

# Leo kanner's theories of autism: a history



**ASSIGN  
BUSTER**

## Fascination Peculiarities

Nourotribes, neurodiversity, siberman, autism

Asperger survived the war, but his concept of autism as a broad spectrum that was “ not at all rare” was buried with the ashes of his clinic. A very different conception of autism, invented by the Baltimore child psychiatrist Leo Kanner took its place.

Kanner published his paper “ Autistic Disturbances of Affective Contact” in 1943, one year before Asperger published his thesis in German. Yet for half a century, Kanner was considered the lone pioneer in the field, and autism was referred to as “ Kanner’s syndrome.” Some people believed Asperger’s model was lost in obscurity because clinicians were not eager to read papers translated from the German after the horrible things committed by the Nazis. Kanner was a native German speaker, and his was familiar with nearly every other paper written in the emerging field of child psychiatry during that era. But he remained silent about Asperger’s work. His sin of omission had grave consequences for autistic people and their families. And the one clinician in American who knew the real story wasn’t apt to say anything about it in public because he owed Kanner his life.

\*\*\*

Leo Kanner was born in Ukrain (then part of Austria) near the Russian border in 1896. His father taught him Hebrew when he was five. By the time he enrolled at the University of Berlin in 1913, he had mastered German, Polish, French, Latin, and Greek, though he still spoke no English. Ignore his

grandfather's advice to become a rabbi, he set out to study medicine. But when World War I started in the summer of 1914, he was drafted into the army to serve in the medical corps. He resumed his studies after the war, majoring in cardiology.

After earning his degree, he became a general practitioner in Berlin. In 1924, an American doctor persuaded him to immigrate to the United States to work as a psychiatrist in the Yankton State Hospital in South Dakota.

The Yankton State Hospital was surrounded by over fifteen hundred acres of farmland, which was used to raise pigs, corn, and dairy cattle to feed the patients. He was dismayed to find out that only one of his new colleagues - his supervisor, George Adams - had any formal training in psychiatry. Kanner observed that the most astute clinical observer on staff was a disabled volunteer in the Stone Room who treated the patients respectfully as individuals. This man would spend hours just listening as they related stories about growing up and their hopes and aspirations before they were declared insane. Though he was not one of the resident "experts," he had a decisive effect on Kanner's approach to psychiatry. Instead of grilling the residents of Yankton with inane questionnaires, he probed into his patients' family backgrounds to seek the deep roots of their illnesses.

On the first Christmas Eve at the hospital, Kanner proposed that patients who were not violent should be liberated from their straitjackets and other forms of restraint. This humane experiment was a success, and the patients could move about more freely from then on. After reading a paper about the therapeutic value of art, he distributed paints, crayons, pencils, and paper

throughout the hospital and set up a gallery in the building to feature rotating exhibits of patients' work. A group of Mennonite schizophrenics christened Kanner "the doctor from Germany."

In 1925, Kanner published a "psychiatric study" of Henrik Ibsen's *Peer Gynt* in the "*Journal of Abnormal and Social Psychology* ." In 1926, Kanner and Adams published a paper in the *American Journal of Psychiatry* based on their study of Thomas Robertson, a Native Indian with paresis. Paresis is a form of dementia caused by untreated syphilis infection. In the paper, Kanner mentioned that paresis was so rare among Native American that "demanded explanation." By probing into Robertson's family background, Kanner discovered that he was not full-blooded Sioux; in fact, his father was a Scotsman. He boldly proposed that syphilis was well established in the Americas that full-blooded Native Americans are immune to the most debilitating aspects of the disease. Robertson had inherited his unusual susceptibility to paresis from his father, who was a Scotsman, while his full-blooded brothers and sisters were left unscathed. The paper claimed Robertson's status as a "dominant figure among the Indians" was likely a result of his infusion of Anglo-Saxon blood.

Was the case of Thomas Robertson as exceptional as Kanner claimed? Historical sources suggest that Kanner was stretching the truth. At a symposium on syphilis in 1902, the superintendent of the Binghamton State Hospital noted "a remarkable preponderance" of paresis in his native patients. Yet the paper succeeded in putting him on the map of American psychiatry. He was able to obtain his medical license merely by filing out a questionnaire from the state.

<https://assignbuster.com/leo-kanners-theories-of-autism-a-history/>

In 1928, Kanner and family moved to Baltimore as Kanner began his fellowship at Johns Hopkins under the directorship of the Swiss neurologist Adolf Meyer. In 1930, Meyer appointed Kanner to head up a new child-behavior clinic that would act as a bridge between pediatrics and psychiatry at Johns Hopkins.

With Meyer's encouragement, Kanner embarked on his most ambitious project: writing the first textbook of child psychiatry, creating a new field of medicine by drawing on elements of other disciplines. The first edition of *Child Psychiatry*, published in 1935, was hailed as "a remarkable achievement" and became a runaway best seller.

In 1937, Kanner made headlines by exposing a major scandal in Baltimore. Acting on a tip from the superintendent of Rosewood State Training School, he discovered that a local lawyer had been making a fortune by offering the school's "feebleminded" female residents as cheap domestic help to wealthy families. The Rosewood affair established Kanner in the public mind as a voice for the voiceless. But his failure to name those responsible rendered unclear whom exactly he was protecting. He maintained support for sterilization of "those unfit to raise children" for years, though he opposed euthanasia in a public debate.

\*\*\*

By the fall of 1937, as the exodus of Jews was under way, the Kanners rose to this historic challenge and acted as an unofficial immigration agency for Jewish doctors, nurses, and researchers, providing them with the documentation they needed to get visas while helping them to find jobs. The <https://assignbuster.com/leo-kanners-theories-of-autism-a-history/>

Kanners rescued nearly two hundred colleagues from the Nazis. They graciously opened their home in Baltimore to assist émigrés adapting to live in the new culture.

\*\*\*

In September 1938, Kanner saw a five-year-old boy named Donald Triplet with symptoms he had never seen before. The boy's parents, Beaman and Mary Triplet, were a bright and successful couple in Forest, Mississippi. The parents, on the recommendation of their family physician, committed Donald to a state institution in 1937. After a year, Mary and Beaman took Donald home. The family pediatrician referred the Triplets to Kanner.

At first, Kanner didn't know what to make of Donald's behavior. Only a handful of clinicians could have made sense of Donald's condition, and most of them were working in Vienna at the Heilpädagogik Station. One of them, Asperger's former diagnostician Georg Frankl, had just been brought over from Austria by Kanner to become the full-time psychiatrist-pediatrician. In fact, upon arriving in New York City in November 1937, Frankl reunited with Anni Weiss, the young psychologist who wrote the case history of Gottfried. The couple got married two weeks later. The following April, they joined Kanner's inner circle at Johns Hopkins.

Over the course of two weeks in October 1938, Frankl and a psychiatrist named Eugenia Cameron worked up a detailed portrait of Donald's behavior.

Kanner was struck by Mary and Beaman's recollections that their son had never responded to people in the usual ways, even as an infant. This

suggested that Donald's condition was innate and inborn rather than a response to some kind of psychological trauma inflicted by his environment. He recognized the outline of a breakthrough in his field: the discovery of the first form of major psychosis endemic to infancy.

Kanner published his paper, "*Autistic Disturbances of Affective Contact*," in the June issue of *The Nervous Child*. In the paper, he interwove Frankl's and Cameron's meticulous observations, excerpts from parents' diaries and letters, and his own reflections on his patients' behavior. He felt it was premature at that point to propose a set of criteria for diagnosing the condition he described. To make the pattern visible to his peers, he proposed two "essential common characteristics" shared by all children with this syndrome. The first was a will to self-isolation, present from birth. The second was a fear of change and surprise. He did not give the syndrome a name in the paper. It was only in 1944 when Kanner produced a condensed version of his paper for *Pediatrics* did he call his syndrome: *early infantile autism*.

Kanner's view of autism diverged from the model that Asperger and his colleagues developed in Vienna. Because Kanner focused exclusively on the first years of childhood, adults and teenagers were out of the picture. Instead of presenting his syndrome as a broad spectrum with varying manifestations, Kanner framed his patients as a strictly defined and monolithic group.