

## AUTISM IN CHILDREN WITH MENTAL DEFICIENCY \*

LAURETTA BENDER, M.D.

*Principal Research Scientist (Child Psychiatry), New York State Department of Mental Hygiene*

THE concept of "early infantile autism" was introduced by Leo Kanner in 1943 (1) as "a unique syndrome recognizable as early as in the first or second year of life." The characteristic features are described by him as extreme aloneness and a desire for the preservation of sameness and inadequate language development. These children show a marked disability to relate to people, react with displeasure to interference with their solitude and are obsessively addicted to routine. They communicate gesturally, only to the extent of having simple needs satisfied, and have so little desire for verbal exchange that they either remain mute or use language in a mechanical, non-communicative manner. Their lack of response usually leads to suspicion of deafness or innate feeble-mindedness.

Kanner says "Possibly some of them are brain damaged. Possibly all of them are schizophrenic. But in whatever category one wishes to place them, they do present a phenomenological constellation *sui generis*" (2). He has considered them a gold mine for research, especially with reference to psychodynamics, the role of parent-child relationship, the genetic implications, and some special aspects of psychopathology such as the autistic child's concepts of wholes and parts, their perception and imitation and their metaphorical and irrelevant language.

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He has stated that these studies all point to specificity and uniqueness of the clinical symptomatology of early infantile autism.

Kanner has argued that in spite of similarities, there are essential differences between mental defective children and those with early infantile autism. He claims that careful observation shows evidence of good intellectual potentialities in the autistic children and that there is a characteristic nature of the isolation and aloneness of the autistic child, whose ritualistic activities (for example) can be differentiated from the repetitive activities of the retarded child. He classifies feeble minded in three categories (3); (1) the absolute feeble minded, in whom the pathology is irreversible; (2) the relative feeble minded, in whom the process can be altered by cultural training; and (3) the apparent or pseudo-feeble minded, including the autistic and schizophrenic child.

Eisenberg (associated with Kanner) (4) reports that of 80 autistic children first described by Kanner, they were able to follow 63 for four years and more, to the medium and average age of 15 years. Three of these were classified as having a "good" outcome, functioning well academically and socially, and 14 as having a "fair" outcome and able to attend school at about grade level but distinctly deviant in personality, while 46 or 73 per cent had a "poor" outcome characterized by feeble mindedness and/or psychotic behavior. Furthermore his follow-up

studies indicate that 31 of the children were non-speaking to the age of five years and that only one of these subsequently used speech for communication and attained a fair adjustment.

Thus it would appear that the non-speaking autistic child under the age of five years, of Kanner's classification, cannot be differentiated from other mentally retarded or defective children as far as their ability to function intellectually or socially, or as far as their future outcome is concerned. It is not clear what he means by saying that there is evidence that autistic children have greater intellectual potentialities, unless he is referring to the family background of his colleagues, professors and intellectual sophisticates who have selected his services.

Experience with unselective services of large city and state public facilities shows (5,6) that as many autistic children come from a background of defective or mediocre intellectual attainment, with all kinds of social, family and personality constellations, as come from families of cold and over-controlled intellectuals described by Kanner.

Psychological studies of children called "autistic" may reveal some relative or absolute high points such as spatial orientation, form board proficiency, or special memory facility, mentioned by Kanner. Of late it has seemed that psychologists seek to find evidence of higher potentialities in all the deviate children they study, and rarely fail to do so. The mental defective who does not have some such evidence is also very rare. An IQ is a mean or global score and evaluates the variations unique in every individual, however deviate. As a diagnostician, I often have to emphasize that the lowest potentiality may be the significant function in an

individual who is failing in the life task of development or social adjustment.

When we try to study the history of the concept of autism in child development and psychiatry, we find that it was under investigation at least a half century before Kanner first (1943) used the term "autistic disturbance in affective contact."

We are indebted to Clemens Benda (7) for pointing out that "idiocy" has the same derivation from Greek, that "autism" has from the Latin, meaning a person who lives in his own world, a private person or recluse, and originally was used in much the same way that autism is now used. The first institution for feeble minded in this country, established in Waverly, Massachusetts, was opened in 1848 for "idiots," regardless of degree or type and referring only to exceptional children not able to make a proper community adjustment. As Benda says "applying psychiatric standards to behavioral patterns, the idiot is almost by definition an 'autistic child.'"

The term idiocy has been so used by many modern psychiatrists and educators as to represent hopelessness. It is forgotten that these human beings are still capable of some psychological manifestation and expression, if carefully examined. But when they are studied more intensively by newer tests, or observed with fresh eyes, there is a tendency to say that they are not "straight idiots" or simple mental defectives.

Benda pleads, in the name of scientific research, not to categorize but to remain free to investigate each specific condition with which we are dealing. He has shown that in at least some cases of childhood autism ("living in their own world") the cause has to be traced back to encephalitis; other cases

he has seen after anoxia at birth and various infantile infections. Benda says, as Howard Potter did in 1933 (8), that in every institution for mental defectives, autistic children can be found who are classified as idiots. Benda describes schizophrenic autism as a "maturation dysrhythmia" or an "abnormal developmental timing since birth or early infancy."

Bleuler in 1911 (9, 10) in arriving at the concept of schizophrenia, dwelt considerably on autism and autistic thinking as secondary symptoms. He spoke of it as a disturbance in consciousness in which there is relative or absolute detachment from reality and the inner life. He appears to have derived his concept from Pierre Janet (1903) (11), who spoke of a loss of the sense of reality. However, Bleuler considered autistic thinking as a reaction to unresolved conflict. This autistic thinking is directed by affective needs and obeys its own laws rather than reality. David Rapaport (12) has compared Bleuler's ideas with Carl Jung's concept of "introversion" (1911) (13) and Freud's concept of "withdrawal of libidinous cathexis from objects as a prerequisite of repression and fantasy elaboration of repressed material" (1898) (14). Freud also emphasized, in contrast to Bleuler, that outward directed autistic thinking was a restitutive process and not a pathological symptom.

Bleuler did not use this term in connection with children, except to compare the autistic thinking of the schizophrenic adult to the more primitive thinking of the child "who lacks the experience necessary to handle logical forms of thinking and to know the potentialities of the outside world. If the child is an imaginative one, his thinking may early become autistic." But then Bleuler admitted that he did

not have the techniques or methodology for observing and evaluating disturbances in childhood.

Jean Piaget (1936) (15) saw autism and autistic thought as the first stage in the development (of the normal child) in intelligence. Thus he saw intelligence arising from sensory-motor phenomena and undirected and therefore, autistic; in the next stage, thought is egocentric and finally becomes communicated intelligence. In an earlier contribution (*The Language and Thought of the Child*, 1932) (16) he defines autistic thought as subconscious since there is no conscious awareness of the aims pursued or problems to be solved, and it is not adapted to external reality but creates for itself a dream world. It tends not to establish truths but to satisfy desires and remains individual and incommunicable by language, but is expressed in images and symbols like myths. It is of no small interest that Piaget describes the evolution of thought which arises from relating the perception of an object to the object itself in space. He states "It is impossible to determine how the elementary forms of spatial perception are evolved, without seeing how they are related to the mode of inheritance of the organs of perception and of equilibrium and to the different modes of organic adaptation."

It would follow that our knowledge of the child who does not progress into this reality orienting stage of behavior, or regresses back from it, must also consider these factors. Such ideas rather clearly tie in with the concept of autistic thinking and behavior in young children evidencing disturbance in development or maturation with fixation at the more primitive or biological level of patterning of behavior and thinking, which has been called infantile autism.

by Kanner, atypical development by Rank and Putnam, maturational dysrhythmia by Clemens Benda, and maturational lags in pseudodefensive schizophrenia by L. Bender.

There is considerable evidence that various known biological disorders may lead to autistic patterns of behavior hardly distinguishable from these autistic states. Kanner himself has agreed that some children may be brain damaged and all may be schizophrenic. Clemens Benda has shown that children suffering from anoxia or infection with encephalitis may also be autistic and argues that one can often not differentiate between the "idiotic" and "autistic" child, even in their ultimate course. I have long argued that autism is a defense mechanism frequently occurring in young schizophrenic, or brain damaged, or severely traumatized, or emotionally deprived children, who thereby withdraw or protect themselves from the disorganization and anxiety arising from the basic pathology. Because I consider that the autistic behavior and thinking is a secondary or defense symptom, I have used the term pseudo-defective and pseudo-neurotic. Nevertheless, in the majority of the children that I have followed from early childhood into adolescence and adulthood, it has not been possible to get them out of their autistic behavior and many have had to be cared for chronically in protective institutions. This has been the fate of eleven of the 30 boys who have been the subjects of the most intensive follow-up studies at Bellevue between 1935 and 1941 and are now between 25 and 30 years of age, six others of the same group have been chronically psychotic, while the remaining thirteen had a more varied history (17). A better outcome in 50 per cent of the cases has resulted from a more recent

series of under-six year old schizophrenic children, more carefully studied and treated in a variety of ways (5).

Recently there have appeared two significant reports on the subject of autistic behavior in blind children with retrolental fibroplasia resulting from premature infants cared for in incubators with high oxygen tension. W. R. Keeler (18) reports on five such children referred because of the autistic behavior, mental deficiency, primitive perceptual experiences and motility, and autistic forms of communication. He also studied 35 other children in an institution for blind children with retrolental fibroplasia and found that they all had a similar syndrome, though to a lesser degree, so that they were educable in the institutions for the blind. He also studied 18 children congenitally blind because of defects in the eyes only and 17 children who became blinded after birth because of local conditions. These two latter groups of blind children did not show the same syndrome of autism, primitive perceptual and motor behavior, intellectual retardation, and defective and atypical communication and thought processes. He discusses at length the question of the relationship of early infantile autism, the perceptual deprivation resulting from blindness as such, the general maturational lag and the possibility that retrolental fibroplasia is only a part of a more total brain damage associated with prematurity and post-natal high oxygen tension.

A similar paper by Maurice R. Green and David E. Schechter (19) reports two cases of retrolental fibroplasia with autism, and one who was blinded in early infancy due to bilateral central choreo-retinitis and was not so autistic but rather "symbiotic" and demanding

of a mother who herself appeared to be mentally disturbed.

In my own experience, I have seen autistic behavior in every type of disturbed young children. In those that I diagnosed schizophrenic, it occurred in families of considerable intellectual potentialities, but also in families where both mental deficiency and schizophrenia showed strong familial trends. I have seen it occur in young children who did not present early signs of precocity or near normal development, as well as amongst those that did. I have seen it in young children with complete mutism, withdrawal and a mental defective appearance, who in later childhood were speaking and developed pseudo-neurotic defenses and later appeared nearly normal; while others became frankly psychotic and many continued as autistic, withdrawn, noncommunicative and were cared for in institutions for the defective as undifferentiated idiots, or in mental hospitals as simple, hebephrenic or catatonic schizophrenics with or without occasional episodes of excitement. Some also developed convulsions at about the time of puberty, with either isolated attacks or frequent convulsive seizures.

I have also followed two cases of retro-lental fibroplasia into one of the state schools, where the question of associated schizophrenia or primary autism has frequently been raised. I have seen two similar cases of children whose mothers had rubella in the first trimester of pregnancy, with the associated microcephaly, mental deficiency, cataracts and partial blindness. Here too, separate diagnoses of schizophrenia were considered by some. I have felt that such cases lent evidence to my theory that schizophrenia, as seen in childhood, is a maturational lag sug-

gestive of the embryonic stage of development.

One also sees the similar pattern of behavior in all types of brain damaged children, mentally retarded for whatever reason, and also the emotionally deprived such as the institutionalized infant. Of course, differences occur due in part to the uniqueness of every individual and to the level and degree of impairment and the different life experiences.

In conclusion, this paper represents a review of the concept of autism in those children who have not developed satisfactory intellectually, socially and in ego functions. I have tried to indicate that although Kanner's syndrome of early infantile autism is a valuable concept, it describes only a limited group of children from the particular sophisticated, intellectual strata who have consulted Professor Kanner, but it is not a clinical or etiological entity. To limit our concept and knowledge of autism to this group alone, limits us in our scientific studies and in the proper evaluation of the emotionally and mentally ill and retarded children who come to us for help.

Autism is not synonymous with psychosis nor does it indicate a specific type of mental illness. Autistic thinking and actions are a primitive form of behavior, a part of the normal developmental process which may persist and become exaggerated or represent by withdrawal, a defense against disorganization and anxiety in children with many different types of pathology in their genes, brains, perceptual organs or social relationships. It may say something about the way of life the child adopted at the time the term had been applied, but little about the cause or ultimate outcome.

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