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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 2015.¹⁵ 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

¹⁵ 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).¹⁶ 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.¹⁷ As Moravian Jews their language was German and they would have been oriented towards Vienna rather than Prague.¹⁸ 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.¹⁹

Frankl grew up during a time of stability and security, which abruptly came to an end around his 17th 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.²⁰ In fall 1918, Frankl became a medical student at the University of Vienna and in 1922 he received his medical doctorate.²¹ In 1923, he started a year of rotating internship at the general hospital in Vienna. Frankl joined the Viennese Ärztekammer in March 1924²².

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.²³

¹⁶ 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.

¹⁷ Brno City Archive. 1900 census of Brno.

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

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

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

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

²² Ina Friedmann, personal communication.

²³ 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 1927.²⁴

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.²⁵ 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.²⁶ 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.²⁷

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

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

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

²⁵ Frankl, "Der Wirkungskreis der ärztlichen Heilpädagogik" (1932), p. 183.

²⁶ Frankl, "Community psychiatry and its organizational problems" (1951).

²⁷ 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.

²⁸ 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.²⁹ Years before Asperger and Kanner launched the idea of an autistic disorder, Frankl proposed a continuum of infantile contact disorders.³⁰ 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.³¹

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.³² Following the Anschluss, over 30,000 Austrians, most of them Jewish, sought refuge in the USA³³. 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 1937.³⁴ 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

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

³⁰ 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).

³¹ 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).

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

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

³⁴ "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 1934.³⁵ They did not have children.

In April 1938, both Frankl and his wife “joined Kanner’s inner circle”.³⁶ 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*.³⁷ Frankl helped set up the new *Maryland Child Study Home*, which opened in 1938, and started working as resident psychiatrist there.³⁸ 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”.³⁹ 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.⁴⁰

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.⁴¹ In 1942, he moved to Rochester, where he joined the *Child Guidance*

³⁵ 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”.

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

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

³⁸ “New head for clinic” (1946)

³⁹ 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.

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

⁴¹ 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.⁴² Two years later, Frankl became Acting Director of the *Guidance Center* in Buffalo and instructor in paediatrics at the *University of Rochester*.⁴³

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*.⁴⁴ 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.⁴⁵

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.⁴⁶ 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.⁴⁷ So it happened. In 1948, Wurst worked with Frankl for several months at the *Child Guidance Clinic* in Kansas.⁴⁸ The next year, Frankl went back to Vienna to consult on the new guidance clinic.⁴⁹ 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.⁵⁰ It is very likely that at this occasion Frankl met Hans Asperger again.

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

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

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

⁴⁵ 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.

⁴⁶ 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.

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

⁴⁸ "Foreign specialist is here" (1948).

⁴⁹ "A study trip to Europe" (1950); "News Notes" (1949)

⁵⁰ 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*.⁵¹ He became Acting Director in 1954 and associate Professor in 1959.⁵² 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.⁵³

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.⁵⁴ He still held both positions in 1965.⁵⁵

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.⁵⁶

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.⁵⁷ Reflecting on the development of the way children were diagnosed at the *Hp*,

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

⁵² 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.

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

⁵⁴ "KU teacher is named" (1959).

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

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

⁵⁷ 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”.⁵⁸

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

⁵⁸ Ibid., p. 350

Austrian neurologist Constantin von Economo⁵⁹, 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.⁶⁰ 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.⁶¹ 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.⁶² 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.

⁵⁹ Von Economo, "Encephalitis lethargica" (1917)

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

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

⁶² 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".⁶³ 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.⁶⁴

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".⁶⁵ 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".⁶⁶ The mother of the boy failed this

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

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

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

⁶⁶ 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”.⁶⁷ 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”.⁶⁸ 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.⁶⁹ 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.

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

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

⁶⁹ 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”.⁷⁰ 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”.⁷¹ 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.⁷² 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.

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

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

⁷² 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”⁷³ 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.”⁷⁴ 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”.⁷⁵ Although it is true that Frankl

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

⁷⁴ Frankl, "Language and affective contact" (1943), p. 252.

⁷⁵ 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.⁷⁶ 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*).⁷⁷

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.

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

⁷⁷ 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*.⁷⁸ 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".⁷⁹ 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*.

⁷⁸ 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).

⁷⁹ 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.⁸⁰ 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”.⁸¹ 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

⁸⁰ Ibid., p. 253.

⁸¹ 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.⁸² 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.⁸³ 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.

⁸² 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.

⁸³ 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”.⁸⁴ 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”.⁸⁵ The chapter that we do have is undated but seems to be written in the second half of the 1950's.⁸⁶

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.⁸⁷

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.⁸⁸ Karl did

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

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

⁸⁶ 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 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.

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

⁸⁸ 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.⁸⁹ 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.⁹⁰ 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.

⁸⁹ Ibid., p. 260.

⁹⁰ 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”.⁹¹

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.⁹² 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.⁹³ 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.⁹⁴ His analysis combines a topological opposition – between the two states of (1) being-in-contact and (2) autism – and a dynamic opposition – between (1)

⁹¹ *Ibid.*, p. 40.

⁹² *Ibid.*, pp. 11-13.

⁹³ *Ibid.*

⁹⁴ 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.⁹⁵ 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.

⁹⁵ 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 30th annual meeting of the *American Orthopsychiatric association*, on 25 February 1953; it was reported in the *American Journal of Orthopsychiatry* in the following year.⁹⁶ 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”.⁹⁷

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.⁹⁸ 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).⁹⁹ 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*’¹⁰⁰ – 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.¹⁰¹ However, Frankl stated that no attempt to describe and analyse “the autism” phenomenologically had been made “in recent years, since the

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

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

⁹⁸ *Ibid.*, p. 5

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

¹⁰⁰ 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.

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

[...] investigations of Minkowski”.¹⁰² This suggests that Frankl rather referred to Minkowski’s original book on schizophrenia.¹⁰³ 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.¹⁰⁴

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.¹⁰⁵ 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”¹⁰⁶, a “defect in emotional rapport”¹⁰⁷ and a failure of “affective contact”.¹⁰⁸ 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

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

¹⁰³ 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).

¹⁰⁴ In the late 19th 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).

¹⁰⁵ Bleuler, *Affektivität, Suggestibilität, Paranoia* (1906), p. 52

¹⁰⁶ 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”.

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

¹⁰⁸ 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".¹⁰⁹ 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".¹¹⁰ Regarding Asperger, Todd claims that Frankl had "laid many of the foundations for Asperger's study of autism,"¹¹¹ 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.

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

¹¹⁰ *Ibid.*, pp. 15, 207.

¹¹¹ *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.¹¹² 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”.¹¹³

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”.¹¹⁴ 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

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

¹¹³ 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).

¹¹⁴ 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”.¹¹⁵ 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.¹¹⁶ 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.¹¹⁷

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:

¹¹⁵ 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’.

¹¹⁶ 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.

¹¹⁷ 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.¹¹⁸

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 1935.¹¹⁹

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).¹²⁰ 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”.¹²¹ 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

¹¹⁸ Ibid., p. 102.

¹¹⁹ 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.

¹²⁰ 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).

¹²¹ Asperger, "Erwin Lazar – Der Mensch und das Werk" (1958)

‘expressive phenomena’¹²², which includes logical and affective speech, in an early article Asperger did use it alongside Frankl’s term “affective speech”¹²³; Asperger also used the phrase “the affective aspect of speech”.¹²⁴ 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.¹²⁵

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.¹²⁶ 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*,

¹²² As we will see in the next chapter, Asperger borrowed the term “Ausdruckserscheinungen” 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.

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

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

¹²⁵ 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.

¹²⁶ 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.¹²⁷ 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.¹²⁸

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”.¹²⁹ 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.¹³⁰ 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*

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

¹²⁸ 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

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

¹³⁰ 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.¹³¹ 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.¹³² She was formally referred in 1942, but she had been “repetitious” since birth and was “slow at putting words into sentences” as a toddler.¹³³ In November 1935, David Speck was brought to *John Hopkins* with autistic symptoms, three years before Kanner met Donald.¹³⁴ 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.¹³⁵ 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.¹³⁶ On September 21 that year, Frankl, who had become impatient, wrote Kanner

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

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

¹³³ Kanner, "Autistic Disturbances of Affective Contact" (1943), p. 228.

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

¹³⁵ 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.

¹³⁶ 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.¹³⁷

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”.¹³⁸ 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.¹³⁹

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”.¹⁴⁰ On October 5, 1942, Kanner asked Harms to send him the manuscript of Frankl’s paper, which he did a few days later.¹⁴¹ 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”.¹⁴² 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.¹⁴³ 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 of the presses, carrying Frankl’s paper alongside Kanner’s, with as final title “Autistic Disturbances of Affective Contact”.

¹³⁷ 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.

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

¹³⁹ 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.

¹⁴⁰ 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.

¹⁴¹ 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.

¹⁴² 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.

¹⁴³ 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 schizophrenia¹⁴⁴, 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”.¹⁴⁵ 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”¹⁴⁶. 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

¹⁴⁴ Bleuler, *Dementia praecox, oder, Gruppe der Schizophrenien* (1911).

¹⁴⁵ 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.

¹⁴⁶ 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 disorders¹⁴⁷ 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.¹⁴⁸ 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

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

¹⁴⁸ 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),¹⁴⁹

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.¹⁵⁰ 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

¹⁴⁹ 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).

¹⁵⁰ 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 paper¹⁵¹ 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.¹⁵² 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 contact¹⁵³, and

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

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

¹⁵³ 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.¹⁵⁴

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.¹⁵⁵ His analysis of communicative exchanges also remains rather static:

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).

¹⁵⁴ 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*.¹⁵⁴ (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.¹⁵⁴ 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.

¹⁵⁵ 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.¹⁵⁶ 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

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.

¹⁵⁶ 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.