

THE IRONIES OF LEO KANNER: A HISTORICAL ANALYSIS OF AUTISM FROM 1943 TO 1980

Melissa D. Stone, B.S.

Adviser: Jeffrey P. Brosco, M.D., Ph.D.

University of Miami Miller School of Medicine, University of Miami Ethics Programs, Department of Pediatrics

SYNOPSIS

This past year, the American Psychiatric Association unveiled the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V), the first major revision in ten years for the manual that dictates the entire field of mental illness. With hundreds of diagnoses in the DSM-V, one of the most controversial diagnoses is autism spectrum disorder. Leo Kanner first identified autism spectrum disorder in 1943 as a distinguished mental illness of childhood. The two key features that Kanner used for diagnosing autism, abnormal social interaction and insistence on sameness, are the same diagnostic criteria used in the DSM-V. However, the 70-year journey from Kanner's 1943 paper to the 2013 DSM-V was complicated by academic debate, public outrage, and controversy. In modern day, many celebrate Kanner as the father of autism, a hero in fighting for parents and children of autism, but Kanner's story is much more convoluted. Through analyzing medical journals, archival sources, popular periodicals, oral histories, historical texts, and personal letters over the past century, I will argue that there are ironies surrounding the story of Leo Kanner. In modern day, there are many disagreements surrounding autism's cause, diagnosis, and management but debate and incongruent schools of thought about autism have persisted since 1943. This history of medicine research and analysis will show that though much previous research has championed Kanner as the father of autism, Kanner was just as confused about autism as anyone else.



Figure 1. Kanner was born in 1894 in Klekowitz, Austria and served in the Austrian army during World War I. Although having a strong interest in poetry as child, no one would publish his poetry and he chose medicine as a profession instead. Kanner enrolled in medical school at the University of Berlin, graduating in 1921. He married June Lewin in 1921 and to supplement their income, Kanner supervised doctoral theses for dentists on teeth folklore.



Figure 3. Kanner traveled to the annual meeting of the American Psychiatric Association (APA) and met with Adolf Meyer, future President of the APA. Having recently published an article in the *American Journal of Psychiatry* on expressive language in the mentally ill, Kanner showed potential in the field of psychiatry. Meyer was so impressed with Kanner that he offered him a job. Kanner started the first child psychiatry service in a pediatric hospital in 1930 at Johns Hopkins.

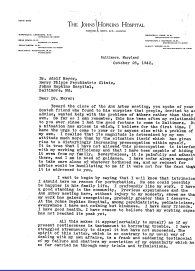


Figure 4. However, despite all Kanner's successes, Kanner was not satisfied. In a letter from Kanner to Meyer on October 25, 1942, Kanner wrote that his field offers no prospect for advancement.



Figure 2. The Great Depression hit Germany hard, and Kanner took his wife and son Albert across the Atlantic. In 1924, Kanner started working at the Yankton State Hospital in South Dakota and there, he started his study of psychiatry.



Figure 5. In 1943, Leo Kanner published a case series in which his patients appeared to have a unique mental illness of childhood, which he called an "autistic disturbance of affective contact" and renamed "early infantile autism" in 1944. This is Donald Triplet, the first patient in Kanner's 1943 case study. Kanner borrowed the term autism from Swiss psychiatrist Eugen Bleuler, who used the word to characterize schizophrenia. Kanner described Donald and his other patients as being withdrawn, having repetitive behaviors, and language impairments. These key features were described in long, detailed case studies, and these key features are the same features used to describe autism today.



Figure 6. In the 1940s-1960s, Kanner believed that parents with autistic children were "cold" and that this "lack of warmth" caused their child's autism. Thus, the "refrigerator mom" concept was born and parents suffered from immense guilt and self-doubt.



Figure 7. In the 1960s, counterculture brought with it radical treatment strategies for autism. This picture shows an autistic girl receiving an electric shock treatment. Other experimental treatment strategies included giving autistic children LSD. Launetta Bender conducted many of these treatments.

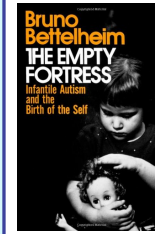


Figure 8. Bruno Bettelheim published *The Empty Fortress* in 1967 describing how children with autism are "an empty fortress" with an unremitting fear for their lives. Bettelheim believed that children became autistic due to their parent's emotional refrigeration and that they needed to release their inner freedoms.

Figure 9. After the publication of *The Empty Fortress*, Kanner and others, such as renowned psychiatrist Bernard Rimland, started speaking out against the refrigerator mother theory and defending parents of autistic children.

HELPING AUTISTIC CHILDREN

To the parent: Bruno Bettelheim's ideas about the cause of autistic autism, "The Empty Fortress," Feb. 15, are based on the most recent evidence. Parents of autistic children have argued enough already. To keep quiet, based on these parents is an act of irresponsibility. Bettelheim has the right to express his beliefs, but when they are presented in public print he ought to state them as personal opinions, not to be confused with reality. Further, no independent investigation has confirmed the effectiveness of the psychotherapeutic methods he advocates—at his own school or anywhere else. The hope for these children lies in programs being made daily in the biotechnology laboratory, although special educational procedures can often help greatly. —Barbara Biskamp, Ph.D., Founder, National Society for Autistic Children, San Diego, Calif.



Figure 10. Sir Michael Rutter of the United Kingdom displayed a deep intellectual understanding of the confusion surrounding the diagnostic criteria for autism and knew exactly how to fix it. Along with Folstein and Cox, Rutter published the first articles showing a genetic basis of autism. He then clarified many of Kanner's key concepts, culminating in 1980 publication of the DSM-III.

CONCLUSION

However, despite the longevity of Kanner's work, this research shows that his approach to autism caused many problems. With training in poetry and cultural writing, Kanner was a humanist who happened to also be a physician. He approached autism with that humanistic mind, enabling him to easily identify a common mental illness of childhood when no one else had before. However, Kanner had tunnel-vision, constantly focusing on only what he thought was accurate with a disregard for the needs of the medical community and the public at large. The medical community needed a word to define Kanner's syndrome that separated it from everything else. The medical community needed a person who was going to steadfastly lead them to diagnostic criteria for the newly discovered syndrome. Similarly, the American public needed a charming hero who recognized the anxieties of parents and quelled their concerns. And later, everyone needed someone who was going to clearly prove the cause of autism. Kanner was none of this. In searching for the psychobiology of autism – the psychological, social, culture, and biological influences of autism – Kanner provided no evidence for the biological and remained focus on the psychological with a disregard for the social and cultural needs of society. Kanner was a great man and his humanistic mind empowered him to have much success in autism's discovery and description but, it held him back in taking autism to the next level – with a diagnostic criteria, public understanding, and treatment strategy. The irony of Kanner is that his greatest strength was also his greatest weakness.

"To Leo Kanner, each patient remained a person; it was his individuality that had to be understood against the background of biological warp and social woof."

