

## Reflections On Early Infantile Autism

J. LOUISE DESPERT<sup>1</sup>

*Cornell University Medical Center*

The First International Congress of Child Psychiatry took place in Paris in July, 1937. Prior to this date, only a few articles on the subject of childhood schizophrenia had been published. Three papers by Russian authors Ssucharewa (1932) and Grebelskaja-Albatz (1934, 1935) had appeared in a Swiss and a German journal, one by Potter (1933) in the *American Journal of Psychiatry*, and two by Jakob Lutz (1937) in a Swiss journal. At the aforementioned Congress, Lutz read excerpts of his paper and this author presented a report on 29 cases of childhood schizophrenia (Despert, 1938). Early infantile autism, first delineated 6 years later (Kanner, 1943), was, of course, unknown and not mentioned at the time. As it happened, the concept of childhood psychosis was challenged and criticized by some psychiatrists and psychologists. When one considers the topics comprising the four volumes of communications presented at that time (1. General Psychiatry, 2. School Psychiatry, 3. Forensic Psychiatry, 4. Discussions), it becomes rather evident that the emphasis was not on affective disorders in children nor on recognition of a syndrome which bore some analogy with one long observed in adults (Despert, 1968).

In contrast, nearly 35 years later, we are confronted with undue popularization. Two recent letters which I received within 2 months from two girls, an 18-year-old high school senior from Pennsylvania and a 14-year-old eighth grader at a junior high school in Long Island, may be mentioned in this connection. Both girls, unbeknownst to each other, professed an interest in "autism." Encouraged by their instructor and counselor, they sought my help, advice, and collaboration in the preparation of a "thesis on autism." One might gather from these letters that such popularization, almost vulgarization, reflects

<sup>1</sup>Requests for reprints should be sent to Dr. J. Louise Despert, 229 East 79th Street, New York, N.Y. 10021.

gains in knowledge about the disorder and the ensuing dissemination of such knowledge. Regretfully, however, they merely reflect the spreading confusion about a syndrome formulated in the not too distant past.

Leo Kanner, the originator of the concept of early infantile autism, has recently published a follow-up study of eleven autistic children originally examined and reported by him in 1943 (Kanner, 1971). In Kanner's own words:

This 30-year follow-up study has not indicated too much concrete progress from the time of the original report, beyond the refinement of diagnostic criteria.

Nevertheless, one progress of considerable importance is the worldwide recognition of the syndrome. This is evidenced by the formation of societies (national and local) for autistic children in many parts of the world.

A study made in England in 1964 brought out interesting data on infantile (or early childhood) autism. A systematic survey of *all* children—normal, neurotic, autistic, and other 8-, 9-, and 10-year-old children who resided in Middlesex County—disclosed the proportion of autistic children in the population. This information is incorporated in an excellent book recently published by Lorna Wing (1971):

It seems that, in this age group at any rate, between four and five children in every 10,000 will have autistic behavior.

A study completed in Denmark yielded similar results concerning incidence. The ratio of about three boys to one girl is another reported finding. Also, the fact that parents of autistic children are more intelligent and better educated than average parents of Middlesex, confirms the observation which Kanner made in 1943.

Although we cannot reliably compare the current incidence in any country with that of the past, we have at least some information about England on the basis of current figures. A recent survey by the National Society for Autistic Children estimates that the total population of autistic children in England is 6,000. There are reasons to believe that in the past *l'idiot du village* could have been a mentally retarded or an autistic child. How could one tell? Scrutiny of memoirs reflecting centuries of the past failed to yield specific data about what might have been early infantile autism (Despert, 1965). On the other hand, our modern society, with its large agglomerations, its industrialization, its family that tends more and more toward dislocation, and its increased tensions, does not offer optimal conditions for satisfactory emotional development. It can be

assumed that early infantile autism and early childhood schizophrenia are on the increase. This interesting possibility appears to merit investigation.

Surveying the presently available studies of infantile autism, particularly the series of eleven children in Leo Kanner's follow-up (Kanner, 1971), one is inclined to give further consideration to two features almost uniformly present in these patients, in spite of the somewhat variegated symptomatology. Early in life, in some of them from birth, a failure to respond to tactile stimulation (cuddling, hugging, kissing, etc.) was noted. In some cases, this failure was translated into a strong defense (resistance) against such tactile stimulation from the mother or mother figure. This was often reported by parents as lack of interest, lack of response, apathy, or indifference. When later examined in the follow-up (patients now 32 to 40 years of age), aborted sexual development is in evidence: Case 1 (36 years old) is said by his mother to have "no interest in the opposite sex" (even the same sex would do). Case 6 (40 years old) "desires to keep to herself rather than to associate with other residents" (of a State Hospital). There is no mention of sexual adjustment or development in the other nine patients and it can be assumed that there was hardly anything worth reporting.

Observers of autistic children are aware of this and reports on sexual behavior are a rarity. Even masturbation, a natural phenomenon in normal preschool children, presents special characteristics in the children under consideration. The erotic element (often associated with a sense of guilt) present in the normally developing child is absent here. Masturbation by the autistic child is an activity devoid of erotic connotation, just as picking the nose or experimenting with fingers in the ears, biting fingers, etc. Lorna Wing sees their "interest in sex" as one tending to be on an "immature level." She speaks of their "innocence" when, for instance, they try to undress other children. The children's interest in sex seems, with years, to remain on an immature level and the sexual drive is not in evidence. This has been my experience with autistic children I have been able to follow. One example may suffice because I have known the patient consistently for 21 years, including the actual therapy which lasted only 3 years (traveling distances were an obstacle):<sup>2</sup>

He is now 26 years of age, living with his family out of town as in the past. The father was a successful businessman, rigid and obsessive. The mother was a teacher in several private schools. The patient, first seen at 5 years of age, is the oldest of two boys (difference in age is 4 years).

<sup>2</sup>Only a few pertinent points are selected for the sake of brevity.

He presented at 5 a typical picture of infantile autism, resisting tactile stimulation, banging his head against the walls or the floor, and possessing minimal speech. The child had two obsessions: music and figures. He knew hundreds of music records, had temper tantrums if they were not played in his prearranged order, recognized musical subtleties, and again had tantrums if the record did not play the specific melody by a specific composer of his choice. He had a prodigious memory for figures and there was also a great deal of echolalia. These characteristics were the basis for therapy.

One must recall that in the *I-Other* relationship (beginning with mother, father, siblings, peers, school group, etc.), the *Other* is nonexistent or rather nonfunctional in the autistic child. To begin with, a note on echolalia. Autistic children do not understand interpretations no matter how simple the language in which they are couched. They do not want to hear them anyway. I have found that repeating what they have said, like an echo of their own pronouncements (pitch, rhythm, and mimicry), seems to disturb them and interrupts their inner involvement. Possibly they are shaken in their isolation; this is the moment to introduce some simple thought which they can let in.

This was the case with the now 26-year-old boy. After 3 years of intensive "therapy," he was seen after irregular, usually long intervals. The mother was cooperative and followed the child's progress closely. On his own, the boy initiated correspondence (3 to 4 letters a year). Throughout, the letters read like statistical reports, an enumeration of activities, not one overlooked. Reports from the several schools (some for emotionally disturbed children) which he attended repeatedly showed his difficulties with "comprehension." Abstract thinking is the stumbling block. The boy was doing well in mathematics and managed to graduate from high school. Against my advice, he went to a coeducational college where, after repeated warnings, it was finally suggested that he withdraw. During five or six summers he had been doing computer work (his father was able to arrange this). He is now earning his living as a conscientious, obsessively punctual, and meticulous accountant. His employers are satisfied with his work even though they find him "odd." He has no sexual experience, has never dated a girl, and masturbates infrequently. The *Other* seems to him hardly human. One example: His mother took him to an art exhibit. He knew the artist. As he entered the gallery, unaware of the *Other*, he asked in a loud voice, "How many invitations did you send out?" Not waiting for the answer, he proceeded to count the viewers. He wanted to establish a ratio.

Looking over the developmental history of these children, one wonders whether the early defective sensory phase might be related to the lack of sexual drive noted in later years. Is there not something lacking, some hormone perhaps, an ingredient which interferes with the early affective development by its very absence? The lack of affect or the stunted affect in early infantile autism is reminiscent of the loss of affect found in early childhood schizophrenia after a normal period of development.

## REFERENCES

- Despert, J. L. Schizophrenia in children. *Psychiatric Quarterly*, 1938, 12, 366-371.
- Despert, J. L. *The emotionally disturbed child*. New York: Brunner, 1965.
- Despert, J. L. *Schizophrenia in children*. New York: Brunner, 1968.
- Grebelskaja-Albatz, E. Zur Klinik der Schizophrenie des fruhen Kindersalters. *Archive für Neurologie und Psychiatrie*, 1934, 34, 244-253.
- Grebelskaja-Albatz, E. Zur Klinik der Schizophrenie des fruhen Kindersalters. *Archive für Neurologie und Psychiatrie*, 1935, 35, 30-40.
- Kanner, L. Autistic disturbances of affective contact. *Nervous Child*, 1943, 2, 217-250.
- Kanner, L. Follow-up study of eleven autistic children. *Journal of Autism and Childhood Schizophrenia*, 1971, 1, 119-145.
- Lutz, J. Über die Schizophrenie im Kindesalter. *Schweizer Archiv für Neurologie und Psychiatrie*, 1937, 39, 335-372.
- Lutz, J. Über die Schizophrenie im Kindesalter. *Schweizer Archiv für Neurologie und Psychiatrie*, 1937, 40, 141-163.
- Potter, R. W. Schizophrenia in children. *American Journal of Psychiatry*, 1933, 89, 1253-1270.
- Ssucharewa, G. E. Über den Verlauf der Schizophrenien im Kindesalter. *Zeitschrift für die Gesamte Neurologie und Psychiatrie*, 1932, 142, 309-321.
- Wing, L. *Autistic children—a guide for parents*. London: Constable, 1971.