

Early Infantile Autism and Autistic Psychopathy

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Early infantile autism and autistic psychopathy were first reported within the span of 1 year (1943-1944). While the former (Kanner's syndrome) has become the widely known focus of intensive investigation, the latter (Asperger's syndrome) did not receive the attention it deserves. Often the two conditions mistakenly have been thought to be identical. This paper tries (a) to assign to autistic psychopathy a definite place in psychiatric nosology and (b) to delineate sharply the differences between the essential characteristics of it and of early infantile autism. The author (who was the first European child psychiatrist to publish a case of early infantile autism) reports briefly a case of his own observation—the occurrence of Kanner's and Asperger's syndrome in one each of two members of the same family.

New discoveries are period-bound rather than area-bound; they often emerge at the same time in different geographic sections. The history of autism offers a striking example. Kanner in Baltimore published his paper on inborn autistic disturbances of affective contact in 1943, referring to a group of patients who had come to his attention during the preceding 5 years. One year later, the Viennese pediatrician Asperger reported a number of children as "autistic psychopaths." We can take it for granted that neither was then aware of the other's work. It took nine years before the first case of "early infantile autism" was published in Europe (Van Krevelen, 1960). Being well aware of Kanner's publications, I was able to arrive at the diagnosis when I happened upon the parents of an autistic child. I noticed at that time that one could hardly ask for more accurate informants than the parents of an autistic child; rarely do parents give the background history in such detail. This may have changed somewhat in the course of years. The accuracy of reporting has

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been replaced by an attitude of uncertainty based on iatrogenic influences causing parents' confusion about their role as supposed causative agents.

Kanner's publications are well known internationally. I doubt sincerely whether this can be said about Asperger's work. This might create—and has in fact sometimes created—the erroneous impression that Asperger's autistic psychopathy refers to analogous cases described by Kanner. The two clinical pictures differ considerably. Both Kanner and Asperger are masters of descriptive art; hence much depends on the thoroughness of the reader to become aware of the points of difference.

In 1962, I called attention to two basic distinguishing features. Kanner described psychotic *processes*, characterized by a *course* (Van Krevelen & Kuipers, 1962). Asperger's autistic psychopathy represented *traits*, which were *static*; the patient has an abnormal personality with less sensitivity, more rationality. His approach is a merely cerebral one. What he lacks is understanding of, and interaction with, other people's feelings. He is, so to say, obliged to interpret everything in its literal sense, to analyze the meaning of the words heard, to study the significance of facts experienced by him, to scrutinize facial expressions of his fellowmen. Just as he does not immediately understand whether his companion speaks seriously or jokingly, he is unable to imagine that his own words might hurt others. Hence his sense of humor, if any, is peculiar. He does not realize that he may be a bore to others. I have called this a "lack of intuition", by intuition I mean a higher quality of intelligence, a short-circuit intelligence, by which one is able to skip associations.

A good example is that of a man in his thirties who came for advice about how he must manage to make friends and how he must handle women so that they would appreciate and like him. He wanted a list of topics of conversation that could be of interest to others, and he wished to be told about which subjects he should talk with other people so that they would listen to him. This man, far from being unintelligent, was the chess champion of the employees in the office, where he fulfilled a modest routine task.

The manifestation age of autistic psychopathy is in the first years of elementary school, or earlier if the parents have not been able to adjust themselves to the individualistic behavior of their child. Never is the diagnosis made in infancy. The school community requires adjustment to rules and norms. Moreover, schoolmates soon observe everything out of the ordinary. It is not to be denied that the behavior of the autistic psychopath is very unusual; his vocabulary bears the mark of parliamentary or townhall language reserved more for written than spoken address. It must also be pointed out that the autistic

psychopath begins to talk at a very young age, even sooner than he is able to walk.

The intellectual functioning of the autistic psychopath has three peculiarities: To begin with, in agreement with his attitude toward his environment, he is unable to learn from others. This becomes clearly evident in the first elementary school grades. The child follows his own methods because he cannot accept instruction from the teacher. His intelligence may enable him to find original solutions. Because of this he is an unsatisfactory student, though he has the capacity to think autochthonously. Second, he does not possess that ingredient of intelligence that might be called *sense*. His deficient space sense, for example, makes it difficult for him to take part in ball games. The third peculiarity concerns a tendency to foster rather unusual circumscribed interest patterns, such as genealogy or astronomy or "life" in the abstract. Such topics do not generally appeal to other children—another obstacle to adequate peer relationship.

All this makes it unmistakably clear that early infantile autism and autistic psychopathy are two entirely different nosological syndromes. The following schema may help to list the major distinguishing features:

<i>Early Infantile Autism</i>	<i>Autistic Psychopathy</i>
1. Manifestation age: first month of life.	1. Manifestation age: third year of life or later.
2. Child walks earlier than he speaks; speech is retarded or absent.	2. Child walks late, speaks earlier.
3. Language does not attain the function of communication.	3. Language aims at communication but remains "one-way traffic."
4. Eye contact: other people do not exist.	4. Eye contact: other people are evaded.
5. The child lives in a world of his own.	5. The child lives in our world in his own way.
6. Social prognosis is poor.	6. Social prognosis is rather good.
7. A psychotic process.	7. A personality trait.

The question about some sort of possible connecting link between the two conditions was first raised when I had occasion to study a family in which one of

the three children had the typical features of an autistic psychopath (Asperger's definition) and another (the youngest) could be unmistakably diagnosed as suffering from infantile autism (Kanner's definition).

The father, 47 years old, dominated the family's way of life. At the door of his home study room he had a copper plate with his academic titles and insisted on being addressed accordingly. Prosaic, rational, rigid, deficient in sensitivity and tact, he chose to ignore things that annoyed him and depicted himself as detached from people. The scion of a family of teachers, he was in his early years interested in statistics, maps and pedigrees; was employed as a civil servant; studied law but did not do well in his practice; joined an industrial firm and never was sure that he was where he belonged. He was able to say that it was difficult for him to adjust to other people's opinions, to turn—as he stated—like a satellite around other persons. His wife, of the same age, had considerable warmth and was genuinely devoted to him and to the children. She was sociable and was a considerate, well-liked neighbor.

First, the child's autistic psychopathy is transmitted genetically via the father. Often the antecedents for generations have been highly intellectual. Many of the patients' fathers, in spite of their unusual personality traits, held eminent social positions. Asperger considers autistic psychopathy as a hypertrophy of intellect at the expense of feeling, as the extreme variant of a trait transmitted from father to son.

If one accepts the hereditary genesis, one has reason to expect evidence of the so-called autistic character in one or more of the patient's siblings. Yet it can hardly be said that infantile autism is merely a quantitative variant; it would be difficult, if not impossible, to discern between a cognitive personality anomaly and a severe emotional disorder.

It is possible, however, to think that the patient with early infantile autism is an organically damaged child who, if it were not for the organicity, might have developed into an autistic psychopath of the kind described by Asperger. After all, one finds patterns very similar to infantile autism in well-known and clinically demonstrated cerebral affections (most recently in congenital rubella). I have suggested the term "autismus infantum" to indicate that early infantile autism is a syndrome that may occur in the framework of various prenatal, natal, or postnatal cerebral disorders. The point at issue, then, is to establish a wider concept of the syndrome than that derived from a limited reference to damage supposedly produced by pathogenic mother-child relationship and to explore thoroughly all possible factors indicative of an organic etiology.

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