

AUTISM IN CHILDHOOD  
AN ATTEMPT OF AN ANALYSIS

by  
George Frankl, M. D.

INTRODUCTION

It has become certain beyond doubt now that the total impression which we have learned to recognize as Psychosis of Earliest Childhood, or as Schizophrenia of Earliest Childhood, or as Early Infantile Autism, is not really a nosological unit. Our efforts to define it as a physical illness in accordance with Virchowian principles or as a mental illness in accordance with Kraepelinian principles have led us astray. They have led us into exactly the same difficulties and contradictions from which our endeavors to define Schizophrenia of Adulthood as a disease entity have been suffering for many years.

It is possible, of course, that some day a great discovery of strictly medical character will be made, clearly defining an illness as "Childhood Schizophrenia." Somebody may find a deficiency of a newly discovered hormone which is always accompanied by the clinical picture of childhood schizophrenia; the destruction of a yet to be identified area, layer, or type of cells of the central nervous system may be found to be closely correlated to the autistic changes of the preschool age; some specific constitutional abnormality

may be found to be the decisive predisposing factor for the development of the syndrome; or some other yet unforeseeable pathology of the body may be detected as a regular correlate to the psychopathological picture of childhood schizophrenia as we see it today.

Such a discovery would justify the assumption of <sup>a</sup>causal connection between the physical disorder and the psychopathological syndrome. One then could decide to call "Schizophrenia of Early Childhood" this one, clearly definable illness of simultaneously physical and psychopathological character. We certainly have not come to that point as yet.

However, even such a discovery will not alter the fact that the same or very similar personality changes - schizophrenic or autistic symptoms of earliest childhood - can make their appearance also as a consequence of other pathological conditions of the body, and most likely also as a consequence of serious environmental damages in earliest infancy. As a matter of fact, a combination of several such causal factors can be found in many, or perhaps in all cases of Childhood Schizophrenia. The Round Table Discussion on Childhood Schizophrenia during the Orthopsychiatric Meeting in Cleveland, 1953,\* in which many of the leading authors in the field participated, brought our present uncertainty as to the genesis and causes of the affliction into sharp relief.

---

\*American Journal of Orthopsychiatry, Vol. XXIV, No. 3, pp. 484-528.

For the time being we still have to consider childhood psychosis a purely psychological, and not a nosological concept. It is a pathological state of mind. Even as such we have so far been able to grasp it only intuitively, as a total impression.

Our present-day enthusiastic preoccupation with genetic-dynamic principles has made us forget that our theories as to the genesis and the causes of adult schizophrenia are based on the firm and safe ground of what is called today "Kraepelinian Psychiatry" with an often slightly disparaging undertone. Our theories would be mere speculations without the careful, minute descriptions and phenomenological analyses made by the psychiatrists of that past period. Such a basis of reliable descriptions does not exist as yet for the psychotic conditions of early childhood. Not many attempts have been made to elaborate on Kanner's initial, excellent, though summary descriptions of his Early Infantile Autism. The same holds true of Mahler's "Symbiotic Psychosis." Discussions, on the other hand, of the various hypotheses regarding the origin and causes of childhood schizophrenia can be found in abundance. At times one gets the impression that the respective hypotheses and assumptions have crept in merely as a reflection of the author's school of thought. The demand that they be taken for granted is implied. A child analyst has an altogether different outlook on the problem of childhood psychosis than the director of a large

child psychiatric receiving center in a metropolitan area. In a way, this is as it should be. Differences in point of view have served to focus attention on different aspects of the disorder. However, a premature - I am tempted to say, a prejudicial - focusing on one facet of a complex matter carries also its dangers. The theory with which the author is preoccupied, can serve as a blinder that makes disappear such phenomena as do not fit the respective theory.

A temporary return to the stage of description and then of phenomenological analysis seems advisable as far as childhood psychosis is concerned. It should not be interpreted as a rejection of the genetic-dynamic point of view. It indicates a desire to take up first things first.

Such a return is planned in this paper. It is planned first to describe, and then perhaps to analyze phenomenologically, a restricted though certainly central part of the syndrome of childhood schizophrenia: the autism. Such an attempt seems not to have been made in recent years, since the extensive and revealing investigations of Minkowsky.

The upshot of Minkowsky's endeavors was a resignation. He came to the conclusion that the phenomena which he calls "contact affective avec l'ambiance" and "contact affective avec persons" is not further reducible to its elements by analysis. In approaching a person in a conversation, or in a common activity with him, one experiences convincingly the phenomena: "good contact," "difficult contact" or "no relationship whatsoever can be established." This challenging

totality of an impression can be described. Minkowsky, Kretschmer, Kraepelin, Bleuler and others have done this masterfully. After this, however, it has to be accepted as such. It peculiarly resists attempts of a psychological analysis. The same holds true of the popular pairs of terms "extraversion - introversion" of Jung and "cyclothymic-schizothymic" of Kretschmer. The character types to which these expressions refer are experienced as such when one meets a person who is their prototype. A positive correlation between character types and bodily types could be established. Beyond this, the experience of a disturbance of the emotional contact between two persons proves to be resistive to further analytic endeavors.

The psychopathological term "autism," although closely related to these concepts of "break in affective contact," "introversion," and "schizoid," refers to a different aspect of the problem. Bleuler saw something else in autism than a merely describable but not definable and not further analyzable quality of the schizophrenic person. He saw it as a specific state of mind in which the person is different and thinks differently from a non-autistic person. An insidious change of the meaning of the term has taken place since Bleuler created it. The expressions "autism" and "autistic" are used in recent psychiatric literature as rather general, ill defined, descriptive terms, approximately synonymous to the expressions "to withdraw" and "to shut

one's self off" which are so frequently used to describe what happens to a person when he becomes schizophrenic.

The terms suffer from lack of clear definition. Their meaning seems to be at times: "withdrawal from contact with reality;" more frequently: "withdrawal from contact with persons." They often seem - quite improperly - to designate not something which happens to the person but something which he does actively. It sounds as if he were to withdraw intentionally from something that has become unbearable; as if he were to shut himself off deliberately from something he cannot master any more.

We shall try to discuss and to substantiate the following thesis in this paper:

- (1) that autism can be defined and understood in accordance with Bleuler as a specific state of mind;
- (2) that this state of mind is not necessarily something abnormal;
- (3) that the state of autism has its complement in the state of being "in communication with people."

One is either in the one condition or in the other;

- (4) that the healthy person - unbeknown to himself - can freely change from the state of being in communication with other people to that of autism, whereas a person suffering from pathological autism is - more or less - a prisoner of this condition. The change from the state of autism to that of a

live, communicative relationship to people causes him great difficulties or discomfort, provided that the establishment of such a relationship is still possible.

## CHAPTER I

Some characteristics of the language of autistic children will be described in this first part of the study, and an attempt will be made to analyze them and to formulate some of the specific psychopathological mechanisms which bring about these symptoms. Cases of very far reaching autism will be the point of departure for these discussions. Fully developed pathology offers the advantage of bringing the essential qualities of the respective syndrome into sharp relief.

The reader will notice, perhaps with some annoyance, that we have kept ourselves on a descriptive, almost on a behavioristic level in this part of our discussion. It was done only partly from choice. The desire to create a basis of relatively unprejudiced facts played its role in this self-restriction. However, one should keep in mind in addition that <sup>empathic</sup>~~empathic~~ understanding of extremely autistic persons is very difficult, if not impossible.

A very different approach is planned afterwards, in a second part of the study. Cases of only minor, temporary or permanent loosening-up of their rapport with people will be examined, with major emphasis on the phenomenological point of view.



Part I

The Characteristics of Autistic Mutism.

The following is the description of some aspects of the behavior of a child whose contact with the people around him was about as completely interrupted as ever can be found. These not so rare cases of extreme autism in earliest childhood closely resemble each other in appearance and symptomatology. They all show the same monotonous clinical picture, in contrast to the colorful and variegated symptomatology of the less far reaching cases of pathological autism in earliest childhood, and also of those cases in which compensatory and restititional processes have set in. The essential characteristics of the autistic language can be demonstrated especially clearly <sup>here with</sup> ~~in the cases in which the~~ syndrome <sup>having</sup> ~~has~~ been developed to such far reaching completeness.

Case 1. The boy whom we have in mind here, Johnny, is now seven years old. Allegedly he developed normally - even prematurely - during his infancy and up to about two-and-a-half years. Sitting up, walking and toilet training are said to have developed normally. His mother insists that he began to say words at the end of his first year, and that his language developed steadily afterwards. He could use short sentences, and he could put phrases together at the age of two. Then he gradually stopped talking. He has been mute since. ~~His mother tells a story of a deaf-mute boy, age five, who moved into the neighborhood at that time.~~

The mother describes how Johnny also became withdrawn during that period and how he sat listlessly and motionless for hours. There has been hardly a change since.

The boy comes from poor stock. There are mental illnesses among his immediate and remote relatives. The family unit, father, mother and five children of whom he is the fourth, is poorly integrated. They live on a marginal income. The social agency which has been working with the family for many years, describes the mother as a difficult, neurotic person, not at all interested in her family and neglectful of her household duties. Her attitude toward Johnny is described as an erratic mixture of overprotective and hostile mismanagement.

This brief history is, of course, most insufficient. It would leave many open questions if we were concerned here with the etiology of the condition. However, as indicated above, this case is meant merely to provide material for a description and for an attempt to analyze the phenomenon "extreme autism". It is also meant to give the reader some idea of the kind of cases we have in mind in this chapter.

The following questions are to be discussed with the help of this and other cases in this chapter: how does the extremely autistic child communicate, or not communicate with the people around him? and assuming that a disorder or defect in the area of communicating exists, how can this be

described and formulated in scientific terms? What are the specific qualities of the language or of the mutism of these children?

I was introduced to Johnny and to his mother in the reception room of an out-patient department. No other people were around at the time. Johnny kept himself somewhere in the vicinity of his mother, although at some distance from her. He turned around and looked at me when I arrived, ~~perhaps in apprehension as to my intentions.~~ Then he turned away. I could not say whether he did it in indifference or on purpose in order to avoid being addressed. I informed his mother that our interview would take place in a room upstairs. She turned to Johnny and told him: "Come on, Johnny, let's go upstairs." During the next few seconds I had the impression that Johnny had not taken notice of this order. He did not react to it at all at first. This did not particularly disturb his mother. She seemed to be used to it. She did not repeat the order but got up from her chair without paying attention to Johnny, and we started moving toward the stairway. However, now Johnny, too, set himself in motion. He ran toward the stairway in front of us. There he waited as if not daring to go further. As soon as we arrived, he ran upstairs in front of us. There he found himself in unknown territory. He waited for us, then followed us at some distance and eventually watched us settling down in chairs. He did not say a word and there was not a flicker of expression on his face while he did all this. This made

it impossible <sup>for me</sup> to know how he felt. Only his actions made it certain beyond doubt that he had understood his mother's order. The mother paid no further attention to him upstairs. To a somewhat concerned question of mine she replied negligently that he will be all right. She was correct. He wandered around aimlessly in the hallway and in the neighboring empty examining rooms for awhile. Then he sat down in a chair in the next room, not far away from where we were sitting. ~~The mother talked about him unconcernedly as if he were not present. I went to see what he was doing after a while. He sat there in a posture that looked to me as if he were trying to listen to what we said. However, this may well have been a projection of my concern about our indiscreet conversation. The expression of his face was blank. He was asleep a few minutes later, with I looked again.~~

I would like to focus the discussion on this simple event: the mother told Johnny: "Come on, Johnny, let's go upstairs." I had the impression that Johnny did not take notice of the order. A few seconds later he surprised me by coming toward the stairway in front of us. He had heard and understood his mother after all. I felt astonished.

Why did I think at first that Johnny had not heard, or at least had not taken notice of this order, and why was I astonished afterwards when I realized that he had understood? Something decisive must have been missing in his reaction.

We take it for granted that something will happen before and while a person reacts with appropriate action to an order.

We expect him first to inform us by communication how the order was received by him, and what he intends to do with it. Such a communicative reaction to the order of the mother failed to come in Johnny's case. This made me automatically assume that he had not heard. I had to correct this impression when he reacted with appropriate non-communicative action a few moments later.

This behavior and the interpretative misunderstanding caused by it are characteristic for extremely autistic children. It can be formulated in the following general terms: in any situation in which people are joined in a common activity (this term being used here in its broadest possible sense), an incessant interchange of communications flows between them, carrying factual informations, announcements of action intentions, expressions of feelings toward the present situation and - above all - communicative expressions of feelings toward the person with whom one is joined in the common activity. It is this incessant, visible and audible flow and interchange of communications that distinguishes for an observer a person in social contact from a solitary or an autistic person. Whenever we are in a situation requiring social contact with another person, we take it for granted that such a flow of communicative interchange will take place. We misinterpret, or we feel perplexed, uncertain and helpless, when it fails to come. Something essential is missing. It was missing in Johnny's case.

The reader will object to this: one frequently obeys or disobeys orders without saying a word. One frequently does not answer when addressed. People can be joined in a common activity, for instance they can work for hours in perfect unison and obviously in good contact, without ever saying a word. This is quite true. However, these people communicate nevertheless. Consider the following example: a child is told to do something. Thereupon he looks straight into the face of the ordering adult. He does it with a stubborn expression, he presses his lips together, and his body stiffens up as if he were to say: "I am not going to budge!" This child does not say a word. As a matter of fact, he actively refuses to talk. Yet, one cannot possibly accuse him of not communicating. He does so silently, but forcefully and in no uncertain terms.

This is an adequate, commonly understood and commonly accepted form of communicating. The child informs the adult of his feelings and intentions with deliberation. The ordering adult can read these feelings and intentions in their finest nuances and gradations. He understands the message, and he will answer to it in kind, with a combination of words, expressive movements and actions to which the child on his part will reply, etc. An interchange of informative communications with or without words thus can take place.

When the mother told the seven-year-old boy to accompany us upstairs, I expected him to react with such a - not necessarily verbal - communication. It could have been a

gesture of anxiety and hesitation, or a smile of acknowledgment and acceptance, or an expression of angry defiance, or any other emotional and then communicative reaction. The absence of any such reaction was a perplexing sight. At first I could not help interpreting this failure to reply as if it were an intentional act, a message from him to his mother and to me. During these few seconds I wavered between doubts whether he expressed complete indifference to what was going on around him, or just feigned indifference, or perhaps told us in his way: "I am not going to come." Also the thought that he may be deaf crossed my mind. Only as a psychiatrist and with my knowledge of his history, I also suspected: he may be autistic. This suspicion, "he may be autistic," found quick confirmation. Johnny never communicated with us in any way, while his non-communicative actions were comparatively adequate. We never exchanged a single word, we never exchanged a smile. He merely turned away or removed himself with an unmoving, empty face whenever I tried to approach him. Thus it was impossible to say what went on in him, and it was impossible to come into any form of relationship with him. The total impression was: completely autistic.

Remember well: this impression "<sup>completely</sup>~~extremely~~ autistic" was produced not alone by the fact that Johnny did not use words. He did not communicate at all with us. There is a difference between the concept "he does not talk" and the other one "he

does not communicate." This difference is important and needs further examination.

Johnny's behavior and that of other children with a similarly autistic behavior customarily is described as "mutism." However, the difficulty in Johnny's "mutism," as observed during this hour, embraced more than the language of words. This can be easily demonstrated by a comparison of Johnny's defect with that of a child suffering from cortical aphasia, or with that of a deaf child, or with the inability of a ten-month-old baby to express himself by words. All these children have in common that the language of words is not at their disposal. All of them cannot "talk." Yet, they communicate. They do so, often most vigorously, by another set of well established and commonly understandable symbolizations. These are the same as were used by the disobedient child in the example above. We are referring here to that part of our language which comprises all <sup>non-verbal, intentional, communicative</sup> symbolizations: by expressive movements of the face and the body; by expressive inarticulate sounds; and by the expressive modulation of the spoken words of our language. These non-verbal symbolizations are at the disposal of every healthy person. They are an essential part of his language. He sends them out - in intricate fusion with the symbols of the word language - as long as he is in communication with people. These communicative symbolizations are not sent out by autistic persons; <sup>not are they</sup> ~~they also are~~ not sent out by the healthy



solitary person, i.e. by a person who at the moment is not in communicative contact with others.

The use of this set of symbolizations is at least as characteristic for the state of non-autism as is the use of spoken words. As a matter of fact, the phenomenon of absent gestures and absent sound modulation, especially the sight of a person's face remaining blank and inexpressive in a situation in which communication by expressive movements is expected, contributes essentially to that total impression "he is autistic" which has been found so puzzling and so inaccessible to psychopathological analysis.

This set of symbolizations - facial gestures, bodily gestures and the modulation of articulate and inarticulate sounds - is older and of more archaic character than the language of words. It is governed by other cerebral centers. Accordingly it can keep functioning in the cases of typical aphasic conditions when the cortical centers which control our word language are damaged or have not been developed yet.

This set of non-verbal communicative symbolizations - facial gestures, bodily gestures, and the modulation of articulate and inarticulate sounds - will be called the Affective Language from here on in this study. The sum total of all verbal communicative symbolizations will be subsumed under the name Word Language. Our everyday language is always a fusion and integration of Word Language and Affective Language.

We mentioned above (p. 16) the social behavior of a ten-month-old, not-yet-talking baby and of children suffering from deafness or cortical aphasia, as examples for an isolated existence of the Affective Language. We want to describe here briefly what this phenomenon looks like in a baby before he "learns to talk:"

A healthy, ten-month-old baby certainly is able to tell his mother a great deal about himself, even though he does not have articulate words at his disposal as yet. He does so, if not in purposeful awareness, yet intentionally. Let us assume that he now lies in his crib all by himself, awake, in quiet satisfaction. His mother comes to play with him. The moment when he sees her and she addresses him, his so-far inexpressive face lightens up. He smiles or laughs at her expectantly, he makes some cooing sounds, and his arms and legs begin to kick around in lively excitement. All this is not merely a self-sufficient motor release of his feelings of satisfaction and happy anticipation. It is, beyond this, a message intentionally directed at his mother, telling her something like: "I am so glad that you came to entertain me. Hurry up and go ahead with it!" The mother understands this well, and she answers to this in "baby talk." It is true that she uses some words. However, she does not really expect him to understand them. She uses them mainly as carriers for something else, for the overly expressive gestural movements and sounds of this particular language.

The mother may now express by exaggerated gesticulations and exclamations her pleasure to see the baby in such a good mood. She may take him from his bed, kiss him and fondle him. To this he responds, let us assume, with a defensive stiffening up. His face shows slight annoyance. The mother reacts quickly to this, by putting him back into his crib, and by some soothing, less overwhelming gestures and sounds. Peace is restored, the baby lies there, watching his mother with a searching, expectant expression. The mother holds back teasingly for a moment, and lets the baby wait. He understands and enjoys this playful prolongation of his forepleasure. He answers by conveying to her: "Come on, what are we waiting for!" He expresses this through gestures and sounds which are a wonderful mixture of seductiveness and of happy, greedy impatience. The mother now produces <sup>some</sup> a stunt which the baby has not seen so far. The baby's face takes on the expression of being startled, then of intense concentration. He watches, then looks at his mother, makes a well modulated sound, almost as if he were asking: "Now, what do we have here?" He watches her answer to this, then replies with a little smile. His glance returns to the repetition of the little stunt. Suddenly he breaks out into a clear laughter, his face sparkling with joy, all his limbs in excited, kicking motion.

Thus he conveys his strong, relatively simple inner experiences to his mother very adequately. Each of them finds

its correlate in the non-verbal language of expressive movements and expressive sounds. Words do not exist as yet at this age, and they are not even needed for what is to be expressed.

These gestural expressions of inner experiences are true communicative symbols. The same expression stands for always the same inner experience. Moreover, these symbols have validity not only for this baby and his mother. The respective gestures or expressive sounds are understood by the whole group to which these two individuals belong. They have validity in their family, in their country, and to some extent even all over the world beyond the boundaries of the specific language of words which the baby is soon to learn.

Every expressive movement and expressive sound is a true communicative symbol. This holds true of them also in later life when the various non-verbal communicative patterns become more set and still more specific than they are in the baby language. A specific non-verbal expression is automatically used to express a specific inner experience. The same motor pattern seen in somebody else is automatically understood as an expression of this inner experience.

Deaf children and young aphasic children are in a similar situation as babies before speech development. Being deprived of the language of words, they have to depend compensatorily on the tool of their non-verbal language if they want to communicate with the people around them.

Howsoever inadequate this substitute may be in many respects, especially when it comes to communicating factual, conceptual and logical thinking, it certainly is most sufficient as far as <sup>the</sup> maintenance of that which we experience as "good contact with persons" is concerned. A rich, easy flow of communications goes between the healthy deaf child and the people with whom he is in contact. It is carried exclusively by the same medium as is used in baby talk: the gestural and vocal symbols of the non-verbal "affective language."\*

It seems appropriate at this point to give some first, purely descriptive, very tentative definition of the term "autism" as it has emerged so far:

- (1) a person who at a given moment does not communicate his thoughts, his feelings and his intentions to other persons is in a state of autism;
- (2) if he persistently does not communicate in situations in which communicating with others is expected and taken for granted, he is to be considered pathologically autistic;
- (3) the term "to communicate" which, on a descriptive level, is so closely related to that of "autism" comprises more than the mere ability to utter words and to understand their symbolic meaning. It demands ~~also~~ that in addition, and quite especially,

that set of gestural and vocal, non-verbal symbolizations be used which in its totality can be called the "affective language." It is used predominantly to express affects, feelings and emotions.

It is mainly this set of symbolizations - facial and bodily gestures, modulation of the spoken language, and expressive, inarticulate sounds - which transmits what we experience as "good contact with persons." The "affective language," and not the "word language," is the main carrier of this contact. In accordance with this we may expect also a correlation between the disturbances of the affective language and the disturbances of affective contact. We find in the cases of extreme autism of early childhood, for instance in the above described case of Johnny, that the affective language has been practically extinguished together with the word language. In approaching these children we experience: no relationship whatsoever can be established with them. The affective contact with them is completely interrupted.

Here we have - in purely descriptive terms - a basic symptomatology: extreme autism equals far-reaching interruption/of all communicative rapport with people, finding its expression in a total extinction of all communicative, symbolizing activities. Word language as well as affective language are gone. Instead of being informed by the child of

what goes on within him, one has to rely for this purpose on non-communicative signs and on actions.

## Part 2

### The Word Language in Autistic Conditions of Childhood.

In Part 2 and Part 3 of this chapter we want to describe the various means of communication still available to autistic children or substitutionally developed by them. The fate of the Word Language will be described in Part 2, that of the Affective Language in Part 3.

If we assume, and I think we do, that autism is characterized among its many other qualities also by its degree, then Case 1 certainly is at one end of the scale. The interruption of communicative relationships is almost complete. However, absolute autism, i.e. a complete breaking off of all interpersonal relationships is never reached. Autistic children always show some signs of awareness of the persons around them. Especially the persons on whom they are dependent for their daily needs and their daily care are meaningful to them. They know of the regular satisfactions and pleasures offered by them. They expect their services to come at the proper time and, in their way, they demand these services. They even cooperate in many of these activities, provided they are well known to them and serving their regular needs. They react with violent

affect outburst of the adults do not function as expected and thus cause painful encroachments on their daily routine and on their oversensitive perceptual system. One may well ask by what means an understanding and cooperation sufficient for these purposes can be established with the normal channels of communication inaccessible or destroyed.

(1) Some understanding of spoken language is always preserved. We have to correct immediately what we said in the last sentence of the preceding paragraph. Some scanty bridges of true communicating are always preserved. Especially the word language is never completely annihilated. The children always have some understanding for spoken language - unless there is other, usually organic pathology in addition to the autism - and their faculty to speak is more or less intact, if only as a potentiality.\*

Let us look at the term "mutism" once more. As customarily used in psychiatric language, it seems to imply that a person does not speak, although hidden somewhere, somehow, his faculty to talk exists. Even a slightly accusing flavor of "he could if he would," and of "he refuses to talk" is contained in this sentence "he is mute", as used to describe completely autistic children.\*\* After all, the parents as

---

\*The extent of the vocabulary of severely autistic children never can be gauged with certainty, as they cannot cooperate in a systematic examination or test.

\*\*The same holds true of the so-called "voluntary mutism" of school beginners. The contrast between their well developed faculty to talk and their utter inability to speak in certain well defined situations is completely out in the open here.



well as the psychiatrist know from immediate experience (like the one described in Case I) that the child understands at least some of what is said within his hearing. Sometimes one can see from his non-communicative actions that he has taken notice of what he has been told. In other frequent instances one can see from his reaction that he has understood but is compelled to fend off the intrusion as something painful or unpleasant. This is done sometimes by absolute non-reacting of which many of these children are past-masters, sometimes by an active, negativistic counter-impulse. Many times, of course, the autistic child does not apperceive at all in his autistic seclusion. It should be stressed that these three mechanisms - not apperceiving, apperceiving but not reacting, and reacting with a negativistic counter-impulse - are habitual, automatic and compelling. All three of them are closely related to each other. They cannot even be sharply separated from each other, fluid forms of transition existing between them. It certainly is not necessary to stress here that the autistic child cannot help reacting as he does, so that the term "compulsive" is defensible here, provided it is taken in its literal sense, and not in the customary sense of the psychiatric diagnosis "compulsive-neurotic."

(2) Occasional true verbal communications come from the autistic child. <sup>This refers to</sup> ~~Then there are~~ the instances when even extremely autistic children really talk. It has been mentioned

that Johnny (Case I) could say a few words occasionally, always under the pressure of a strong need or desire that forced him out of his seclusion and compelled him to break through the barrier of his negativism. ~~Under the imperative pressure of an impelling wish~~ <sup>then</sup> he could make a visibly strong effort and ~~then~~ bring forth such one-word or two-word demands as "Coke!", "Ice cream!", "Open door!", "No!" and several others. These were the rare occasions in his life when he was truly communicative, that is directing words to other persons with the intention of conveying meaning and of being understood. He could not be called "autistic" at such moments. Similar momentary interruptions of the autism are reported of many extremely autistic children.

(3) The rote verbal productions. The well-known rote, parrot-like verbal productions of chronically autistic children belong in a different category. They must not be taken for true communication, regardless whether the child knows what he says or not (in some instances he does, in others he does not, in still others one cannot know whether he does or not). These productions of which we intend to bring several examples serve to show once again that the faculty to utter, to enunciate words is preserved in the autistic conditions of childhood or - to be more cautious - that it is damaged only to an uncertain degree. The parents can insist with some semblance of justification: "He can talk." Yes, he can, provided not more is meant thereby than

the rote enunciation of words and of more or less organized word combinations, and to some uncertain extent also the understanding of their symbolic meaning. However, the mere enunciating of words and phrases is not the same as communicating. Directedness at a person is one important aspect of communicative speaking. A healthy child who monotonously recites a poem in school does not communicate; nor does an autistic child who, upon proper stimulation, automatically chants or recites a whole song or story exactly as he has heard it.

Unless one keeps these facts in mind, the meaning of the various vocalizations and verbalizations of children who suffer from less extreme autism than Johnny did, cannot be understood. These children use words, but also gestures and the modulated sounds in a manner that looks and sounds like human language, and yet it also impresses as bizarre. Well, language when used for other than communicative purposes <sup>sounds</sup> ~~becomes~~ bizarre. Here are a few examples, still in the area of extreme pathology, even though one cannot <sup>call this</sup> speak ~~of~~ a complete autistic mutism ~~here~~ any more:

Case II. A ten-year-old boy, we call him Dick, who has been deeply autistic for many years, is preoccupied in the playroom with a game of monotonously moving one piece of toy furniture after the other from the doll house to a nearby table. He takes up one piece after the other, fingers it, stares at it for a few seconds, holds it to his nose and

smells at it. Then he adds it to the other pieces already heaped up on the table. This monotonous procedure takes about twenty minutes. Dick is in deep silence and his face does not show a flicker of expression throughout this time. Attempts to address him or to come into communication with him are of no avail. He does not seem to pay attention to the observer or to his mother who is seated in a corner of the room. The observer learns soon that this impression is not quite correct. It appears after a while that Dick occasionally goes out of his way to get near the observer who sits removed from the table. Twice at such occasions he even brushes against his knees with his body. The observer still is in doubt whether this behavior is coincidental or intentional, as Dick's face remains empty and indifferent at each of these occasions. However, suddenly he interrupts his play, steps very close to the observer and scrutinizes the various parts of his face from a very close distance. The two faces almost touch each other. Dick does this with an altogether detached expression, as if the observer's face were a rather interesting inanimate object which he looks over casually. Only his eyes suddenly widen and his movements quicken and become more tense, indicating that he may be excited or anxious. The observer had undergone this same strange examination in previous hours. At the first such occasion he had smiled back in some embarrassment when Dick's eyes suddenly had stared at him from such a close

distance. The negativistic mechanism went into play immediately. Dick recoiled and turned away precipitately. The observer succeeded in keeping his face in friendly, unaggressive calmness at the following occasions. This permitted Dick to satisfy his curiosity and then to turn back to his piling up doll furniture in his own good time.

The last piece of furniture <sup>had been</sup> was removed from the doll house eventually. A short period of indecision followed. Dick's hands examined the inside of the doll house for a moment. He then turned back to the doll furniture on the table. For a while he resumed picking up pieces of furniture, and going through his routine of staring at them, fingering them, smelling at them, and then putting them down again.

Something new happened eventually. A quick movement of his arm brushed a few pieces of the toy furniture from the table to the floor. Dick may have done it intentionally or accidentally. One could not tell, as his face kept its blank expression while he did this. Only when the same was repeated for a second and third time, ~~it~~ became apparent that it was done with deliberation. The action was followed each time by a few of those spasmodic motor discharges which are so frequently seen as <sup>a</sup> reaction of autistic children to pleasantly exciting experiences. As the pieces fall to the floor with some noise, he jumped up and down on the spot for a few times while violently shaking his arms and hands.

Dick's mother interfered here. She ordered from her chair: "Pick it up, Dickie!" Dick reacted with a quick movement as if intending to comply. However, the intention was immediately arrested by a negativistic counter-impulse. Dick turned away abruptly and resumed his brushing off toys from the table to the floor. He may well have done this now with mischievous intent. The deadpan expression of his face persisted.

However, the sharply modulated sound sequence, "Pick it up, Dickie!", had made its impression on Dick. After a while he began to repeat the words in the same tune and with the same pronunciation as his mother had used. From here on he accompanied the empty fingering of the toys with a repetitious singing out of the two words: "Pick up, pick up, pick up - - -." It did not sound mockingly but rather as one accompanies one's work with a pleasant little song.

This last described event can be taken as the prototype for the many others in which autistic children endlessly repeat words or word sequences merely because they experience them as stimulating and pleasurable sound effects. Whoever has worked with autistic children will have experienced this many times. Here is another example:

Case III. A seven-year-old, extremely autistic boy, quite similar to the two above described children, except that he vocalizes more freely, enjoys listening to the radio by the hour. Music has a stimulating and also a

soothing effect on him (like on the overwhelming majority of the very young autistic children). This boy happens to be especially fascinated by the little verses and tunes of the radio commercials. Their repetitiveness and the sharp modulation of their words and tunes has its impact on him. Somehow he knows when his favorites will come. He waits for them in visible motor excitement, then responds to their eventual appearance with similar ecstatic motor discharges of jumping and of shaking his hands and arms, as have been described above. He himself when in good humor reproduces those commercials in endless repetition: "Buy Eversharp, buy Eversharp, - - -," and many others. He does it very well. The melody and the accentuation of the little sentences or rhymes is perfectly imitated. The words are mutilated so that they can be understood only if one known the respective commercial. They are merely titillating sounds to him. He enjoys reproducing them without the intention of conveying their meaning to others. The parents are proud of this achievement. They hope that this is a first step on his way to relearn talking.

The appearance of such often quite precise and well articulated vocalization after months or years of complete mutism is apt to arouse high hopes in the parents. Now, eventually, the child has begun to talk. In their first interview with the psychiatrist, they often make painful efforts to make the child produce these feats in order to

convince the psychiatrist of the good memory and of the high intellectual potentialities of their child. Some of these feats are really remarkable. Difficult words, involved sentence structures, whole poems and songs are recited with most exact reproduction of insignificant details, especially in tune and accentuation. It is always exactly that accentuation and modulation which was given to the words when the child heard them originally. He cannot change it into his own affective language. He has none. The symbolic meaning not only of the words but also of the affective language does not exist for him. Only the enjoyment of rhythm and tune remains.

(4) Rote verbal productions are used as conditioned stimuli. However, these tuneful and rhythmical vocalizations can assume meaning in their own peculiar way. Consider the following example from the same boy (Case III). His father is used to greet him with an affectionate "Hi, Baby" every night when he comes home. The boy, instead of reacting to the meaningful content of this tender message with a similarly affectionate answer (in his autistic ways he is closely attached to his father), repeats this "Hi, Baby" many times, exactly reproducing also the tune of the exclamation. The relaxed, somewhat booming paternal tenderness when echoed back by the son sounds bizarre indeed. One can see from Billy's spasmodic jumping and shaking of his arms and hands that he enjoys this and that he enjoys also the homecoming of his father.



There is more to this, however. After coming home at night, the father usually spends some time playing with Billy. These are always games of rough, physical character. Billy is swung around, thrown into the air, boxed, tickled, etc. He loves it, and he has learned to demand it. He jumps around in front of his father in wild expectation and sings out the "Hi, Baby" when he wants him to play roughhouse. He uses these two words for this purpose not only after father comes home but also at other occasions when he wants to play with him. The father has learned to understand the meaning of the two words together with the jumping movements. In this situation it means "Let us play!"

The same two words take on a different meaning at another occasion, still linked to father's return home. Billy often begins to sing out the "Hi, Baby" when he expects and wants father's arrival but father doesn't come.

This is something new. These are not merely empty repetitions of sensually pleasurable sound formations any more. Billy uses the "Hi, Baby" to demand the return of his father, or that father play roughhouse with him. The "Hi, Baby" thus has turned into an intentionally used sign meant to bring about a certain, well defined effect. His parents, too, have learned to understand it that way. They know the specific meanings of the two words in these two situations. To them they have become true symbols.

Have they become that also to Billy? Do we see a new language developing here? And if we decide to call it

language, what kind of language is this? We quickly realize important differences between this use of the expression "Hi, Baby," and the normal use of word symbols. The two words mean to Billy and to his parents something different from their customary meaning. As a matter of fact, the two words have assumed in two different situations two different meanings, both of them neologistically different from the customary content of the two words "Hi, Baby." These new meanings are of extremely inflexible specificity. There is not a trace of generalization or categorialization in them. The expression is used exclusively in these two exactly defined, regularly returning life situations, and only to bring about in them certain - always exactly the same - events. It seems that words - language - usually are used differently.

(5) Rote, automatic stimulus-response interactions without language. Before going on with our discussion of the use of the word language in autism of childhood, we want to describe another, regularly found form of abnormal interaction between extremely autistic children and the persons who take care of them. The mechanism <sup>which is operative here,</sup> ~~operative in this~~ plays its important role also in every normal interpersonal relationship. However, there it usually goes unnoticed because it is overshadowed and under the control of the higher forms of <sup>communicative</sup> ~~intentional~~ acting. It gains added importance when these are not functioning, as for instance

in the autistic conditions of childhood. There they develop into a prominent, and sometimes very disturbing symptom because of their compensatory overgrowth, and because of they appear there in naked isolation. The following is an example of what we mean here:

Case IV. A deeply autistic, for all practical purposes idiotic eleven-year-old boy moves around in his room in his usual idle restlessness. His father, coming home at night, appears in the door. The boy does not seem to take notice of him. The father, too, just stands there and waits with a calm, friendly expression. Undoubtedly he has learned to be unaggressive with this child. Suddenly, without any other visible interchange, the boy stops in front of his father, slips his hand into one of the father's coat pockets and gets himself the little present which the father brings home every night. He runs off with it. No noticeable communication takes place during this interlude. No smile, no expression of recognition or of pleasure is visible on the face of the boy. Only an acceleration of his movements and some spasmodic motor discharges indicate to the observer that the boy has experienced some pleasure. The father, too, just stands there and does not say anything. Yet, one could see that the two understood each other somehow.

One finds this regularly when observing deeply autistic children in their everyday life: that a sort of substitute communicative system exists between them and the persons who

regularly take care of them. A primitive form of interaction is made possible thereby, in spite of the absence of words and gestures. The regularly repeated interactions themselves become a private communicative system. This statement needs further explanation. Here is an example:

Case V. An autistic child has been doing something in the psychiatric playroom for the last five minutes. His mother and the observer watch him. Suddenly the mother gets up, declares "He wants to go to the bathroom," and rushes him there. The boy seems to have expected and even demanded this. He takes her hand willingly and runs with her. The observer had not noticed any indication that the boy wanted to be taken to the toilet. The mother, when asked about this afterwards, told the observer that she knows the certain restless movements by which he indicates this special need. The same boy was seen again a few days later, this time without his mother. Suddenly, seemingly without reason, he broke out into a violent affect outburst. He became agitated, red and perspiring, started to wail, to thrash his arms around, eventually to <sup>hit</sup> his head as if in utter despair. Then he wet his pants. Undoubtedly he had given the proper signals, well known to his mother, and he had expected the proper, helping reaction to come from the observer. It failed to come, as the observer had not been able to understand. He remembered afterwards that the affect outburst had been preceded by some change in motor behavior.

The actions of a chronically autistic child and of his mother in the routine of everyday life often are astonishingly well tuned to each other, even though none of the customary communicative symbolizations are used between them. One notices mother or child doing something. It is not particularly meaningful to the observer. However, the reaction of the other party shows that this action was a signal to him. He knew how to respond to it. For instance:

// Case VI. A mother gets up from her chair (this was observed at night after dinner in the home of the child) and moves across the room towards a closet. The child thereupon abruptly stops what he has been doing. He runs out of the room, ostensibly removing himself from her reach as quickly as possible. The mother remains undisturbed. She seems to have expected just this. She finishes her errand, which turns out to be getting the child's pajamas from the closet. Then she takes up her next regular item of business, which is giving a half playful and half serious chase to the boy. He has been waiting for this in a far corner of the house (it is always the same one), jumping and dancing in excited expectation of his mother's appearance. He starts to run when she comes. She chases him. Both of them seem to have a good time. He is quickly caught, and taken to the bathroom for his regular bedtime routine after a violent and yet somehow perfunctory struggle. The mother reports that this same interlude is a never omitted part of the evening routine.

A very small part of the daily repeated activities between this autistic child and his mother has been described here. The two understood each other well in it. However, their method of conveying information to each other <sup>was</sup> ~~is~~ basically different from the customary one. Not the generally accepted symbols of our language but individual stimuli, valid only in this one particular setting, <sup>were</sup> ~~are~~ used as the cues for proper action. The mother's characteristic way of determined walking toward the closet at this time of the day <sup>was</sup> ~~is~~ for this boy, and for nobody else, the signal that it is time for him to go to bed. The boy's running out of the room <sup>had become</sup> ~~has become~~ the signal for the mother that she now is to chase and to catch him before proceeding with the further bedtime routine. Nothing but these individually developed signals, especially not words or gestures would do, as he <sup>was</sup> ~~is~~ not receptive to them.

This holds true also for the rest of the bedtime routine. It progressed in exact identity every day, mother and son going each time through the same rituals, and thus giving each other each time the same signals in proper sequence. Only this <sup>could</sup> ~~can~~ enable this autistic child to orient himself and to experience that security which he <sup>was</sup> ~~is~~ unable to derive from a live, global understanding of the intentions of the people around him, as they <sup>were</sup> ~~are~~ expressed through the symbols of our regular communicative systems.

This explains the extreme rigidity and repetitiousness

of the activities of many of these children. The resemblance to compulsive-neurotic behavior is striking. Unessential, to the outsider insignificant action details, petrified remnants of a once meaningful part actions have to be re-enacted with photographic sameness each time at the same point, in order to keep the respective activity properly progressing. The system is in danger of breaking down whenever one of these part actions, or a proper reaction to one of them, fails to come. The child suddenly becomes disoriented. He does not know any more what to do and what is to come. He feels lost. A catastrophic reaction in form of an autistic affect outburst may quickly follow.

We want to return now once more to the case of Billy (Case III) and to the question whether his peculiar use of the term "Hi, Baby" was true communicating or not. We are now in a better position to understand the mechanisms by which it originated:

- (1) Billy first repeated these words merely for the sensual enjoyment of their sound and rhythm;
- (2) then they became a part of his daily routine, a part of the rigidly regulated and automatized course of interaction between him and his father at night;
- (3) from here it was a small, although significant step for this part action to become a specific, independent sign, used more or less deliberately

to get a chain of actions, the roughhouse play, started.

The "Hi, Baby" as used by Billy is not an automatic response to some rigidly prescribed stimulus any more. It has developed into a deliberate, intentional act.

We need not be surprised that Billy could take this step. After all, autistic children, even if intellectually defective, are persons and not mere brain preparations ~~who~~ operating exclusively on an automatic, stimulus-response basis. Aside from their so prominent tendency to develop ritualistic action patterns of conditioned reflex-like character, they are also capable of intentional acts of purposeful character. The "Hi, Baby" as used by Billy had the characteristics of such a purposeful act. It came at moments of Billy's own free choosing. He repeated it with increasing urgency and with rapidly mounting motor excitement if his father did not comply quickly. He burst out into an affect eruption if his efforts proved ineffectual.

It should be noted that the "Hi, Baby" as used by Billy, was also a deliberate attempt to communicate his wish to another person. In a way it was a true communicative act, although language was used here in a manner still vastly different from the customary use of words.

Case VII. The following is another example, in many respects similar to the preceding one:



A mother asks her autistic child at a certain time every day: "Do you want your orange juice now?" Thereby she announces to him her intention to go to the kitchen and to prepare that drink for him. He has learned to understand this. He also has begun to use the same signal when he wants orange juice. He says with the identical modulation and inflection of voice as his mother does: "Do you want your orange juice now?" He expects this to produce the drink for him. His mother obliges. The same half interrogative and half suggestive sentence when coming from him means a demand and not a question or an offer.

The same mechanism as in the "Hi, Baby" is operative here, except that a much more involved sentence structure has become a rigid sign in this case. The syntactic and grammatical inflexibility in the use of a whole sentence is startling and remarkable. One will find abundant examples of this kind in young autistic children.

This seems to be the way how severely autistic children begin to learn or to re-learn to talk, with a first period during which such an automaton-like, inflexible stimulus-response language is developed, in conjunction with their other ritualistic behavior. The fluent, grammatically and syntactically flexible language which we take so much for granted seems to develop only later on. If coming at all, it probably emerges together with the development of the functions of conscious conceptualization and categorization,

with the recognition of causality and of temporal and spatial relationships and with the development of logical thinking.

No healthy baby learns to talk that way, by a rigidly unchanged echoing of what he hears, with absolutely unchanged phrasing and syntax, and with an exact mimicking of the expressive modulation of the heard words and sentences. Babies put something of their own into communicating from the first beginning. They express themselves. They do so first by most expressive gestures and sounds, then by single words and eventually by shorter and longer sentences. All these symbolizations, although first heard and learned by watching and listening, are immediately incorporated and re-created as their own tools. This is done in the very process of learning them, so that the newly acquired symbols immediately <sup>are</sup> ~~can be~~ used in a highly individualized form to express their feelings, their wishes, later on also their thoughts with regard to the respective person, object or event. The respective gestures, sounds, words, etc., nevertheless remain the same commonly understood and commonly accepted language symbols. Thus everybody can understand what is expressed in a unique, highly individualized form. An admirable, well-nigh incomprehensible feat! All of us have achieved it.

I do not think that we have given sufficient thought in psychopathology as yet to this just pointed out difference between a live answer and a more or less reflectory - automatic - response. The first, the live answer, has a unique, never before used and never again to be repeated form, ex-

pressing what this person feels, thinks, wants, intends to do in this new, never again to be repeated situation. The second, the automatic response, is preformed. It is identical to its predecessors and successors in all its details, and it is released by always identically the same, preformed stimulus. The whole is a rigid, prefabricated reflex-system which demands for its functioning the faithful - the expression "compulsive" would not be quite correct here - repetition of always the same situational setting.

It seems safe to conclude from this that the autistic child learns, or re-learns to talk in a basically different manner than the healthy baby, even though the two methods converge toward the same eventual goal and even though we see intelligent autistic children reach that goal. The most advanced of them learn to talk a conceptually and grammatically correct language provided their autism does not cut them off completely from the people around them. The author of this paper is not in the position to follow the autistic language development through all its stages up to its top achievements, the overly precise, overly logical and overly objective, grammatically and conceptually immaculate language as written and spoken by the occasional brilliant autistic child prodigy and later adult schizoid genius. A continuum seems to stretch out between the two extremes, with Johnny of Case I as representative of the one extreme, the intellectually superior schizoid child as representative of the other.

We know of this continuum, and we can point out a few of its common characteristics and a few symptoms characteristic for some phases in this continuum. However, most of the research in this area is still to be done. Such research ought to be profitable not only by giving <sup>us</sup> new insights into the dynamics of schizophrenic development but also by giving us, by contrast, some pointers as to the development of our normal, everyday systems of communicating and of communicative symbolizations.

### Part 3

#### The Affective Language in Autistic Conditions of Childhood

So far in this chapter we have described some of the steps by which a rebirth and redevelopment of the word language can take place after an autistic break in contact with people. We have restricted ourselves to broadest outlines in this description. This we did not merely from choice. Our knowledge and understanding of these restitutive processes still is spotty and in need of further clinical observations and research.

In the following third part of the chapter we shall try to give a - similarly incomplete - description of what happens to the affective language in the various phases after an autistic break of contact in childhood. It was shown in Case I that autistic mutism, in contrast to most other

forms of speech disorders, is characterized by the disappearance of the word language together with the affective language. The children not only do not speak. Their face remains expressionless in addition, and they fail to use expressive facial and bodily gestures, expressive sounds and expressive sound modulations. Thus they do not communicate at all. The absence of all communicative symbolizations makes them look as if they were alone and oblivious of the people around them even when they are among people, and even when they act in some sort of communion with them. It also makes them appear devoid of emotions and feelings.

The disorder of the affective language is a more basic and significant symptom of the autistic conditions of childhood than is the disorder of the word language. This statement goes well, of course, with the generally accepted assumption that - to express it in purposely vague terms - the emotional sphere is more affected in autistic conditions than is the intellectual sphere. However, the statement was made not merely in deference to theoretical considerations. It is the result of actual observations of less damaged, less completely cut off autistic children. It has been mentioned before that these children can develop a good word language. The very intelligent ones among them sometimes speak an especially clear, grammatically and otherwise immaculate word language. However, the defect in the affective language, or some deviousness of it persists up to the highest levels of

intellectual performance. It is easily recognized, once one has learned to pay attention to it. Its symptoms are characteristic and well describable.

Here then follows a loose, certainly incomplete enumeration and description of some of these symptoms. An attempt will be made to show how affects and emotions manifest themselves in autistic conditions of childhood, even though they do not find expression in communicative symbolizations; and to show what efforts the child and the organism can make to rebuild a new affective language.

(1) Affects and emotions can make themselves known by their non-symbolic, non-communicative, motor and neuro-hormonal manifestations. The desperate affect outbursts of extremely autistic children in case of an interruption of their ritualistic activities have been mentioned several times in this paper. They can serve as paradigm for what we have in mind when we say that autistic affects can make themselves known by their non-symbolic, non-communicative manifestations, even though the customary symbolic expression of the specific content and quality of the affect is missing. One has to have seen these outbursts, in order to appreciate the unusual and bizarre appearance of such a violent motor, vasomotoric and vegetative eruption which is not directed at, or against, or away from anybody, and which does not give any intentional information as to the meaning and content of the affect. One is confronted with something

resembling an unusually strong affect outburst, but the symbolic, communicative parts of it have been strangely deleted.

In watching such an outburst, one comes to realize that an affect consists of two separate but normally well integrated parts, as far as its phenomenal manifestations are concerned: (1) the affect has its physical, reflectory, neuro-hormonal components, and (2) it has its intentionally communicative, symbolizing representation. This latter is to give information to another person (at whom the affect is directed) as to its content: what has brought it about, what is experienced in it, and what is intended in it. Anger, for instance, certainly has its neuro-hormonal manifestations. However, we take it for granted that it be in addition aggression against somebody, first of all aggression by gestures, and then less regularly also aggression by words and by physical attack, all this to be expressed with the intention of letting one's adversary know: I am angry at you; I would like to retaliate; I desire to hurt you. One scowls at somebody in a fit of anger, one shakes one's fist at him, one calls him names, one hits, kicks or punches him. The adversary at whom the anger is directed is an essential part of it.

This intentional, expressive directedness at another person is missing in the autistic affect outburst. One sees a child who after a short period of unspecific motor restless-

ness suddenly is in an extreme motor and neuro-hormonal turmoil. He screams or wails in weird, monotonous sounds, but nothing is told or expressed in them; he thrashes around with his limbs in violent motor discharges, but he does not attack anybody; his face, bright red or livid, and covered with perspiration, is contorted, and yet it is blank and not looking at anybody. The child frequently hits his head with his fists or bangs it with great force against the floor or the wall. This, rightly or wrongly, has been interpreted as aggression turned against himself. No one witnessing the event can doubt that the child is desperately suffering. One feels strong sympathy, especially as one is at a loss how to help. Unless one is sufficiently familiar with his habits, one cannot know what caused this unforeseen explosion. One cannot even know what kind of affect this is. The child may be in pain, he may suddenly have lost orientation, he may be frightened or in a panic, he may be angry. He may be in the need of some specific help. He may want something to eat or to drink, he may have wanted to be fondled or to play one of his favorite games and one did not comply, he may have had some illusionary or hallucinatory experiences. One cannot know. He does not tell it, and he does not express it otherwise. This is a truly autistic affect outburst.

The following is a description of another autistic affect manifestation, this time in response to intensive pain: a six-year-old, chronically autistic girl was seen



for the first time in the office of the psychiatrist. This girl could talk, in a slow-automaton-like language (her language will be described on page 56). At some point during this interview the psychiatrist talked with her parents while she stood near the window and radiator in statue-like immobility. Suddenly she started to wail, or rather, a long drawn-out, completely monotonous wailing sound came out of her otherwise unmoving and inexpressive body. Only a few seconds later (which is a long time at such an occasion!), she succeeded in making a little step away from the window and thereby also from the hot radiator which burnt her leg. Eventually she could also tell her mother what had happened. She suffered a second degree burn. The radiator was very hot but certainly not sufficiently hot to cause physical damage to a child with normal reflectory defenses against pain. None of us knew at first what had happened. Nothing was expressed in her affect.

Most autistic affect manifestations are less violent and less spectacular than the just described ones. As their symbolizing, communicative component is missing, and as the reflectory, motor and neuro-hormonal changes often are inconspicuous, they easily go <sup>altogether</sup> unnoticed unless one is well acquainted with this child's reactions in a surrounding familiar to him. This may be his home, or an institutional setting, or the familiarity of the psychiatric playroom to which the child already has come regularly for some time.

Slowly one begins to notice the many little affect involvements occurring in the course of a daily routine. One even learns to differentiate them as to their meaning. One learns to pay attention to sudden, little changes in his motor behavior, to a hardly noticeable quickening of the pace of his movements, to suddenly appearing restless movements, to a little reddening of his face, to sudden changes in the posture and tonus of his body, and in the autistic expression of his face. One is astonished to see that these little signs have their specificity, so that it is possible to predict roughly what is in the offing, the one time that he does not like something and is getting upset, another time that he is getting impatient and ready to destroy or to retaliate, a third time that he is preparing himself for one of his lightning-like, mischievous acts. All this while no exchange of true communications takes place.

One very characteristic affect manifestation is especially often seen in autistic conditions of childhood. It consists of a peculiar form of motor discharge in reaction to feelings of satisfaction, be it forepleasure, or the actual experience of something pleasant, or the satisfaction with an accomplishment, f.i. when the child has constructed something to his liking, or when he enjoys the effects of one of his little, malicious acts, etc. It is a typical autistic affect manifestation in that it is not directed at any person and in that it can be observed regardless whether

the child is in presence of people or not. The child stands in front of the object or the scene of his satisfaction, the body stiffly erect, the head drawn down to his chest, the arms and hands lifted up at the side of the body or in front of the shoulders, as one often sees very young children hold their arms when walking. In this very tense posture he executes on the spot a series of staccato jumping movements ("pogo stick" movements) while at the same time violently and spasmodically waving or shaking his hands. The face has a tense, orgasmic expression while this happens. An example of such an event was given in Case II, page 19.

(2) Some feelings and emotions are implicitly expressed in the interaction between the child and the person who takes care of him. It might suffice to give only one example for what is meant here. Many extremely autistic children enjoy intensive fondling, playing rough house or some other playful, violent physical interaction. To be sure, it has to be on their terms, it has to come when they expect it, and it has to be exactly that specific activity to which they are tuned. Also they typically can receive only rarely give affection. Their feelings are expressed only implicitly by their actions. No overt communicative exchange takes place during the interaction.

The procedure may be the following: a mother realizes somehow from the behavior of her autistic child that he

would like to be taken on her lap and fondled. The child may express this simply by crawling up there as she sits in front of him. She receives him kindly. He snuggles himself closely to her body and into the enclosure of her arms, relaxes there and begins to suck his thumb blissfully. He appears to be in a state of deep, nirvana-like peacefulness. After a while he has enough. Then he simply frees himself from her arms, gets down from her lap, and goes his way. His face has remained inexpressive and absent-minded throughout this interlude.

Signs of impatience appear quickly if she tries to retain him after he has had enough of her fondling. The effect can be recognized only from his deportment and from the accompanying neuro-hormonal reactions. He struggles to free himself of her embrace, his movements become increasingly restless. If she continues, he may quickly erupt into one of the above described violent affect explosions.

Physical defense and physical struggle, flight, acts of destruction, all these are usually the result of some effect (irritation, annoyance, fear, anger). <sup>Normally one</sup> ~~one~~ is used immediately to witness the development of the affect up to its climax. The child expresses what goes on, and thus tells his partner or adversary about it. Thus one always has some advance notice of what is in the offing. In the relationship with a severely autistic child, one is very frequently confronted with reactions like a sudden violent

struggle, an unforeseen retreat or flight, a lightening-like destructive act suddenly coming out of nothing. Only from these actions one can, post hoc, infer what the child may have experienced. The respective feelings or emotions were not expressed. I do not think that we need to belabor this point any further.

(3) A pseudo-affective language is developed. Here we are directly referring to the "schizoid" child, i.e. to the child who can sufficiently use his intellectual powers and who can maintain a speaking relationship with people although his contact with them has been interrupted or considerably weakened for a long time or perhaps for his whole life. He can communicate verbally with them, and he even can carry a conversation with them, provided its topic is of his own choosing and of his own, one-sided, autistic interest.

As mentioned several times before: what he says may be very clearly and very well enunciated, and it may be formulated in excellent grammar (or it may suffer from divers symptoms of autistic language distortion). Yet, as one listens and watches this "schizoid" language, one cannot fail to realize that something is ~~missing in it or~~ wrong with it (aside from the subtle or extensive pathology of its content). One finds that its second component has remained defective, or, much more frequently, has developed deviously.

As a matter of fact, some semblance of an affective

language seems to develop in every chronic, protracted or permanent schizoid condition, as part of the compensatory efforts of the organism or ~~of the~~ individual. The very strange phenomenon of a complete disappearance of affect expression while the individual remains able to convey thought content by verbal symbolizations is seen only in occasional acute catatonic conditions and (for different pathological reasons) in the Parkinsonian syndrome. There one really can see people talk out of a rigidly unmoving face which looks like a mask rather than like a live face, out of a rigidly unmoving body which looks like a statue rather than like a live body, and one can hear them speak that soft, completely unmodulated and monotonous language which we postulate in a complete, isolated defect of the affective language.

Most schizoid children know or sense that something is amiss with them. Some of them are most painfully aware of the fact that their experiences are incomplete, or different from those of other people. Others gather from the attitude of the people around them that something is ~~amiss~~<sup>missing in</sup> with their behavior and actions. Then they make more or less conscious efforts to recover and to redevelop what they think they do not have, and they try to furnish what they think is expected of them. Quite regularly they try to recapture their affective language as they see and notice it in others. The effort is bound to fail as no genuine affective language can exist unless it is truly representative of genuine feelings

and emotions. The two main symptoms in chronic contact disorders of childhood, as far as the affective language is concerned, then are: (1) deficiency and (2) artificiality. The well known blank, inexpressive, closed up face and look of the schizoid child when he talks with somebody, can serve as the focal example for the first mentioned quality of the affective language: deficiency. The similarly well known schizoid and schizophrenic mannerisms are the prototype for its second quality: artificiality.

~~Especially~~ Signs of a defective or artificial sound modulation are <sup>especially</sup> ~~most~~ common in children with chronic contact disorders. Habitual language patterns emerge which are sufficiently typical to serve as diagnostic signals. One hears a child talk in the respective pattern, it sounds familiar from ~~some~~ previous cases, and one thinks: an autistic child.

In the following we shall try to name and to describe a few of these patterns. It should be understood, however, that the terms used here are meant to describe rather than to classify exhaustively. Also one will find mixtures between the various types the rule rather than the exception. This is the fate of all typological characterization, after all.

Aside from the (a) completely unmodulated, completely monotonous language which does not need further description

anymore, we want to mention here (b) the "automaton-like language," (c) the "scanning language," and (d) the "declamatory language."

(b) The automaton-like language: This type of an autistic language always seems to be the mark of very serious pathology in the area of affective contact, even though a verbal contact and a contact by action may be maintained. Rather than to describe this language in the abstract, we want to describe here the manner of talking and behaving of a six-year-old girl who suffered from a schizophrenic condition of several years' standing (Case 1/11). As I try to analyze my impression: "She talks as one expects an automaton to talk," I come to realize that this impression is very complex, encompassing not only her language but also her total motor behavior and way of acting. She was stiff and immobile like a wax figure most of the time, her infrequent actions being only a temporary, conspicuous interruption of this state of immobility. These actions were, in addition, restricted only to the parts of the body immediately involved in them, to the legs when she walked, to the hands and arms when she wrote or drew. The rest of the body remained in its catatonic stiffness.

Out of this unmoving body then came occasionally a talking voice. "Doctor Frankl, I want to draw." This was her regular response when the psychiatrist asked her at the beginning of the hour what she wanted to do today. The response



came only after the psychiatrist had made it clear to her repeatedly and emphatically that he really wanted her to decide for herself what she wanted to do. Even then it took each time a strong effort from her side to overcome the powerful forces blocking her intentionality. Occasionally one could see from some movements of her mouth that she intended to say something but had to start several times before the effort to translate the intention into action succeeded.

The psychiatrist had become used to waiting quietly after having asked her such a question. An appreciable time, sometimes certainly ten or fifteen seconds, elapsed before an answer came. Nothing visible happened in the meantime. This made one inclined not to wait for an answer any more and either to repeat the question or, still worse, to pass on to something else.

"Doc--tor--Fran--kl--I--want--to--draw." This sentence came out slowly, syllable by syllable, each by itself, clearly enunciated and heavily accentuated. Each syllable had exactly the same tone volume and the same tone pitch. An especially lifeless, ghost-like impression resulted. She could talk with a little more spontaneity occasionally. The automaton-like character of the language then still persisted but it was somewhat less labored and somewhat more fluid. For instance, after having finished one of her drawings to her satisfaction, she always would draw the attention of the

psychiatrist to it: "I-want-you-to-see-it." Then the psychiatrist would admire it and ask her for the meaning of the drawing. In answer to this she would give the proper explanation which was always part of a daydreamed story about herself. At such occasions she talked more in a hurry, rattling off monotonous streams of words and syllables as if she were repeating an often ruminated chain of thoughts. She never succeeded in saying more than two or three sentences in a row. Then she broke off and fell back into her catatonic immobility.

In order to avoid misunderstandings: this same girl had a very good word language at her disposal. She could express herself in writing and in drawing with a great deal of artistic intuition. At one time she wrote a long story which she illustrated with elaborate drawings and arranged in the form of a book. Its content, concerning a girl, her father and her brother was highly symbolical. Yet it gave forceful expression of her own feelings, frustrations and resentments within her family.

The reader has undoubtedly noticed that a condition and a language have been described here which would be called catatonic if seen in an adult case. The combination of a deep-seated disorder in affective contact with people with a similarly deep-seated disorder in intentional acting characterized the clinical picture. The writer of this paper knows of only one other such case in childhood, of a pre-

adolescent girl who combined the same automaton-like language with a similar, catatonia-like stiffening up of the body. The first of these cases has been stationary for many years now, the second one had process character, with a slow but perceptible deepening of the schizophrenic condition in the course of the years.

(c) The "scanning" language. This type of language is heard frequently in chronic contact disorders of childhood. One finds it especially often in the mildly schizoid personality disorder of latency, pre-adolescence and adolescence. Its peculiarly rhythmical monotony is easily recognized once one has learned to pay attention to it, so that it can well serve as a diagnostic clue or pointer at the very moment when the child says his first words or sentences in presence of the psychiatrist.

This language is characterized by a monotonous rhythm instead of a completely homogeneous tone volume and tone pitch. "The square root of sixteen is four." The underscored syllables are drawn out and heavily accentuated in a monotonous chant, the syllables without accent are all equally short and soft, the most important word or syllable in the sentence usually gets an especially heavy and long drawn out accent. The rhythmical changes in tone pitch and tone volume are monotonously the same from sentence to sentence. A total impression of a quite rhythmical language, yet lifeless and without feeling tone results. It has some resem-

blance with the activity of scanning verses in poetry with disregard of their content.

An effort to recapture, if not an affective speech modulation, so at least a modulated speech structure is made here. However, this structure brings into relief the grammatical, logical and conceptual values of the speech content rather than to convey feelings and emotions. Accordingly one gets to hear this manner of speaking especially often in the over-intellectualizing schizoid child, for instance when he discusses those very circumscribed, very abstract, sometimes quite original and valuable, sometimes abstruse and ritualistic interest areas in which these children often specialize.

(d) The "declamatory" language. The writer of this paper has a vivid recollection of a scene in which a ten-year-old, markedly schizoid boy <sup>(Case 1x)</sup> described his experiences with measles. It was already a few weeks after he had had that illness. He stood in front of the listener, his eyes fixedly directed to the floor, his inexpressive face flushed in the excitement of the reporting, with an occasional trace of an autistic smile on it when he enjoyed reporting an especially sensational part of his story.

It was a highly dramatic account of events which from an objective point of view were rather undramatic. " - - - and you know what, Miss X? I woke up in the middle of the night and my whole body was hot and itching." He proceeded

He proceeded to describe in a similar vein how his head ached and how he felt like throwing up. He called his mother, she inspected him, and then he enacted most vividly how she exclaimed, "Oh my goodness, the measles." She took his temperature, and then he reproduced her horrified shout: "Oh my goodness, one hundred four and six-tenths."

While listening to this story one was reminded of the manner in which fairy tales, especially in their climactic parts, are told to little children. The over-dramatization was accomplished by exaggerated inflections of the voice, by tremendous ups and downs in the tone volume and the tone pitch which in their sum total sounded like an exaggerated theatrical performance rather than like a true expression or reproduction of feelings and emotions. Characteristically he re-enacted his and his mother's experiences in this event without making any difference between them.

In the case of a well developed declamatory language, then, the child habitually talks as if he were reciting a poem or telling a story, with sentimental or dramatic over-expression of emotions and feelings, and with great over-emphasis on what would be emphasized anyway. If all this were genuine, it would reflect very strong emotions and feelings. However, it is not experienced as immediate, genuine affect expression by the listener. In some cases it sounds like a poor, manneristic imitation of somebody else's affect expression, in other cases like a good his-

trionic performance, in others like the reproduction of emotional experiences which one had in the past, and on which one reflects now. Very often one hears merely an empty, habitual chant with overly strong but repetitious and meaningless affect inflections which resemble a genuine affective language only from far off. They are a pathetic witness of the more or less conscious efforts of the child to recapture the feelings of others, and to speak and to express himself as he hears others do it.