>533</sup> Emotions could be incongruent in quality (e.g. emotions triggered by a detail rather than the whole), in grounding (e.g. emotions that seem to lack

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<sup>525</sup> Kanner, "Autistic disturbances of affective contact" (1943), p. 244.

<sup>526</sup> Kanner, "Mental disturbances in adolescents" (1941), p. 519.

<sup>527</sup> Kanner, *Child psychiatry* (1948), p. 706 ff; "Psychopathology of childhood: basic considerations" (1944), p. 33-34; Marga Vicedo and Juan Ilerbaig, "Autism in Baltimore, 1938–1943" (2021), p. 1163

<sup>528</sup> Leo Kanner and Leonard I. Lesser, "Early infantile autism" (1958), p. 728.

<sup>529</sup> Kanner, "Problems of nosology and psychodynamics of early infantile autism" (1949), p. 418; "Schizophrenia as a concept" (1960), p. 46.

<sup>530</sup> Kanner, "Autistic disturbances of affective contact" (1943), p. 242.

<sup>531</sup> Leo Kanner and Leonard I. Lesser, "Early infantile autism" (1958), p. 725; "Schizophrenia as a concept" (1960), p. 53.

<sup>532</sup> Kanner, "Autistic disturbances of affective contact" (1943), 248; see also "Problems of nosology and psychodynamics of early infantile autism" (1949), p. 418.

<sup>533</sup> Kanner, *Child Psychiatry* (1935), p. 66-70.

all situational foundation) or in timing (e.g. emotional reactions that occur long after the situation to which they are a response is gone).<sup>534</sup> For example, in patients with schizophrenia, he described “uncontrolled outbursts entirely out of proportion to the responsible setting” and “outbursts of laughter or weeping” that “seem to come out of a clear sky and have no foundation whatever in the external situation”.<sup>535</sup> In these patients, such incongruent emotions were one symptom among others and were part of a more general disorder that included other, non-emotional, symptoms.

The behaviour described by Donald’s father in his first letter to Kanner also seem to involve incongruent emotions.<sup>536</sup> Beamon wrote that Donald “almost never cried to go with his mother”, had “no apparent affection when petted” and never seemed “glad to see father or mother or any playmate”.<sup>537</sup> His parents had expected, as any parent would, that their son would show affection towards them, but he did not. In contrast, Donald had stronger feelings (positive or negative) about objects. Donald was unusually interested in certain objects, which he played with in an unusual way: he “spun with great pleasure anything he could seize upon to spin” and “kept throwing things on the floor, seeming to delight in the sounds they made”. He resented it when his parent tried to take such prized objects away. Conversely, Donald was “fearful of tri-cycles” and he seemed “to have almost a horror of them when he is forced to ride”. He avoided self-propelling objects at all costs. Donald also became very upset when his parents deviated everyday rituals which persisted after the situation in which they originated was long gone and which Donald wanted to preserve without tolerating any change. For example, at mealtime, his mother had to say “Eat it or I won't give you tomatoes, but if you don't eat it I will give you tomatoes” – something which his mother had said to him once and which she since had to repeat each time or Donald “squealed, cried, and strained every muscle in his neck in tension”.<sup>538</sup>

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<sup>534</sup> Kanner, "Behaviour disorders in childhood" (1944), p. 772; Kanner, "Psychopathology of Childhood: basic considerations" (19), p. 5

<sup>535</sup> Kanner, *Child Psychiatry* (1935), pp. 66, 67.

<sup>536</sup> Kanner, “Autistic disturbances of affective contact” (1943), p. 218.

<sup>537</sup> *Ibid.*

<sup>538</sup> *Ibid.*, p. 219.



What posed a problem for Kanner was that the incongruent emotions displayed by Donald seemed to be his main problem, rather than being a symptom of any of the known psychiatric disorders. In this sense, it posed a diagnostic and scientific problem for Kanner to solve.

#### 4.2.4 *The departmentalization problem*

The framing of Kanner's first paper on these children, reveals that Kanner was not only concerned with incongruent emotions in general, but also more specifically with their interaction with children's intellectual performance.

A first clue is that in the co-editor's introduction to the special topic of which his article was a part, Kanner criticized the tendency in psychiatry, which dominated until the start of the 20<sup>th</sup> century, to emphasize cognitive abilities and achievements over emotions, effectively identifying mind with intelligence. By contrast, he applauded a new emphasis on "the individual's relations to his family and to people in general" that is, on "his emotional reactions to his specific life situation".<sup>539</sup> Kanner situated his paper within a larger shift, which he observed and stimulated, from an isolated focus on intelligence to (as he later put it) considering "the integrative relationship between test results, emotional factors and interpersonal give-and-take".<sup>540</sup>

A second clue is that Kanner started his paper with a quote from Rose Zelig's book *Glimpses into child life*, which had just come out: "To understand and measure emotional qualities is very difficult [...] we are still unable to measure emotional and personality traits with the exactness with which we can measure intelligence."<sup>541</sup> The quote comes from a chapter entitled *Your child's emotions affect his learning*, in which Zelig argued that the importance of intelligence for learning is overstated while the role of emotions in learning is much more prominent than psychologists realized. Zelig gave an example from her own education. As part of her experimental psychology course, she had been instructed to open mechanical puzzle boxes, so as to remember what it is like to learn something. Zelig thought she would open the puzzle box in no time, but

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<sup>539</sup> Kanner, "Co-editor's introduction" (1943), p. 216

<sup>540</sup> Kanner, "Emotional disturbances simulating mental retardation" (1957), p. 54.

<sup>541</sup> Rose Zelig, *Glimpses into child life: the twelve-year-old at home and school* (1942), p. 107. Quoted in Kanner, "Autistic disturbances of affective contact" (1943), p. 217.

it took her more than an hour. That night, in bed, she realized what had gone wrong: being emotionally upset had interfered with her ability to concentrate on the problem. In the same vein, then, Kanner believed that in Donald and the other children their emotions interfered with their intellectual performance.

Kanner expressed this in terms of ‘emotional blocking’. He was critical of the way this term was used by psychoanalysts, who “speculated” mental disabilities “out of existence”, by arguing that intellectual disability is not really intellectual, but is rather a secondary result of a restriction of the libidinal forces available for intellectual use.<sup>542</sup> However, Kanner applauded the more general insight that the unfolding of a child’s potential for intellectual development “is guided, fostered or restricted by the emotional development which takes place”.<sup>543</sup> He believed that emotional disorders can lead to poor intellectual functioning in children who do have a good intellectual endowment.<sup>544</sup>

Kanner held that in some cases, such as infantile psychoses, there is indeed only the appearance of mental disability. We have seen that the children like Donald were originally brought to him on the suspicion that they were ‘feeble-minded’. Kanner was adamant that this diagnosis was mistaken and that their “cognitive potentialities were only masked by the basic disorder”.<sup>545</sup> That is why in his famous first paper on autistic disturbances, he claimed that “[e]ven though “most of these children were at one time or another looked upon as feeble-minded, they are all unquestionably endowed with good *cognitive potentialities*”.<sup>546</sup>

In Kanner’s view, recognition that emotion may interfere with children’s intelligence was a step towards the more general recognition that intelligence, emotion and cognition are not separate faculties but ‘integrants’ that form a seamless whole.<sup>547</sup> I will refer to this problem as the departmentalization problem, as it involves the division of the mind and, more generally, human

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<sup>542</sup> Kanner, “Child psychiatry and the study of mental deficiency” (1941), p. 225; *Child Psychiatry* (1948), p. 66-70.

<sup>543</sup> Kanner, *Child Psychiatry* (1948), p. 67; idem, “Feeble-mindedness: absolute, relative, and apparent” (1948), p. 388; “The emotional quandaries of exceptional children” (1952), p. 28.

<sup>544</sup> Kanner, “Emotional disturbances simulating mental retardation” (1957), p. 65.

<sup>545</sup> Kanner, *Child Psychiatry* (1948), p. 717.

<sup>546</sup> Kanner, “Autistic disturbances of affective contact” (1943), p. 247.

<sup>547</sup> Kanner, “Emotional interference with intellectual functioning” (1952), pp. 703-4.

functioning, into neatly separated departments, such as ‘emotion’ and ‘intelligence’ or ‘body’ and ‘mind’.

Kanner formulated the departmentalization problem most clearly in his paper *Emotional interference with intellectual functioning* (1952). This paper also shows that he recognized this more general problem in the experience that many autistic children scored low on intelligence tests, in spite of good intellectual prospects.

On a Sunday morning, around the time Kanner published his first paper on autism, a friend called him on the telephone, and invited him to come see an unusual child that was visiting her house. When Kanner arrived, he was led to four-year-old Jay, who paid no attention to his greeting and did not verbally respond to anything he said. The boy was reading aloud from a copy of the *National Geographic Magazine* without, however, understanding the meaning of the words. Jay seemed oblivious to others, until they tried to interfere, which “caused marked displeasure ranging from impatient dodges to full-fledged temper tantrums”.<sup>548</sup>

Kanner convinced Jay’s father to bring his son to his clinic at a later time. Like all children brought in for diagnosis, Jay was subjected to several intelligence tests, and “his psychometric rating was extremely low, both on the Binet-Simon Scale and on the Vineland Social Maturity Test”.<sup>549</sup> He could therefore easily have been diagnosed with intellectual disability, but Kanner held off on such a diagnosis.

In the following years, Jay and his mother came regularly to the clinic, and six years later his intelligence seemed much improved, as he scored high on the same Binet test.

Experiences such as this posed the question how it can be that a child who turns out to have good intellectual prospects, may initially perform poorly on intelligence tests. Kanner’s explanation led him to the departmentalization problem. He argued that Jay’s initially low scores were due not to a poor intellectual endowment, but to an emotional disability. This suggested that intelligence was not an isolated factor but interacted with the emotional factor. A

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<sup>548</sup> Kanner, "Emotional interference with intellectual functioning" (1952), p. 701; idem, "Emotional disturbances simulating mental retardation" (1957), p. 64.

<sup>549</sup> Kanner, "Emotional interference with intellectual functioning" (1952), p. 702.

child can look intellectually impaired while it is really emotionally impaired. Kanner clearly believed that this was the case in (some) autistic children:

It is typical of [Jay's] illness, which I have named early infantile autism, that the disability to form affective ties and the resultant lack of responsiveness shut off the avenues of communication which are needed for psychometric evaluation.<sup>550</sup>

All in all, children such as Jay and Donald made Kanner wonder how it can be that some children have difficulty with emotionally reacting to their environment in a way that fits the occasion, and had this difficulty to such an extent that it interfered with their intelligence.

### **4.3. Kanner's concepts**

#### *4.3.1 The concept of emotional reactivity*

In the 1930's, the first consistent attempts were made to study children with emotional problems.<sup>551</sup> Until he met George Frankl in 1938, the main concept Kanner had at his disposal to conceptualize the emotional problems of children was 'emotional reactivity'.

Kanner first used the term 'emotional reactivity' in 1934, contemplating what would help children "to acquire a more appropriate mode of emotional reactivity".<sup>552</sup> He gave the following example: throwing a pitcher of cold water on a child with a breath holding spell may end the spell, but will not cure it. In such cases, he argued, the underlying emotional difficulties of the child should be remedied. A year later, he gave another example:

If we think of so relatively simple a situation as that of a child being brought for a physical check-up, we know that different children behave differently. They have different attitudes towards the examination and the examiner.

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<sup>550</sup> Ibid. p. 702.

<sup>551</sup> Kanner, "Emotionally disturbed children: a historical review" (1962), p. 100.

<sup>552</sup> Kanner, "Work with psychobiological children's personality difficulties" (1934), p. 411.

[...] Philip C., an intelligent 5-year-old was brought for a check-up to the Harriet Lane Home. He played cheerfully in the waiting room. When his turn came and he was approached by the physician, he suddenly burst forth with a vehement tantrum, in which fright rather than anger was the dominant note.<sup>553</sup>

Philip's reaction had to do with this unique history: he had had a tonsillectomy three months earlier and being in a similar situation now he was afraid to experience the same discomfort again. To recognize this, Kanner had to consider both environmental influences (the situation) *and* signs displayed by the child in reaction to that situation (the emotion).<sup>554</sup>

Kanner taught paediatricians that in diagnosing children they should take their emotional reactions *as a whole* into account: they should describe both "how the child reacts emotionally" and what "environmental constellation" triggered it.<sup>555</sup> His point was that emotional reactions are determined both by the personality of the child and by the environment to which the child reacts.

That is why, in conceptualizing emotions, the term 'reactions' was essential to Kanner. He defined emotions as "acts of adjustment" that are *reactions* "to various types of life situations".<sup>556</sup> Kanner borrowed the term 'reactions' from Adolf Meyer, who defined reactions as "mechanisms" that are formed through growth, chance or practice and that once established act as proclivities to respond in a certain way to a "set of circumstances or developments".<sup>557</sup>

Kanner, then, stressed the importance of emotions for any child and believed that among all the mental functions of a child, emotions are particularly intertwined with the person as a whole and his total situation.<sup>558</sup> He wrote that "[e]motional reactions are perhaps better suited than any other form of human functioning to serve as a demonstration of psychobiological and sociobiologic

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<sup>553</sup> Kanner, *Child psychiatry* (1948), p. 115.

<sup>554</sup> Kanner, *Child psychiatry* (1935), p. 65.

<sup>555</sup> Kanner, "Psychopathological problems of childhood" (1935), p. 591; see also *Child psychiatry* (1935), p. 16

<sup>556</sup> Kanner, "Psychopathology of childhood: basic considerations" (1944), p. 5.

<sup>557</sup> Johns Hopkins Medicine, Nursing, and Public Health, Alan Mason Chesney Medical Archives, Series XII Scientific notes and records: Baltimore, Unit XII/1: Working Notes, Folder 578: Reaction & Responsiveness

<sup>558</sup> Kanner, *Child psychiatry* (1948), p. 79.

integration”.<sup>559</sup> In his view, emotion-words such as ‘fear’ or ‘joy’ do not denote natural kinds, but are “snapshots from the linguistic camera” that give one only a limited impression of the reaction as a whole; they are “brief designations of certain broad constellations involving a situation, a person’s response to it, and his more or less conventionalized manifestation of the response”.<sup>560</sup> He emphasized that none of these aspects can be studied in isolation.

In the first edition of his textbook Kanner had already devoted a separate chapter to “the emotional factor”.<sup>561</sup> Here he emphasized that emotions such as love, hate, fear, anger and disappointment were as important for child psychiatrists to take into account as the intellectual endowment of children.<sup>562</sup> Indeed, Kanner maintained that a normal development “depends to a large extent on the establishment of sound personal relationships” and learning “how to get along with people”.<sup>563</sup>

Three years before he met Donald, Kanner already reported “noticeable individual variations of emotional responsiveness” between children.<sup>564</sup> He described a spectrum of emotions, ranging from adequate to inadequate reactions, depending on their congruence with the situation. Least inadequate and most common were “emotional disorders”, namely jealousy, temper tantrums and fear.<sup>565</sup> More inadequate and less common were “disturbances of emotional adaptation to other people”, such as bullying, extreme timidity, proneness to crying, stubbornness and, significantly, “a tendency to withdraw as much as possible from contact”.<sup>566</sup> Most inadequate and rare were the “wholly incongruous emotional responses” of children with schizophrenia or intellectual disability. For example, such children might burst out in laughter for no reason, become furious out of the blue or respond indifferently to the death of a relative.

For Kanner, all such inadequate emotional reactions were indications that something was off with the interaction between the child and its environment. He believed that in some cases, their emotional reactions had to do with

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<sup>559</sup> Ibid., p. 79.

<sup>560</sup> Ibid., p. 75.

<sup>561</sup> Child psychiatry (1935), pp. 63-72.

<sup>562</sup> Ibid., p. 16.

<sup>563</sup> Kanner, "Types of Maladjustment in Children" (1936), p. 441.

<sup>564</sup> Kanner, Child psychiatry (1935), p. 71.

<sup>565</sup> Kanner, Ibid., p. 275-293.

<sup>566</sup> Kanner, "Types of Maladjustment in Children" (1936), p. 441.

their personality.<sup>567</sup> In his view, children with different life experiences and constitutions differ markedly in their emotional reaction to the same situation.<sup>568</sup> Another source of emotional variation was the situation itself. For children, the most important of these situations were home, school and neighbourhood and it often happens that they reacted differently in one situation (e.g. at home) than in another (e.g. at school).<sup>569</sup> Hence, Kanner would ask not only how the child reacted emotionally, but also to what situation it was a reaction. In so doing, Kanner focussed on the child's interpersonal relationships.<sup>570</sup>

#### *4.3.2 The concept of affective contact*

As is well known, Kanner described the condition of Donald and the other children as “disturbances of affective contact”. This clearly indicates that in order to conceptualize the difficulties these children had with emotionally adapting to their environment, Kanner turned to the concept of ‘affective contact’. In chapter 1, we have seen that he borrowed this term from George Frankl. I will now show how he used that concept and why he needed it.

Kanner chose to put the term ‘affective contact’ in the title of his first and best-known paper. The paper was published in 1943, but Kanner had already decided to use this phrase in the title in April 1941, when he presented a draft of his paper to the staff of the *Henry Phipps Psychiatric Clinic*. On that occasion, Kanner already proposed that a “peculiar lack of any sort of affective relationship to persons” was a fundamental feature of the new syndrome.<sup>571</sup> Similarly, in his first public statement on the subject, in 1942, Kanner already spoke of a “disturbance of affective contact” in the sense of having “no workable relationship to people”.<sup>572</sup> In his first paper on “disturbances of affective contact”,

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<sup>567</sup> Kanner, “Behaviour disorders in childhood” (1944), p. 776.

<sup>568</sup> Kanner, “Psychopathology of childhood: basic considerations” (1944), p. 7.

<sup>569</sup> Kanner, “Behaviour disorders in childhood” (1944).

<sup>570</sup> Kanner, “Psychopathological problems of childhood” (1935), p. 591.

<sup>571</sup> Marga Vicedo and Juan Ilerbaig, “Autism in Baltimore, 1938-1943” (2020), p. 1163.

<sup>572</sup> R. S., B. Lourie, L. Pacella, and Z. A. Piotrowski, “Studies on the prognosis in schizophrenic-like psychoses in children” (1943), p. 551.

Kanner used the term ‘affective contact’ four times outside of that title phrase. Each time he referred to the children’s “inability to make any affective contact”.<sup>573</sup>

The term *contact* is imperative here: Kanner did not mean to say that these children have no emotions at all, but rather that these children have an inability to form emotional connections with other people. The emotions were there but they did not form a basis for good interpersonal contact, as they did not fit the situation in which they occurred. These children had emotional reactions, but they were different than expected in that situation.

Kanner often opposed affective contact to contact with objects. Thus, he proposed that the 11 children he described in his first article were “impervious to people, with whom for a long time they do not have any kind of direct affective contact” but were “able to establish and maintain an excellent, purposeful, and ‘intelligent’ relation to objects”.<sup>574</sup> Similarly, looking back in the 1970’s, Kanner emphasized that children like Donald were “remote from affective and communicative contact” but did develop “a remarkable and not unskilful relationship to the inanimate environment”.<sup>575</sup> This contrast makes clear that Kanner did not mean to say that these children did not interact with the world at all, but rather that they had only developed “a specific kind of contact with the external world”, namely a form of contact that focussed on inanimate objects, while they shut themselves off only from “the human portion of the external world”.<sup>576</sup>

As we have seen, the framing of his first paper on Donald and the other children makes clear that Kanner believed that their inability to form emotional connections to other people was a problem, not only in itself, but also because it interfered with these children’s intellectual performance.

It is significant that the few times Kanner used the term ‘affective contact’ after his first paper, he did so in papers on the relation between intelligence

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<sup>573</sup> Leo Kanner and Leon Eisenberg. " Childhood problems in relation to the family: summary of a seminar" (1957), p. 162.

<sup>574</sup> Kanner, "Autistic disturbances of affective contact" (1943) ", p. 249.

<sup>575</sup> Kanner, "The birth of early infantile autism" (1973), p. 94. In contrast to Bleuler’s concept of autism, see the historical section below.

<sup>576</sup> Kanner, "Infantile autism and the schizophrenias" (1965), p. 412.



and emotion.<sup>577</sup> The first time was eight years later, when he wrote about an autistic boy who initially scored extremely low on intelligence tests, but later scored high: Kanner remarked that he “responded more to the intelligence tests” as his “affective contact [...] with the therapist increased”.<sup>578</sup> The second time was another five years later, when he wrote that “there are “degrees not only of the intellectual potential but also of the ability to establish affective contacts”.<sup>579</sup> It seems that Kanner considered affective contact the emotional equivalent of intellectual endowment.

I believe, therefore, that Kanner had a specific reason to adapt Frankl’s concept of ‘affective contact’: it explained how children with good intellectual potential could have a poor intellectual performance and helped him understand how this emotional problem can be an innate disorder or disability in itself. Kanner needed to understand why some children have contact problems without the presence of other symptoms and without the presence of a known disorder that could explain it. Kanner’s proposal was, simply put, that children such as Donald were born with a severely limited ability to form emotional connections to other people, as other children are born with severely limited intellectual abilities.

#### **4.4. Kanner’s theory of early infantile autism**

In 1941, Kanner developed the plan to write a paper on Donald and children with similar symptoms, in order to communicate his findings to his colleagues.<sup>580</sup> Being asked, in November, to co-edit an issue of *The Nervous Child*, Kanner mentioned that he had some materials he was eager to develop, but which he was holding for *The Nervous Child*.<sup>581</sup> Because their condition was unlike anything he had seen before, he suggested to write a longer paper that

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<sup>577</sup> Another context in which Kanner later used the term was childhood schizophrenia, which in his view “share[s] with early infantile autism the loss of affective contact”. Cf. Kanner and Leonard I. Lesser, “early infantile autism” (1958), p. 728.

<sup>578</sup> Kanner, “Emotional interference with intellectual functioning” (1952), p. 702.

<sup>579</sup> Kanner, “Emotional disturbances simulating mental retardation” [1957], p. 65.

<sup>580</sup> Kanner, “Early infantile autism revisited” (1968), p. 18.

<sup>581</sup> Leo Kanner papers, Archives Box 100695, folder 24, American Psychiatric association Foundation, Melvin Sabshin, M.D., Library & Archives: Letter from Leo Kanner to Ernst Harms, dated November 18, 1941.

would include detailed case descriptions.<sup>582</sup> Around March 1943, Kanner finished the projected paper, and gave it the title *Autistic disturbances of affective contact*.

In the paper, Kanner presented the condition of Donald and 10 other children as a new syndrome that had not been described before. He described it as an *autistic* disturbance, involving an extreme degree of *autism*. He defined autism as: “an innate inability to form affective contact with people in the ordinary way to which the species is biologically disposed”.<sup>583</sup> From archive materials we now know that Kanner already used the adjective ‘autistic’ in April 1941 and continued doing so until he published his paper in 1943.<sup>584</sup> A year later, he decided on the term early infantile autism.<sup>585</sup>

Looking back, Kanner was clear about his reasons for choosing the terms ‘autistic’ and ‘autism’.

He chose *a* term because was afraid that otherwise autism would be lumped together with other conditions.<sup>586</sup> Far from wanting to introduce another “rigid disease entity” into the world, Kanner introduced a new term so as to prevent the new category from being lumped in with the catch-all abstraction of existing disease categories.<sup>587</sup> Most important to Kanner was not the precise diagnostic allocation of early infantile autism, but that it would be “studied per se and not dumped in a welter of a supposedly uniform disease entity”.<sup>588</sup> Simply lumping autism together with a known disorder would do just that.

To appreciate how important this was to Kanner, it is important to know that in presenting autism as a disease entity, he departed from Adolf Meyer’s approach. Instead of disorders, Meyer formulated “reaction types”: groupings of similar reactions of a person to its environment, which occurs in a variety of

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<sup>582</sup> Leo Kanner papers, Archives Box 100695, folder 24, American Psychiatric association Foundation, Melvin Sabshin, M.D., Library & Archives: Letter from Leo Kanner to Ernst Harms, dated January 5, 1943.

<sup>583</sup> Leo Kanner, "Co-editor's introduction" (1943).

<sup>584</sup> Marga Vicedo and Juan Ilerbaig, "Autism in Baltimore, 1938-1943" (2021), p. 1163.

<sup>585</sup> Kanner, "Autistic disturbances of affective contact" (1943), p. 248; idem, "Early infantile autism" (1944.)

<sup>586</sup> Kanner, "Infantile autism and the schizophrenias" (1965), p. 413.

<sup>587</sup> Kanner, "Work with psychobiological children (1934)", p. 411.

<sup>588</sup> Kanner, "Schizophrenia as a concept" (1960), p. 51.

situations.<sup>589</sup> Kanner had endorsed his approach to classification in the first edition of his textbook:

Adolf Meyer, justly dissatisfied with a psychiatric classification based on the rigid nosological concept of “disease entities” prefers to deal with that with which one is confronted in psychopathology as “frequently recurring combinations of facts, which sometimes occur in pure culture and sometimes in combinations”. He does not term them “disease entities” in the sense of “disease” of traditional medicine but more modestly, “reaction types” [...].<sup>590</sup>

Progress in psychiatric diagnosis was made, in Kanner’s view, by moving “away from sweeping, all-inclusive generalizations”, offering in their stead “compact behavioural patterns which could be observed, described, and ameliorated in terms of their unduplicated uniqueness”.<sup>591</sup> In positing a distinct disorder, Kanner went against the grain, so important was it for him to prevent autism from being lumped together with other disorders.

Kanner chose *the* term ‘autism’ to denote the incongruous emotional reactions of these children towards other people. They made him think of the “withdrawal from the external world” in severe cases of schizophrenia, which Eugen Bleuler had called autism.<sup>592</sup>

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<sup>589</sup> On this idea, see Adolf Meyer, "Fundamental conceptions of Dementia Praecox" [1906], p. 433.

<sup>590</sup> Kanner, *Child Psychiatry* (1935), p. 40. He still endorsed it in the second (1948) edition: “Meyer was dissatisfied with Kraepelin’s rigid nosology. He objected to the “disease” concept of pathological behaviour. He thought of mental illness as an individual’s specific reaction to his specific life situation. There is no unlimited variety of reaction; a number of similar patterns can be discerned. These are patterns of performance [...]. Efforts are now under way to turn from symptom diagnosis to formulations which would indicate both the type of reaction and the motivating factors” (p. 206-7).

<sup>591</sup> Kanner, "The children haven’t read those books: reflections on differential diagnosis" (1969), p. 3.

<sup>592</sup> Eugen Bleuler, "Autistic thinking" (1951), p. 419. Translation of Eugen Bleuler, "Das autistische Denken" (1912), p. 16: “Ohne einen deutlichen Grad von Abwendung von der Außenwelt möchte ich das Spiel der nämlichen Mechanismen nicht Autismus nennen.” Quoted in Kanner, "Infantile autism and the schizophrenias" (1965), p. 412 and in "The Birth of early infantile autism" (1973), p. 94. Kanner quoted the translation of this passage to stress that for Bleuler withdrawal from reality set pathological *autism* apart from normal *autistic thinking*.

Kanner had already seen this symptom in 1934, when Herbert was brought to his clinic, a twelve-year old boy diagnosed with schizophrenia; he was “inaccessible” and “avoided companions”. Cf. Kanner, "Mental disturbances in adolescents" (1941), p. 520; idem, "Round Table Discussion: Psychiatric Problems of Adolescence" (1948), p. 74

In the previous chapter we have seen that Bleuler's concept of autism had two aspects: withdrawal from reality and non-realistic thinking. In the 1940's, Bleuler's two-tier idea of 'autism' was well-known in psychiatry, also in the USA, but it was not popular in Kanner's circle. Adolf Meyer rarely used the term 'autism', and when he did, he only referred to the second tier of Bleuler's conception: the idea of non-realistic thinking, which includes non-pathological forms of imagination, such as daydreaming and fantasy and does not need to be symptom of a disorder.<sup>593</sup> I don't think Meyer ever substantially discussed 'autism' as a symptom of dementia praecox or Bleuler's idea of withdrawal from reality.<sup>594</sup>

In contrast, Kanner acknowledged both tiers of Bleuler's conception of 'autism' prior to developing his own conception of autism. In his first psychiatric paper, from 1931, actually at the very first page he ever published in psychiatry, Kanner already wrote about "autistic schizophrenic delusions removed from the need of any checking consideration of actual possibilities".<sup>595</sup> He was aware of the other aspect as well: six years later he wrote that the "the outstanding phenomena" of schizophrenia are "withdrawal from the reality of life and autistic fancy-born thinking" – Bleuler's two tiers.<sup>596</sup>

Kanner was well aware that when Bleuler introduced these two ideas he was talking about adults, or at least adolescents, not about young children.<sup>597</sup>

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<sup>593</sup> In the inaugural Salmon Lecture, which Meyer delivered in April 1932, he distinguished between "autistic fancy and adaptation to reality", a distinction clearly resembling Eugen Bleuler's distinction between autistic and realistic thinking. Meyer, *Psychobiology: a science of man* [1932], p. 88. Indeed, in his first-year course on psychobiology, he asked students: "How do you bridge over the gaps between autistic tendencies of fancy and the adaptation to reality)", referring to Bleuler's lecture on autistic thinking. Cf. Adolf Meyer, "Outline of first year course" [1938], p. 267. Bleuler gave this lecture at Meyer's invitation at the opening of the Henry Phipps Psychiatric Clinic in 1913.

In his second Salmond lecture, Meyer he tied the idea of autistic fancy to his central concept of symbolization and mentation (see next chapter): he described autistic thinking, in Bleuler's sense, as one form of mentation that uses symbolization, namely the form that sees possibilities that are supplementary to current reality.

<sup>594</sup> He did mention it in passing, however, in Adolf Meyer, "Psychosis" [1902], pp. 289; idem, "The evolution of the dementia praecox concept" [1928], p. 484.

<sup>595</sup> Kanner, "Judging emotions from facial expressions" (1931), p. 1.

<sup>596</sup> Kanner, "Modern trends in psychiatry" (1937), p. 481.

<sup>597</sup> Kanner, "Child psychiatry: retrospect and prospect" (1960), p. 16; idem, "Infantile autism and the schizophrenias" (1965), p. 415. Elsewhere, Meyer wrote about a category of patients who developed 'shut-in' personality and indulged in "vague autistic fancy, daydreaming, withdrawal from reality". Adolf Meyer, "Leading concepts of psychobiology (egasiology) and of psychiatry (ergaiatry)" (1951), p. 303.

That is why he added the adjectives ‘early’ and ‘infantile’. Kanner maintained that in general, childhood behaviour disorders are defined by two factors: the age of onset and the complaint of which they are the nucleus.<sup>598</sup> The two adjectives reflect this view: ‘early’ specified the age of onset as being in the first years of life and the term ‘autism’ referred to aloneness of these children.

The idea of aloneness only partly corresponds to Bleuler’s first tier (the idea of withdrawal): Kanner stressed that the aloneness he was talking about “is not, as in schizophrenic children or adults, a departure from an initially present relationship; it is not a ‘withdrawal’ from formerly existing participation”.<sup>599</sup> In other words, the end state was the same but the process was different. Kanner later explicated that Bleuler’s second tier did not quite apply either, as children with early infantile autism “develop a remarkable and not unskilful relationship to the inanimate environment”.<sup>600</sup> He seems to have thought that their thinking is guided by the non-social aspects of reality just fine and only fails to take into account *social* demands and constraints.

Kanner, then, did not simply take over Bleuler’s concept, even though he used his term. That Kanner borrowed this term from another diagnostic frame, that of schizophrenia, does not mean that he thought of early infantile autism as the same as schizophrenia. He did not think that the term childhood schizophrenia applied well to the children he was studying, due to the early onset and the absence of such positive symptoms as delusions and hallucinations.

It was not until 1949, when he was pressed to assign the new syndrome to a known diagnostic category, that Kanner conceded to describe it as an early form of schizophrenia: “[T]here has been a storm of vigorous protest, to the point that I have decided not to object if this group of children is listed among the schizophrenias.”<sup>601</sup> Kanner used the plural term schizophrenias to highlight that if early infantile autism is described as schizophrenic, it must be seen as an early form among a range of different forms of schizophrenia in children and not be reduced to the form with later onset that had become known as childhood

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<sup>598</sup> Kanner, "Behaviour disorders in childhood" (1944), p. 761.

<sup>599</sup> Kanner, "Autistic disturbances of affective contact" (1943), p. 242.

<sup>600</sup> Kanner, "Infantile autism and the schizophrenias" (1965), p. 412.

<sup>601</sup> Kanner, "Schizophrenia as a concept" (1960), p. 51.

schizophrenia<sup>602</sup>. Kanner came to this conclusion at a time when there was a revival of interest in childhood schizophrenia.<sup>603</sup>

Clearly, describing autism as the earliest form of childhood schizophrenia was a pragmatic concession to popular demand. His own belief rather seems to have been that early infantile autism was an *infantile psychosis* similar to but not identical with childhood schizophrenia. He first expressed this idea in 1949, when he wrote: "In 1943 [...] I published 11 cases of infantile psychosis noticed as early as in the first two years of life".<sup>604</sup> Kanner seems to have included autism in a more general category of "psychotic conditions of childhood", alongside childhood schizophrenia, manic depression, cerebral disorders and metabolic disorders.<sup>605</sup> This impression is strengthened by the fact that in one of his last publications, Kanner described 15 cases of early infantile autism, as part of an evaluation of a group of 34 "psychotic children" and expressed the hope to contribute to the "diagnostic differentiation of psychotic disturbances in childhood".<sup>606</sup>

Kanner believed early infantile autism to be very rare. He diagnosed only 8 children a year with early infantile autism, despite referrals from other clinics.<sup>607</sup> Once word got out that Kanner had some experience with children like Donald, children with similar complaints were referred to him by other institutions, from throughout the United States and even from abroad. In 1946, the group had already grown to 23 children,<sup>608</sup> in 1948 to 50 children<sup>609</sup> and in 1956 to 120 children.<sup>610</sup> At that time, Kanner and his colleagues had followed 50 of these children after their diagnosis for an average period of 8 years.<sup>611</sup> The names and diagnoses of all these children were cross-indexed so as to easily

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<sup>602</sup> Kanner, "Schizophrenia as a concept" (1960, p. 50.

<sup>603</sup> Kanner, "The thirty-third Maudsley lecture: Trends in child-psychiatry" (1959).

<sup>604</sup> Kanner, "Problems of nosology and psychodynamics of early infantile autism" (1949), p. 416. See also his "The conception of wholes and parts in early infantile autism" (1951), p. 23.

<sup>605</sup> Kanner, "Childhood psychosis: a historical overview" (1971), p. 19; See also the abstract of Leo Kanner, Alejandro Rodriguez, and Barbara Ashenden, "How far can autistic children go in matters of social adaptation?" (1972), p. 9.

<sup>606</sup> Kanner, "Evaluations and follow-up of 34 psychotic children" (1973), p. 226.

<sup>607</sup> Kanner, "The specificity of Early infantile autism" (1958), p. 110.

<sup>608</sup> Kanner, "Irrelevant and metaphorical language in early infantile autism" (1946), p. 242.

<sup>609</sup> Kanner, "Problems of nosology and psychodynamics of early infantile autism" (1949), p. 416.

<sup>610</sup> Leo Kanner and Leon Eisenberg, "Early infantile autism, 1943-1955" (1957), p. 91.

<sup>611</sup> "Childhood schizophrenia: Symposium, 1955", p. 558.

locate relevant case files and in the early years, Kanner considered his clinic “a quasi ex-officio archive of all things that pertained to the syndrome”.<sup>612</sup>

Kanner found that although each autistic child had a unique profile, they did have some characteristics in common. Each of these characteristics on their own might have been ascribed to other disorders, but Kanner believed that their combination was unique and pointed to a new syndrome that had not been reported before.<sup>613</sup>

#### 4.4.1 *Two fundamental features*

Kanner did not think of autism, as scholars do today, as involving cognitive deficit, learned behaviour, or neurological difference. Instead, he thought of autism as an *emotional disorder*<sup>614</sup> involving an inability to form emotional ties. There is, however, a second definition that Kanner used, which was not based on Frankl’s idea of contact disorders: he would often say that the defining features of Early infantile Autism are a desire to be alone and a desire to keep the environment the same.

The common view today appears to be that in conceptualizing early infantile autism, Kanner started out with a range of characteristics on the same footing, but somewhere between eleven and fifteen years later (the exact timing varies) narrowed them down to just two fundamental traits: (1) detachment from contact with other people or *aloneness* and (2) an anxious obsessive desire for the maintenance of *sameness*. As a recent paper puts it: “Kanner would mention aloneness and insistence on sameness in his initial paper, and in his 1954

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<sup>612</sup> Leo Kanner, Alejandro Rodriguez and Barbara Ashenden, "How far can autistic children go in matters of social adaptation?" (1972), pp. 27-8.

<sup>613</sup> Kanner, “Autistic disturbances of affective contact” (1943), p. 242; “Early infantile autism” (1944), p. 211; Kanner, "To what extent is early infantile autism determined by constitutional inadequacies?" (1954), p. 378.

<sup>614</sup> By emotional disorder, Kanner did not mean what the DSM-IV later called anxiety disorders (such as panic and obsession-compulsion). He did initially see similarities between autism anxiety and compulsion. But in the end, he did not find compulsions in children with autism, and although he did find anxiety, he came to regard it as a secondary symptom of autism. In the second edition of his handbook. Kanner therefore classified autism under childhood schizophrenia’ rather than under ‘anxiety attacks’ or ‘obsessions and compulsions’.

paper, he asserted that these are *the two main* traits, saying that ‘all other symptoms’ could be explained through them”.<sup>615</sup>

I think this view of the development of Kanner’s thinking is mistaken. To begin with, he apparently offered the idea of two main traits already in February 1951 at a conference talk delivered at the *Institute of Living* in Hartford. Kanner is reported saying that “there are two features especially prominent in the syndrome”, namely: “(1) aloneness; extreme from early age and (2) a consistent desire for the maintenance of sameness”.<sup>616</sup> More importantly, he already focussed on these two traits in his first recorded public statement on the subject (a third trait –anxiety– was later dropped as a separate feature). He made this statement in May 1942, when he went to the 98<sup>th</sup> annual meeting of the *American Psychiatric association*.<sup>617</sup> On the third day, he heard a paper being read on schizophrenic-like psychoses. In response to the paper, he said:

I have myself come upon a number of children whose difficulties very early in life gave the impression of schizophrenic-like disorder, with very marked disturbance of affective contact, anxiety, and obsessive-compulsive behaviour.<sup>618</sup>

Thus, in May 1942, more than a year before the journal featuring Kanner’s first paper on autism was published, he already pointed to disturbances of affective contact and obsession as the two fundamental features of the children’s difficulties. This shows that Kanner originally proposed three concepts: affective contact, obsession and anxiety, but soon singled out the first two.<sup>619</sup> He did not

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<sup>615</sup> Christopher Sterwald and Jeffrey Baker, "Frosted Intellectuals: How Dr. Leo Kanner Constructed the Autistic Family" (2019), p. 698. The paper they refer to is Leo Kanner, "To what extent is early infantile autism determined by constitutional inadequacies?" (1954). Kanner actually read this paper in December 1953 at the association for Research in Nervous and Mental Disease in New York. Cf. Association for Research in Nervous and Mental Disease, Genetics and the inheritance of integrated neurological and psychiatric patterns, *Proceedings of the association, December 11 and 12, 1953, New York, N.Y.* (1954).

Proceedings of the association, December 11 and 12, 1953

<sup>616</sup> Kanner, "A Discussion of early infantile autism" (1951).

<sup>617</sup> Kanner, "The American Psychiatric association" (1942).

<sup>618</sup> The paper and the discussion appeared in print in the January 1943 volume of the *American Journal of Psychiatry*: R. S., B. Lourie, L. Pacella, and Z. A. Piotrowski, "Studies on the prognosis in schizophrenic-like psychoses in children" (1943). Kanner’s statement is at p. 551.

<sup>619</sup> Leo Kanner, "Autistic disturbances of affective contact" (1943), p. 245.



drop the idea of anxiety altogether, but rather tied it to both affective contact and obsessiveness, describing them as *states* that were anxiously protected by the child. So it happened that when his first paper on autism was published, in 1943, it contained the claim that “[a]ll of the children's activities and utterances are governed rigidly and consistently by the powerful desire for aloneness and sameness”.<sup>620</sup>

I conclude that when in the 1950's Kanner began to emphasize these features as the two *fundamental* features of early infantile autism, he was simply making more explicit what he had thought all along: that the behaviours shown by Donald and the other children like him were best conceptualized as *a combination of two desires, namely a desire for aloneness and a desire for sameness*.

Throughout his career, Kanner used various terms to describe these features: “extreme withdrawal and excessiveness”,<sup>621</sup> “withdrawal from contact and desire for sameness”,<sup>622</sup> “desire for aloneness and sameness”,<sup>623</sup> and “extreme self-isolation and obsessive insistence on the preservation of sameness”.<sup>624</sup> These formulations placed different accents but referred to the same two features. These two features have in common that they consist of a *status*, aloneness or sameness. Further, they also have in common that they are *emotionally driven*: the achievement of these statuses makes autistic children happy and satisfied, and their disturbance makes them anxious and upset. Finally, in Kanner's view, the two features both *interfered* with learning, creating the illusion of intellectual disability.<sup>625</sup>

It remains somewhat unclear how Kanner related ‘affective contact’ to these two desires. It seems to me that it corresponds to the first desire, the desire to be alone. There is a difference between an inability and a desire, however. An inability points to a lack, to something that the child is not able to do, whereas a desire points to a want, what the child prefers to do (but may or may not be able to). Further, it is unclear how Kanner related the second feature, an obsessive desire for sameness, to the first and to the inability to form

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<sup>620</sup> Kanner, "Autistic disturbances of affective contact" (1943) ", p. 249.

<sup>621</sup> Kanner, "Feeble-mindedness: absolute, relative, and apparent" (1948), p. 391.

<sup>622</sup> Kanner, "The conception of wholes and parts in early infantile autism" (1951), p. 23.

<sup>623</sup> Kanner, "To what extent is early infantile autism determined by constitutional inadequacies?" (1954), p. 378.

<sup>624</sup> Kanner, "Early infantile autism, 1943-1955" (1956), p. 93.

<sup>625</sup> Kanner, *Child psychiatry* (1948), p. 96.

affective contact. It does not seem self-evident to me that a child that cannot form affective ties with other people tries to control its environment so as to maintain sameness. Kanner offered neither a description nor an explanation of their precise relationship.

I will now elaborate on the two primary features of aloneness and sameness, respectively.

#### 4.4.2 *A desire for aloneness*

In his first paper on autistic disturbances, Kanner reported that Donald “was happiest when left alone, almost never cried to go with his mother, did not seem to notice his father's homecomings, and was indifferent to visiting relatives”.<sup>626</sup> This is how Donald’s father described this aloneness in his letter to Kanner:

He seems almost to draw into his shell and live within himself. We once secured a most attractive little boy of the same age from an orphanage and brought him home to spend the summer with Donald, but Donald has never asked him a question nor answered a question and has never romped with him in play. He seldom comes to anyone when called but has to be picked up and carried or led wherever he ought to go.<sup>627</sup>

Kanner described such aloneness as a *status* that is anxiously protected by the child, arguing that their “self-isolation” is “not so much a process or event as it is a status, which the child strives anxiously to maintain”.<sup>628</sup> He believed that the protection of this status was motivated by a strong *emotion*, in particular a desire for aloneness. He seemed to suggest that this desire in autistic children, took the place of the instinct to form affective ties in other children.

Kanner proposed that children such as Donald would see the external world as a continuum ranging from still and therefore non-interfering objects to extremely interfering vacuum cleaners – with interfering people in the middle. This struck him as a very atypical development of relationships to the

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<sup>626</sup> Kanner, "Autistic disturbances of affective contact" (1943), p. 218.

<sup>627</sup> Ibid.

<sup>628</sup> Kanner, "To what extent is early infantile autism determined by constitutional inadequacies?" (1954), p. 378-9; idem, "Autistic disturbances of affective contact" (1943), pp. 242, 245-7.

environment. Autistic children did not divide their environment up into, on the one hand, social beings who think, feel and communicate and, on the other hand, non-social beings who are not aware of themselves and others. Instead, they ordered beings in the environment according to the threat they posed to their aloneness. This is why autistic children only had a good relationship to those objects “that do not change their appearance and position”.<sup>629</sup> Objects that do move or do make noise, such as tricycles and vacuum cleaners, were even more of a threat to their aloneness than people. Food, upon entering the body, could also feel as an intrusion.

Kanner typically used the term ‘aloneness’ to refer to these ideas. In 1946, for example, he referred to “excessive aloneness” as one of the two outstanding features of the syndrome.<sup>630</sup> Similarly, in 1957, Kanner and his colleague Eisenberg said: “There are two outstanding features to this syndrome. The first of these we refer to as ‘aloneness’.”<sup>631</sup> Finally, in his 1971 follow up on the original 11 children, Kanner pointed to “aloneness” as one of the two “cardinal characteristics” of autism.

#### *4.4.3 A desire for sameness*

Like aloneness, Kanner described sameness as a status, the achievement of which made autistic children happy. They actively tried to maintain this status, protecting it from intrusions:

[Paul] was always vivaciously occupied with something and seemed to be highly satisfied, unless someone made a persistent attempt to interfere with his self-chosen actions. Then he first tried impatiently to get out of the way and, when this met with no success, screamed and kicked in a full-fledged tantrum. [...] He ran around in circles emitting phrases in an ecstatic-like fashion. He took a small blanket and kept shaking it, delightedly shouting, “Ee! Ee!” He could continue in this manner for a long time and showed great irritation when he was interfered with. All these and many

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<sup>629</sup> Kanner, "Autistic disturbances of affective contact" (1943), p. 246.

<sup>630</sup> Kanner, "Irrelevant and metaphorical language in early infantile autism" (1946), p. 242.

<sup>631</sup> Leo Kanner and Leon Eisenberg, "Childhood problems in relation to the family: summary of a seminar" (1957), p. 155.

other things were not only repetitions but recurred day after day with almost photographic sameness.<sup>632</sup>

Kanner reported that several of the children were greatly disturbed upon the sight of objects that were broken or incomplete and did not tolerate changes in the arrangement of furniture or toys.<sup>633</sup> The clearest example is John:

He was extremely upset upon seeing anything broken or incomplete. He noticed two dolls to which he had paid no attention before. He saw that one of them had no hat and became very much agitated, wandering about the room to look for the hat. When the hat was retrieved from another room, he instantly lost all interest in the dolls.<sup>634</sup>

Changes of routine, of furniture arrangement, of a pattern, of the order in which everyday acts are carried out can drive him to despair. When John's parents were ready to move to a new home, the child was frantic when he saw the moving men roll up the rug in his room. He was acutely upset until the moment when in the new home he saw his furniture arranged in the same manner as before. He looked pleased, all anxiety was suddenly gone, and he went around affectionately patting each piece.<sup>635</sup>

In other autistic children, Kanner found similar resistance to changes. Any change in shape, sequence or spatial arrangement was met with "violent outbursts of rage". In behavioural terms, he described the avoidance of changes in the environment as "maintenance of sameness" or "insistence on sameness".<sup>636</sup> Kanner found that even though autistic children did sometimes make small changes themselves, they forced the people around them to keep their external environment exactly the same – when they were with other people such maintenance of sameness was their main activity, not the communication of feelings and ideas.<sup>637</sup>

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<sup>632</sup> Kanner, "Autistic disturbances of affective contact" (1943), p. 227.

<sup>633</sup> *Ibid.*, p. 245.

<sup>634</sup> *Ibid.*, p. 238.

<sup>635</sup> Kanner, "Early infantile autism" (1944), p. 215.

<sup>636</sup> Kanner, "Autistic disturbances of affective contact" (1943) ", p. 245.

<sup>637</sup> Kanner, "The conception of wholes and parts in early infantile autism" (1951), p. 23.

Kanner clearly conceptualized such behaviour in terms of obsession. He used the term ‘obsessive’ twice as often as ‘sameness’ in *Autistic disturbances of affective contact* and we have seen that in his first recorded public statement on autism he still spoke of obsessive-compulsive behaviour and not yet of sameness.<sup>638</sup>

In Kanner’s experience, obsessive-compulsive behaviour was rare before puberty, and when it did occur it was not self-directed: children typically involve others in their obsessions, forcing them to comply with his obsessive needs.<sup>639</sup> In contrast, adults’ obsessions are directed towards their own actions. In the context of obsessive-compulsive disorder, Kanner defined obsession as “ideas which keep intruding themselves irresistibly and distressingly upon a person’s consciousness, interrupting the orderly sequence of thought and action”.<sup>640</sup> In the case of autism, Kanner did not find such distress, nor the feeling that obsessive ideas are intrusions alien to the self. To the contrary, he believed that keeping their environment the same made autistic children happy and even gave them “a gratifying sense of undisputed power and control” over their environment and their body.<sup>641</sup> What Kanner did find was that their obsessive ideas interfered with the spontaneity of their actions. He noted “a marked

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<sup>638</sup> Kanner, "The American Psychiatric association" (1942).

<sup>639</sup> Kanner, "Children’s obsessions" (1946), p. 340-1.

<sup>640</sup> Kanner, "Psychopathology of childhood: basic considerations" (1936), p. 28; idem, "Children’s obsessions" (1946), p. 340.

<sup>641</sup> Kanner, "Autistic disturbances of affective contact" (1943), p. 246; idem, "Early infantile autism" (1944), p. 216. Exercising this power made the children not just happy but ecstatic. In these papers, Kanner even called this gratification ‘masturbatory’. In 1943, Kanner wrote: “These actions and the accompanying ecstatic fervour strongly indicate the presence of *masturbatory orgasmic gratification*” but in 1944 he dropped the term ‘orgastic’. Compare Sigmund Freud’s claim that “the sexual aim of the infantile impulse consists in the production of gratification”, which Kanner cited in "Infantile sexuality" (1939), p. 588. Kanner had (re)read Freud’s *Three Contributions to the Theory of Sex* in 1925. Cf. American Psychiatric association Foundation, Melvin Sabshin, M.D., Library & Archives, Leo Kanner, M.D. papers, Archives Box 100695, folder 7: Autobiography (2) typed copy, pp. 290-1.

I believe Kanner meant this in the broad sense of deriving pleasure from oneself and one’s own body, rather than from relationships with other people – i.e. a kind of emotional turning away from others. Compare Kanner’s discussion of Erich Benjamin’s views of the age of resistance, in "Some Pediatric Problems of Behavior in Infancy and Early Childhood" (1938), p. 427: “The basic disturbance lies in the child’s failure of adaptation to the environment, due to insecurity and anxiety. His difficulty of adjusting to the task of growing into relationships with other people and the acceptance of values determined by them [...] leaves three possible avenues open to the child: [including...] introversive turning away from reality to find consolation in thumb-sucking, masturbation, and rhythmic body movements”. Benjamin considered such emotional resistance a normal inborn tendency, which became pathological only when it persisted much longer than expected.

limitation in the variety of spontaneous activities” and described their actions as ritualistic, mechanical, repetitive, and monotonous.<sup>642</sup>

The behavioural expression ‘maintenance of sameness’ has been taken over by later researchers, but often without reference to the emotions driving this behaviour in Kanner’s view: *anxiety* in the absence of sameness and *security* in its presence.<sup>643</sup> He described the function of obsessive-compulsive behaviour as avoiding insecurity through securing a sameness of performance and I believe he applied the same idea of “security-through-sameness” to children with autism.<sup>644</sup> Typical children would find security in the presence and care of their parents, but without affective ties to their parents, autistic children found security in sameness.

Kanner did not see such obsessiveness as altogether negative. He acknowledged that “[a] certain amount of obsessiveness can indeed be an asset for an artisan, a scientist or an executive” and found that some of the children on growing up learned to use their obsessiveness to their advantage.<sup>645</sup> For example, he reported that Herbert “learned to perform the functions of a kind, helpful, competent orderly, using his routine-consciousness in a goal-directed, dependable manner”.<sup>646</sup>

#### 4.4.4 Secondary features

Eugen Bleuler, in his book on schizophrenia, described as *primary* those symptoms that directly resulted from the disease process, and as *secondary* those symptoms that resulted from the way the ill psyche reacted to internal and external stimuli.<sup>647</sup> In the same vein, Kanner distinguished between primary and secondary features of early infantile autism.<sup>648</sup> We have seen what he considered to be the two primary features: a desire for aloneness and a desire for

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<sup>642</sup> Kanner, "Autistic disturbances of affective contact" (1943), p. 245.

<sup>643</sup> Kanner, "The conception of wholes and parts in early infantile autism" (1951), p. 26.

<sup>644</sup> Kanner, "Children’s obsessions" (1946), p. 341.

<sup>645</sup> Kanner, "Causes and results of parental perfectionism" (1957), p. 381.

<sup>646</sup> Kanner, "Follow-up study of eleven autistic children originally reported in 1943" (1971), p. 143.

<sup>647</sup> Eugen Bleuler, *Dementia praecox or the group of schizophrenias* (1911), p. 284-5.

<sup>648</sup> Leon Eisenberg and Leo Kanner, "Childhood schizophrenia: Symposium, 1955: 6. Early infantile autism, 1943–55" (1956), p. 557.

sameness. Now, in addition Kanner discerned “a number of secondary features” that he considered “derivatives of these”.<sup>649</sup>

I will divide these secondary features in three groups, depending on whether they are incongruent to the situation in (1) quality, (2) timing, or (3) grounding.<sup>650</sup> To my mind, this best brings out Kanner’s ideas, although he did not himself apply his distinction to the secondary features of autism. I will go beyond Kanner in that sense, and I will use Donald’s case, which he described most elaborately, as illustration.

First, consider behaviours that were incongruent with the situation in content. Kanner reported that Donald “was never angry at the interfering person” but “shoved away the hand that was in his way or the foot that stepped on one of his blocks”.<sup>651</sup> In other words, he did not attend to persons as a whole, only to isolated body parts. “When a hand was held out before him so that he could not possibly ignore it, he played with it briefly as if it were a detached object.”<sup>652</sup> Sometimes Donald’s speech did not match the environment in quality, because he failed to shift perspective. For example, when Donald wanted his mother to pull his shoe off, he would repeat what she used to say to him, “Pull off your shoe”, without changing the perspective. Similarly, he would refer to others as ‘I’, using “the personal pronouns for the persons he was quoting, even imitating the intonation”.<sup>653</sup>

Second, Kanner’s description of secondary features of autism included behaviour that was incongruent with the situation in timing. Most of Donald’s actions “were repetitions carried out in exactly the same way in which they had been performed originally”, although, in at least the eye of the beholder, the original situation was long gone.<sup>654</sup> For a long time Donald would say ‘yes’ when he wanted his father to put him up on his shoulder, because his father, trying to get him to say ‘yes’ and ‘no’, had once asked him, “Do you want me to put you on my shoulder?”.<sup>655</sup>

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<sup>649</sup> Leo Kanner and Leonard I. Lesser, "Early infantile autism" (1958), p. 716.

<sup>650</sup> See §4.3; "Behaviour disorders in childhood" (1944), p. 772.

<sup>651</sup> Kanner, "Autistic disturbances of affective contact" (1943), p. 220.

<sup>652</sup> *Ibid.*, p. 224.

<sup>653</sup> *Ibid.*, p. 219.

<sup>654</sup> *Ibid.*, p. 219.

<sup>655</sup> *Ibid.*, p. 220.

Third, the final group of secondary features were incongruent in grounding, lacking any grounding in the situational context. Kanner reported that most of the things Donald said during the day were “irrelevant utterances”: he repeated words or phrases which seemed to have no foundation in the situation, such as “Chrysanthemum”; “Dahlia, dahlia, dahlia”; “Business”; “Trumpet vine”; “The right one is on, the left one is off”; “Through the dark clouds shining”.<sup>656</sup> Similarly, in responding to what another person said, he would not take into account the situation in which it was said. For example, when he picked something up that he was not allowed to and was ordered to “put that *down*”, he would take this literal and put the thing on the floor.<sup>657</sup> Donald’s interest also seemed to lack any foundation in the situation and were unchildlike. He “learned the Twenty-third Psalm and twenty-five questions and answers of the Presbyterian Catechism”, was always “absorbed in some kind of silly, unrelated subject” and “attempted to make a list of the dates of publication of each issue” of Time Magazine, figuring “the number of issues in a volume and similar nonsense”.<sup>658</sup> Kanner found that children with autism had a good memory for such seemingly irrelevant facts.

Although Kanner believed that early infantile autism was emotionally driven, he considered it to be a disorder of the whole personality, the severity of which depended on the child’s maturation process and social experiences. This idea will be the focus of the next chapter.

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<sup>656</sup> Ibid., p. 219.

<sup>657</sup> Ibid., p. 220.

<sup>658</sup> Ibid., p. 217.





## CHAPTER 5 / Leo Kanner's theory of early infantile autism (2): an emotional inability that affects the whole personality

In the previous chapter, I have shown that Leo Kanner defined early infantile autism as an inability to form affective contact and as a desire for aloneness and sameness. In this chapter, I will add that in his view autism not only affects a child's emotions but ultimately the personality as a whole.

In the first section, I will review the idea that Kanner advocated a 'refrigerator mother' theory of autism. In 1948, *Time* ran a report on a speech Kanner delivered at the annual meeting of the *American Orthopsychiatric association*. The report, entitled *Frosted Children*, quoted him saying that children with autism were "kept neatly in a refrigerator which didn't defrost".<sup>659</sup> This has been taken to mean that in Kanner's view parents, especially mothers, of autistic children are refrigerators, which cause autism by their cold and loveless parenting style. In the first section, I will show that this view of Kanner's theory of autism is imprecise at best. The second section will then detail what Kanner *did* say about the influence of parents.

In the third section, I will discuss the history of Kanner's conception of affective contact. I will maintain that Kanner's ideas about affective contact were influenced by George Frankl, as is now increasingly recognized. However, I will add to this emerging narrative that there is another influence to consider: Kanner's ideas about the interaction of the emotional factor with other factors of the personality was influenced by Adolf Meyer's psychobiology. This connection has rarely been explored.

Section four will discuss Kanner's relationship to Hans Asperger's work. I will argue that there is a significant similarity between their work that hitherto has gone unnoticed: they both took up Frankl's concept of contact disorders, but extended it into *an autistic disorder that affects the entire personality*. Against the background of this similarity, the difference between their theories

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<sup>659</sup> "Frosted Children" (1948), no author specified.

will stand out more clearly. In section four, I will also show that Kanner did not ignore Asperger's work, as is often believed, but was actually instrumental in its recognition.

The final section will discuss the contemporary significance of Kanner's theory. I will show that in current diagnostic conceptualisations of autism the symptoms that Kanner described are still recognizable, while his idea that autism is an emotional disorder that affects the whole personality has been discarded.

### 5.1. The myth of refrigerator mothers

The reception of Kanner's work is bifurcated. On the one hand, Kanner is praised for recognizing that autism is an innate condition present from birth. Indeed, Kanner sometimes emphasized that infantile autism involves an innate inability to form affective contact. On the other hand, Kanner has been accused of blaming the autism of children on their parents, what has been referred to as the 'refrigerator mother' theory. This also sounds plausible, as Kanner at other times stressed that a child's post-natal social experiences with 'cold' parenting may impede the development of affective contact.

Social experience was the factor of the personality that received most attention in Kanner's work and that has been most controversial in its reception. Today, some scholars defend Kanner, saying that he "did not [...] believe that parents were the sole cause of autism".<sup>660</sup> I believe that this claim is correct. Others claim that he assumed "parental causation" and was one of the authors who "identified aberrant parenting as the cause of autism".<sup>661</sup> On this view, he blamed parents for "inadvertently causing autism".<sup>662</sup>

In *A history of autism*, Adam Feinstein claims that Kanner "coined the term 'refrigerator mother'".<sup>663</sup> I believe that these last two claims are imprecise at best: Kanner never used the term 'refrigerator mother(s)' or 'refrigerator parents' and did not defend parental causation.

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<sup>660</sup> Adam Feinstein, *A history of autism: Conversations with the pioneers* (2010), p. 59.

<sup>661</sup> Mitzi M. Waltz, "Mothers and autism: the evolution of a discourse of blame" (2015), p. 354.

<sup>662</sup> Silberman, *Neurotribes: The legacy of autism and how to think smarter about people who think differently* (2016), p. 202.

<sup>663</sup> Adam Feinstein, *A history of autism: Conversations with the pioneers* (2010), p. 33.

The precise term ‘refrigerator mother’ was an invention by later authors, most of whom apparently had not read what Kanner actually said. The term was mistakenly attributed to Kanner as a shorthand for what he had indeed said from the start: that the “fathers and mothers’ of children with autism were rarely “warmhearted”.<sup>664</sup>

The ‘refrigerator mother theory’, then, is a *triple myth*: first, it is not true that autism is caused by ‘cold’ child rearing, second, it is not true that Kanner claimed that it was, although his own lack of clarity on this point contributed to the confusion; third, Kanner did not propose the precise term ‘refrigerator mothers’ and certainly did not present a theory with that name.

The first myth, that autism was caused by parents, is now completely refuted.<sup>665</sup> No serious scholar today claims that autism is caused by parents. We now know that not all autistic children come from intelligent or highly educated parents, that the same parents have autistic and non-autistic children and that not all parents of autistic children are distant and cold. Even outside of the academic community, speculations about environmental causes of autism today rather focus on the influence of non-social agents, such as vaccines, toxins and substances, rather than on parental attitudes.

The second myth, that Kanner did propose that parents were to blame for the autism of their child, has somewhat more truth to it, but misrepresents what Kanner actually wrote about parental attitudes.

In 1968, Kanner already complained that people had overlooked his claim that autism is an innate condition. He wrote: “[a]t no time have I pointed to the parents as the primary, postnatal sources of pathogenicity” – suggesting that parents are only a secondary influence.<sup>666</sup> He complained that people referred to him “erroneously an advocate of post-natal ‘psychogenicity’”.<sup>667</sup> Kanner publicly distanced himself from the idea that parents were to blame for the autism of their children in his key note speech at the inaugural meeting of the *National Society for Autistic Children* in July 1969, saying that he “was misquoted often

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<sup>664</sup> Kanner, "Autistic disturbances of affective contact" (1943), p. 250

<sup>665</sup> For a recent review, see Matthew Bennett et al., "Establishing contexts for support: undoing the legacy of the “refrigerator mother” myth" (2018).

<sup>666</sup> Kanner, "Early infantile autism revisited" (1968), p. 1.

<sup>667</sup> Kanner, “Follow-up study of eleven autistic children originally reported in 1943” (1971), p. 141.

as having said that ‘it is all the parents’ fault.’”<sup>668</sup> After Kanner died, in 1981, Eric Schopler wrote in his memorial that Kanner’s statement “came as no surprise to those of us who knew him”.<sup>669</sup>

Kanner was right that his views are misrepresented when people ascribe to him the view that parental attitudes are the cause of autism. He was adamant that what he said about the influence of parents of autistic children cannot be translated into a direct cause-and-effect relation.<sup>670</sup> However, his unclarity about the role of parental attitudes in the development of early infantile autism opened the door to this kind of erroneous reference.

What *did* Kanner write about the parents of autistic children? It all started with his finding that autistic children “*all come of highly intelligent families*”, a finding that Kanner found “not easy to evaluate”.<sup>671</sup> Kanner considered it a fact and he later backed up his initial finding with statistical evidence.<sup>672</sup> Retrospective analysis of his case files suggests that he had a confirmation bias: as more autistic children were referred to Kanner’s clinic he did encounter parents who did not fit the ‘cold and intelligent’ stereotype, but he neglected to publish their cases and continued to rely on his original cases.<sup>673</sup>

A more subjective finding, reported by Kanner, was that the descriptions these parents gave of their children’s behaviour, often years after the fact, were obsessively detailed.<sup>674</sup> Subjective was also his observation that among the parents of autistic children there were very few “warmhearted fathers and mothers”, in the sense that they were “strongly preoccupied with abstractions of a scientific, literary, or artistic nature, and limited in genuine interest in people”.<sup>675</sup> Kanner maintained until the end of his career that ‘cold’ attitudes in parents of autistic children are an “undeniable and repeatedly confirmed

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<sup>668</sup> Cited in Adam Feinstein, *A history of autism: Conversations with the pioneers* (2010), pp. 33-34.

<sup>669</sup> Eric, Schopler, Stella Chess and Leon Eisenberg, "Our memorial to Leo Kanner" (1981), p. 258.

<sup>670</sup> Kanner, “Early infantile autism revisited”, p. 25.

<sup>671</sup> Kanner, “Autistic disturbances of affective contact”, pp. 248, 250.

<sup>672</sup> Kanner, "To what extent is early infantile autism determined by constitutional inadequacies?" (1954)"Symposium on childhood schizophrenia" (1955), p. 561.

<sup>673</sup> Christopher Sterwald and Jeffrey Baker, "Frosted intellectuals: how dr. Leo Kanner constructed the autistic family" (2019), p. 693.

<sup>674</sup> Kanner, “Autistic disturbances”, p. 248, 250; Kanner, *Infantile autism and the schizophrenias* (1965), p 419; idem, “Early infantile autism revisited”, p. 18.

<sup>675</sup> Kanner, “Autistic disturbances of affective contact” (1943), p. 250.

phenomenon".<sup>676</sup> He did not believe that this was a response to the autism of their children, he rather thought that these parents were formal and 'cold' in general.<sup>677</sup> Kanner described their care for their children as 'mechanized' and believed that these parents offered their children little opportunity to develop an affective relationship to them.<sup>678</sup>

Kanner did claim that such overly mechanical and rational parental attitudes had a negative effect on autistic children. To understand why he made these claims, readers would need to understand his theory of the personality, and the interaction between what he called the emotional factor and the environmental factor, but Kanner did not clearly present these ideas in his papers on autism. I will present these ideas in the next section.

The third myth, that Kanner proposed the term 'refrigerator mothers', also must be refuted. Kanner never used the term 'refrigerator mothers' in any of his writings. I have found only one instance in which he seems to have applied the refrigerator metaphor to parents directly, rather than to their homes: in what appears to be the transcript of an interview, Kanner described the parents of a boy he knew as "a pair of emotional refrigerators".<sup>679</sup> However, in this interview, Kanner was apparently not talking about autistic children (he did not mention the words 'autism' and 'autistic'), he was not talking about mothers only, and the interview is not cited in the secondary literature on Kanner. I also can't be entirely sure whether Kanner is quoted verbatim here. This exception can't possibly be the source of the term 'refrigerator mothers'.

There were, in the 1950's and 1960's, people who partly or entirely blamed the parents for their children's infantile autism, but no scholar ever defended the term 'refrigerator mother'. Rather, this term was projected back onto this period by later authors who criticized theories of parental influence.

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<sup>676</sup> Kanner, "Follow-up study of Eleven Autistic Children Originally Reported in 1943" (1971), p. 141.

<sup>677</sup> Kanner, "To what extent is early infantile autism determined by constitutional inadequacies?" (1954), p. 382-3.

<sup>678</sup> "Problems of nosology and psychodynamics of early infantile autism" (1949), p. 242; idem, "Symposium on childhood schizophrenia" (1955).

<sup>679</sup> Johns Hopkins Medicine, Nursing, and Public Health, Alan Mason Chesney Medical Archives, Johns Hopkins Magazine, June 1963: What's wrong with children?

I have found nine scientific publications from before 1970 that used the term ‘refrigerator mother(s)’ or ‘refrigerator parent(s)’.<sup>680</sup> These publications all appeared in the 1960’s, they did not elaborate on the term, and they certainly did not defend it: they rather mentioned it in passing as a “pejorative” or “unfortunate” term, suggesting that it was introduced by Kanner, but not providing any evidence to that effect.

When in the 1960’s, the term ‘refrigerator mother’ began to increasingly surface in American newspapers, it was already projected onto an imagined past. For example, a newspaper article on autism from 1966 claimed that while in the past doctors working on autism “had tended to blame ‘refrigerator mothers [...] these days [...] the refrigerator-mother concept is largely out of fashion’”.<sup>681</sup> Actually, it was the other way around. The ‘refrigerator mother’ concept first seems to have become current in the 1970’s and 1980’s. For example, Eric Schopler and his co-authors used the term in 8 publications between 1969 and 1990, and Frances Tustin used the term in 3 writings from this period. These were still incidental and critical remarks, however, a far cry from a positive and elaborate theory. Indeed, they stem from after the heyday of the theory that parental attitudes might cause autism or childhood schizophrenia.<sup>682</sup>

In 1985, the first book using the term “refrigerator mother theory” appeared in the United States, claiming that Leo Kanner’s “psychoanalytical” explanation of autism had “often been referred to” in this way.<sup>683</sup> Four years later, the *New Scientist*, a London based popular scientific magazine presented the “refrigerator mother theory” as “one popular view of autism”.<sup>684</sup> However, the

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<sup>680</sup> Mildred Creak and Sylvia Ini, "Families of psychotic children" (1960); Ian S. Berg, "A case study of developmental auditory imperception: some theoretical implications" (1961); Helen Horning Foster, Expression of emotion by parents of autistic children (1964), P. Mittler, "Education of Psychotic Children" (1965); Benjamin B. Wolman, "Family dynamics and schizophrenia" (1965); Gordon-Russell, J. "Infantile autism" (1965); Patrick Tudor Burt Weston, "Some approaches to teaching autistic children." (1965); Margaret Walsh, "Autistic children—a summary of theories of aetiology; and some problems facing their parents" (1967); Valerie A. Savage, "Childhood autism: A review of the literature with particular reference to the speech and language structure of the autistic child" (1968); Eric Schopler, and Julie Loftin, "Thought disorders in parents of psychotic children: A function of test anxiety" (1969).

<sup>681</sup> Nancy Griffin, "The tormented and Jig-saw puzzle world..." (1966), p. 164.

<sup>682</sup> In a widely cited paper from that time, Michael Rutter claimed that, in addition to Kanner, the proponents of this theory were Despert, Goldfarb, Kaufman and Bettelheim. Cf. Michael Rutter, "Concepts of autism: a review of research" (1968), p. 1.

<sup>683</sup> Lisa K. Barclay, *Infant development* (1985), p. 458.

<sup>684</sup> John Morton, "The origins of autism" (1989), p. 45.

term did not emerge in academic publications before then, was rarely used in writing in the 1990's<sup>685</sup> and did not become popular in written academic discourse until the 21<sup>st</sup> century.<sup>686</sup>

We must be careful, then, to distinguish between later terms used by critics of Kanner, often without consulting his actual writings, and his actual idea, namely that 'mechanized' parenting may contribute to children's autism. In the next section, I will discuss this idea and situate it within his theory of the personality.

## 5.2. Kanner's concept of personality

In the previous chapter, we have seen that Kanner believed that autism is at its core an emotional disorder. Even so, Kanner did not think that autism just affects and is affected by a child's emotions. To the contrary, he believed that even though autism enters the personality, so to speak, through the emotional factor, it ultimately affects and is affected by the person as a whole.

In the first edition of his textbook, Kanner used the term "whole functioning" for those functions involving the whole person, but in the second edition he settled on the term *personality*:

Any one who deals with human beings is confronted with something that is not just a summation of body, I.Q. and affective response. These – and many other things – are integrated in each person in a unique manner which distinguishes him from any of the billions of people existing in the past, present and future. This uniqueness, symbolized by a distinctive name to which a person answers, is spoken of as his personality.<sup>687</sup>

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<sup>685</sup> Gallagher III, Bernard J., Brian J. Jones, and Meaghan M. Byrne, "A national survey of mental health professionals concerning the causes of early infantile autism", p. 934, 935; Harris L. Coulter, *Vaccination, social violence, and criminality: The medical assault on the American brain* (1990) p. 8; Sue Fletcher-Watson and Francesca Happé, *Autism: A new introduction to psychological theory and current debate*, p. 27; Alexander Durig, *Autism and the Crisis of Meaning* (1996), p. 68; Bryna Siegel, *The world of the autistic child: Understanding and treating autistic spectrum disorders* (1997), p. 134; Donald J. Cohen and Fred R. Volkmar, *Handbook of autism and pervasive developmental disorders* (1997), p. 746.

<sup>686</sup> It is possible that it was used in verbal communication by scholars and/or professionals before that time.

<sup>687</sup> Kanner, *Child psychiatry* (1948), p. 89.



Kanner emphasized the uniqueness of the personality, pointing out that “each child presents an individual pattern of growth” resulting in a unique personality.<sup>688</sup> Kanner therefore believed that it is “imperative to study personalities instead of being content with [...] static, nosologically fixated psychiatry”.<sup>689</sup>

Kanner also endorsed Allport’s definition of the personality as “the dynamic organisation within the individual of those psychophysical systems that determine his unique adjustment to his environment”.<sup>690</sup> In his view, everything a person thinks or does is an adjustment to the environment in which the whole person is involved. He conceived all “[b]ehavior, in its overt, observable, motor manifestations as well as its implicit, ‘subjective’ preparatory components (thinking, feeling) [...] as an activity of the total personality”.<sup>691</sup> Thus, instead of separating cognition from behaviour, Kanner emphasized that they are both performances. He did not deem it possible to neatly separate “overt performances” such as “gestures, emotional expressions, and (verbal) spoken or written utterances” from “implicit, not so directly accessible” performances, such as “thinking, feeling, remembering, being unable to recall, silent reading, etc.”<sup>692</sup> By using the same term for both processes, Kanner emphasized that all performance belongs to an ongoing process of adaptation to the environment, which always involves the entire organism.

Because Kanner believed that mental problems always involve all factors of the personality, he did not believe that it is possible to single out one cause:

Some people believe that the intelligence quotient explains all personality deviations of children. Some blame the environment for everything that goes wrong. To some, heredity and constitution serve as all-valid formulae. Others again are satisfied to lay all difficulties at the door of repressed sexuality or an inferiority complex. Insistence on any ‘one and only’ cause, however, fails to do justice to the wide variety of factors that may, and really

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<sup>688</sup> Kanner, "Some pediatric problems of behavior in infancy and early childhood" (1938), p. 418.

<sup>689</sup> Kanner, "The significance of a pluralistic attitude in the study of human behavior" (1933), p. 35.

<sup>690</sup> G. W. Allport and Gordon Willard, *Personality: a psychological interpretation* (1937), p. 48; cited in Kanner, *Child psychiatry* (1948), p. 89.

<sup>691</sup> Leo Kanner and Sander E. Lachman, "The contribution of physical illness to the development of behavior disorders in children" (1933), p. 606.

<sup>692</sup> Kanner, *Child Psychiatry* (1935), p. 14.

do, combine themselves to produce the multitude of personality disorders which we find in different children.<sup>693</sup>

In Kanner's view, the main factors involved in personality problems in children were age, constitution, physical condition, intelligence, emotion and the environment. What was important to Kanner, however, was not the precise kind or number of factors that play a role. Sometimes he mentioned three, sometimes five or six. In the second edition of his textbook, he discussed sex as one of the factors, but he didn't do so in the first edition. Most important was the idea that all these various factors, whatever they may be, are integrated in a unique manner by each person. He argued that the factors of the personality are always "fused in a particular manner" and "melt into a oneness, the child under consideration".<sup>694</sup> Hence, in any child the same factors, such as emotion and environment, can be identified, but their integration into a whole is unique for each individual.

In the remainder of this section, I will discuss these personality factors. I will start with the environmental factor, showing that Kanner did indeed believe that the parents of autistic children could influence how autistic the performances of their child turned out. I will then discuss the other factors, to show that the environmental factor in his view was not the only or even the most important cause of autistic performance but was one factor among others.

### *5.2.1 The environmental factor*

By the environmental factor, Kanner meant the physical and, more importantly, the social environment. He often discussed the influence of parents and teachers, and the neighbourhood, school and society, all of whom contribute to the development of the unique personality of a child.

Kanner is infamous for introducing the image of the refrigerator to colourfully describe the social environment in which autistic children grew up. In the previous section I have shown that Kanner did not introduce the exact phrase 'refrigerator mother'. I will now review what Kanner did say on this

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<sup>693</sup> Kanner, "Psychopathological problems of childhood" (1935), p. 588.

<sup>694</sup> Kanner, "Behavior disorders in childhood" (1944), p. 776.

topic, paying careful attention to his choice of words and the context in which he used them.

What Kanner did introduce was the image of *home climate* as a metaphor for the emotional attitudes of parents towards their child. Anticipating this metaphor, Kanner wrote in 1938: “[a]s the temperature of baths should be neither too hot nor too cold, so should parental affection normally steer clear of the extremes of explosive demonstrativeness and chilly rebuff”.<sup>695</sup> In 1947, he developed this image into an extended climate metaphor:

Close observation of parent-child relationship in our culture leads to the conclusion that parents much too often bend and overbend, overheat and overfreeze, to serve their own complex emotional needs. Children can be comfortably warm, swelter, or freeze in the emotional climate maintained by parental attitudes. The homes in which they grow up can be pleasantly air-conditioned places, ovens, or refrigerators. [...] The pediatrician’s [...] principal function may be compared loosely to that of a thermostat, a regulator of the emotional climate in which the child is brought up. But while the thermostat functions automatically, the pediatrician’s function requires a great deal of sensitiveness, orientation and experience.<sup>696</sup>

Thus, although Kanner did use the image of the refrigerator, he used it as a metaphor for the pedagogical environment in which the child grows up. If there is not enough love the pedagogical environment is like a refrigerator, if there is too much love the pedagogical environment is like an oven, and a pedagogical environment in which the amount of love is just right is like an air-conditioned place. The underlying metaphor is: the attention within a family for emotional needs is like the temperature within kitchen appliances. It is, then, the entire home that he described as a refrigerator, not the mother (or father) per se. I suspect that Kanner also considered the siblings of autistic children to be part of this home climate, but he never wrote about them.

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<sup>695</sup> "Some pediatric problems of behaviour in infant and early childhood" (1938), p. 430.

<sup>696</sup> Kanner, Round Table Discussion: Psychiatric Problems of Adolescence" (1948), p. 672.

Kanner did certainly not confine this idea to autistic children. In fact, Kanner introduced the home climate metaphor at the 1947 annual meeting of the *American Academy of Pediatrics*, during a Round Table Discussion that was not at all about children with autism, but about psychiatric problems in adolescents.<sup>697</sup> (There was also a round table discussion at this meeting that was about early childhood, but Kanner did not participate in it.<sup>698</sup>)

It was not until a year later that Kanner applied this idea to autistic children.<sup>699</sup> He did so in passing, in a paper about mentally handicapped children, where he wrote that the children with autism he had seen, had almost invariably “been brought up in emotional refrigerators, in which there was

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<sup>697</sup> Kanner, "Round table discussion: psychiatric problems of adolescence" (1948). It seems that Kanner contribution to the discussion formed the basis for his later paper “Problems of Adolescence” (1959).

Kanner introduced his climate metaphor to convey the idea that a lack or excess of paternal love can contribute to psychiatric problems in childhood and adolescence. He based this idea on the work of William Goldfarb on *contact deprivation*.

In a series of nine articles, published between 1943 and 1949, Goldfarb compared two groups of children and adolescents in foster care: first, a group of 15 orphans who had in the first three years of their life been raised in orphanage and who subsequently had been in foster care; second, a group who had already been in foster care in the first three years of their life. Kanner read at least four of Goldfarb articles and described them as “one of the major contributions made to psychiatry in the 1940’s”.

In “Problems of Adolescence” (1959), Goldfarb showed that adolescents who during the first three years of their life had been raised in an orphanage and thus had minimal contact with adults showed diminished social and emotional adjustment. He inferred that these adolescents were “more isolated from other people and less capable of entering into meaningful human relationships (p.106). While acknowledging that children have an “inner potentiality” Goldfarb emphasized the impact of “external stimulation” on the development of this inner potentiality, arguing that because children in orphanages had only “minimal contact” with adults during the first three years of their life, they grew up to become adolescents showing primitive and passive behaviour (p. 126) Kanner’s own term for this minimal form of contact was “mechanical”: in his view, the relations between children and professionals within orphanages were mechanical rather than loving.<sup>697</sup> Kanner concluded from Goldfarb’s article that adolescents who were not raised by a family from the start were “seriously injured by [...] early emotional deprivation”. Kanner, Round Table Discussion: Psychiatric Problems of Adolescence" (1948), p. 669-70.

<sup>698</sup> Arnold Gesell and Catherine S. Amatruda, "Round table discussion: behavior problems of infancy and early childhood" (1948).

<sup>699</sup> Kanner’s climate metaphor seems to have been inspired by Goldfarb’s idea of “warm, loving contact”. If this is so, Kanner, in developing this idea, departed from Goldfarb in three ways. First, whereas Goldfarb had found deprivation in children raised within institutions, the children Kanner talked about had almost all been raised by their own parents; hence, Kanner contrasted three ways in which *parents* may relate to their children: with overprotective attitudes, loving attitudes or mechanical attitudes. Second, where Goldfarb was concerned with the reciprocity of the relationship and its effect on the ability of the child to respond consciously and actively to its environment, Kanner was concerned with the degree of obsessiveness of parents’ and the child’s response to it. Third, Kanner further developed Goldfarb’s warmth metaphor into a broader climate metaphor, involving not only a warm climate, but also a cold climate and one that is comfortable.

extremely little fondling and cuddling”.<sup>700</sup> A year later, Kanner returned to this idea a paper presented at the annual meeting of the *American Orthopsychiatric association*.<sup>701</sup> On this occasion, Kanner contributed to a section on psychopathological conditions in childhood, and read a paper focussing on the psychodynamics of infantile autism.<sup>702</sup> He said about children with autism:

Most of the patients were exposed from the beginning to parental coldness, obsessiveness, and a mechanical type of attention to material needs only. They were the objects of observation and experiment conducted with an eye on fractional performance rather than with genuine warmth and enjoyment. They were kept neatly in refrigerators which did not defrost. Their withdrawal seems to be an act of turning away from such a situation to seek comfort in solitude.<sup>703</sup>

Kanner also said that the *parents* of autistic children had been raised in “emotional refrigerators”.<sup>704</sup> He was suggesting a familial pattern in which ‘cold’ attitudes towards children, now in the sense of being mechanical, had taken the place of loving attitudes towards each other. Indeed, Kanner explicitly spoke, in a later paper of “a familial trend towards detached, obsessive, mechanical, living”.<sup>705</sup> This can be seen as an early recognition of the broad autism phenotype: the idea that family members of autistic persons are

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<sup>700</sup> Kanner, "Feeble-mindedness: absolute, relative, and apparent" (1948), p. 391.

<sup>701</sup> Kanner, "Problems of nosology and psychodynamics of early infantile autism" (1949); "Psychiatrist Grills Inefficient Parents: (1948); "Psychiatrist has hard look at parents" (1948).

On this occasion, Kanner referred to a second paper by Goldfarb, about the effects of contact deprivation on younger children. In this article, Goldfarb argued that children who were deprived of the normal “warm, loving contact” with a parent person, developed, already in childhood, a “quasi-constitutional fixation on the most primitive levels of conceptual and emotional behaviour”. Kanner took the cue and said that he found it “very tempting to ponder about the psychodynamic relationship between early infantile autism [...] and the ‘hospitalism’ studied by Goldfarb”. Kanner, "Problems of nosology and psychodynamics of early infantile autism" (1949); William Goldfarb, "Effects of psychological deprivation in infancy and subsequent stimulation" (1945), p. 32.

<sup>702</sup> Leo Kanner, "Problems of nosology and psychodynamics of early infantile autism" (1949).

<sup>703</sup> "Problems of nosology and psychodynamics of early infantile autism" (1949), p. 425.

<sup>704</sup> Kanner, "Problems of nosology and psychodynamics of early infantile autism" (1949), p. 423.

<sup>705</sup> Kanner, "To what extent is early infantile autism determined by constitutional inadequacies?" (1954), p. 384; see also Kanner and Eisenberg, “childhood problems in relation to the family” (1957), p. 156.

likely to have some autistic traits.<sup>706</sup> This phenotype is what Kanner tried to conceptualize by comparing the homes in which these families lived to refrigerators, representing both the parents and their children passively as being “emotionally refrigerated”.<sup>707</sup> He suggested that the mild autistic traits of these parents show that there are “milder degrees of detachment and obsessiveness which enable a person to function” rather than impeding this functioning.<sup>708</sup>

The whole metaphor was quite extended: Kanner described the home climates as the temperature in kitchen appliances, paediatricians as “thermostats” tasked with regulating that temperature and children as “barometers” sensitive to it.<sup>709</sup> I have found only one occasion where Kanner slipped into applying the kitchen appliances metaphor directly to parents, when he described exceptional children as being “frozen out in impersonal chill created by loveless, rigid, mechanized emotional refrigerators” or heat from “human emotional furnaces”.<sup>710</sup>

It is interesting that Hans Asperger, who believed that autism is an inborn and unchanging personality type, also noticed autistic-like traits in parents. For example, he found that the father of Fritz had a similar “increased personal distance” as his son.<sup>711</sup> He described the father of Harro as a “clearly intellectual type” and “a loner, who was known as an eccentric”.<sup>712</sup>

### *The concept of attitudes*

The extended home climate metaphor was a colourful image for what Kanner in literal terms described as attitudes:

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<sup>706</sup> James Harris and Joseph Piven. "Correcting the record: Leo Kanner and the broad autism phenotype." *Spectrum News* (2016).

<sup>707</sup> Kanner, "Emotional interference with Intellectual functioning" (1952), p. 702.

<sup>708</sup> Kanner, "Problems of nosology and psychodynamics of early infantile autism" (1949), p. 426.

<sup>709</sup> Kanner, "The emotional quandaries of exceptional children" (1952), p. 25.

<sup>710</sup> Kanner, "The emotional quandaries of exceptional children" (1952), p. 23.

<sup>711</sup> Hans Asperger, "Die 'Autistischen Psychopathen'" (1944), p. 87: “von verstärkter persönlicher Distanz”.

<sup>712</sup> Hans Asperger, "Die 'Autistischen Psychopathen'" (1944), p. 97: “ein ausgesprochen intellektueller Typ”; “mit niemandem verkehrt und als Sonderling gilt”.

In general, a person's feeling about himself and the world in general will depend on the attitudes of people who constitute this world. Certain attitudes provide an emotional climate that is ideal for the growing child and likely to provide for emotional stability.<sup>713</sup>

Kanner believed that such attitudes can influence the development of the personality, in any child. He stressed the possibility of environmental influence on the personality to avoid the fallacy that children are born with ready-made personalities that do not develop under influence of their life experiences.<sup>714</sup>

In the previous chapter, we have seen that Kanner borrowed the term 'reaction' from Adolf Meyer, to describe the tendency to respond in a certain way to a certain environment. On the side of children, Kanner focussed on such reactions. With regard to parents and other adults, Kanner instead focussed on what Adolf Meyer described as 'attitudes': "a dynamic readiness to be set off in a certain way", that is, "the readiness or preparedness for functioning".<sup>715</sup> I do not know why Kanner had this different emphasis when talking about children or parents, but it is typical for his unsystematic use of concepts that he did not describe the reactions and the attitudes on both sides.

As Meyer used the term, 'attitudes' are not actions, but are rather subtle *states* that are presumably expressed through things that are inconspicuous, such as posture and intonation:

We are quick to grasp not only the outspoken more readily observable reactions and actions, but also the attitudes of a person, those passing and protracted states, apparently undifferentiated because of being relatively short of action, or more quietly active, but by no means necessarily indifferent, and though preeminently implicit by no means wholly so.<sup>716</sup>

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<sup>713</sup> Leo Kanner and Leon Eisenberg, "Childhood problems in relation to the family: summary of a seminar" (1956), p. 155.

<sup>714</sup> Kanner, "Psychiatry: its significance in pediatrics" (1943), p. 55.

<sup>715</sup> Johns Hopkins Medicine, Nursing, and Public Health, Alan Mason Chesney Medical Archives, Series XII Scientific notes and records: Baltimore, Unit XII/1: Working Notes, Folder 30: Attitudes, p. 1.

<sup>716</sup> *Ibid.*, p. 2.

Kanner emphasized that the term attitude derives from ‘aptus’, the Latin word for “apt, suited, prone” and he used the term for emotional states that can be positive or negative, are subject to change and that impact other people. Here is how he used to introduce this idea to medical students:<sup>717</sup>

“[W]e like to tell them that they have learned in medical school about various sets of agents which may be normally necessary for the proper body economy, may, on some occasions, be pathogenic, and may, under different circumstances, be remedial. Chemical substances, for example, are vitally important as foodstuffs, detrimental as toxins, and remedial as drugs. We have come to recognize that there is one other set of agents that is just as important and can have similar effects. These agents we choose to refer to as attitudes.<sup>718</sup>

Kanner emphasized that unfavourable parental attitudes may lead to a disruption of the optimal development of the personality.<sup>719</sup> A case in point is his belief that the development of a child’s self-dependence and security depends most of all on parental attitudes that are neither too ‘warm’ nor too ‘cold’.<sup>720</sup> They are too warm when a parent is overprotective, and too cold when a parent shows little affection.<sup>721</sup> Hence, parental attitudes can deviate from the ideal in two directions. In one direction is rejection, and in the other direction is overprotection.<sup>722</sup> In the 1950’s, Kanner introduced the idea of the three A’s (affection, acceptance and approval) to remind parents that children need a good emotional climate as much as they need nutrition and housing.<sup>723</sup> He pointed out that all children have an inherent desire to be loved, accepted and approved.

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<sup>717</sup> *Child psychiatry* (1948), pp. 114-16.

<sup>718</sup> Leo Kanner and Leon Eisenberg, "Childhood problems in relation to the family: summary of a seminar" (1957), p. 155; see also Kanner, "Centripetal forces in personality development" (1959), p. 129.

<sup>719</sup> Kanner, "What’s wrong with children" (1965).

<sup>720</sup> Kanner, "Mental hygiene during the first two years of life" (1938), pp. 233-234.

<sup>721</sup> Kanner, *Child psychiatry* (1935), p. 44; idem, "Behaviour disorders in childhood" (1944), p. 774.

<sup>722</sup> Leo Kanner and Leon Eisenberg, "Childhood problems in relation to the family: summary of a seminar" (1956), p. 155.

<sup>723</sup> Kanner, "Childhood problems in relation to the family: summary of a seminar" (1957), p. 155; idem, "The emotional quandaries of exceptional children" (1952), p. 23; idem, "Centripetal forces in personality development" (1959), p. 130.



Kanner's concern with 'genuine' affection instead of formal parenting was part of a general trend in American society and science to worry about the role of emotions in a technological world.<sup>724</sup> His focus on emotional reactions and attitudes was part of a wider scientific interest in human relationships.

Kanner clearly believed that formal and detached parental attitudes were "a dynamic experiential factor in the genesis of the [autistic] disorder".<sup>725</sup> In other words, he believed that by rewarding "preoccupation with autistic interests" the parents of autistic children contributed to their personality and conduct problems.<sup>726</sup> Then again, being a pluralist, Kanner maintained that this experiential and environmental factor was "superimposed on whatever predisposition has come from inheritance".<sup>727</sup> While he considered parental attitudes an important contributing factor to the development of autism, he believed that "it is not sufficient in itself to result in its appearance".<sup>728</sup> In Kanner's view, autism was there from the start, but was exacerbated by parental attitudes which shared essential characteristics with the autism of their children. He stated that "the children's aloneness from the beginning of life makes it difficult to attribute the whole picture exclusively to the type of the early parental relations". The term 'exclusively' suggests that there is some influence by parents, but that this is not the only or decisive factor.<sup>729</sup>

### *The scope of attitudes*

The final aspect of the environmental factor that I want to discuss is its scope. For Kanner's concern with attitudes was much broader than the 'home climate' provided by a child's parents. Kanner would often focus on the role of parents, as they are a child's primary care givers, but he did also take into account, in

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<sup>724</sup> Marga Vicedo, *Intelligent Love: The Story of Clara Park, Her Autistic Daughter, and the Myth of the Refrigerator Mother* (2021), p. 52

<sup>725</sup> Kanner, "To what extent is early infantile autism determined by constitutional inadequacies?" (1954), p. 384.

<sup>726</sup> Kanner, "Symposium on childhood schizophrenia" (1955), p. 562.

<sup>727</sup> Kanner, "To what extent is early infantile autism determined by constitutional inadequacies?" (1954), p. 384.

<sup>728</sup> Kanner, "Symposium on childhood schizophrenia" (1955), p. 563; idem, "Early infantile autism, 1943-1955" (1956), p. 99.

<sup>729</sup> Kanner, "early infantile autism" (1944), p. 217.

ever wider circles, other adults than parents, such as teachers at school, child psychiatrists and even society as a whole.

Kanner observed, and applauded, a growing interest in the attitudes of teachers and their potential contribution to the emotional problems in children.<sup>730</sup> School is often the first group beyond the family in which a child participates and because of that teachers have a formative influence, not as fundamental as that of the parents, but still very significant.<sup>731</sup> Just like parents, teachers can be cold or warm-hearted and the school climate can depart in two ways from the ideal just as the home climate can.

As a child psychiatrist working at a major paediatric clinic, Kanner was also concerned with the attitudes of physicians.<sup>732</sup>

Finally, casting the net even wider, Kanner considered group attitudes, by which he meant the whole of the experiences and culture that shape adult attitudes towards children.<sup>733</sup> Like Asperger, Kanner believed that diagnosing the condition of autistic children required a *change of group attitude* in mental health professionals. As long as their only concern was with the intelligence of children, the unique emotional needs and wants of autistic children would go unnoticed. He criticized the group attitude that reduces the mind to intelligence alone and suggested that the emotional problems of autistic children could not have been properly understood without a “significant departure from this attitude”.<sup>734</sup>

To sum up, Kanner believed that the emotional desire of autistic children to protect a state of aloneness and sameness was partly, but certainly not exclusively, a response to a state of detached, obsessive, mechanical living that they sensed in their parents. He believed that such parental attitudes can interfere with the natural unfolding of a child’s personality.<sup>735</sup> Finally, he believed that a group attitude in American society at large that reduced the mind to

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<sup>730</sup> Kanner, *Child psychiatry* (1948), p. 12.

<sup>731</sup> Kanner, *Child psychiatry* (1948), pp. 132, 141.

<sup>732</sup> Kanner, *Child psychiatry* (1948), pp. 144-153. See the previous chapter (§4.2.2.), where I have discussed Kanner’s requirements with regard to the attitudes of paediatricians.

Kanner, <sup>733</sup> *Child psychiatry* (1948), pp. 153-157.

<sup>734</sup> Kanner, "Co-editor's Introduction" (1943), p. 216

<sup>735</sup> Kanner, "Causes and results of parental perfectionism" (1957), p. 382.

intelligence was not conducive to the recognition of emotional disorders such as early infantile autism

### 5.2.2 *The emotional factor*

The inability to form affective contact and the desires for aloneness and sameness all belong to the emotional factor. By the emotional factor, Kanner meant “visceral changes, alterations of muscle tone, body posture and physiognomy” that are *reactions* “to various types of life situations”.<sup>736</sup> Subjectively, such physical reactions are experienced as feelings of joy, sadness, anger, fear, love and so on. Importantly, Kanner did not think of emotion as an isolated function, but as one factor among others, which together determine how a child’s personality develops:

Our pluralist approach to the study of the mentally integrated personality contains in itself an invitation to view the emotional factor from the angle of its close interrelations with the other factors entering into the formation of personality. In order to prevent misunderstanding, we hasten to emphasize that the term interrelations is not in the least intended to imply the notion of different functional entities working side by side or influencing each other in the sense of one function doing something to another. What we propose to consider is the interesting and practically important question [...] in what manner age, constitution, the physical condition, the degree of intelligence and the environment, chime with the child’s affective reactivity. It is hardly necessary to state that sharp lines cannot be drawn, since all of these features are held together as the questions, more or less fixed or changeable, of a developing individual.<sup>737</sup>

Thus, using a musical metaphor similar to Asperger’s ‘harmony’, Kanner posed the question how the environmental factor ‘rings together’ – like church bells – with the emotional factor in the actual performance of a child. Because he believed that the emotional factor is interrelated with other factors determining the personality, he ended the chapter on the emotional factor in the first

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<sup>736</sup> Kanner, "Psychopathology of childhood: basic considerations " (1944), p. 5.

<sup>737</sup> Kanner, *Child psychiatry* (1935), p. 71.

edition of his textbook with a discussion of its interrelation to some of these other factors. Kanner discussed how the emotional factor related to the intelligence factor, how the emotional factor related to the environment, etc. I have discussed Kanner's claim that that the attitudes of their parents can influence the emotions of their children and therefore their autism; this influence can be positive or negative, depending on the nature of the attitude. Now this is a specific form of the more general claim that the emotional factor is influenced by the environmental factor. His insistence on the influence of parents on autistic behaviour was his way to resist the artificial separation of the emotional factor from the other factors of the personality.

### *5.2.3. The age factor*

By the age factor, Kanner meant the influence of a child's age and developmental stage on the child's personality. He emphasized that the growing individual is in a different state than in an individual who has reached maturity. Hence, he warned that insights from adult psychiatry cannot be simply extended to children.<sup>738</sup> Whereas adult psychiatrists work with individuals who have matured, and are interested in childhood only as a source of adult problems, child psychiatrists should be attuned to "the mentally integrated individual during the natural process of maturation":<sup>739</sup>

Instead of speculating about how the soul or the vital spark might possibly behave itself in the years between birth and adolescence, it is more scientific to observe carefully the performances of the developing child during the successive stages or levels of mental integration or personality formation.<sup>740</sup>

In other words, Kanner called for the objective and concrete study of "the performances of the developing child during the successive stages or levels of mental integration or personality formation", taking into account the difference

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<sup>738</sup> Kanner, "Psychopathology of childhood: basic considerations" (1944).

<sup>739</sup> Kanner, "Work with psychobiological children's personality difficulties" (1934), p. 407-8.

<sup>740</sup> *Ibid.*, p. 408.

between each stage and its interaction with the other factors of the personality.<sup>741</sup>

Kanner emphasized that the emotional factor is not isolated from the age factor but interacts with it continuously. Thus, in the chapter on the age factor in the first edition of his textbook, Kanner wrote that new-borns show only basic anger, fear, and love reactions to basic life situations, which become more differentiated as the child develops. At two months the child learns to smile, and affective reactions such as embarrassment begin to develop after a year.<sup>742</sup> With increasing participation in the environment, the child develops more shades and kinds of emotional reaction. Through “early training and example in the home” emotional habits are formed that lay the foundation for “emotional stability or instability in later life”.<sup>743</sup>

Kanner found that the functions acquired in the first 18 months of life “arise almost entirely from *within*” and are hindered only in rare cases of physical illness or gross mismanagement.<sup>744</sup> Under average circumstances a child adapts to the physical and social environment by developing a more active and complex level of functioning. The child’s inborn potential for cognition, affection and conation automatically begins to unfold. Thus, at 18 months, healthy children will have acquired “the sensory, motor, linguistic, emotive, orientative and adaptive equipment” they need to adapt to their physical environment and the most basic familial social environment.<sup>745</sup>

After two years or so, children go through a period of negativism, the handling of which is essential to their later affective adaptations. At around four or five years of age, there is “a branching out of the child’s contacts into the community texture”. The four-year-old must learn “to regulate his relations to playmates, schoolmates, teachers and people with whom he forms more casual contact”.<sup>746</sup> In pre-puberty there is another stage of increased sensitiveness and irritability that again requires careful handling.

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<sup>741</sup> Ibid.

<sup>742</sup> Kanner, *Child psychiatry* (1935), p. 33.

<sup>743</sup> Ibid., p. 35.

<sup>744</sup> Ibid., p. 33; idem, *Child psychiatry* (1948), p. 31.

<sup>745</sup> Ibid.,

<sup>746</sup> Ibid., p. 37

Although Kanner thought of autism as foremost an inborn ‘handicap’, he was not oblivious to the effect of these different developmental stages on the actual overt and implicit performance of autistic children. He did not see the inability to form affective contact as unchanging.

Kanner believed that early infantile autism manifests from birth and already develops in the first 18 months of life (hence the term ‘early’). He found that whereas other children spontaneously developed good contact with their parents during that early period, autistic children seem unresponsive and focussed on objects rather than on people. Kanner concluded that autistic children have poor inborn emotional abilities, but a good intellectual and conative endowment. On the one hand, their emotional difficulties could interfere with and block the unfolding of their good intellectual and conative endowment. On the other hand, their intellect and will could compensate for their poor emotional endowment.

Unlike Asperger, Kanner emphasized the capacity of autistic children to develop and improve. He believed that as autistic children develop, their autism would manifest differently. While he described autistic children as isolated at first, he observed major improvements over time. For example, Donald showed improvements between October 1938, when he was first brought to Kanner’s clinic as a five-year-old, and April 1941, when he was brought in for a follow-up as seven-year-old.”<sup>747</sup> At his check-up in May 1939, Donald “in better contact with his environment, and there were some direct reactions to people and situations.”<sup>748</sup> Half a year later his play was “definitely improving” and when he went to school he was “very quiet and calm and listened to what the teacher was saying about half the time”.<sup>749</sup> In April 1941 he “used pronouns adequately” and had learned to address other people when he needed something from them or wanted to know something.<sup>750</sup>

Kanner observed similar improvements in other children. When Jay was twelve, he had emerged from his initial isolation and developed reasonably good relationships with his mother, sister, and teachers. Similarly, George at nine,

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<sup>747</sup> Kanner, "Autistic disturbances of affective contact" (1943), p. 221.

<sup>748</sup> Ibid.

<sup>749</sup> Ibid., p. 220

<sup>750</sup> Ibid, p. 222.

was “still shy and a bit lonely” but “pleasant and communicative”.<sup>751</sup> In 1971, Kanner published a follow-up study of the original 11 children he had described in 1942. In this follow-up, he concluded that as they grew up, some of the 11 children continued to have severe limitations, but others showed marked improvement in their early teens.<sup>752</sup> For example, Donald had gone to a junior college<sup>753</sup> and had become a “regularly employed bank teller who takes part in a variety of community activities and has the respect of his fellow townspeople”.<sup>754</sup>

#### *5.2.4 The somatic factor*

I can be short about the somatic factor. Kanner did not believe that autism was itself a physical or organic illness or the result thereof. This is significant as the children who were described by Frankl, and first gave him the idea of a contact disorder, had a post-encephalitic condition. The children described by Kanner did not. As medical doctor, he always did a physical examination of autistic children. After twenty years this had “furnished no clues that might point to specific acquired or constitutional organic anomalies”.<sup>755</sup> Kanner wrote about children in general that may often react to physical discomfort emotionally: “Somatic discomfort, due to illness or fatigue or lack of adequate recreational outlets, may, as any discomfort, serve as an unpleasant situation in response to which the child may develop emotional difficulties.”<sup>756</sup> Although he described autistic children who had been to a hospital or had a physical disease, in none of these cases their autism was an emotional reaction to that discomfort.

#### *5.2.5 The intelligence factor*

In the previous chapter (§4.2.3), I reported that autistic children were often suspected of having an intellectual disability and often scored low on

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<sup>751</sup> Ibid.

<sup>752</sup> Kanner, "Follow-up study of eleven autistic children originally reported in 1943" (1971) p. 144-5.

<sup>753</sup> John Joseph Donovan and Caren Brenda Zucker, *In a different key: The story of autism* (2016), p. 3.

<sup>754</sup> Kanner, Leo, Alejandro Rodriguez, and Barbara Ashenden, "How far can autistic children go in matters of social adaptation?" (1972), p. 9.

<sup>755</sup> Leo Kanner and Leonard I. Lesser, "Early infantile autism" (1958), p. 722.

<sup>756</sup> Kanner, *Child Psychiatry* (1935), p. 72.

intelligence tests. I have also pointed out, in the previous chapter, that the framing of Kanner's first paper on autistic children reveals that he was especially concerned with the effect of emotional problems on children's intellectual performance. The interrelation of the emotional factor to the intelligence factor, then, was often singled out by Kanner as the most important interrelationship within the personality to consider.

Kanner believed that most autistic children have good intellectual potential.<sup>757</sup> Their excellent memory, obsessive interests and general intelligence commanded admiration and respect in other people:

Thomas G. joined the Boy Scouts and found recognition by teaching astronomy and playing the piano; he also joined a swimming and athletic club. Sally S. utilized her good memory, of which she was fully aware, to merit acceptance in high school and college; when she failed as a student nurse because the maintenance of a genuine relationship with the patients was beyond her capacity, she became a laboratory technician and has made a reputation for "excelling in chemistry." Edward F. enjoys an active social life belonging to hiking clubs, and his knowledge of plants and wild life brings him respect. [...] Bernard S. is a member of a street car museum where he lays tracks, paints cars, and goes on trips. Fred G. is respected by his schoolmates because of his academic prowess.<sup>758</sup>

Kanner found that autistic children would often use their intelligence to compensate for their emotional difficulties. Kanner observed such compensatory behaviour in about 10% of the autistic children he saw. He found that some autistic children in their early to middle teens "became uneasily aware of their peculiarities and began to make a conscious effort to do something about them"; in so doing, they displayed a "felt need to grope for ways to compensate for the lack of inherent sociability".<sup>759</sup>

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<sup>757</sup> Kanner, "Autistic disturbances of affective contact" (1943), p. 247; idem, *Early infantile autism: 1943-1955* ((1956), p. 217; Leo Kanner and Leonard I. Lesser, "Early infantile autism" (1958), p. 720.

<sup>758</sup> Kanner, Leo, Alejandro Rodriguez, and Barbara Ashenden, "How far can autistic children go in matters of social adaptation?" (1972), p. 30

<sup>759</sup> *Ibid.*, p. 30.



The influence also went in the other direction, when the emotional problems of autistic children masked their intelligence, so that they performed on a much lower intellectual level than they were capable of. I have already discussed this idea in the previous chapter, where I quoted Kanner's claim that a child's potential for intellectual development "is guided, fostered or restricted by the emotional development which takes place".<sup>760</sup>

### 5.2.6 *The constitutional factor*

Kanner defined the constitutional factor as "that which a child has inherited from his parents plus that which he brings with him into the world" – a synonym he often used was 'endowment', especially paired with the adjective 'intellectual'.<sup>761</sup> He pointed out that whereas the other factors can be observed in concrete facts, the constitutional factor remains more abstract.<sup>762</sup> That any child brings with it into the world a unique constitution must be inferred from the fact that different children react differently to the same environment.<sup>763</sup> Kanner believed that a child's endowment itself could not be altered, but he would agree that a child's present performance depends on the other factors as well and therefore can be altered.

In both the first and the second edition of *Child psychiatry*, Kanner argued that the direction of a child's growth depends not only the quality but also on the *composition* of their endowment. A child with a good overall endowment, i.e. a good cognitive, affective *and* conative potential, will develop differently from a child in which the potential for one or more of these factors is impaired.

Kanner clearly believed that the principal cause of autism was a poor emotional endowment. Before Kanner published his first paper on autism, he discussed it with his colleagues at *The Henry Phipps Psychiatric Clinic* during two staff meetings.<sup>764</sup> Because Donald and the other children showed emotional problems *from an early age*, Kanner argued that they had an *innate* inability to form affective contact that could not be (entirely) explained as dynamic

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<sup>760</sup> Kanner, *Child Psychiatry* (1948), p. 67; idem, "Feeble-mindedness: absolute, relative, and apparent" (1948), p. 388; idem, "The emotional quandaries of exceptional children" (1952), p. 28.

<sup>761</sup> Kanner, "Psychopathological problems of childhood" (1935), p. 592.

<sup>762</sup> Kanner, "Behavior disorders in childhood" (1944), p. 776.

<sup>763</sup> Ibid.; Kanner, "Modern Trends in Psychiatry" (1937), p. 479.

<sup>764</sup> Marga Vicedo and Juan Ilerbaig, "Autism in Baltimore, 1938–1943" (2021), p. 1165–1167.

reactions to the environment experienced after birth. Instead, he proposed that their inability had a constitutional component that was there from birth.

His colleagues were critical of this view, suggesting instead that these children were “exhibiting an oversensitive reaction to ‘lack of warm emotional responsiveness’ on the part of their parents” and pointing out that they did seem to be able to form affective contact at certain occasions.<sup>765</sup> This response reflected a general interest in dynamic explanations in the circle around Adolf Meyer. Following the new emphasis on emotional reactions in 20<sup>th</sup> century psychiatry, personality and behaviour disorders were commonly explained as reactions to life events experienced after birth, rather than as inborn abilities or disabilities.

Kanner conceded that autistic disturbances did not involve an “absolute and total and irretrievable absence of any sort of contact” but merely an inability “to form contact in the ordinarily accepted way”.<sup>766</sup> But he held his ground where it mattered: he insisted that environmental explanations were speculative and he maintained that the inability to form ordinary affective contacts must be inborn.

In the co-editor’s introduction preceding Kanner’s first paper on autism, he posed the question: “Can we then assume that all people are ‘born alike’ with regard to their ability to form affective contact?”<sup>767</sup> Kanner’s answer was negative: he believed that children come into the world with a different potential for congruent affective reactions to life situations.<sup>768</sup> In the paper itself, he concluded that there must be “*inborn autistic disturbances of affective contact*”.<sup>769</sup>

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<sup>765</sup> Ibid., p. 1166.

<sup>766</sup> Ibid., p. 1166-1167.

<sup>767</sup> Kanner, "Co-editor’s introduction" (1943), p. 216.

<sup>768</sup> The idea that emotional reactions may have a constitutional component was not altogether new to Kanner. In the 1935 edition of his textbook, he had already discussed experiments with the emotional reactions of infants, conducted by John Watson at the Harriet Lane Home. Kanner, *Child Psychiatry* (1935), chapter 8, pp. 63-65.

Watson showed that infants, during the first months of life, did already react with fear, rage or love to such environmental triggers as loud sounds, sudden removal of support, rocking, or head holding. Without conditioning they did not react with fear to animals or the presence of strangers. Watson, "Psychology from the stand-point of the Behaviourist" (1919); John B. Watson and Rosalie Rayner, "Conditioned emotional reactions" (1920).

Kanner concluded from Watson’s work that “there are certain relatively simple life situations [...] which from the very beginning of life evoke characteristic reaction patterns” while other settings “failed to elicit any such response”. In other words, certain reactions are present from the start and must therefore have a constitutional component. *Child psychiatry* (1935), p. 65.

<sup>769</sup> Kanner, "Autistic disturbances of affective contact", pp. 250; emphasis original.

Kanner later clarified what led him to this conclusion: the observation of “extreme aloneness *present from the beginning of life*”<sup>770</sup> convinced him that there are “constitutional components of emotional reactivity”.<sup>771</sup>

Looking back at his first papers, Kanner said that “the early development of the 11 children left no other choice than the assumption that they had ‘come into the world with an *innate* disability to form the usual, biologically provided contact with people.”<sup>772</sup>

All in all, we have seen that parental influences were one among several factors shaping the developing personality of children. Similarly, we have seen that autism, being an emotional disorder, interacts with all factors of the personality.

This means that to understand the history of Kanner’s conception of affective contact, we must consider not only his conception of *contact*, but also the role of *affect* in the personality as a whole. The history of these two ideas will be the focus of the next section.

### **5.3. The history of Kanner’s conception of affective contact**

It was not until after the French and American revolutions, in the late 18<sup>th</sup> century, that humanitarian reforms brought an interest in emotional disorders; before, they were not mentioned in the medical literature.<sup>773</sup> After that, the interest was only in the emotional problems of *adults*.

In the 19<sup>th</sup> century, following Sigmund Freud, there emerged a retrospective interest in the childhood personality of adult patients and an interest in the personality of children as the start of future tendencies.<sup>774</sup> Like Freud had in Europe, Adolf Meyer pioneered a dynamic approach to psychiatry in the USA, and he shared with Freud a retrospective interest in children. On the one hand, Kanner applauded their dynamic approach to psychiatry, with its interest in the role of life experiences, but on the other hand he was critical of the

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<sup>770</sup> Leon Eisenberg and Leo Kanner, "Childhood schizophrenia: symposium, 1955: early infantile autism, 1943–55" (1956), p. 557.

<sup>771</sup> Kanner, "Infantile autism and the schizophrenias" (1965), p. 412

<sup>772</sup> Kanner, "Follow-up study of eleven autistic children originally reported in 1943" (1971), p. 141; emphasis original.

<sup>773</sup> Kanner, "Emotionally disturbed children: a historical review" (1962), p. 97.

<sup>774</sup> Kanner, "Problem children growing up" (1937), p. 691.

fact that they did not see children and based their ideas about childhood on the memories and dreams of adults.<sup>775</sup>

It was not until the 1930's that the emotional problems of children were recognized as an interest in its own right. Even then, their problems were often dismissed as laziness or disobedience, rather than seeing the whole child, as Kanner would have it, "as a maladjusted human being who, for reasons to be carefully investigated, has failed to respond to the demands that his environment has placed upon him".<sup>776</sup> His ideas about the ability to form affective ties and the emotional reactivity of children were at the forefront of this new recognition of the emotional problems of children.

In the remainder of this section, I will discuss the history of Kanner's understanding of affective contact. First, I will discuss the use of the concept of contact at *Phipps* before 1938. Second, I will review the influence (or lack thereof) of Benjamin and Frankl, two Jewish refugees who became Kanner's colleagues at *Phipps* in 1938. Finally, I will discuss the influence of Adolf Meyer, Leo Kanner's teacher, who shaped not so much his ideas about autism per se, but his theory of the personality and the interaction between the emotional and the other factors of the personality.

### 5.3.1 Use of the concept of contact at *Phipps*

Kanner wrote in 1935, three years before he met Donald, that "[p]sychopathology is to a large extent the pathology of interpersonal relationships".<sup>777</sup> In the 1920's, the term 'contact' was one of the concepts used at *Phipps* to describe such atypical behaviour. The term was used by Adolf Meyer and others, years before Kanner even joined the staff.<sup>778</sup>

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<sup>775</sup> Kanner, "The scope and goal of psychotherapy with children" (1963) pp. 367-8.

<sup>776</sup> Kanner, "Behind bad grades and behaviour" (1935), p. 20.

<sup>777</sup> Kanner, "Psychopathological problems of childhood" (1935), p. 91; idem, "Psychiatric problems in children" (1944), p. 577.

<sup>778</sup> Kanner spoke about professional contact with patients, colleagues and agencies. In a paper on the new psychiatric consultation service established under his leadership in the Harriet Lane Home, Kanner wrote about the "first hand contact with patients", "contact between psychiatry and paediatrics", "contact with the patient" and the "close contact" with other child-rearing agencies. Kanner, "Supplying the psychiatric needs of a pediatric clinic" (1932), pp. 400,401, 403, 405. Elsewhere, Kanner described his work as "daily professional contacts with human beings". Kanner, "The application of psychiatry" (1937), p. 556.

Kanner also wrote about the contact the children that were brought to him had with their parents, peers and educators. He mentioned in a methodological paper that "there are people of

In 1921, seven years before Kanner started his fellowship there, a mother came to the clinic.<sup>779</sup> She felt that her four-year-old daughter, Jane, did not develop properly. For example, she noticed that Jane did not look at persons the way her other children did, made unexpected rhythmical movements, was frightened by lights and did not fully learn to speak. Jane was initially diagnosed with “feble-mindedness”, but at her mother’s request she was seen by Adolf Meyer himself. In a letter Meyer offered the following reflections on the case:

The patient presents a very interesting problem. At about the age of one, she became rather shy and switched out of contact with her environment. In consequence, she is backwards in her contacts, but a very sweet-tempered child with probably very good assets, she can be drawn into a current of ease in play and activity free of too many comparisons. She does not show any difficult habits, but requires a natural, direct and affectionate handling without any pushing or undue demands”.<sup>780</sup>

The everyday term ‘contact’ at that time already suggested itself to Meyer to describe certain ‘pathological’ forms of behaviour in childhood.

In his (unrelated) research notes, Meyer pointed to the concept of ‘attitudes’ to conceptualize contact. He explained the rapport between two persons in terms of *attitudinal contact*: they make contact when they both have “a fundamental readiness for being set off in the same way”, in other words, a matching attitude.<sup>781</sup> This explained, in Meyer’s view, why physicians have

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different [...] inter-individual contact-tendencies”. Kanner, "The significance of a pluralistic attitude in the study of human behavior" (1933), p. 39 Most of these tendencies were healthy, but some led to complaints.

<sup>779</sup> George C. Darr and Frederic G. Worden, "Case report twenty-eight years after an infantile autistic disorder" (1951).

<sup>780</sup> Cited in George C. Darr and Frederic G. Worden, "Case report twenty-eight years after an infantile autistic disorder" (1951), p. 563.

<sup>781</sup> Johns Hopkins Medicine, Nursing, and Public Health, Alan Mason Chesney Medical Archives, Series XII Scientific notes and records: Baltimore, Unit XII/1: Working Notes, Folder 30: Attitude, p. 1.

better contact with certain patients.<sup>782</sup> He stated that “there is always some degree of attitudinal contact”, because the experience of a human being is never entirely unfamiliar to another human being.<sup>783</sup> He did point out, however, that someone who “cannot sense and appreciate the dynamics of simple human intercourse with its unspoken attitudes” would not be a good physician.<sup>784</sup>

Decades later, in 1950, Jane’s case was presented at the annual meeting of the *American Orthopsychiatric association*.<sup>785</sup> The chairman at that occasion was Kanner. In reaction to the case report, he noted that it was “[n]o wonder that psychiatrists of the calibre of Dr. Meyer [...] felt that they were dealing with something unique [...] for which they had no frame of diagnostic reference.”<sup>786</sup> With hindsight, Kanner was struck by the similarity of Meyer’s description of Jane with his own description of eleven similar cases in 1943.<sup>787</sup> Kanner later wrote that her behaviour “corresponded in every detail to the typical findings in early infantile autism”.<sup>788</sup>

When Kanner met Donald, he must also have felt that he was dealing with a unique case for which there was no ready frame of diagnostic reference. As we have seen, Kanner could already describe interpersonal problems in terms of congruent or incongruent emotional reactions to the environment, especially to the attitudes of the child’s parents and other adults. This was not

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<sup>782</sup> In the second edition of his textbook, Kanner made similar remarks about the contact between physician and patients. He emphasized that in child psychiatry, “a physician is confronted initially by an adult and by a child” as a child “never comes to a physician alone”. Kanner, *Child Psychiatry* (1948), p. 181.

Like his teacher, Kanner maintained that the child’s response “is determined by the doctor’s attitude” and that physicians are “confronted with the need to treat attitudes as well as bodies”. Kanner, *Child Psychiatry* (1948), p. 187, 142

However, Kanner’s main concern was to describe the attitudes of physicians, not the attitudes of children. I am not sure then, if and when Kanner considered the possibility that some children do not spontaneously make attitudinal contact in the way typical children do.

<sup>783</sup> Johns Hopkins Medicine, Nursing, and Public Health, Alan Mason Chesney Medical Archives, Series XII Scientific notes and records: Baltimore, Unit XII/1: Working Notes, Folder 161: Integration, III.

<sup>784</sup> Johns Hopkins Medicine, Nursing, and Public Health, Alan Mason Chesney Medical Archives, Series XII Scientific notes and records: Baltimore, Unit XII/1: Working Notes, Folder 161: Integration, III.

<sup>785</sup> "Proceedings of the Twenty-Seventh Annual Meeting of the American Orthopsychiatric association" (1950), p. 866

<sup>786</sup> George C. Darr and Frederic G. Worden. "Case report twenty-eight years after an infantile autistic disorder" (1951), p. 569

<sup>787</sup> Leo Kanner "Autistic disturbances of affective contact" (1943).

<sup>788</sup> Leo Kanner and Leonard I. Lesser, "Early infantile autism" (1958), p. 724.

enough to conceptualize Donald's case, but he had just discovered the conceptual tools he needed, as we will see next.

### 5.3.2 *European influences? Two Jewish refugees*

In 1938, Kanner helped a large number of Jewish physicians come to the United States to escape the Nazis. Of these refugees Kanner took “a few qualified” paediatricians into his clinic, including George Frankl and Erich Benjamin.<sup>789</sup> Both men were working on children who refrained from contact with other people, and could have offered Kanner the tools to conceptualize what was distinctive about Donald and the other autistic children. It is significant that even though Kanner held the ideas of Benjamin in high regard, he turned to Frankl's work to conceptualize the contact disturbances of autistic children.

Kanner seems to have learned about Erich Benjamin's work first. In a paper published in September 1937<sup>790</sup>, Kanner discussed Benjamin's book *Grundlagen und Entwicklungsgeschichte der kindlichen Neurose* (1930). Kanner hailed the book as one of the best of its kind, “a serious effort to formulate children's behavior difficulties in a manner that tries to do justice to dynamic factors”.<sup>791</sup>

In the summer of 1938, just before Kanner began developing the idea of an autistic disorder, he started corresponding with Erich Benjamin.<sup>792</sup> The latter had been looking to leave Germany since January 1938 and had come into contact with Kanner via the Swiss child psychiatrist Jakob Lutz. In a paper published in September 1938, Kanner discussed Benjamin's view that neurosis in children involves “social contact disturbances”, defined as difficulties “adjusting to the task of growing into relationships with other people”.<sup>793</sup> In October 1938, Kanner offered Benjamin a position as Research associate at his

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<sup>789</sup> American Psychiatric association Foundation, Melvin Sabshin, M.D., Library & Archives, Leo Kanner, M.D. papers, Archives Box 100695, folder 7: Autobiography (2) typed copy, pp. 210-392, at p. 381.

<sup>790</sup> Leo Kanner, "The development and present status of psychiatry in pediatrics" (1937), p. 425.

<sup>791</sup> Kanner, "Some pediatric problems of behavior in infancy and early childhood" (1938), p. 425

<sup>792</sup> Oegele, *Leben und Werk des jüdischen Wissenschaftlers und Kinderarztes Erich Benjamin* (2003), p. 161

<sup>793</sup> Kanner, "Some pediatric problems of behavior in infancy and early childhood" (1938), p. 427

child psychiatry department.<sup>794</sup> We can be certain, then, that Kanner knew of Benjamin's idea of contact disorders before he started developing his theory of autism.

In *Grundlagen und Entwicklungsgeschichte der kindlichen Neurose*, Benjamin made several remarks that Kanner could have taken as starting point in developing a theory of autistic contact disorders. The book described Benjamin's developmental theory, which was influenced by Charlotte Bühler. He maintained that while children in the first years of their life strive to develop positive social contact with other people, this initial development is interrupted by a stage of resistance (*Trotzphase*). In this second stage, children begin to distance themselves from other people and start to "refuse to make contact".<sup>795</sup> Starting around the second year of life, children develop an "urge to temporarily break off contact with the environment, to isolate oneself, and to withdraw into oneself".<sup>796</sup> Benjamin believed that in most children this stage would last for about two years, and in these cases he considered resistance a typical part of development.<sup>797</sup> However, he found that in some children the stage of resistance develops into a "disorder of social relations". Such a disorder might take the form of introversion: turning away from reality and losing interest in the external world.<sup>798</sup> Benjamin believed that such a 'neurosis' was caused by a child's constitution (*Anlage*) rather than being a reaction to their environment (*Umwelt*).

At one point, Benjamin described this withdrawal from contact as an "autistic attitude".<sup>799</sup> Indeed, it sounds similar to Bleuler's description of autism and even more so to Asperger's suggestion that autistic children are stuck at a stage of differentiation from the world. Why, then, did Kanner not turn to Benjamin's ideas to develop his own theory of autism?

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<sup>794</sup> The department received 2,000 dollars from the *Emergency Committee in Aid of Displaced Foreign Medical Scientists* to provide a stipend for Benjamin. The Johns Hopkins University Circular (1941), p. 553. JScholarship, <https://jscholarship.library.jhu.edu/>. Accessed 20 August 2021.

<sup>795</sup> Erich Benjamin, *Grundlagen und Entwicklungsgeschichte der kindlichen Neurose* (1930), p. 53

<sup>796</sup> *Ibid.*, p. 69: "der Drang, vorübergehend den Kontakt mit der Umwelt abzubrechen, sich zu isolieren und sich auf sich selbst zurückzuziehen".

<sup>797</sup> *Ibid.*, p. 37: "mangelndes soziales Kontaktstreben".

<sup>798</sup> *Ibid.*, pp. 67-69; alternatively, it may take the form of rebellion or regression.

<sup>799</sup> *Ibid.*, p. 86: "autistische Einstellung".



Kanner agreed with Benjamin that personality problems often have their basis either in the period of resistance or in puberty – stages in which the child is developing a new degree of autonomy vis-à-vis its parents.<sup>800</sup> However, Kanner found Benjamin's idea that the period of resistance is “anchored in the Anlage” too fatalistic.<sup>801</sup> Benjamin suggested that the typical period of resistance, and its development, in some children, into a disorder of social relations had a constitutional component, but (like Asperger) he believed that this predisposition would not manifest until the second year of life and would follow a period of good social relations.

Instead, Kanner suggested that personality problems are “the expression of a child's struggle to establish a way of living amidst a confusing and upsetting welter of educational inconsistencies”, such as overly warm or cold parental attitudes.<sup>802</sup> Kanner on the one hand believed that in autistic children the contact disturbances are there from the start and do not follow an initial period of good contact. But on the other hand, he believed that their fate is not fully determined at birth and also depends on their social environment.

Moreover, Frankl's approach of contact disorder has the advantage that he framed them as *emotional* disorders, the recognition of which contributed to the recognition that the mind is not merely intellectual but also emotional.

I believe these are the reasons that Kanner did not take Benjamin's concept of contact disorders as his starting point but Frankl's. As we have seen in the first chapter, Frankl was the other Jewish refugee Kanner took into his clinic. Like Benjamin, he described contact disorders in children, but he conceptualized them as an emotional disorder that manifests from birth. It was Frankl's idea of *affective* contact disorders that had the most direct influence on Kanner's theory of autism.

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<sup>800</sup> Kanner, "Psychopathological problems of childhood" (1935), p. 91; idem, "Psychiatric problems in children" (1944), p. 577; idem, "Do behavioural symptoms always indicate psychopathology?" (1960).

<sup>801</sup> Kanner, "Psychiatry: its significance in pediatrics" (1943-4), p. 53; see also his "Convenience and convention in rearing children" (1944).

<sup>802</sup> Kanner, "Psychiatry: its significance in pediatrics" (1943-4), p. 53.

Did Kanner mean the same by *affective* contact as Frankl? Frankl observed in some children a “disorder in the patient’s relationship to other people”; he believed that it was caused by language difficulties, especially impairments of the understanding and expression of emotions by means of non-verbal symbols.<sup>803</sup> It is significant that in describing affective contact, Kanner would often use terms like ‘communicative’ and ‘communication’. Thus, Kanner wrote in 1943 that Donald “did not use communicative gestures”, that Charles “never used language as a means of communicating with people”, that John “used language not as a means of communication” and that Eileen, too, showed “no communicative gestures”; he concluded that the 11 children he described did not use language “as a tool for receiving and imparting meaningful messages”.<sup>804</sup> In the second edition of his textbook, in a new section on initial contact with the child, Kanner wrote that there is “an integration of speech and nonverbal language”<sup>805</sup> – just as Frankl had suggested. This may seem to suggest that Kanner was using the term ‘affective contact’ in the same way as Frankl (see chapter 1): to denote the communicative exchange of ideas, feelings, and experiences with other persons.

I don’t think that this is the full story, however. Rather, like Asperger, Kanner took up Frankl’s concept of contact disorders and developed it into the direction of a much broader autistic disorder that affects the whole personality. For Kanner, “disturbances of affective contact” involved the absence or limitation of the emotional relationships to other people. In typical children, such relationships would be two-sided and involve mutual adaptation of emotional reactions. In autistic children, relationships would be more one-sided, as they would anxiously seek to maintain their status: the aloneness of the self and the sameness of their environment.

For Kanner, Frankl’s idea of contact disorders was still too limited in scope. Frankl considered language difficulties to be the cause of contact disorders in children. He focussed on conditions such as post-encephalitic parkinsonisms, where a good ability to understand and express emotional language is

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<sup>803</sup> George Frankl, "Language and affective contact" (1943), p. 256.

<sup>804</sup> Kanner, "Autistic disturbances of affective contact" (1943), pp. 222, 237, 238, 240, 243.

<sup>805</sup> Kanner, *Child Psychiatry* (1948), p. 185.

destroyed or diminished after illness. However, Frankl also described the case of Karl K., who showed a “lack of contact with persons” from birth and lacked “a communicative tendency” from the start.<sup>806</sup> This idea that some children are solitary persons gave Kanner the idea that some children may have an inborn disability to develop affective contact. Frankl emphasized that in such cases the intellectual language is well developed whereas the emotional language is not. Kanner widened this idea beyond emotional language to the entire emotional factor of the personality.

Then again, his idea that autism affects the whole personality went beyond Frankl’s concept of contact disorders and was rather influenced by Adolf Meyer, as we will see next.

#### *5.3.4 Affect as one factor of the personality: the influence of Adolf Meyer*

Kanner first met Adolf Meyer in 1928.<sup>807</sup> In that year, Meyer announced a fellowship in Psychiatry at the *Henry Phipps Psychiatric Clinic* in the May issue of the *American Journal of Psychiatry*. Kanner wrote to Meyer to ask him if he might introduce himself at the convention of the *American Psychiatric association* that would take place in June. The permission was granted and when Kanner did indeed approach Meyer, the professor asked him to come to his room, where they spoke for two hours. This talk was the beginning of a professional relationship that would last until Meyer’s death in 1950.

When Kanner started his fellowship in October 1928, Meyer had already been director of *Phipps* for 20 years, since its foundation in 1908 (the building did not open until 1913).<sup>808</sup> During that time, Meyer had established a *psychobiological* approach to psychiatry.

Meyer’s psychobiology had as its central idea that human beings integrate their body and mind and all their other functions by forming a personality. He emphasized that the personality is not a sum of its parts, but a

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<sup>806</sup> George Frankl, "Language and affective contact" (1943), p. 259.

<sup>807</sup> American Psychiatric association Foundation, Melvin Sabshin, M.D., Library & Archives, Leo Kanner, M.D. papers, Archives Box 100695, folder 7: Autobiography (2) typed copy, pp. 210-392, at p. 309.

<sup>808</sup> Susan D. Lamb, *Pathologist of the Mind: Adolf Meyer, Psychobiology and the Phipps Psychiatric Clinic at the Johns Hopkins Hospital, 1908–1917* (2010), chapter 2.

biological function that integrates its constituent parts into a higher-level of functioning.<sup>809</sup> Meyer defined integration as “the bringing together of parts within a whole”, that is, “the combining of elements of a lower level into units of a higher level with possible new levels of arrangement”.<sup>810</sup> His idea was that this new whole or unit has characteristics that its constituents parts do not have and that would not exist without the integration process. Such integration occurs on different levels, the highest of which is *mental* integration – another name for subject and personality formation.<sup>811</sup> He thought that humans share many of their biological functions with other animals but are unique in blending these lower-level functions with the *meaning function*, or as he also called it, *symbolization*. This higher and uniquely human level of functioning is integrated in a special way, because it uses symbols, language and imagination to go beyond immediate sensory experience and to draw in the past and the future. Mental disorder, in Meyer’s view, occurs on the level of *psychobiological* integration (‘mental’) and occurs in a unique situation to which it is a maladjustment (‘disorder’).

In this psychobiological approach Kanner was immersed during his fellowship with Meyer, from October 1928 until October 1931. Just at that time, *Phipps* received a grant for the investigation of psychiatric problems of children at the *Johns Hopkins* paediatric clinic.<sup>812</sup> Meyer asked Kanner to make this happen and the latter started the work on the first of November. Meyer would continue as director of *Phipps* until his retirement in 1941. In the 1970’s, a portrait of Meyer still hung over Kanner’s desk and like his portrait his ideas were hovering over Kanner until his death.<sup>813</sup>

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<sup>809</sup> Johns Hopkins Medicine, Nursing, and Public Health, Alan Mason Chesney Medical Archives, Series XII Scientific notes and records: Baltimore, Unit XII/1: Working Notes, Folder 35: The Biological Integrative Levels and the foundations of psychopathology, p. 15. Meyer sometimes distinguishes between ‘subject-formation’ as a short-term process in the moment, and ‘personality formation’ as forming a stable personality.

<sup>810</sup> *Ibid.*, p. 22.”

<sup>811</sup> *Ibid.*, p. 27ff.

<sup>812</sup> American Psychiatric Association Foundation, Melvin Sabshin, M.D., Library & Archives, Leo Kanner, M.D. papers, Archives Box 100695, folder 7: Autobiography (2) typed copy, pp. 210-392, at p. 350.

<sup>813</sup> Kanner, "Historical perspective on developmental deviations" (1976), p. 187.

I believe that Meyer did not so much influence Kanner's conceptualization of early infantile autism specifically, but had a decisive influence on Kanner's work in two other respects.

First, Meyer influenced the way Kanner examined and diagnosed children with autism. In the first edition of Kanner's textbook on child psychiatry, the second section was devoted to what he described as "examination and diagnosis". Kanner emphasized the different nature and complementarity of *examination* – "an analytical procedure" – and *diagnosis* – "a synthetic procedure". Examination would involve considering as many different factors as possible so as to take all aspects of the person into account. In contrast, diagnosis involved piecing all these different factors together again so as to develop a coherent disease picture. This combination of examination and synthesis is typical for Meyer's approach to psychiatry.

Second, Meyer influenced Kanner's theory of the personality, which is essential to Kanner's theory of autism, as he believed that autism ultimately affects the whole personality. The idea that a disorder affects the whole person was central to Meyer's work.

When Kanner introduced the term emotional reactivity it was clearly in the context of Meyer's psychobiology. Meyer proposed that "[a]ll life is reaction, either to stimuli of the outside world or of the various parts of the organism".<sup>814</sup> He believed that disorders such as "depressions or obsessions" are best "treated as reactions to something"; by using the term reaction he wanted to direct attention to "the whole picture or pattern or set of circumstances and development within which the development complained of has the position of a 'reaction'".<sup>815</sup> On this view, there is no mind-stuff, only the adaptation and adjustment of the whole individual to life situations.<sup>816</sup> This may sound like behaviourism, but by 'reactions' he meant performances that are more complex than the conditioned reflexes discussed in crude behaviourism.<sup>817</sup> He discerned

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<sup>814</sup> Adolf Meyer, "A short sketch of the problems of psychiatry" (1897), p. 540.

<sup>815</sup> Johns Hopkins Medicine, Nursing, and Public Health, Alan Mason Chesney Medical Archives, Series XII Scientific notes and records: Baltimore, Unit XII/1: Working Notes, Folder 578: Reaction & Responsiveness.

<sup>816</sup> Adolf Meyer, "The role of the mental factors in psychiatry" (1908), p. 41.

<sup>817</sup> Kanner, *Child psychiatry* (1935), p. 37

between “immediate reaction in temporary subject organization” and the more stable reactions of a personality that are mediated by symbols and concepts and go beyond present reality.

Meyer proposed that ‘normal’ and ‘abnormal’ behaviour alike should be treated as “reactions to something”.<sup>818</sup> Whether someone’s reactions are healthy or unhealthy depends on the individual’s success “in working through the conflicts, tangles and temptations of usual and unusual demands” from the environment.<sup>819</sup> If a patient has a “depressive reaction”, for example, his doctors should also look at his “constitutional make-up”, but Meyer believed that the external “precipitating factor” is “of the greater importance because it alone gives us an idea of the actual defect”.<sup>820</sup>

Meyer grouped similar reactions into reaction set or reaction patterns. Kanner was clearly influenced by this idea of “combinations and constellations of facts which bear sufficient resemblance to each other to be considered together for special well-defined needs, such as an affective reaction”.<sup>821</sup> Indeed, in the 1930’s, Kanner often used the term ‘reactions’ in Meyer’s sense, to describe the psychopathological problems of children without having to postulate a fixed disease entity.<sup>822</sup> Kanner departed from this approach, however, when he proposed that there is a distinct disorder called early infantile autism.

#### 5.4 Leo Kanner’s relationship to Hans Asperger’s work

The most influential claim about the difference between Kanner’s and Asperger’s work is Dutch child psychiatrist Dirk Arnold van Krevelen’s identification of two differences: Kanner “described [...] *processes*, characterized by a *course*” whereas Asperger “represented *traits*, which were *static*”.<sup>823</sup> My own research

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<sup>818</sup> Johns Hopkins Medicine, Nursing, and Public Health, Alan Mason Chesney Medical Archives, Series XII Scientific notes and records: Baltimore, Unit XII/1: Working Notes, Folder 578: Reaction & Responsiveness.

<sup>819</sup> Adolf Meyer, "The role of the mental factors in psychiatry" (1908), p. 44

<sup>820</sup> Adolf Meyer, "The role of the mental factors in psychiatry" (1908), p. 41

<sup>821</sup> Kanner, "The significance of a pluralistic attitude in the study of human behavior" (1933), p. 35

<sup>822</sup> Kanner, "The significance of a pluralistic attitude in the study of human behavior" (1933), pp. 30-31; idem, "Psychopathological problems of childhood" (1935), pp. 585, 590, p. 597; idem, "Psychiatric clinic" (1937), p. 614; idem, "The invalid reaction in children" (1937).

<sup>823</sup> Dirk Arnold van Krevelen, "early infantile autism and autistic psychopathy" (1971), p. 83.

has affirmed these two differences. We have seen in Kanner's view, the performance of autistic children improves over time, although its core remains in place. In contrast, Asperger believed that autistic children are stuck in the same developmental stage from two or three years of age; he did not seem to see much room for development.

In another respect, Van Krevelen's view is imprecise, however. Van Krevelen also wrote that according to Kanner autistic children are "psychotic" whereas in Asperger's view autistic children have "an abnormal personality".<sup>824</sup> This statement is misleading: although Kanner did sometimes describe autism as a childhood psychosis, he did not oppose it to personality problems. To the contrary, he thought of autism as an emotional disorder that affects the whole personality. Both Kanner and Asperger, then, proposed that autism ultimately affects *the whole personality*. Both men stressed that personality formation involves *integration* and both advocated a holistic approach to psychiatry.

In light of this overlooked similarity between their theories, it is surprising that Kanner believed that Asperger's theory of autistic psychopathy "if at all related to infantile autism, is at best a 42<sup>nd</sup> cousin".<sup>825</sup> One reason may be that Kanner was highly critical of the typological approach to the personality, which as we have seen was central to Asperger's idea of autism as a personality type; Kanner felt that typologies are overly simplistic and abstract one segment of the whole that should be seen as integrated with all the other segments.<sup>826</sup> There is no evidence, however, that Kanner believed that Asperger's theory was inadequate; to the contrary, he seems to have valued his theory but simply believed that it described a different disorder.

Historians have pondered why Asperger consistently referred to Kanner's work, in all his papers on autism published after 1952, whereas Kanner did not mention Asperger until 1971 and even then, only once and in passing.<sup>827</sup>

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<sup>824</sup> Ibid.

<sup>825</sup> Kanner, "Book review: The Autistic Child, by I. Newton Kugelmass" (1971). Kanner's colleague Leon Eisenberg wrote something similar in his review of this book: "He contends that Kanner's syndrome was 'confirmed' by Asperger in 1944 although Asperger ... described a different group of children (autistic psychopaths) and could not in any event have read Kanner's paper at the time he wrote his own." Leon Eisenberg, "Book review: The autistic child by I. Newton Kugelmass" (1971), pp. 103-4.

<sup>826</sup> Kanner, *Child psychiatry* (1935), p. 93; idem, "Behaviour disorders in childhood" (1944), p. 765

<sup>827</sup> Kanner, " 'The Autistic Child'. Book review of Kugelmass, *The Autistic Child*. Thomas, Illinois, 19-70." (1971).

This had led to speculations among historians that Kanner deliberately ignored Asperger's work out of jealousy, embarrassment or spite. Steve Silberman writes in *Neurotribes* that "Kanner himself encouraged the view that Asperger's work was unworthy of serious consideration by maintaining a Sphinxlike silence about his Viennese counterpart" and suggests that it is unlikely that Kanner didn't know about Asperger's theory.<sup>828</sup> Michael Fitzgerald goes a step further and claims that since Kanner "did not mention Hans Asperger's name" even though he knew about his work he was guilty of "plagiarism".<sup>829</sup>

Drawing on not previously reported archive materials, I will show that these explanations are mistaken: Leo Kanner not only appreciated Hans Asperger's work on autism, but actually was instrumental in the recognition of his work in English language countries. He deferred the important task of writing about Asperger's work in English to his Dutch colleague and friend Arn van Krevelen.

Asperger may have first encountered the name Asperger in 1957.<sup>830</sup> It is absolutely certain that he knew about Hans Asperger's work on autism in 1970. In that year *Autistic Child* came out, a book written by I. Newton Kugelmass. In the beginning of this book, Kugelmass wrote that while Kanner "was the first among them all to characterize the defective capacity of affective contact in eleven young children as early infantile autism" [...] Kanner's syndrome was [later] confirmed by Asperger [sic] and five other authors, including Van Krevelen.<sup>831</sup> Now, Kanner was irritated both by Kugelmass' misspelling of Hans Asperger's name and by his misrepresentation of Asperger's idea of autistic psychopathy:

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<sup>828</sup> p. 152.

<sup>829</sup> Michael Fitzgerald, "Autism: Asperger's syndrome—History and first descriptions" (2008).

<sup>830</sup> Charlotte Simmonds claims that Kanner learned about Asperger's work in 1958. Specifically, she argues that in that year "Kanner read and quoted van Krevelen's 'Zur Problematik des Autismus', a paper containing a comparison of the two autisms". Simmonds, *G. E. Sukhareva's place in the history of autism research: Context, reception, translation* (2019), p. 252.

Simmonds offers no reference, but I assume she refers to "The Specificity of Early Infantile Autism", which Kanner read in 1957 and published in 1958. It contains references to two Spanish papers by Van Krevelen. (Van Krevelen gave at least 7 lectures in Spain in the 1950's.) The first paper was entitled "Problemática del autismo infantil" and appears to be a Spanish translation of "Zur Problematik des Autismus". The second paper was "Crítica sobre el diagnóstico del autismo infantil precoz" and had an English abstract mentioning Hans Asperger.

<sup>831</sup> I. Newton Kugelmass, *The Autistic Child* (1970), p. 5



There is repeated mention of Ansperger [sic] who is cited as having “confirmed Kanner’s syndrome” in 1944. The name is Asperger, and the man, at that time, could have no knowledge of Kanner's publication; instead, he independently described what he called “autistic psychopathy” which [...] merits, and has received, serious attention from investigators not confused by klang association.<sup>832</sup>

After Kanner read Kugelmass’ book, he wrote to Van Krevelen:

I was rather amazed to find that the name Asperger is unfamiliar even to some of those who have written books on autism and that in a recent book, aside from the fact that his name was misspelled, he has been utterly misquoted. I know that you have given quite a bit of thought to the relationship between early infantile autism and Asperger’ autistic psychopathy. I wonder if you could find the time to present your ideas about the matter in a paper for the new journal. I feel that such a statement would be timely, essentially needed in this country and give Asperger the recognition he deserves.<sup>833</sup>

Van Krevelen complied: in 1971 he published an English paper comparing Kanner’s and Asperger’s theory of autism.<sup>834</sup> This paper appeared in the first volume of *Journal of autism and childhood schizophrenia*, of which Kanner was the founding editor, alongside a paper by Kanner on childhood psychosis and his review of Kugelmass’ book. Kanner wrote to Van Krevelen about this paper:

Your statement is a masterful, clearly expressed, indisputable juxtaposition of the distinguishing features of early infantile autism and autistic

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<sup>832</sup> Kanner, " 'The Autistic Child'. Book review of Kugelmass, *The Autistic Child*. Thomas, Illinois, 19-70." (1971). Kanner’s colleague Leon Eisenberg wrote something similar in his review of this book: “He contends that Kanner's syndrome was ‘confirmed’ by Asperger in 1944 although Asperger [...] described a different group of children (autistic psychopaths) and could not in any event have read Kanner's paper at the time he wrote his own.”

<sup>833</sup> American Psychiatric association Foundation, Melvin Sabshin, M.D., Library & Archives, Leo Kanner, M.D. papers, Archives Box 100697, folder 98: Letter from Kanner to Van Krevelen, dated September 12, 1970

<sup>834</sup> Dirk Arnold Van Krevelen, "Early infantile autism and autistic psychopathy" (1971)

psychopathy. It had to be brought to the attention of the American reader and – as I anticipated – could not be set down so lucidly and succinctly by anybody else, not even by myself or Asperger.<sup>835</sup>

This was not the first English paper in which Van Krevelen discussed Asperger's theory: he had already co-authored an English-language paper on his theory in 1962.<sup>836</sup> However, it was the later paper that inspired Lorna Wring to write a paper on Asperger's syndrome, which led to wide recognition of Hans Asperger's work in English-language countries.<sup>837</sup> In 1981 and 1986 Wing referred to Van Krevelen's 1971 paper as the first English language paper on the subject, not mentioning the 1962 article.<sup>838</sup> In this way, the article Kanner commissioned on the comparison of his and Asperger's theories of autism was instrumental in the recognition of Asperger in English-language countries.

That Kanner in 1971 was "amazed" that Asperger's name was still unfamiliar indicates that at that time he must have known about Asperger's work on autistic psychopathy for a while already. Kanner did not make Asperger's work known right away and he did not do this himself. He did not, however, ignore Asperger.

## 5.5 The contemporary significance of Leo Kanner's theory

Kanner is widely recognized as the first to describe autism as a distinct disorder, even though we have seen that Asperger was a little earlier, not to mention similar ideas in other authors. Whereas Asperger's concept of autistic psychopathy did not become widely known in the USA until after 1981, Kanner's

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<sup>835</sup> American Psychiatric association Foundation, Melvin Sabshin, M.D., Library & Archives, Leo Kanner, M.D. papers, Archives Box 100697, folder 98, Letter from Kanner to Van Krevelen, dated 26 March 1971; underlining original.

<sup>836</sup> Dirk Arnold Van Krevelen and Christine Kuipers, "The psychopathology of autistic psychopathy" (1962).

<sup>837</sup> Cf. Silberman, *Neurotribes: The legacy of autism and how to think smarter about people who think differently* (2016), p. 378-379; his source is an interview with Lorna Wing and Judith Gould

<sup>838</sup> Lorna Wing, "Asperger's syndrome: a clinical account" (1981), p. 115; idem, "Clarification on Asperger's syndrome" (1986), p. 513

concept of early infantile autism became known much earlier. Kanner's papers on autism were widely cited in English language papers before 1981.

Kanner's relevance to diagnostic conceptualisation today lies in his influence on the *symptoms* of autism in the DSM-5. I have emphasized the term 'symptoms' since Kanner's underlying ideas, especially the idea that autism is an emotional disorder, was increasingly ignored in the development of the DSM.

Initially, Kanner's ideas influenced diagnostic conceptualisation directly, in the USA as well as abroad. To give just one example, Arn van Krevelen in 1952 described, as the first in Europe, a case of early infantile autism, drawing on Kanner's papers.<sup>839</sup> Later, the influence of Kanner's ideas on the diagnostic conceptualisation<sup>840</sup> of autism in psychiatry was mediated by classification manuals, most importantly the DSM.

The DSM-I and DSM-II included the category of 'childhood type' schizophrenia, with an onset "before puberty".<sup>841</sup> They acknowledged that childhood schizophrenia can be manifested by "autism" or "autistic behavior", but these editions did not include autism as a distinct disorder. Clearly, the authors did not follow Kanner's suggestion that autism should be clearly distinguished from other forms of 'psychotic behaviour' in childhood. Kanner would have agreed to make autism a sub category of childhood schizophrenia, as he did in the second edition of his textbook, but would have warned against lumping it together with other forms of schizophrenia.

The DSM-III was the first edition to include autism as a distinct disorder, under the general heading of "pervasive developmental disorders", defined as

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<sup>839</sup> Dirk Arnold van Krevelen, "Een geval van 'early infantile autism'" (1952).

<sup>840</sup> Kanner's influence on diagnostic practice was of course also influenced by checklists and rating scales. Between 1959 and 1978, the first of these were devised to aid in the diagnosis of autism and related disorders. These early instruments have in common that they focussed on observable behaviours, including the behaviours that had been described by Kanner. For a comparison, see DeMyer, Marian K., et al., "A comparison of five diagnostic systems for childhood schizophrenia and infantile autism" (1971) and Susan L. Parks, "The assessment of autistic children: A selective review of available instruments" (1983).

After 1981, a newer class of instruments has been developed that looked beyond Kanner's autism to other forms of autism as well. For reviews, see Tony Charman and Katherine Gotham, "Measurement Issues: Screening and diagnostic instruments for autism spectrum disorders—lessons from research and practise" (2013);

<sup>841</sup> American Psychiatric association, Committee on Nomenclature and Statistics, *Diagnostic and statistical manual: mental disorders* (1952); American Psychiatric association, *Diagnostic and statistical manual of mental disorders: DSM-II* (1968).

“distortions in the development of multiple basic psychological functions”.<sup>842</sup> The DSM-III used the term “infantile autism”; this is Kanner’s term without the word “early”, despite the fact that one of the criteria was an onset before 30 months, which is much earlier than the previous criterion of “before puberty”. At that time, autism was still considered a very rare disorder, affecting 3 in 10.000 children.<sup>843</sup>

The DSM-III was developed in the late 1970’s, three decades after Kanner’s first paper on autism. The decision to include autism as a distinct diagnostic category was influenced by several developments in psychiatric diagnosis.<sup>844</sup> There was increasing dissatisfaction with the previous versions of the DSM, which were considered chaotic, overly theoretical and of limited applicability, especially for children. Further, autism was increasingly differentiated from childhood schizophrenia and was more seen as an innate disorder. The DSM-III was further influenced by Michael Rutter’s definition of autism, which emphasized its early onset and its pervasiveness. He was the only author on autism cited in the DSM-III.<sup>845</sup>

In comparison with Kanner’s work, the most important thing to notice about the conceptualisation of autism in the DSM-III is that it did not include any reference to emotions. In keeping with Kanner’s two fundamental features, autism was defined in the DSM-III as a “lack of responsiveness to other people” (Kanner’s aloneness) and “bizarre responses to various aspects of the environment” (Kanner’s sameness); the third feature was “gross impairment in communicative skills”, which was similar to Frankl’s idea of affective contact as the communicative exchange of symbols. None of these features were described as emotional; the only reference to affect was a sidenote that autistic children may have “an indifference or aversion to affection”. Thus, the DSM-III included the symptoms described by Kanner but not the underlying idea that autism is an emotional rather than a cognitive or behavioural disorder.

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<sup>842</sup> American Psychiatric association, *Diagnostic and statistical manual of mental disorders: DSM-III (1980)*.

<sup>843</sup> Darold A. Treffert, "Epidemiology of infantile autism" (1970).

<sup>844</sup> Nicole E. Rosen, Catherine Lord, and Fred R. Volkmar, "The Diagnosis of Autism: From Kanner to DSM-III to DSM-5 and Beyond" (2021), p. 2.

<sup>845</sup> Cited were Michael Rutter, "The development of infantile autism" (1974) and Michael Rutter and Eric Schopler, *Autism: A reappraisal of concepts and treatment* (1978).

In 1987 the DSM-III Revised was published; it adopted the name “Autistic Disorder”, adding that it was “also known as Infantile Autism and Kanner's syndrome”.<sup>846</sup> This renaming seems to reflect a wish to have a category that applied to all ages and developmental levels.<sup>847</sup> In this version the description of the symptoms moved further away from Kanner's.<sup>848</sup> They were no longer framed as reactions to the environment and emotion/affect was only mentioned in one of six associate features subsumed under (3): “absence of emotional reactions”. The DSM-III R, then, moved further away from Kanner's ideas but maintained the symptoms described by Kanner. The DSM-IV kept more or less the same criteria, but described them in terms of impairments rather than responsiveness or reaction; it also added Asperger's Syndrome as a distinct disorder (see chapter 3).

The DSM-5 has two criteria for what is now called autism spectrum disorder. First, an offshoot of the contact disorder and Kanner's idea of aloneness: “Persistent deficits in social communication and social interaction across multiple contexts”; second, an extensive broadening of Kanner's idea of sameness: “Restricted, repetitive patterns of behavior, interests, or activities”. The symptoms included under these criteria were already described by Kanner, but have been redescribed in more abstract and more general terms. The DSM-5 claims that autism spectrum disorder “encompasses” Kanner's autism. This is only true to some extent, however. Like in previous DSM-editions, autism spectrum disorder is not considered an emotional disorder; it is now framed as a neurodevelopmental disorder “characterized by developmental deficits”.<sup>849</sup> The symptoms are there, but Kanner's underlying ideas have been eclipsed.

Theoretically, Kanner's theory has most to contribute to the minority view that autism is primarily an *emotional* rather than a cognitive disorder.

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<sup>846</sup> American Psychiatric association, *Diagnostic and statistical manual of mental disorders: DSM-III-R* (1987).

<sup>847</sup> Nicole E. Rosen, Catherine Lord, and Fred R. Volkmar, "The Diagnosis of Autism: From Kanner to DSM-III to DSM-5 and Beyond" (2021), p. 3.

<sup>848</sup> The main criteria had become: (1) impairment “in reciprocal social interaction”, (2) impairment “in verbal and nonverbal communication and in imaginative activity”, (3) “restricted repertoire of activities and interests”.

<sup>849</sup> American Psychiatric association, *Diagnostic and statistical manual of mental disorders: DSM-5* (2013).

The best-known contemporary proponent of this view is Peter Hobson.<sup>850</sup> He warns against “a bias towards analysing emotional states in cognitive terms”, that is, an “over-intellectualization of emotion”.<sup>851</sup> He criticizes those cognitive psychologists who suggest that experiencing the emotions of others requires a *concept* of self and other. Pace such cognitive approaches to emotions, he points to the developmental continuity between emotional processes, which are acquired earlier in life, and conceptual processes, which emerge later in life. Like Kanner, Hobson warns against being overconfident in drawing boundaries between cognition, emotion and motivation, suggesting instead that thinking often has an emotional basis that is overlooked by cognitive psychologists. Hobson describes this emotional basis as a preconceptual *sense* of self and other that is grounded in personal relatedness. Following Kanner, he describes this as “being in affective contact with someone else”.<sup>852</sup> Beyond Kanner, he argues that autistic children have “a restricted propensity to identify with other people” and to “assimilate the other person's attitude”.<sup>853</sup> In other words, Hobson suggests that if autistic children do not adopt the perspective of other people, this is because they are not *moved* to do so, while typically developing children are so moved, through emotional engagement with the other. Like Kanner then, Hobson believes that autism involves impairments that are specifically emotional but that ultimately also affect cognition and motivation. Hobson has also reviewed empirical studies supporting this idea, which post-date Kanner's work.<sup>854</sup>

Hobson's work points to a limitation of Kanner's theory: he defined affective contact in terms of the *physiological* reactions to situations (the James–Lange theory of emotions), whereas our affective relationship to the world involves a much broader range of feelings. A pre-reflective embodied relationship to others and an attunement with others are such feelings.<sup>855</sup>

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<sup>850</sup> But see also Sarah Bowman, et al. "Gaze aversion and the primacy of emotional dysfunction in autism" (2004).

<sup>851</sup> Peter. Hobson, "Emotion as personal relatedness" (2012), p. 169.

<sup>852</sup> Peter, "Explaining autism: Ten reasons to focus on the developing self" (2010), pp. 392, 401.

<sup>853</sup> Peter Hobson, "Autism and emotion" (2005), p. 419.

<sup>854</sup> Ibid.

<sup>855</sup> See Vittorio Gallese, "Intentional attunement: A neurophysiological perspective on social cognition and its disruption in autism" (2006); Thomas Fuchs, "Pathologies of intersubjectivity in autism and schizophrenia" (2015).

All in all, Kanner's theory of autism questions contemporary conceptualisations of autism that have retained the symptoms he described but have left behind his idea that autism is an emotional disorder.

## 5.6 Conclusion

Kanner's metaphor for autistic children is the barometer: he believed that they were susceptible to the emotional climate in their home. (To my mind, a thermometer would have been more consistent with his other metaphors). The barometer metaphor should not fool us into thinking that he believed autism to be caused by parental attitudes: he clearly thought that autism was an innate disorder that is present from birth. The point is rather that he believed that autism affects the whole personality and that the personality is not ready-made when a child is born but continues to develop in response to post-natal experience.

What autistic children lack at birth, in Kanner's view, is the typical instinctive ability to form affective contact with other people. In this sense, he considered autism a contact disorder. He did believe that in a properly warm and loving climate autistic children can nonetheless develop an ability to form affective contact.

Then again, Kanner did not reduce autism to a disorder of social contact. He believed that autistic children have a desire to maintain a status of aloneness. It is unclear how Kanner viewed the relationship between an inability to form affective contact and the need to maintain a status of aloneness. It would seem that Kanner thought that in autistic children the maintenance of aloneness replaced the ability to form affective contacts in other children, but this is an interpretation. What is clear is that Kanner was not only concerned with *social* contact. He also proposed that autistic children have a need to keep the physical environment the same and to protect the self from interference from moving or noisy objects. In Kanner's view, autism affects a child's relationship to both the social and non-social environment. It is unclear if the thought that both relationships involve affective contact. Be that as it may, we do know that he considered the needs of autistic children for aloneness and sameness to be

*emotionally* driven, by desire, anxiety and obsession. He did not consider autism a cognitive or learning disorder.

It is an overlooked dimension of Kanner's theory of early infantile autism that he thought that autism affects the whole personality. Because he stressed that each child integrates its emotions into a unique personality, he believed that although autism is primarily emotional, it is not exclusively so. Autism, in his view, affects the whole process of personality integration, in which emotion is the weak link.

Kanner developed a convergence between the term 'autism', all the symptoms ascribed to autism by the DSM-5, and the concept of a disorder of children's emotional responses to their environment that enters the personality, so to speak, through the child's emotions, while ultimately affecting the whole personality.





# Conclusion

In this dissertation, I have recontextualized the ideas of Frankl, Asperger and Kanner through reconstructing the conceptual and relational context of their problem solving. This historical approach has yielded three results: a new conceptual-historical interpretation of the entire work of these three authors, social-historical discoveries about their lives and interrelations, and the discovery of a hitherto overlooked role of the concept of ‘integration’ in their conceptualization of autism. Before I turn to these results, I will first look back at the route that I have taken.

In the first section, I will reflect on the conceptual model that I have used to arrive at these results. In the next two sections, I will answer my research questions. In section four, I will turn to the three results, bringing in focus the strengths and fruits of this dissertation. I will then describe the implications of these results, first for clinicians and then for researchers.

## **Evaluation of the conceptual model**

In the introduction, I have presented a conceptual model of psychiatric problem solving that I have adapted from the work of Pieter J. van Strien. The eight components of this model (four components of the conceptual context and four components of the relation context) have structured my research process and the resulting dissertation (see figure 1 on page 10).

The model applied well to the work of Frankl, Asperger and Kanner. My understanding of their scientific problem solving has certainly benefited from reconstructing both the conceptual and the relational context.

Regarding the conceptual context (the author’s problems, concepts, theory of autism, and contemporary significance): it was not difficult to recognize in their work the problems they were working on, the theory of autism they developed in response, and the concepts they used in doing so. The sections on the contemporary significance of their work were more difficult to write because they cover a later period that is not the focus on my research. I found that understanding which relations are most relevant requires a good sense of the

problems, concepts and theory of an author. For example, I learned that Bleuler is not as important an influence as he may seem based on the fact that he coined the term autism.

Regarding the relational context (the author's biography, history and reception of his concepts, and relations to the other authors): researching the biography of these authors and clarifying the relations between them felt like a logical thing to do and like something expected by readers. Writing the history and reception of their concepts of contact was more challenging; I needed to introduce clear focal points and to set limitations, as these contexts are easily overwhelming. Writing the biography was helpful in that understanding ideas sometimes benefits from understanding their precise timing. For example, the fact that Kanner started to write about affective contact just when Frankl and Benjamin arrived in the United States, suggests that he made a choice between their theories.

The autism theories of Frankl, Asperger and Kanner could certainly have been represented differently, but I believe that analysing their work into components has been helpful to both readers and myself. Then again, my strategy has as its downside that the relationships between the various components, which are clear to me, may not always be as clear to readers (for example, the relation between an author's biography and his theory of autism). More generally, at times, I experienced a tension between heeding to the (supposed) expectations of readers and applying my conceptual model. A conceptual model should facilitate historical writing, not get in its way; I therefore have not given it much emphasis in the chapters and have reserved this for the conclusion.

In the next two sections, I will answer my two research questions. Recall that what helped me formulate these research questions was G.E. Berrios' claim that "mental [...] disorders are constructed by the convergence in the work of a writer of a name, a concept and behaviours".<sup>856</sup> I assumed that there was such a convergence "that is no more" in the earliest work on autism. The first research question addresses the concept of 'contact disorder', the second question relates it to the behaviours ascribed to it in the DSM-5; both are tied to the term 'autism'.

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<sup>856</sup> Germán Elías Berrios, "Convergences that are no more" (2011), p. 133

## **First research question: the concept of contact disorder**

Consider my first research question: *How did Georg(e) Frankl, Hans Asperger and Leo Kanner as proponents of the idea of contact disorders describe it?*

Frankl, Asperger and Kanner agreed that some children have a contact disorder, but they had a differed view of such *solitary* persons. Specifically, they had different ideas about the scope of the contact disorder (contact with what or whom?) and the explanation of the contact disorder (why no contact?). They developed these views in response to different problems.

Frankl's big idea was that children can have a contact disorder without having symptoms of another disorder. His conception of contact disorders remains tied to a simple contact situation: the exchange of information between two individuals. In his writings, we see Frankl develop the idea that expression and comprehension are forms of 'communicative contact' and that logical and affective speech both involve 'symbols'. These abstractions allowed him to state that *the communicative exchange of symbols with another person* is disturbed in contact disorders. Frankl proposed that there is a continuum of contact disorders: in some children only verbal communication is affected, in other children only non-verbal communication, and in still other children both are affected. Frankl reported that some children with a contact disorder do not use *established* symbols but do develop a "private system of communication" through which they communicate with their caretakers. The most severe form described by Frankl is having no communicative tendency: acting as if there are only inanimate (non-communicative) things around – even when people are present. Frankl suggested a first type of solitary person: someone who neither expresses emotions to other people nor understands their emotional expressions.

That Asperger took up Frankl's idea of a disorder of communicative contact is suggested by two conceptual similarities. First, they both emphasized that contact is mediated by mimicry, intonation and gestures. Second, both men tied these symbols to the expression of emotions rather than rational facts. However, Asperger broadened Frankl's idea considerably. Asperger's problem was how to understand children who had difficulties in the area of interpersonal relationships. Looking beyond non-verbal messages, Asperger used the

more general concept of 'expressive phenomena', which included expressions that do not afford contact, such as an empty gaze, or turned away posture. On this view, even solitary persons who do not seek to communicate, still express *something*, namely that they are closed-off from the world. Further, Asperger defined contact more broadly as the balance, found in any organism, between opening itself up to the world and distancing itself from it. On this wider view, contact is not restricted to communication, or even interpersonal relationships, but also involves a person's relations to inanimate things, such as toys and tools. This suggested the existence of a contact disorder that affects a child's openness to the entire world. In sum, Asperger proposed a second type of solitary person: someone who is better *able* to remain distant from other people and the inanimate environment and less *able* to integrate the self with the environment.

Kanner also took up Frankl's idea of a disorder of communicative contact. This is suggested not only by his use of Frankl's term 'affective contact', but also by the fact that like Frankl he used it to draw attention to the *emotional* disorders of children. Kanner's problem was how to understand children who respond to their environment in unexpected ways: reacting indifferently to other people and emotionally to things. To explain such incongruent emotions, Kanner proposed that whereas most children have an inborn ability to develop affective ties to other people, some children do not. He defined 'affective contact' as the presence of an emotional relationship. A contact disorder, on this view, is the absence of such a relationship, at least in the earliest years of life. In Kanner's view, children with a contact disorder do not just find themselves alone, but actively strive to be and remain alone: they anxiously guard a state of aloneness. The environment they wanted to keep out not only included other people but also self-propelling and noisy things. Kanner even suggested that such children, rather than divvying up the world up in persons and things, divvy the world up in interfering and non-interfering beings. He proposed a third type of solitary person: someone who *desires* to be left alone and who *prevents* the environment from disturbing this state of aloneness.

## Second research question: the symptoms of autism

Consider now my second research question: *Did Frankl, Asperger, and Kanner use the idea of contact disorder to conceptualize all symptoms of what are now called autism spectrum disorders?* My assumption was that they did. This assumption was only partly confirmed: they conceptualized as a contact disorder only the *social* symptoms of autism, which the DSM-5 describes as “persistent deficits in social communication and social interaction across multiple contexts”.<sup>857</sup> They did not conceptualize as a contact disorder the non-social symptoms of autism, which the DSM-5 describes as “restricted, repetitive patterns of behavior, interests, or activities”.

Frankl only described *communication* deficits. Of the later DSM-5 symptoms, “poorly integrated verbal and nonverbal communication” was most fundamental to Frankl; deficits in social-emotional reciprocity and in developing social relationships he would consider a consequence of that fundamental trait. Frankl described a *range* of communication deficits: he suggested that some children merely have difficulty with understanding and expressing the content of the message, or the situation or person(s) involved, while others have no communicative tendency at all. The latter never express their feelings to others and they don’t understand them when other people do express their feelings. In sum, Frankl developed a convergence between the term ‘autism’, the social symptoms of autism, and a fairly restricted conception of contact disorders. His theory of autism is perceptive, but not the convergence “that is no more” for which I was looking. (As I discussed in the introduction, I was looking for the coming together of a term, a concept and certain symptoms in the early work on autism). The importance of his theory for my research is that it influenced Asperger and Kanner, who did develop a more encompassing theory of autism.

Unlike Frankl, Asperger described all DSM-5 symptoms of autism. He claimed that all symptoms involve an overdevelopment of the differentiation of the personality and the underdevelopment of the integration of the personality. Non-social symptoms, such as special interests, were essential for Asperger. Asperger proposed that autism, being a ‘psychopathy’, not only affects a child’s contact with others, but also a child’s activity and personality. This means that

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<sup>857</sup> American Psychiatric association, *Diagnostic and statistical manual of mental disorders: DSM-5* (2013)

although he did describe all symptoms of autism, he did not describe all of them *in terms of contact*. Thus, my assumption was only partly confirmed: Asperger did conceptualize all the symptoms of autism, but not as a contact disorder. Instead, he developed a convergence between the term ‘autism’, the symptoms of autism and the concept of a disorder of inner and outer integration.

Kanner also described all symptoms of autism. He took up Frankl’s idea that some children do not have a communicative tendency and expressed it in two ways: he proposed that autistic children have an inability to form affective ties and a desire to be alone. However, like Asperger, Kanner broadened Frankl’s idea so as to include also non-social symptoms. In particular, he proposed that autistic children, in addition to contact problems, have a desire to keep their inanimate environment the same. Even though Kanner initially used the phrase “disturbances of affective contact” he did not consider autism to be only a contact disorder. He rather suggested that it primarily affects a child’s emotional factor but also affects the other personality factors, such as intelligence, as the personality is an integration of various factors. As with Asperger, my assumption was only partly confirmed. Kanner developed a convergence between the term ‘autism’, all symptoms of autism, and the concept of an emotional disorder that affects the whole integrated personality.

### **The fruits of the research**

Although it was not the primary aim of my research, I have made discoveries with regard to the social history of autism studies. In particular, I have shown that Kanner did not ignore Asperger’s work but was actually instrumental in its recognition, that Asperger cited Kanner’s work in all his later texts and that Frankl kept in contact with both men after 1943, not only with Kanner but also with Asperger. These three men worked together and mutually influenced each other.

The most important results of my research, however, are in the area of conceptual history. I have developed a new conceptual-historical interpretation of the complete work of Frankl, Asperger and Kanner. I have offered the first analysis of the history of Frankl’s concept of communicative contact. Further, I have contextualized well-known aspects of the work of Asperger and Kanner,

by situating them in their work as a whole, and I have uncovered aspects that have been unknown or neglected.

It is a new finding that contact is not the most general concept used by these three men to conceptualize autism; to define contact and to explain its place in the functioning of persons as a whole they invoked another concept: the concept of *integration*. Frankl, Asperger and Kanner applied the concept of integration to different aspects of autism: Frankl wrote about the linguistic integration of logical and affective speech, and of a person, situation and message. Asperger wrote about the inner integration of mental functions and the external integration of self and environment. Kanner wrote about the mental integration of different factors into a single and unique personality. In the preceding chapters, I have shown that clarifying their idea of contact is not sufficient to describe the theories of Asperger and Kanner. Because of this, I do not describe their theories as *only* contact theories of autism, but rather as *also* integration theories of autism.

These three theories have not been developed into a paradigm of autism, but have been abandoned before they were fully understood. I am not sure why they were abandoned, but I suspect that it had to do with two factors. First, whereas the early research in autism was conducted by psychiatrists, who based their ideas on clinical experience, in the 1950's, experimental researchers took over. Second, these researchers worked within the behaviouristic and cognitive paradigms rather than having a holistic focus on integration.

With regard to the convergence “that is no more”, my conclusion is that a convergence involving all symptoms of autism can only be found only in Asperger's and Kanner's work. They defined contact in terms of the more general concept of *personality integration*. This was an unexpected finding, as both contemporaries of Asperger and Kanner and later authors focussed on the concept of contact in their description of their work. I found it difficult to put this finding into words, as their concepts sound strange to us: Asperger and Kanner wrote about ‘personality disorders’, but in children, they wrote about ‘integration’ but did not tie it to sensory processing specifically.



As I interpret their work, *the integration of all personality functions into a whole* is the most general concept: ‘autism’ is a disorder of contact, of emotion, but it affects the whole personality – where ‘personality’ refers to a child’s unique integration of inner functions and the outer environment, which is not yet matured. In other words, the convergence they developed is between the concept of ‘autism’, all the symptoms of autism, and the concept of *a disorder affecting the integration of the personality as a whole that manifests itself most particularly, but not exclusively, in the domain of social contact*.

The question, then, is not only whether autistic children are solitary, but also what kind of *persons* they are. The historical answer of Asperger and Kanner is that they are the kind of person in whom the affective layer of the personality is disturbed in a way that affects their whole personality, including their contact with the world. This similarity between two of the first and most influential autism theories has hitherto been overlooked. Both the focus on affect and the focus on integration and personality has been lost in later reconvergences, such as the deliberately atheoretical approach of the DSM-5.

Asperger and Kanner conceptualized autistic disturbances of the whole developing personality in different ways. For Asperger, autism was *the opposite of integration*, which he described as differentiation, namely of inner functions and of the self from the environment. In contrast, for Kanner, autism was *a different integration*, through which differences in the emotional factor affect all other factors. This difference has also been overlooked and sheds new light on the relation between what used to be called Asperger’s syndrome and Kanner’s autism. It shows that decades of neglect of Asperger’s work have never been fully overcome. In particular, his idea, not shared by Kanner, that autistic children excel in abstract thinking is not part of the autistic spectrum as it is conceptualized today, neither in the DSM-5, nor in cognitive theories.

### **Implications for clinicians: Asperger, Kanner and the DSM**

My aim in this dissertation has not been to criticize, empirically investigate or advance the ideas of Frankl, Asperger and Kanner but to clarify how they wrote about autism from their own perspective. This clarification poses questions to

clinicians, especially with regard to diagnosis, which was the main focus of the theories of Frankl, Asperger and Kanner.

To clinicians, my reinterpretation of Asperger's and Kanner's theories of autism pose again the question what it entails to diagnose autism. Is it possible to diagnose autism using merely the DSM-5 criteria? The DSM-5 lists almost the same set of symptoms as Kanner and Asperger did<sup>858</sup>, but has discarded their conceptualization of autism.

The DSM-5 conceptualizes autism more *thinly* (less theory-laden) as a neurodevelopmental disorder defined by "deficits" that are manifest "in the developmental period".<sup>859</sup> It is a convergence of a name, certain symptoms and a thin conceptualisation. It offers no understanding of the combination of deficits and of the strengths that may also be present. The DSM-5 acknowledges that "symptoms change with development" and "intervention, compensation, and current supports may mask difficulties in at least some contexts", but nonetheless merely lists *isolated symptoms*. In contrast, Asperger and Kanner offered *thicker* (more theory-laden) conceptualisations of autism, which offer an understanding of why different symptoms of autism occur together.

To my mind, the main value of the idea that autism is a disorder affecting the personality and its integration is that it does not look to isolated modules or functions but rather to the level of their organisation and interaction. This works in two directions. First, when a part is affected, it propagates to other parts and to the whole. By drawing attention to the integration of verbal and non-verbal symbols, Frankl proposed that as autistic children do not express and understand non-verbal symbols, their integration with verbal symbols is also affected. Similarly, Kanner argued that autism first of all affects a child's emotions, but as emotion is integrated with other factors of the personality, it ultimately affects other aspects of the personality too. Second, when the relationship between parts is affected, their nature changes as well. Asperger

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<sup>858</sup> There are two differences. First, the DSM describes the symptoms more abstractly; it lacks the concrete appeal of Kanner's and Asperger's case descriptions, but it does reflect some conceptual development beyond their initial formulations. Second, the DSM-5 only lists deficits not strengths. It does not include the positive features of autism described by Asperger: a talent for abstraction and logical thinking, originality, a good judgement of art and people and independence of thinking.

<sup>859</sup> American Psychiatric association, Diagnostic and statistical manual of mental disorders: DSM-5 (2013).

proposed that as in autistic children intellect is more differentiated from the instinctive-emotional layer of the personality, their intellect has a qualitatively different nature. These ideas were not included in the various versions of the DSM.

Frankl, Asperger and Kanner, then challenge clinicians to look beyond the isolated symptoms listed in the DSM to their *interaction* within the child's functioning. They all pointed to integration as the central concept to understand this higher level of organisation. Whether it is the integration of affective and logical language, the integration of person, situation and message, the integration of mental functions, the integration of the self and its environment, or the integration of the emotional factor with the others factors of the personality, they pointed to *integration* as the most fundamental concept. Diagnosing autism, in their view, is understanding how the integration of different aspects of a child's personality can be disturbed in different and changing ways. It is not enough, in their view, to observe a list of isolated symptoms. Diagnosis requires understanding how these symptoms fit together to form a single coherent disorder.

The last versions of the DSM offer little help in this regard, as they have taken over the symptoms that were described by Asperger and Kanner, but not their idea of autism. The DSM-IV does mention different emotional needs (as Kanner did), nor underdevelopment of the emotional-instinctive layer of the personality (as Asperger did), nor the integration of symbols (as Frankl did). Similarly, the DSM-5 now lists all deficits described by Kanner and Asperger, but not the underlying theoretical idea: that autism is a disorder of integration that plays out in different ways. Because a child's personality organisation expresses itself in a myriad of symptoms that can differ from moment to moment and that may seem unrelated, Frankl, Asperger and Kanner would advise against looking at isolated symptoms, without an understanding of how they are differentiated or integrated. This requires a thicker conceptualisation of autism than the DSM offers.

I believe that a thick conceptualisation of autism has several advantages over the thin, deliberately atheoretical, conceptualisation offered by the DSM. First of all, it may point to strengths as well as deficits. Second, it may help diagnosticians to see how the different characteristics of autism interact with

each other. Third, it may help to understand how autism affects adults with autism, where the strengths and deficits are often more subtle than in children and are more difficult to recognize.

Of course, the theories of Asperger and Kanner are not the only thick conceptualisation of autism that is now available to us. It is beyond the historical scope of this dissertation to assess whether the decline of *this specific* thick conceptualization is a loss or a gain. Behaviouristic, cognitive, and neurodiversity theories of autism (to name a few) also offer thicker conceptualisations of autism than the DSM, which may or may not be more accurate. I can conclude, however, that they are not as encompassing as the idea that autism is an integration disorder. In Asperger and Kanner we find the original, much broader, convergence of the psychiatric term ‘autism’, all of its symptoms, and the idea that autism is a disorder of integration, including contact with the world as well as the inner organisation of functions. In later theories we rather find *partial reconvergences*, of some of the symptoms of autism, the term autism, and a thick conceptualisation of autism.

To clinicians, all this poses the question whether the conceptualisations of Frankl, Asperger and Kanner can still be of value in diagnosing autism and in describing the unique profile of children with autism. This is a new question insofar I have shed new light on their theories.

### **Implications for researchers: remaining questions**

For researchers, the discovery that personality integration was the most general concept of Frankl, Asperger and Kanner poses new questions too. Is contact best defined in terms of an integration between self and environment? Why was the idea that autism is a contact disorder discarded even before it was fully developed? Was its abandonment an improvement? Can the proposal by Frankl, Asperger and Kanner that autism is a disorder of integration be empirically tested? Is it accurate and fruitful to describe autism as a disorder of integration? I hope that other researchers will take up where I have left off and will further investigate this historical idea that autism may be a disorder affecting the whole personality and its integration and that manifests most particularly, but not exclusively, in the domain of social contact.



## Summary

*Solitary persons?* is the first work to offer a conceptual analysis and comparison of the complete autism theories of George Frankl (1897-1975), Hans Asperger (1906-1980) and Leo Kanner (1894-1981). These medical doctors were among the first to work with autistic children. Frankl's role in the history of autism has only been discovered in 2015 and is further clarified here. Asperger and Kanner are well-known as the founders of autism research, but the dissertation presents new discoveries about their work and a new interpretation of their theories as a whole.

Frankl, Asperger and Kanner each have a metaphor for autistic children. Frankl's metaphor was that of 'prisoners': he believed that autistic children, even when they are among people, are stuck in a solitary state, in which it is not self-evident to express how you feel. Asperger's metaphor for autistic children was that they are 'machines'. He believed that autism involves an overdevelopment of intellect and of autonomy vis-à-vis the environment. Kanner wrote that autistic children are 'barometers' who are sensitive to the emotional climate in their home, as he believed that autism is an emotional disorder that affects and is affected by the whole personality.

This conceptual-historical study is motivated by a search for a historical concept of autism that covered all of its symptoms. Specifically, it investigates two assumptions. The first assumption is that in the work of Frankl, Asperger and Kanner there was a convergence – that now has been abandoned – between the term autism, the symptoms of autism and a concept of autism. The second assumption is that they described what is now called autism spectrum disorder as a 'contact disorder'. These two assumptions are examined by reconstructing the historical context in which Frankl, Asperger and Kanner developed their ideas.

## Samenvatting

*Solitary persons?* is het eerste werk dat een conceptuele analyse en vergelijking biedt van de volledige autisme theorieën van George Frankl (1897-1975), Hans Asperger (1906-1980) en Leo Kanner (1894-1981). Deze artsen behoorden tot de eersten die werkten met autistische kinderen. Frankls rol in de geschiedenis van autisme is pas ontdekt in 2015 en wordt hier verder verduidelijkt. Asperger en Kanner zijn welbekend als de grondleggers van het autisme onderzoek, maar dit proefschrift presenteert nieuwe ontdekkingen over hun werk en een nieuwe interpretatie van hun theorieën als geheel.

Frankl, Asperger en Kanner hebben elk een metafoor voor autistische kinderen. Frankls metafoor was die van de ‘gevangenen’: hij geloofde dat autistische kinderen, zelfs als zij met andere mensen zijn, vastzitten in een solitaire staat, waarin het niet vanzelfsprekend is om uit te drukken wat je voelt. Asperger’s metafoor voor autistische kinderen was dat zij ‘machines’ zijn. Hij geloofde dat autisme gepaard gaat met een overontwikkeling van het intellect en van de autonomie ten opzichte van de omgeving. Kanner schreef dat autistische kinderen ‘barometers’ zijn die gevoelig zijn voor het emotionele klimaat in hun huis. Hij geloofde dat autisme een emotionele stoornis is die de hele persoonlijkheid raakt en die door de hele persoonlijkheid beïnvloed wordt.

Deze conceptueel-historische studie is gemotiveerd door een zoektocht naar een historisch concept van autisme dat alle symptomen van deze conditie omvat. De eerste aanname is dat er in het werk van Frankl, Asperger en Kanner een convergentie bestond – die nu is verlaten – tussen de term autisme, de symptomen van autisme en een concept van autisme. De tweede aanname is dat zij, wat nu autismspectrumstoornis genoemd wordt, beschreven als een contactstoornis. Deze twee aannames worden onderzocht door de historische context te reconstrueren waarin Frankl, Asperger en Kanner hun ideeën ontwikkelden.

## Vita

Frederik Boven was born on 23 November 1981, in Groningen, the Netherlands, to Simon Boven and Ans van Halm. Frederik has six siblings, including a twin brother. In 2005, he obtained a bachelor's degree in the Philosophy of Psychology from the University of Groningen. In 2014, he graduated cum laude from the research master in Philosophy at the same university. Two years later he was diagnosed with Asperger's syndrome. In 2017, Frederik co-founded Autism Digital ('Autisme Digitaal'), an autistic-led foundation that aims to disperse knowledge about autism in adulthood; in 2020 he became its first director. In this role, he manages over thirty autistic adults; he also gives webinars and he writes blogs on autism. Since May 2020, Frederik is editor of the only peer-reviewed scientific autism journal in the Netherlands, called *Wetenschappelijk Tijdschrift Autisme* (which translates as 'Scientific Autism Journal').





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