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### Solitary Persons?

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# 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.