Asperger and his syndrome

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Asperger’s pioneering paper published in 1944 is part of the classic literature of child psychiatry, and a landmark in the development of the concept of autism. So far it has been accessible only to the German reader. While Kanner’s original paper on autism, published in 1943, has become extremely well known, Asperger’s has been strangely ignored. The neglect in turn has led people to believe that Asperger did not merit their attention. Nevertheless, the terms Asperger syndrome and Asperger’s syndrome¹ are fast becoming used to describe certain patients who have never been easy to classify but who seem to constitute a recognisable type of autistic individual.

In the last ten years there has been an increasing interest in Hans Asperger and his syndrome.² This volume makes a start in answering some of the questions that are now being asked. It contains a translation of Asperger’s 1944 paper, and in addition, presents reviews of current concepts of autism. These reviews suggest that the time has come to differentiate various forms of autism. As the contributors to this volume contend, one of these forms is justifiably called Asperger’s syndrome. Supporting the argument are a number of case histories. At this stage it is largely through detailed case studies that we can begin to understand the syndrome. Just as one comes to recognize a Mondrian painting by looking at other Mondrians, one can learn to recognize a patient with Asperger syndrome by looking at cases described by Asperger and other clinicians.

¹ Both terms are widely used. There seems to me no virtue in being dogmatic about the letter s, and for this reason Asperger syndrome and Asperger’s syndrome appear in this volume.
² Wing’s (1981) paper was instrumental in kindling interest in Asperger syndrome; Tantam (1988), Gillberg (1990) and Green (1990) provided annotations; diagnostic manuals (World Health Organization, 1990) and textbooks (for example, Rutter and Hersov, 1985) began to define the category, and systematic studies are now appearing (for example, Schopler and Mesibov, in press).
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Should autism and Asperger syndrome be seen as distinct and mutually exclusive diagnostic categories, or should Asperger syndrome be seen as a subcategory of autism? This question cannot yet be answered definitively from existing scientific data. In this volume the subcategory view has been adopted which, in the absence of compelling evidence to the contrary, presents the parsimonious option. The terms autism and Asperger syndrome are therefore not treated as mutually exclusive. We propose that the Asperger individual suffers from a particular form of autism. This form does not seem to be particularly rare.¹

The developmental diversity of autism

To understand why and in what sense Asperger syndrome can be claimed to be a type of autism, it is useful to start with a general picture of autism as it unfolds in development.² This is not the place for detailed evidence. Instead, a number of simplified statements must suffice to summarise the prevailing clinical and scientific opinion. Autism is due to a specific brain abnormality. The origin of the abnormality can be any one of three general causes: genetic fault, brain insult or brain disease. Autism is a developmental disorder, and therefore its behavioural manifestations vary with age and ability. Its core features, present in different forms, at all stages of development and at all levels of ability, are impairments in socialisation, communication and imagination.

The first year of life of the autistic child is still shrouded in mystery.³ It is as yet unknown if at this early stage behavioural abnormalities can be picked up that are truly specific to autism. This is not to say that no abnormalities whatever can be observed or will not be found in the future. The problem is to know whether they are specific or non-specific. General developmental delay is often associated with autism but is also present in mentally handicapped children who are not autistic. One of the first signs that is specific to autism is a lack of pointing and looking to share interest and attention with another person. If a child is very delayed in all respects, however, then absence of such behaviour would not be a specific sign. In non-autistic children with developmental delay the phenomenon of shared attention would also be expected to make a delayed appearance. It is therefore very difficult to make a secure diagnosis of autism before the age of two or three years.

The pre-school years, often stormy in normal development, frequently

¹ Gillberg and Gillberg (1989) estimate the prevalence of Asperger syndrome in the population of Swedish schoolchildren as between 10 and 26 per 10,000. If confirmed, this proportion is twice as high as for more classic types of autism (4 to 10 in 10,000).
² This brief sketch is based on the more detailed account in Frith (1989a).
³ A recent study (Loeche, 1990), based on home movies, suggests that the timing and sequence of developmental gains differs between normal and autistic children only from the second year of life.
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mark the phase of most troublesome difficulties for autistic children and their families. At this stage autism produces a highly recognisable pattern of behaviours, even though there is an enormous amount of individual variation. All sorts of behaviour problems can worry parents at this time. In almost all cases language learning is delayed, and in some cases language is never acquired at all. Most young autistic children do not seem to comprehend what others are saying to them or, indeed, what is going on around them. Deafness is often suspected but ruled out. Social interaction is severely limited. Imaginative pretend play is noticeably absent. The children are often fixated on simple activities, and may inadvertently tyrannise their family by intolerance of any change in routine. It has often been stated that young autistic children behave as if other people did not exist. Again there are degrees, but, taken with a grain of salt, this description sums up their behaviour quite well.

Developmental changes which are rightly experienced as improvements are often a marked feature between the ages of five and ten. From here the paths begin to diverge to such an extent that the idea of subtypes cannot be ignored.\(^6\) Progress will be very different for the autistic child who speaks fluently and the child who has little or no language. Progress will also be different for the child who shows evidence of ability in some areas and the child who suffers from such pervasive brain damage that all his or her intellectual abilities are impaired.\(^7\) Language and general intellectual ability tend to go hand in hand, but there are exceptions. These exceptions are not addressed in this volume, but deserve to be studied in their own right.

How should we tackle the question of subgroups? It may not be through a distinctive pattern of signs and symptoms at a particular moment in time, but rather through differences in developmental progress that we will be able to discern variants of autism. In this volume we focus on those autistic children who make good progress and are not crippled by multiple and severe learning disabilities. How do they diverge from other autistic children? Perhaps the main feature of children for whom we propose the label Asperger syndrome is that they tend to speak fluently by the time they are five, even if their language development was slow to begin with, and even if their language is noticeably odd in its use for communication. Some of these children show dramatic improvements despite having had severe autistic symptoms as toddlers.\(^8\) As they grow older they often become quite interested in other people and thus belie the stereotype of the aloof and withdrawn autistic child. Nevertheless, they remain socially inept in their

\(^6\) Problems in diagnostic classification when the whole range of ability and course of development are taken into account are discussed by Cohen, Paul and Volkmar (1987).

\(^7\) Rees and Taylor (1975), as well as Bartak and Rutter (1976), drew attention to differences in developmental progress in autistic children with and without additional mental retardation.

\(^8\) Rapid improvement in bright autistic children’s social and communicative behaviour just before the age of five was found in a questionnaire-based study by Shah (1988).
approaches and interactions. By adolescence many will vaguely realise that they are different from their peers and that there is a whole sphere of personal relationships from which they are excluded. They may learn many facts about the world, but their knowledge seems to remain curiously fragmented. They somehow fail to put their experience and knowledge together to derive useful meaning from these often unconnected bits of information. Like other autistic individuals, they tend to show a highly typical pattern of performance on IQ tests, but unlike them, they usually score in the average range of intelligence. It is a frequent complaint of parents, however, that their children, despite sometimes high academic abilities, lack common sense.

As adults Asperger syndrome individuals can become, superficially at least, well adapted and some are exceptionally successful. On the whole they tend to remain supremely egocentric and isolated. They do not seem to possess the knack of entering and maintaining intimate two-way personal relationships, whereas routine social interactions are well within their grasp. Because of their idiosyncrasies, their egocentric bluntness and fragility, they find it difficult to live and work with others and may require psychiatric help. This is despite the fact that they may be intellectually able and often have special skills and talents. In line with these skills they tend to be preoccupied with some fanatically pursued interest, and in favourable circumstances they can achieve satisfaction and success. Adults with Asperger syndrome bear no physical resemblance to each other, but often appear gauche in the way they move and almost always sound odd in the way they speak. They seldom enter the natural flow of small-talk, and their use of language and gesture is often stilted. Even those individuals who are

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9 This observation was made by Kanner (1943) in his follow-up study of the eleven children he had described in 1943.
10 Frith (1989a) attempted to sketch out the preliminary theory that one deep underlying cognitive deficit in autism has to do with a lack of coherence. In other words, autistic people lack the drive to pull information together into overall meaning. This theory addresses itself to the peculiarly fragmented pattern of abilities, the fragmented sensory experiences and the stereotypic repetition of fragments of behaviour. All these phenomena are associated with autistic spectrum disorders, and are particularly conspicuous in Asperger syndrome.
11 Elisabeth Wurst (1976), a member of Asperger’s team in Vienna, studied the performance on Wechsler IQ tests of fifteen seven- to eight-year-old children with Asperger syndrome diagnosed by Asperger himself. She found peaks on information and block design subtests, but troughs on comprehension and picture arrangement. This pattern of abilities is very similar to that shown in other studies with able autistic children (for example, Rutter and Lockyer, 1969; Lockyer and Rutter, 1970; Rumsey and Hamburger, 1988). The IQ level of the Asperger syndrome sample was average or above, while a comparison sample of what in this study were termed Kanner autists scored in the range of moderate to mild mental retardation.
14 Volkmar (1987) reviews research on the social development of autistic individuals in general, and Sparrrow et al. (1986) report on the social adaptive functioning of a very able group. It is possible that there are many undiagnosed individuals who would be recognised as having Asperger syndrome but who are doing so well that they never come to the attention of clinicians. How to distinguish such people from the normally shy is, of course, a very difficult question.
very able intellectually and have coped well with their handicap will strike one as strange. This strangeness may be perceived as anything from chilling cold-bloodedness to endearingly old-fashioned pedantry.13

Within this very brief and general outline of typical Asperger syndrome individuals there is much variation. Some show extreme behaviour difficulties, others are gentle and easy to manage. Some suffer from specific learning disabilities and do badly at school, others do very well academically and have university degrees. Some may find a niche in society and lead a reasonably contented life, but others become outcasts or remain misfits. For all their strangeness, people with Asperger syndrome seldom find the help and sympathy they deserve and need. As we shall see, theirs is a devastating handicap.

So far, Asperger syndrome is the first plausible variant to crystallise from the autism spectrum.14 No doubt other variants will follow. In this volume we address the question of how best to characterise the syndrome from our present state of knowledge. A good starting point is to find out more about Asperger and to see how his ideas differed from those of Kanner.

Names and labels

Hans Asperger and Leo Kanner were both born in Austria and trained in Vienna, but they never met each other.15 Kanner, born in 1896, emigrated to the United States in 1924 where he became head of the Johns Hopkins clinic at Baltimore. With his textbook on child psychiatry he became the founder of a new discipline, but his greatest fame came from his discovery of autism. In 1943 Kanner introduced the label early infantile autism for a type of disorder hitherto unrecognised as a clinical entity, although it is possible to find earlier case descriptions. These early descriptions had failed to leave their mark because nobody pointed out their significance or gave them a name. After Kanner, every major clinic immediately found cases which fitted the category of early infantile autism.

Asperger, ten years younger than Kanner, pursued a career in general medicine with a view to specialising in paediatrics. He was attracted by the approach of remedial pedagogy, which had been practised with difficult children from about 1918 at the University Paediatric Clinic in Vienna, and

13 This brief generalised description roughly distils Asperger’s clinical description of the syndrome in its mature form. It also corresponds to descriptions of adults given by many other authors (for example, Wing, 1989). It also fits in with descriptions of less well-adapted cases as, for instance, in Tantam’s (1986) study of a sample of adult psychiatric patients, subsequently diagnosed as suffering from Asperger syndrome, whose main characteristics were unusual interests, impaired non-verbal communication and clumsiness. This study is discussed by Tantam in chapter 5.

14 Different forms of autism, seen as part of a spectrum of autistic disorders, have been described by Wing and Autism (1987).

15 A sympathetic appraisal of both men has been provided by Lutz (1981).
joined the staff of this clinic, where he worked on his Habilitation, that is, his second doctoral thesis. The topic of his thesis was what he called *autistic psychopathy* and what we would call autism. He submitted his thesis in 1943 and it was published in 1944. It is this paper which appears in translation in chapter 2.

By a remarkable coincidence, Asperger and Kanner independently described exactly the same type of disturbed child to whom nobody had paid much attention before and both used the label autistic. They were pioneers in recognising that autism is a major developmental disorder and not merely a rare and interesting childhood affliction. From the start Asperger had an idea of what these children would be like as adults. He was interested in the subtle, and possibly milder, manifestations of autism in more able children. Nevertheless, he also emphasised that autism could be seen throughout the whole range of ability and that it produced a particularly striking picture when accompanied by mental retardation.

At the time of Asperger’s and Kanner’s pioneering studies a concern with subgroups would have seemed remote. Both men were intent on one aim, to convince colleagues that there was a previously unidentified entity, a highly recognisable disorder, which was present from early childhood and persisted for many years. It is only now, after autism has become almost a household term, that refinement into subgroups begins to make sense. Just where the category boundaries for such subgroups should be drawn is a difficult question, and readjustments from time to time are to be expected. The present volume is a first step in this process.

I wish to express the hope that the translation of Asperger’s paper will not be used as a means for a false orthodoxy. It contains some startling insights which are still new to many. It also reveals some misconceptions that have crept into secondary sources. Nevertheless, we cannot extract from this paper a definitive view of Asperger syndrome, or of autism for that matter. In the first description of a few cases of a puzzling clinical entity of unknown aetiology it cannot be presumed that all the essential features and only the essential features will at once be identified. After all, such a description hinges on the happenstance of individual cases that come to the clinic. The task of identifying the core symptoms of autism has taken many decades, and a definitive answer will be reached only when we have full knowledge of the biological origins and their effects on brain development. It will undoubtedly be some years before Asperger syndrome is fully defined and recognised. We shall now take a closer look at Asperger and his background, and then briefly compare Kanner’s and Asperger’s first thoughts on autism.

16 This label, first used by Eugen Bleuler to describe the schizophrenic patient’s loss of contact with the world around him, was chosen presumably because detachment from the social world strongly characterised the special children Kanner and Asperger were studying. An English translation of Bleuler’s textbook of psychiatry (1911) appeared in 1951.
The man behind the syndrome

To understand Hans Asperger (1906–80) it is necessary to understand the idea of Heilpädagogik or remedial pedagogy. This approach to the treatment of disturbed children must not be confused with that form of remedial education which is entirely anchored within education and outside medicine. Instead, it is a seemingly intuitive synthesis of medical and educational practice applied by inspired doctors, nurses, teachers and therapists in a team effort. The children who in Asperger’s view most urgently needed such treatment and could most benefit from it were children who suffered from what he called autistic psychopathy. Asperger believed that these children suffered from an inherited personality disorder which made them troublesome but also fascinating. He set out to prove that they constituted a real type—a recognisable clinical entity—with specific and persistent handicaps. He was sure that despite their difficulties the children were capable of adaptation—provided there was appropriate educational guidance.17

Asperger clearly cared about these children, who in most people’s eyes were simply obnoxious brats. They were very unchildlike children. They did not fit in anywhere and were troublesome because they lacked any respect for authority. They made their parents’ lives miserable and drove their teachers to despair. So unappealing were these strange boys that other children and adults were drawn to ridicule them. That a young doctor was captivated by these difficult children was a small miracle. Asperger appreciated their many surprising positive features while fully recognising their negative ones. He admired their independent thinking and capacity for special achievements, but also candidly documented their learning problems and seemingly spiteful and malicious behaviour.

Why did Asperger become the champion of these misfits and how did he approach the task of explaining their problems? Indirectly, we may find an answer through a lecture he gave to commemorate his predecessor as head and founder (in 1918) of the University Paediatric Clinic, Erwin Lazar.18 Asperger spelt out three pairs of paradoxical virtues that he admired in Lazar: first, there was the mixture of tolerant humanity and deep scepticism that, he claimed, marks the genuine Viennese; secondly, there was the mixture of scientific thinking and love of the arts; and thirdly, there was the combination of razor-sharp scientific formulation and popular expression. Each of these virtues seems to apply to Asperger himself. Equally apposite seems Asperger’s characterisation of Lazar’s ‘unsentimental, apparently cool, but in reality deeply empathic contributions’. Lazar, moved by the

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17 Examples of practical hints for the education of individuals with Asperger syndrome can be found in chapter 6. These hints are very similar to techniques advocated by remedial pedagogy. Examples are also given in Asperger’s original paper (chapter 2) and in his textbook Heilpädagogik (1952).

18 This lecture was published in 1962.
plight of neglected and deprived children following the First World War, was involved in voluntary organisations that ran homes and day centres in Vienna and provided help with forensic problems for children and adolescents. His compassion and commitment to this work were no doubt an inspiration to all who worked at the clinic.

Asperger frequently acknowledged his debt to the work of his predecessors and colleagues at the university clinic. The special and novel feature of the remediation practised at this clinic was its biological basis. This meant that the design of any programme began with the identification of organically caused limitations or deficits of individual children. After the handicap was identified, the children would be treated sympathetically. Education and therapy were the same thing. It is fascinating to read of the development of this work. To begin with, the remedial ward was like any other clinical ward. As in the hospital’s other wards, the children lay in neat little rows of beds, and twice daily there was a ward-round. They were treated as sick children who needed to be made well again. As the team’s experience grew, their ethos changed. Soon the children were out of bed during the day and played and worked in a busy round of activities. Now the aim was to give handicapped (rather than sick) children as positive an education as possible. In 1926 the ward moved to the beautiful purpose-built Widerhofer Pavilion, with its airy rooms, architect-designed furniture and artistic wall friezes.

The daily programme of play and lessons was led by a remarkable woman, Sister Viktoria Zak. Asperger called her a genius. Her intuitive diagnostic skills and therapeutic effects as a teacher were legendary. One of
Asperger’s formative experiences, he reports, was witnessing Sister Viktornine calm a panic-stricken toddler in the midst of a destructive tantrum. Sister Viktornine’s programme started daily with a PE lesson, using rhythm and music. There were organised dramatic enactments of events or of songs. There were also proper school lessons and speech therapy. The pervading ethos was that the clinic’s work should be governed by the wish to understand and help children. Tragically, Sister Viktornine was killed when the ward was destroyed by bombs in 1944.

The team were keen to use psychological tests, but the qualitative assessment of performance was considered more important than the quantitative. Early on, Lazar had experimented with psychoanalysis and employed one of the first child analysts. However, he finally rejected the methods as unsuitable for children. With psychoanalysis flourishing in Vienna at the time, it is surprising to find little sign of the influence of the ideas of Freud or other analysts on Asperger’s ideas on autism. At most, one can find an acerbic remark about possible psychodynamic factors; for instance, Asperger’s paper mentions Adler’s ideas on severe psychological problems that arise from being an only child in the family, but dismisses them as a possible cause of autism. This was not because he did not think that autistic children often were only children, in fact, he mistakenly believed that this was frequently the case. Turning the psychodynamic proposition on its head, he thought that it was the parents’ own autistic pathology that made them produce only child. He was convinced that autism ran in families and never wavered from the assumption that organic or constitutional factors were the causal roots of autistic children’s problems. It is no coincidence that the remedial ward was situated within paediatric medicine and not psychiatry. For this reason he also tended to be sympathetic to the parents who, as he said, often understood their autistic child very well and did their best to bring him up.

Lazar died suddenly in 1932. His successor, Hamburger, who was interested in the unconscious affective life of children, carried on the tradition of remedial pedagogy at a time when Asperger was preparing for his Habilitation. The idea of a deep affective disturbance at a biological level of drives and instincts strongly influenced Asperger’s conception of autism. It is interesting to note that the core team of doctors, nurses and teachers met at each other’s homes for dinner once a week to talk about their cases informally. More than likely, the characteristic features of autistic children were debated on these occasions. Thus, the roots of the concept of autistic psychopathy originated in the vision and work of an extraordinary group of people during one of the darkest times in European history.

Asperger’s private life was uneventful. He was married with four children. He was a quiet, reticent man, steeped in the humanist tradition, with an extensive knowledge of classics, history, art and literature. He enjoyed giving tutorials in all school subjects to the children on the ward,
and regularly accompanied groups of them on summer camps. Such camps were important to him because of his own schoolboy experiences of youth groups and camps run by enthusiasts of the Jugendbewegung. The romantic ideology of such groups was comparable to that of the Boy Scouts, and the freedom of outdoor life represented a vivid contrast to the then stern discipline of school. Asperger spoke of these early influences as decisive, citing them to explain what had first interested him in the children who could never join in with the gang and would panic when forced to participate in a group. Far from despising the misfits, he devoted himself to their cause – and this at a time when allegiance to misfits was nothing less than dangerous.

After the war, Asperger was appointed to the Chair of Paediatrics at the University of Vienna which he held for twenty years. Large crowds of students always attended lectures, and his influence on many generations of them was significant. He received national and international recognition and obtained major academic distinctions. He died suddenly in 1980 while still actively engaged in clinical work.

Asperger versus Kanner

There is a great deal of overlap between Asperger’s and Kanner’s views of autism (see chapter 3 for Wing’s discussion of the similarities and differences). Both recognised as prominent features in autism the poverty of social interaction and the failure of communication; highlighted stereotypic behaviour, isolated special interests, outstanding skills and resistance to change; insisted on a clear separation from childhood schizophrenia; and observed the attractive appearance (although Asperger emphasised odd aspects of appearance as well) and similarities in children’s and parents’ behaviour. On all the major features of autism Kanner and Asperger are in agreement.

In their original papers some important observations were made by one but not the other. Kanner first described language peculiarities, such as echolalia, pronoun reversal and difficulties in generalising word meanings. The children Asperger first described, apparently, did not show these features, but had clever-sounding language, invented words and generally spoke more like grown-ups than children; these comments suggest that there was something not quite right in the way they used language. Asperger, on the other hand, was the first to report oddities of non-verbal communication: eye gaze, gestures, posture, voice quality, prosody and word choice. He highlighted lack of humour and pedantry. Influenced by

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19 Asperger provided this information in a talk given in 1977 at Fribourg, Switzerland and translated into English in 1979. This publication has long been the only primary source accessible to English speakers. Unfortunately, his reference to the Jugendbewegung has occasionally been wrongly interpreted as an allegiance to Nazi ideology.