

The Signal



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Infantile Autism: A View from France in 1994

by Bernard Golse, M.D.



Early infantile autism, first described by Leo Kanner (1943) half century ago, is acknowledged as a serious developmental problem which has given rise to deep introspection for the field of child psychiatry, as well as to a certain number of controversial and seriously polemical problems. In France, these schisms and conflicts still remain deeply rooted or are poorly healed even today.

The Nature of Autism

Indeed, whether early infantile autism is seen as a mental illness of relational/affective origin, or as a neurological disorder of organic, biological or cognitive origin, it

is the impediment to human communication which is at the heart of this dreadful pathology. Essentially, the child's very humanity is impaired. It is indeed through communication that the child gradually will become a social being and impose himself as an individual within the human community. The plain fact that early infantile autism distorts this fundamental and basic process of humanization means that the very roots of the individual's psychic life are called into question. This cannot fail to make an impact on all those parents and professionals who are in contact with individuals with the disorder. This is why, it seems to me, the conflicts surrounding early infantile autism have often have taken such an impassioned and dramatic turn.

In addition, for parents, living with an autistic child is painful because of the child's intense and ongoing suffering. Many parents can only feel bitter towards professionals who, even today, are unable to promise that their child will be cured. Any reference to their involvement in the relational and functional disorder runs the risk of making them suffer intolerable guilt. This is a source of misunderstanding to which I will return later.

The long-standing vituperative disagreement between those who support an organic etiology of infantile autism and those who have a psychogenic conception seem to me to be testifying to a defensive

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conception seem to me to be testifying to a defensive split between the soma and the psyche. This split is probably induced by the autistic pathology itself and doubtless, is trying to fight against the archaic differentiation which is in play in this type of disorder, and which comprises a major projective potential capable of attacking the thought processes of those who approach or express an interest in it.

It so happens that in 1940-1950, child psychiatrists had described two major types of disorders, that of infantile autism described by Kanner and that of infantile depression (or attachment disorders), as described by Bowlby (1951) and by Spitz (1945). These two disorders led to a profound, conceptual revival. Based on them, it appeared that the possibility of insanity (eg. infantile autism) could no longer be denied in the very young child, nor could the existence of psychic suffering (eg. infant depression).

Today, this may seem obvious to us, but at the time, it was not at all true, at least for the pediatricians and for the public at large. This stage was thus of great importance, and considerably influenced the conceptualization of psychopathology in the field of infant psychiatry. Now, 50 years later, where are we as far as early infantile autism in France is concerned?

Contemporary Views of Autism in France

At present, we consider that Kanner's autism represents a strongly heterogeneous entity, the phenomenological description of which is stereotyped and which reflects more a syndrome than a psychopathological disorder of a specific etiology.

Most French writers or conservative European ones probably would tend to agree that infantile autism constitutes a serious disorder, the origin of which is multi-factorial. That is, they would argue that autism

has various etiological contributors--genetic, neurobiological, affective, relational, and psychosocial elements in the broad sense--in variable proportions in different children.

From this point of view, the standard clinical picture would represent a kind of "final common pathway," in which each affected child would share clinical features which were contributed by different factors in differing proportions. Certain individuals with autism would thus have a preponderantly organic component--others, a heavier psychogenic component. Nothing here prevents one from thinking that whatever the initial etiological constellation, the cognitive symptomatology, especially alexithymia and disturbed perceptual decoding, constitute a kind of consequence and may play the role of a crucial, etiopathogenic link.

A huge effort has been made in Europe to attempt to distinguish the autistic mechanisms from the autistic structures, strictly speaking. The prognosis is obviously not the same in the two cases, and it is now known that the autistic mechanisms, more or less severe and more or less lasting, are able to overload all early pathological interactions, whether they be mainly of a relational order or somatic (eg. different encephalopathies, sensory handicaps, etc.). As for the notion of autistic structure, it goes back to a primary pathologic organization, which, however, does not exclude a directly defensive function against certain types of anxiety.

Today, we no longer accept the idea of a normal autistic development period such as described by Mahler, Pine & Bergman (1975) and by Tustin (1981) in their early works. Modern data on the baby's early abilities shows us, on the contrary, a partner eager to enter into reciprocal action with an immediate active social orientation. The newborn baby thus appears to be more over-exposed to multiple sensations and perceptions

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rather than an isolated being, withdrawn into his "shell."

On the other hand, confronted by an excess of stimulation, in a simple and furtive manner, he is able to use the mechanisms of autistic withdrawal. When the future autistic child himself, passes into autistic withdrawal, however, he sinks and becomes quite lost. This introduces the possibility of a developmental conception of infantile autism, an opinion not shared by all writers.

In France, we attach a great importance to the post-Kleinian school (Meltzer et al., 1975; Tustin, 1981, Haag, 1987; & Houzel, 1985) which has clarified the different types of the baby's primary anxieties in a very useful manner, namely, anxiety of emptying out, liquefaction, and collapsing, as well as the various defensive mechanisms that the baby can activate upon encountering them, including mental withdrawal, normal or pathological adhesivity, projection, or dismantlement.

These different mechanisms are integrated parts of the child's protective system, or rather of the component of this system which is integral to the child himself (rather than the maternal component). In the healthy baby, these different mechanisms are transitory, but are able to be observed as though in "slow motion" as "under a microscope" in the autistic child.

An effort has also been made to differentiate the autistic psychoses from non-autistic psychoses, whilst at the same time, taking account of the multiple stages or passages. In the post-Kleinian point of view, the autistic psychoses can thus be found under the heading of two-dimensional psychical (Meltzer et al., 1975) and of the pathological adhesivity whereas the non-autistic psychoses presume already a certain access to three-dimensionality and to an organization of projective functioning.

The possible disease classification links between infantile autism and schizophrenic psychoses still remains the object of an open debate.

Certain common psychopathological results can be identified, although the genetic and biological data presently available does not argue in favor of a nosological unity. The relatively rare occurrence of an individual with autism developing schizophrenia makes it difficult to interpret, because the beginning of autistic disorders is always before two years of age.

From the epidemiological point of view, French and European studies in the field of infantile autism confirm

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that the syndrome in its pure form is rare (between 1 out of 2,500 births and one out of 10,000 births, according to the studies). The data also indicate a distinct predominance of the male sex over the female sex (3 to 4 boys for 1 girl).

The question of maternal depression as a contributor to the etiology of autism has given rise to numerous studies, and it seems to me that an expectant mother's depressive symptomatology during her pregnancy or the perinatal period, is often observed in the history of infants suffering from infantile autism.

Nevertheless, several qualifying remarks should be made about this possibility: (1) if maternal depression plays a role in the etiology of a certain cases of infantile autism, under no circumstances is it causally and directly related to the development of autism; this role can only be imagined within the framework of a convergence between several complementary causal series, in which maternal depression appears as only one of many intermediary links, (2) the type,

chronicity and severity of maternal depression involved needs to be taken into account, as well as the defenses elicited (in particular, avoidance by action), (3) for the moment, we still lack data concerning the role of the mother's pre-morbid personality, even if certain studies underline the danger when maternal depressions occur superimposed on borderline personality organizations, (4) maternal depression is often discovered only retrospectively and may be important only when a baby is vulnerable or predisposed.

In France, we usually refuse to categorize infantile autism as a handicap. Naturally, individuals with autism are considered handicapped with regard to socialization and communication. Nevertheless, describing autism as a primary handicap seems to us too narrow and misleading an approach, not to mention that it lends itself to prescriptions which have an almost exclusively rehabilitative aim.

The capacity for social referencing is well described in infants. Nevertheless, reducing the infant with autism to a specific deficit concerning this function (often described as the "theory of mind" hypothesis) seems to introduce a theory which is not only hypothetical, but is also a throwback to 19th century's neurology of one cerebral zone--one cerebral function.

Whatever the cognitive failures in play, and taking into account the inextricable links in the young child between the establishment of the libidinal object and the epistemic object (a concept described by Gibello, 1984, between a libidinal object and a cognitive object), we prefer to speak of infantile autism as a more global disorder, which engages the different domains of development of the person and, in particular, his early identification processes (adhesive and especially projective identification).

Autistic pathology appears to be reversible in its initial stages, but

later on, it very rapidly becomes fixed, and we insist on the crucial necessity of early diagnosis. Thanks to a massive information campaign different professionals involved are now more aware of the problem. Several teams are working in France on warning signs in infants younger than 18 months old. These signs have been derived from follow-up studies, or from the retrospective analyses of family films shot before the diagnoses of infantile autism had been established (Bobigny). A detection scale has been proposed (Houzel & Sauvage, 1980) which can be used in different "strategic" places (day nurseries, pediatrician's offices). Locating a child at risk of becoming autistic gives rise to mobilization of various investments which can have a therapeutic impact. For these reasons, we believe that any delay in diagnosis can be disastrous.

Finally, as far as the type of parents who have children with infantile autism, we no longer think there is a specific description. Infantile autism can be found within all socioeconomic classes. The hyper-intellectual or obsessional dimension that Kanner described in some parents seems to us to be only one of many others capable of impeding the child's intrasubjective and extrasubjective psyche though, in particular, a difficulty of sharing affects (Stern, 1985). Parental psychopathology that has been described in past times as "parents of a psychotic child" seems to us today to be considered more as a consequence of the painful cohabitation with an autistic or psychotic child (Soule, 1978) than with the cause or a cause in the child's chaos.

From this point of view, we recall the "transactional spiral" described by Benedek (1969). According to this model, the initiators of the disorder work perfectly well, and return to the

child, which makes it impossible for the parents' response to hold up, and which in turn, aggravate the dysfunction of the child and so on.

A vicious circle would thus very rapidly set in with an auto-aggravating effect, capable of becoming fixed in an irreversible manner, and because of this, the therapeutic efforts should be stepped up towards analyzing and unravelling the "autisticizing process" (Hochmann, 1989), rather than trying to find a pinpointed or specific etiology, in any case, at the moment, this is unavailable.

Thus, the contemporary psychoanalytic approach to autistic disorders is more oriented towards the secondary meaning, drawn from the deferred action (family and trans-generational) of the changes in the relationship, rather than elucidating the early situations that might have provoked the psychosis (Lacan, 1966; Dolto, 1971; & Mannoni, 1967).

Therapeutic Approaches

As these pages come to a close, I hope that I have conveyed my sense that infantile autism is seen by French clinicians as a global disorder of the personality, the enormity and depth of

With regard to psychotherapy, most French writers work from a psychoanalytic point of view, by which infantile autism is described in terms of a protective system for a catastrophic separation experience.

which demonstrate the intersection of a person's development, a crossroads of the neurobiological equipment of the child and of his interactional and social environment. This conceptualization doubtless guides our therapeutic ideas, as well.

From the medical standpoint, there is no particular protocol that is unanimously agreed with, for we consider that the neuroleptics do not constitute an adequate treatment, but

merely a symptomatic one (target symptoms might include anxiety or aggression). Further, it is unthinkable to prescribe them for children for many years, and in any case, the results are scarcely spectacular in autism. Neuroleptics and especially sedating neuroleptics are used in moments of crisis and of severe confusion, as a momentary and transitional means of soothing the child's psychic suffering, and to keep a minimum contact with him, as well as maintaining him within his daily routine.

Studies conducted in France on the effect of antiserotonergic substances have proved unconvincing, even in carefully selecting the autistic child with high serotonaemia. It was possible to propose other psychotropic products in special situations, in particular, in the case of autism associated with the Fragile-X syndrome (eg., treatment with folates). Nevertheless, here again the results of these treatments have been much disputed.

With regard to psychotherapy, most French writers work from a psychoanalytic point of view, by which infantile autism is described in terms of a protective system for a catastrophic separation experience (Tustin, 1981).

The principal discussion relates to the different intensity of treatment setting, ranging from intensive out-patient care, whilst maintaining at least a partial socio-scholastic integration, or else intensive care in a day treatment center. Day treatment in a harmonious framework enables the child to be offered both individual therapy and education in an intensive manner.

Small therapeutic group care for individuals with autism is at present developing rapidly, and is very much used within day-care hospitals, for it enables a study of the establishment of early narcissism and psychic sheathing, whereas individual psychotherapy (which can be carried out at

the same time) aims rather at the construction of the object and of object relations.

The choice between out-patient and in-patient care is still a delicate one, and calls for a great deal of reflection on the part of numerous teams. It is becoming more and more frequent to propose family therapy, as well as a follow-up of the parents in a parallel action with the care given to the child. The aim of these joint methods is to help parents tolerate their child's disorder, to adapt to the progressive development, and, in particular, to specify their child's place in their own personal fantasy structure, in actively reconstructing their own common history.

Certain parents manifest a great deal of guilt at a practice of this sort, which is, nevertheless, extremely useful. It enables the mutual pathological projections to be reduced. Especially, if the "transactional spiral" pattern is referred to, it is quite clear that the infant's autistic disorder represents a choice link for the displacement of the guilt which is to be found within the heart of every human psyche. It is only after having analyzed the defensive dimension of this displacement, that the real work between the parents and the professionals officially can commence.

This kind of work that is neither intellectual nor contemplative, but is the foundation for the child's psychic development. It permits his suffering to be taken account of by the parents, a condition necessary for giving access to the psychic state within an inter-subjectivity relationship.

Confronted by early autistic or pre-autistic detection (before 12 or 18 months of age), it is clear that no in-patient care can be or should be proposed, because priority should be given to the dyadic and triadic interactions. The infant observation therapeutic techniques at home (according to a method derived from Bick, 1964) seems to be very promising, but they are also costly in terms of the length of time for care.

Repeated parent-baby consultations with competent professionals also have their place in this framework.

Other treatment may also be considered. Rehabilitation techniques also, of course, find their place in the therapy. In particular, as I have said, within the framework of taking on the responsibility of an inpatient. Aversive conditioning techniques, on the other hand, are hardly ever used by French clinicians, who consider them degrading and casting a slur upon the dignity of the child as a total person.

From our point of view, education and treatment ought not be mutually exclusive nor contradictory. Therapeutic care enables understanding and the training is an integral part of the care. What is objectionable is an exclusively rehabilitative or educational approach, which as we see it, does not address the problem as a whole.

This is why, if programs such as T.E.A.C.H. (Schopler, 1988) attract a certain number of parents because of their dimensions of implicit removal of guilt, French professionals have a tendency to be wary, considering them to be falsely seductive, even demagogic. Parents are called upon to act as co-therapists, but in such a way that representational interaction is short-circuited, and, after several months, the results, which are purely compartmentalized, often do not fulfill the hopes that were engendered at the beginning.

Educational integration for the child presents a special problem if it is not to create serious disappointment in parents. Also, for it to be useful to the children themselves, a close liaison is necessary between the teacher and the attendant teams, without whom the autistic child can only be rejected. An individualized schooling in the day-care hospital enables the child to be followed in the interior meanderings of his cognitive strategies. This does not prevent, wherever possible, the child going part-time to a normal school, where

he can improve his capacities at socializing and becoming part of a group. Certain classes for autistic children have been opened up in France, often at the initiative of parents. Up until now, these classes, which are very controversial, seem to give rise to an illusion of integration, placing individuals with autism on the fringes of society.

Information at present available allows us to think that early therapeutic intervention is capable of preventing the major risk of adverse development in a growing number of cases, and to avoid psychiatric internment for life when the child becomes an adult. It does not seem to be that the prognosis can be correlated with the I.Q. of children with autism (which is difficult to measure in any case because of the contact problem). Because of this, the distinction between autistic children with a high I.Q. and autistic children with a low I.Q. does not appear useful.

The contrast between living and empty psychological life seems to us to be more relevant but also more complex, since in large part, it is based on elaboration of the observer's countertransference. When a consistent method of treatment is used, development remains difficult to predict, ranging from a few spectacular improvements to more or less antagonistic trajectories in passing through the structuralization of post-autistic states of obsession.

Our efforts at assessment should be pursued patiently but doggedly, although it may be difficult to define precisely what we hope for. Do we simply want the autistic child to be calm and know how to behave at the table? Or do we want them to become capable of thinking, of loving, and of dreaming? The criteria will obviously vary from one case to another, but under the circumstances, in France, we consider that the psychoanalytic point of view, open to other scientific knowledge, remains undeniably the best guarantee of respect due to the child.

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Editor's note: Professor Golse is Psychoanalyst, and Professor of Infant Psychiatry (Paris V). He kindly agreed to my invitation to present a description of contemporary views of autism in France. It is my hope that the exchange of international views on the etiology, phenomenology, and treatment of disorders of infancy will enrich us all. Professor Golse asked only that I mention that the points of view presented in this article are, of course, his alone and are not necessarily endorsed by others. Nevertheless, he believes that the opinions expressed also reflect the beliefs of many of his French colleagues.

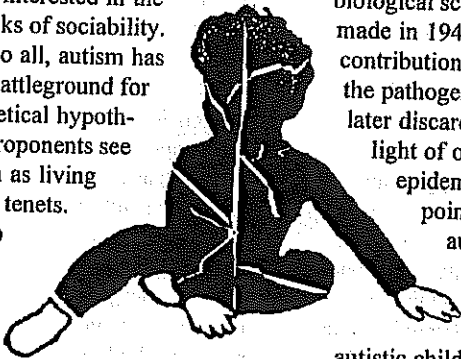
Theoretical Perspectives On Autism

by Ami Klin, Ph.D.
Donald J. Cohen, M.D.

Autism has captured the imagination of investigators from disciplines as far apart as molecular biology and ethology, all interested in the building blocks of sociability. As a puzzle to all, autism has become the battleground for myriad theoretical hypotheses whose proponents see this condition as living proof of their tenets.

Much prior to Kanner's description of the syndrome

in 1943, scholarly and popular documents conveyed a fascination with children who appeared to be indifferent to or isolated from others. Quests for the origins of socialization and language led to a search for the "Savage in the State of Nature" and for children who lived outside society reared by mammals other than men, the so called "feral children". In another camp, follower's of Rousseau's ideas about the "Noble Savage" glorified the fantastic lives of individuals "untainted" by the marks of industrialization. Vilification or glorification yielded accounts of children who told more about their captors and benefactors than about the children themselves. In the midst of this blend of fact and fiction, Jean Itard founded a new tradition based on meticulous observation, on insights grounded in concrete evidence, and treatment based on inherent respect for children *qua* human beings. Itard's American disciples transplanted his approach to handicapped children when they returned to the U.S., carrying out painstaking descriptions and implementing educational interventions aimed at ameliorating the



day-to-day lives of their clients.

Kanner's work can be placed in that tradition. He practiced the science of observation, combining Gesell's developmental approach with the latest advances in the biological sciences. Speculations made in 1943 regarding the contribution of parental style to the pathogenesis of autism were later discarded by Kanner, in light of overwhelming epidemiological evidence pointing to the fact that autism was present in all social classes and cultures, and that parents of

autistic children were in no way different from parents of children with other handicaps. Research in the 1970's also revealed the impact of children on parenting style, making parent-child interaction a dual-directional process, and highlighting what parents of autistic children knew all along, namely the devastating impact on the family inflicted by the intrusion of a disability that targets the core of social-emotional relatedness.

Kanner's work was preceded by the groundbreaking writings of Margaret Mahler, who back in the 1930's was able to outline various issues raised by young children with social disabilities from a psychoanalytic frame of reference. This tradition contributed immensely to the field by correctly emphasizing the importance of early development and early relationships, as well as by making room for young children's inner worlds in our conceptualization of development and pathology.

The field of autism today continues to reflect these various origins, offering different viewpoints on at least three central questions: (1) what does autism mean to the

sciences of behavior, cognition and neurobiology; (2) what does autism mean to parents, clinicians and investigators; and (3) what is in the best interest of individuals with autism and their families. At times, the portrayed French and American views of autism have been seen as irreconcilable, the theoretical and inferential aspects of one conflicting with the empiricism and positivism of the other. However, Prof. Golse's lucid account of the "French view" suggests numerous points of conversion, revealing the shortsightedness resultant from stereotyped accounts of the "French" and "American" traditions. Nevertheless, several fundamental differences remain. The following outlines some lines of divergence in regard to the three questions.

Autism as an area of scientific investigation:

As pointed out by Professor Golse, autism can be seen as the final common pathway of a number of, as yet ill understood, conditions. A series of risk factors such as perinatal suboptimality and maternal rubella, and a range of disorders such as fragile-X syndrome and tuberous sclerosis have been reported in association with autism. However,

As a puzzle to all, autism has become the battleground for myriad theoretical hypotheses whose proponents see this condition as living proof of their tenets.

none of these conditions is specific to autism, and most are also associated with mental retardation, a central

feature of the disability affecting the majority of autistic individuals. That notwithstanding, the wealth of organic findings such as increased risk for seizure disorder, neuronanatomic and neurobehavioral abnormalities, and genetic predisposition, all point to a biological origin for the disorder. Recent technological advances in the neurobiological sciences hold a great deal of promise, particularly in the areas of high-resolution imaging and molecular genetics, which have already revealed exciting preliminary results in the understanding of other disorders such as Tourette's syndrome (Chase, Friedhoff, and Cohen, 1992). The advent of functional imaging and microscopic techniques to explore the brain could lead us even further in the near future.

Hence, we seem to be getting closer to what the roads of this "common pathway" might just be. However, in contrast to the French position, few investigators in this country still attribute to psychogenic factors a substantial role in the pathogenesis of autism. Exposure to emotional trauma, maltreatment, severe and continuous losses and neglect, are all extremely detrimental to the emotional growth of children, but the typical clinical presentations resulting from such stressors appear to differ fundamentally from the autistic social disability. For example, children suffering repeated separations from their attachment figures may be indiscriminately friendly, not withdrawn or incapable of social reciprocity; also, these children typically make significant progress once a stable and nurturing environment is provided. Sally Provence's work (1962) on institutionalized children revealed a range of cognitive and social emotional deficits resulting from the lack of individualized care and opportunity to establish relationships. Autism, however, was not one of the consequences of life in an orphanage.

In addition to this type of

evidence about the sequelae of trauma, it should be noted that, clinically, it is indeed unusual to find overt trauma in the history of children with autism. Clinicians who wish to hold to maintain a major role for psychological trauma in the pathogenesis of autism have tried to salvage this hypothesis by postulating remarkable sensitivity to environmental factors. However, there is no evidence that autistic children are endowed with unique, emotional or perceptual sensitivities.

Another point of discordance with the French view concerns the possible role played by maternal depression in the etiology of autism. Maternal depression has become a burgeoning field of research in its own right. The passivity, ambivalence and poor emotional modulation characterizing the depressed mother-child dyad are also associated with several detrimental consequences, dampening the growth of social curiosity, motivation and capacity for relationships. However, the long term effects of such exposure are still poorly understood and there is, at present, no evidence for the establishment of a link with autism. It is sometimes the case that parents go through an extended period of grieving and helplessness when faced by the enormous challenges and poor prospects associated with a life with an autistic son or daughter. Careful history, however, often reveals the impact on parenting inflicted by the child's apparent lack of need for parental comfort and affection, little reciprocity, and typical self-absorption. It is actually a tribute to parents of autistic children, that most services and agencies serving the population of individuals with autism have been established by them; such activism and determination are also reflected in some pivotal scientific work carried out by parents working in the mental health research world.

It should be noted, however, that the current view minimizing the impact of parental characterization on

the pathogenesis of autism does not necessarily imply an absence of family links altogether. In fact, recent research has produced evidenced for important genetic links suggesting that siblings of autistic children are at increased risk of exhibiting symptoms or deficits associated with those of the proband. In autism the risk appears to be small (about 2 in a 100), although when compared to the general population, this probability is significantly higher than expected, particularly when associated features, rather than the full blown syndrome, are considered. In fact, the genetic links appear to be even stronger in the case of related syndromes, such as Asperger syndrome, although there is still little systematic evidence substantiating this point (Klin, 1994).

Another previously contentious issue has now been dispelled by infant research: the hypothesis that some children may become arrested at a postulated "autistic stage" of development. This hypothesis had to be discarded in light of unambiguous evidence for the active pursuit of social stimulation and need for interactive social interaction exhibited by very young infants. In the face of this marvelous image of the human infant, born to relate, as it were, the extent of social impairment in autism becomes even more clear. Recent findings have revealed that autistic children may fail to display social behaviors normatively expected in infants as little as 2 to 6 months of age; they may also fail to display preferential responses to speech sounds and facial configurations, reactions expected to be present in the first three months of life. Precursors of social reciprocity such as joint attention, pointing for showing and engagement in early imitative games of infancy are also lacking (Klin and Volkmar, 1993). The early onset of these symptoms and the absence of psychosocial stressors in the vast majority of cases suggest that autism is a disorder whose early natural course is quite impervious to parental

love, not a result of parental deviance. In this respect, the consensual view in the U.S. is that references to "refrigerator parents" or to otherwise hostile descriptions of parents of autistic children represent a very sad chapter in the history of this field. Much of the damage, which is still being healed, can be traced back to Bettelheim's influential early papers on autism. We now know that the evidence for Bettelheim's claims can be described as flawed at best, if not outright fraudulent.

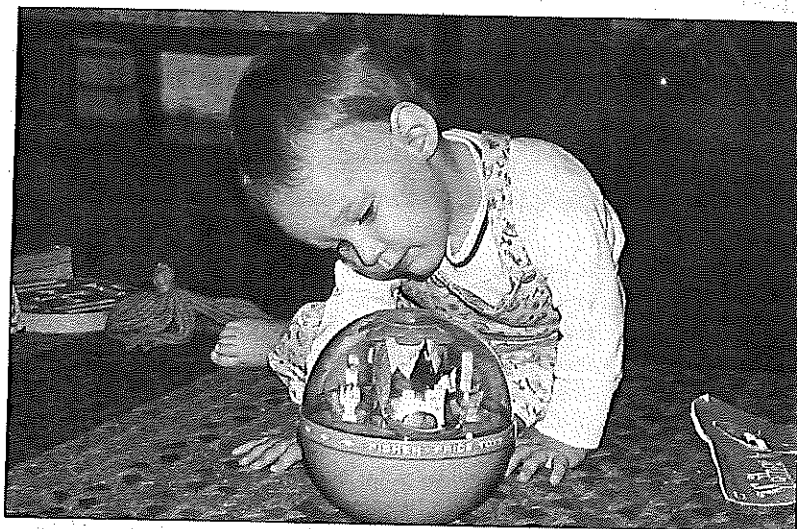
While there are still some fundamental differences in regard to etiological issues, the American and French views of the nosology of autism appear to be quite close to each other. One difference, however, regards the possible classification links between autism and childhood schizophrenia alluded to by Prof. Golse, which have a complex history in this country. Early on, some authors considered that most conditions of childhood described until then (e.g. dementia praecocissima - now schizophrenia with a childhood onset; dementia infantilis - now childhood disintegrative disorder; and infantile autism) could all be considered as childhood variants of schizophrenia. Despite Potter's attempt to define childhood schizophrenia on the basis of specific features (e.g. loss of interest in the environment), the term became synonymous with childhood "psychosis," even though the disorder was clearly less common than in adults and more difficult to characterize. In many ways, the assumption of continuity between child and adult forms of "psychosis" was based on the

severity of the conditions. However, various lines of evidence began to suggest that differentiations could be made within the broad group of "psychotic" children on the basis of various features such as age of onset, clinical characteristics, family history and CNS dysfunctions (Volkmar, Cohen, Hoshino, et al., 1988). This body of research convinced most investigators of the pitfalls of simple extension of the term schizophrenia to early childhood disorders - particularly the unwarranted assumption of a

pervasive developmental disorder. The current view in the U.S., therefore, allows for comorbidity of the two conditions, but in contrast to the French position, it sees little "commonality of psychopathological results."

Despite these divergences, there is a commonly held position that our current limitations in knowledge proscribe any overly comprehensive hypotheses purporting to capture the heterogeneity of the autistic phenotype in one sweep. In this context, the

"Theory of Mind" hypothesis of autism (Baron-Cohen, Flusberg, and Cohen, 1993) has been a valuable tool in our effort to explain some autistic children's inability to impart mental states such as beliefs, intentions and feelings to others and to themselves. Based on the growing literature on normally developing children's acquisition of the



capacity to conceive of other people's subjectivity and metacognitive concepts (e.g. "thinking about thinking"), this hypothesis was instrumental in developing simple and effective methodologies which successfully explored these skills in very young children. However, this hypothesis has now been shown to be lacking in relevance for a great proportion of the autistic population who are nonverbal, and to be unable to explain the empathic barrenness of higher functioning individuals whose formalistic understanding of social situations only emphasizes their inability to intuit into other people's feelings. That notwithstanding, and leaving aside the research purported to explore the cerebral correlates of a

nosologic relationship with adult disorders and the neglect of developmental factors.

The newly published DSM-IV (APA, 1994) includes both autism and schizophrenia as official diagnoses, the former under the overarching category of pervasive developmental disorders, whereas the latter remains a primarily adolescent and adult category, although it is possible to indicate the possible early onset. Diagnostic criteria show little overlap, particularly in regard to onset patterns. In contrast to early diagnostic systems, however, the two diagnoses are no longer seen as mutually exclusive, a result of several reports of development of characteristic features of schizophrenia in individuals with a

capacity to conceive of other people's subjectivity and metacognitive concepts (e.g. "thinking about thinking"), this hypothesis was instrumental in developing simple and effective methodologies which successfully explored these skills in very young children. However, this hypothesis has now been shown to be lacking in relevance for a great proportion of the autistic population who are nonverbal, and to be unable to explain the empathic barrenness of higher functioning individuals whose formalistic understanding of social situations only emphasizes their inability to intuit into other people's feelings. That notwithstanding, and leaving aside the research purported to explore the cerebral correlates of a

postulated mechanism responsible for imparting mental states to others, the social cognitive capacity itself is of important clinical and heuristic value, as it sets the outer boundaries of a person's capacity for insight into one's own, and others' feelings and mental lives.

Autism and Us

The stark contrast between the outward contact seeking drive and need for emotional closeness shown by normally developing children and the inward aloofness and self-isolation of children with autism, make us marvel at the naturalness of social relatedness on the one hand and the specialness of autistic children's predicament on the other hand. The lack of physical stigmata and the oftentimes clever handling of the inanimate environment displayed by children with autism make us wonder about the cognitive resources hidden by their aloofness, and the volitional effort to keep hostile experiences abay. This is a natural reaction to the autistic disability. However, the past 50 years of experience in treating, educating and investigating autistic children have taught us that their disability is substantial, not willful, and that their handicap - social, communicative, cognitive and adaptive - cannot be euphemized or wished away. In this sense, there is still a fundamental divergence between the French and American views, the former refusing to categorize autism as a handicap.

Research studies focusing on phenomenology, prognosis, psychological, communicative and adaptive functioning, the presence of medical conditions including metabolic, structural and seizure disorders, and a host of other areas indicate that IQ is a very powerful factor explaining much of the obtained variance of results (Cohen and Donnellan, 1987). In this respect, the great majority of

individuals with autism have IQ within the mentally retarded range. Their cognitive handicap underlies to some extent their learning disabilities, which however, are made even more severe by the other aspects of the disorder, involving deviance - e.g. unrelatedness, and deficits - e.g. severely impaired daily living skills. Earlier conceptualizations of autism included terms such as "negativism" and "noncompliance" among others, which conveyed the sense that individuals with autism had deliberately withdrawn from the social

... the past 50 years of experience ... have taught us that their disability is substantial, not willful, and that their handicap--social, communicative, cognitive and adaptive--cannot be euphemized or wished away.

world, and that our efforts should be in helping them to climb back up the tall walls they erected to maintain themselves unrelated. Savant skills, scattered psychological profiles with peaks in some areas, surprising memory for trivial things, etc., were all seen as evidence for intact cognitive endowment. We now know that their handicap is real, and that a refusal to acknowledge it sets up the stage for unrealistic, sometimes cruel expectations, as well as unhealthy apportioning of blame for the plight of these children.

The acknowledgment of the handicap by no means precludes a concern with the inner lives of individuals with autism. It does, however, place a word of caution alongside conceptualizations of autism which attribute normative psychic mechanisms, in an unqualified manner, to individuals with this devastating handicap. In the absence of the usual sources of information about psychic processes and content, we are at a risk of misperceiving a unique mental topology for a different, more familiar one, with which we can identify more readily because it

overlaps more easily with our own. By doing so, we may be failing to acknowledge the essence of autism. More importantly, we may fail to appreciate the singularity of the autistic person's internal worlds. For example, Donny, a pubescent autistic child with moderate mental retardation and a pronounced savant skill, witnessed his grandfather, who was his primary caregiver, being savagely assaulted by a criminal on the street. The grandfather underwent facial reconstructive surgery and, shortly thereafter, died of an unrelated cause.

To deny Donny's grieving process was impossible giving the range of symptoms closely associated with the assault incident. However, a preconception of Donny's coping mechanisms would

completely miss the struggle he was going through. He developed phobic reactions toward concrete, though often unusual associations with the incident; his calendrical calculation skills focused on the relevant date, and on his grandfather's age and date of birth. The concreteness of these coping mechanisms posed an enormous challenge for treatment, requiring techniques suitable to Donny's psyche, not a theoretical one. The treatment process was an empirical one, an exploration into truly uncharted waters, as regular psychotherapy was of no avail to this child given his severe impairment of communication and play.

One area of convergence between the French and American views concerns the involvement of parents in the assessment of and planning for children with autism. This approach helps demystify the evaluation procedure making parents full partners of the therapeutic effort. However, in the U.S., there is little emphasis on the family interactional patterns insofar as the pathogenesis of autism is concerned. Therefore, the "transactional spiral" is seen in terms

of maximizing the benefits for child and family, minimizing maladaptive behaviors, and maximizing learning and mutual satisfaction. Parental expressions of grieving need to be addressed and the potential for sharing needs to be created. In this process, the child's well being, as well as the parents' and siblings', are of paramount value.

In the best interest of the autistic child

Theoretical explanations, research into the disorder and its treatment, as well as innovative approaches should be consonant with the child's and the family's best interests. In order to avoid thorny ethical issues as well as the judgment calls made by militant proponents of unproven techniques, there is a need to submit every hypothesis to the scrutiny of fellow professionals and to the test of empirical evaluations. When there is no verified knowledge, there are a thousand cures. In this context, there is a need to be cautious about statements of position which may lead to objectionable and harmful treatment approaches. This has been the experience in this country.

For example, early diagnosis has been shown to be an important element of effective intervention. However, claims that autism may be "reversible" prepare the ground for unrealistic expectations, which when translated into alternative forms of treatment, may transform vulnerable parents into eager consumers. In the U.S., the method of "patterning" through which autistic children are supposed to "relearn" sensorimotor skills through intensive, round-the-clock intervention and indoor constraint, has resulted in treatment bills of multiple thousands of dollars, and shattered dreams of "recovery".

In the same vein, many other uninvestigated principles often born within the best of intentions may lead to undesirable consequences. A federal statute contained in the

Disability Act states that children should be placed in the least restrictive environments as appropriate. Prof. Golse's statement of "an illusion of integration" eloquently depicts the implementation of this Act in the case of handicapped children with autism, who though touted to have successfully integrated into the mainstream, are in fact often lost in the midst of a system that is incapable of delivering the level of individualized care with the intensity and intrusion necessary to move these children out of their self-isolation.

We now know that adequate intervention for children with autism begins with appropriate educational programming tailored to their very special needs. We also know that these needs change with age, and that programs have to evolve in order to expand into the areas of self-sufficiency and vocational skills. In this regard, no other agency in this country has contributed as much, as effectively, and as globally as TEACCH in North Carolina. We do not believe that parents are attracted to that agency in order to deal more comfortably with their guilt; rather, they appear to search TEACCH because it attempts, within the constraints of available knowledge and resource limitations, to provide comprehensive services to their clients.

Finally, a comparison of French and American views of autism highlights the importance of cross-cultural discussions in child psychiatry and infant mental health in at least two respects. First, it provides for confirmation of hypotheses. For example, in the recent international DSM-IV autism and pervasive developmental disorder field trials (Volkmar, Klin, Siegel, et al., 1994), nineteen sites, including France, England, Spain, Korea, Japan and Israel sent diagnostic information on over 1,000 cases. Results revealed a remarkable degree of consensus regarding the diagnosis of autism in

all these various countries. Second, cross-cultural discussions are also useful in pointing out "blind spots", as it were, in our thinking and conceptualization of childhood disorders. Contact with professionals from different countries and traditions helps us all to attend to important phenomena which would otherwise remain uninvestigated if were not for the stimulation engendered by such discussions.

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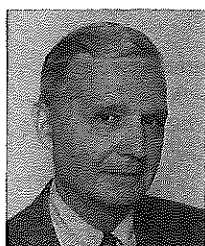
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Stephen's Corner

Stephen Bennett

DOWNHILL RACER

The mid-December meetings of the American Psychoanalytic Association that occur just before the holiday season provide intellectual stimulation at a time of the year that I would not usually seek it. However, the influx of psychoanalysts offers the opportunity to bring in speakers for our child psychiatry conference. Justin Call, who had spoken to our group about 5 years ago, had agreed to present his new work. He was one of the founding Presidents of the World Association for Infant Psychiatry and Allied Disciplines (WAIPAD), the forerunner of WAIMH, and also one of those few who, back 30 years ago, helped invent infant psychiatry in this country. During the several days he was here in Manhattan I followed him about --really chased after him-- and caught a glimpse into the workings of a creative clinician and researcher and a sense of the current efforts of psychoanalysts

in the world of infancy.

Justin and a colleague, Deborah Hill, appeared for our child psychiatry conference, bringing with them a west coast Karma of totally awesome health and exuberance. Justin is merry and commanding in manner, in turn devilish then gnomish, his prophetic white hair flowing, moustache and beard curved into an emblematic heart shape. And Debbie is possessed of a vitality and sunniness, the research associate of my dreams. These California creatures, alien to New York drabness and drained souls, presented with excitement and enthusiasm the emergence of language and play skills in a two year old at a key moment where he was coping with the brief absence of his mother. Deborah had seen this child when she was a child psychiatry fellow in Justin's program and followed a family from pregnancy through the first several years of the child's life. The videotapes show her melodic responsivity to this child's words and thought. The insights obtained there have continued into a project on language development. It is wonderful to see in these tapes is

the very moment an intuitive clinician is hooked into the world of infant psychiatry.

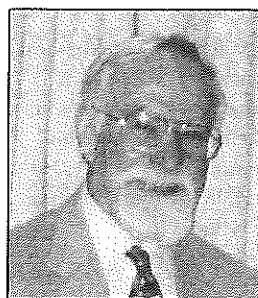
That afternoon, downtown at the Waldorf Astoria, I sat next to Justin at the Vulnerable Child Discussion Group. Led by Ted Cohen for the past 20 years, this group has served as the one of most dependable and productive forums for almost every researcher and clinician concerned with the psychological life of infants and young children.

Many of my contacts with Justin were hit and miss, peripatetic chats as we wandered down hallways on the way to the next meeting. The most joyful experience was riding downtown with Justin and Eleanor Galenson to the interdisciplinary seminar they give, Psychoanalytic Case Studies in Infancy: Relevance for Psychoanalytic Treatment of Children and Adults. They have offered this seminar for the past 12 years but have shared their interest in infancy for the past 30 years. I first knew Eleanor when she had an office in the building where I had my practice. Over time in a loose way I kept track of her many efforts in the world of infancy. One memory from that time is standing at the elevator and Eleanor marching past me right up the stairs without waiting to be lifted up 10 stories. That image has held, and is so for Justin as well, in that my sense of both of them is that they are always on the run. Although not literally true, that breakaway pace is powerful and present, but is set by their racing ideas. I got to ask how two such unique and improbable

people had managed to join forces. They were clear about the date. It was at a 1963 meeting in Stockholm of the International Psychoanalytic Association where Justin presented a paper on approach behavior in the newborn. The discussant was Winnicott who wondered about the therapeutic uses of these ideas. He questioned their helpfulness because parenting arose, he felt, from the unconscious rather than the external and educational. Eleanor said that she also was a discussant and was forthrightly negative, but later on started communicating with Justin about her own work. Justin set up a visiting professorship for her, and she got a chance to see firsthand what he was doing. There followed years of dogged organizational work. Most of us cannot handle such endeavors but nevertheless reap the benefit. During the ride down I heard firsthand the history of most of the important meetings and committees concerned with the psychiatric aspects of infancy. My own need is for a developmental history, and so if I attend something, I like to know how it came about. Justin was the first chairman of the Committee on the Psychiatric Dimensions of Infancy of the American Academy of Child Psychiatry. Eleanor followed him in that position. In the late 1970's, they proposed and planned the First World Congress on Infant Psychiatry in Portugal in 1979. This meeting was memorable because it was a small and intimate group where the superstars such as Erikson, Mahler, Bruner, and Brazelton and many others outnumbered the plain people. The next meeting several years later in Cannes saw an explosion in attendance but a loss of intimacy. It was my first experience with the European view of fantasied babies.

One afternoon, during the present busy conference schedule, I was able to corner Justin, and I spent a solid and uninterrupted several hours with him at Eleanor Galenson's apartment. In the peace of her charming living

room we could look over Fifth Avenue to the trees of Central Park in quiet musing and reminiscence. Let me say that I possess a special insight into Justin, and perhaps a bias, because we share a Mormon background and have known each other a long time. I first met him when I was a medical student at Cornell and he was a pediatric resident at New York Hospital. Although being a Mormon may be a more common affiliation now, at that time in New York City, it was a rather unique and suspect background. Both our families came into Utah with the wagon trains and, in case you ask -- yes, our grandparents were raised in polygamous



homes. My impression from my mother's mother was that the system worked rather

well. Years later we discovered we were cousins-in-law. All of the old families somehow are linked.

Justin grew up in Salt Lake City, with a father from Brigham City and a mother from Providence, Utah. He was the oldest son of 5 children. The previous generation had been more productive, in that his father was the first of 11 and his mother the last of 9. This was a very cohesive community with lots of connected people around, serving him well because he certainly knows how to engage a crowd. The extended family and all-enveloping religion exerted a powerful influence. There was a strength and identity that came from being a Mormon but also the imperative not to break away. Justin commented that many psychoanalysts come from a background of orthodoxy. A counterpoise in his own development was his maternal grandmother who conveyed to him at age 5 and the first

grandchild that he was "special" as a person, and this gave him a unique potential in his life.

Justin graduated from medical school at the University of Utah in 1946 when he was 23. He had been part of an accelerated, no vacation, wartime program. For 6 months he worked with an orthopedist in Sun Valley which had just reopened after the war. This was the western States first super ski resort. The experience was important because his love of skiing has continued to be a major life theme. His next years were spent in pediatrics, as intern at Albany, followed by a year in pediatric pathology and research at Children's Hospital in Boston, and two as a pediatric resident at New York Hospital. My memory of him at that time was he was well-tailored, in a buttoned-down, Eastern way.

Justin pulled out solid principles not only from pediatrics, but also from his early work in pathology. He was emphatic that his sense of purpose and mission were to go towards anything "basic and challenging." The pathological research was on neonatal pulmonary hemorrhage, and here was a chance to reconstruct the problem in terms of its developmental process. The massive change of structure of the pulmonary arteries and veins during fetal life leave them vulnerable immediately after birth. This sense of epigenesis carried over into Justin's pediatric and psychoanalytic experience. My own sense is that many of those in clinical work in these fields may have some idea of growth but not a lot of insight into historical and contemporary ideas of developmental processes. While at Cornell, Justin discovered that half of pediatrics was behavioral. Milton Senn had just left for Yale, and Justin sought his advice as to where he should train in psychiatry. Following up on Senn's recommendation that he train at the Bradley Home, he went from there onto a psychiatry residency at Rochester. It was clear to him that his interest was in research and, as

well, the academic world. The Korean war was going on and, as happened with most physicians then, he was drafted into the military. He spent his time at Parks Air Force Base in California, first running the pediatric service, then moved onto psychiatry. Upon discharge, he completed his child psychiatry training at U.C.L.A. where he was the first resident in that program while on faculty appointment. Child programs were just starting then and his experience, like my own, was that most knowledge and skills were self-taught. In the late 1950's, he began his psychoanalytic training at the Los Angeles Institute where he later became a training analyst.

Justin left U.C.L.A. in 1968, and he has been chief of Child and Adolescent Psychiatry at U.C. Irvine ever since. Irvine has become strong in the neurosciences, which is important to Justin. His current interest in language, going back over 30 years, is his all time favorite area because of its centrality during infancy. Still, not everyone sees this.

In the early 1960's at U.C.L.A., Justin studied newborn approach behavior and the capacity of the infant to anticipate the bottle or the breast. The context of behavior, he feels, is crucial. Following a feeding there are a few moments before falling asleep that the infant is alert and highly responsive to the outside world. At this time the infant can contact the mother in a way not possible during hunger and can then engage reciprocally before the social smile. Observations for Justin lead to theories, and he found insight into early nuclear ego formation. This early work led to studies on lap and finger play and games in infancy. My favorite paper is "The Adaptive Process in Early Infancy: A Research Odyssey" (1975); favorite because it catches the personal adventure of following ideas.

Justin's present interests, besides language, are many. He is following ideas that arise from Lauretta Bender's concept of CNS

dysmaturation as a precursor of major mental illness. Brain studies at Irvine have demonstrated a particular deficit of cell migration to the frontal and temporal cortex in fetal life. This deficiency, if severe, could result in early developmental problems and, if less severe, might appear only during periods of high social demands, as occur during adolescence.

Justin is re-thinking autism and feels that this field is now opening up. His department is participating in a multi-center project. In a random sample of 2 1/2 year olds who have been carefully studied since birth by developmental psychologists they find, like the Mid-town Study, a surprisingly high incidence of mental disturbances.

I asked Justin what were the best ideas around, and his answer was immediate -- the new discoveries in genetics and neuroscience and the linkages to evolutionary biology. He wishes to integrate the work in these areas, especially the neurodevelopmental aspects of infancy leading to "mind." His conviction is that our understanding of infancy and development will change if they are linked with the new findings and ideas. He is interested in multi-genic effects and believes that not only will the concepts of development change with understanding of the biological underpinnings, but change also with awareness of the effect of the social environment and of how genetic predispositions are turned on and off. Psychoanalysis in the future must be of help in understanding linkages of mind and brain and the vulnerabilities and potentials of individuals.

This is beginning to sound like a Curriculum Vitae, so let me get at the issues that are crucial to him. A great source of pride is his 30 year membership in the Wizard of Oz Club, Winkie Division. I had not been aware that such an organization existed. A young boy, who was one of his first child analytic cases, became convinced that he was the wizard and,

indeed, that just could be so since there is a resemblance. Be that as it may, he has given many talks on Oz. During our talk together Justin brought up again and again the importance of understanding the beauty and complexity of developmental process. Meaning is to be found in the developmental sequence, and that is why psychoanalysis was attractive to him. The idea of critical periods, where things could come apart, but also where intervention was most effective, what Brazelton would call "touchpoints," captivate him.

At this point in our talk an odd idea came to me, and I commented that much of what we had been talking about reminded me of a developmental view we had both been raised with, the Mormon doctrine of Eternal Progression. Essentially, it is the idea that beginning with the "pre-existence" one epoch follows another in the eternal flow of your life and that what you do at one period has consequences later on. Justin acknowledged this as an interesting idea then went onto talk about the importance of writing in his life. He has struggled for simplicity, and Hemingway, whom he had met in Sun Valley, came to mind. At this point, I decided to play analyst and so pointed out the switch from our discussion of a theological system and with it the anonymity of the individual within a strong religion to the uniqueness and narcissism of a writer's creativity. Justin thought that I was on to something, but we were a little nervous as we discussed this. You don't fool around with Eternal Progression.

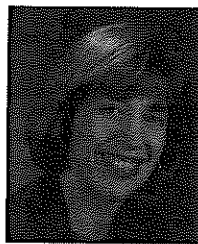
Justin talked of trying to integrate all aspects of his life. Skiing for him is pure pleasure, the conformation of his body self, the suffusion in the white and magical wonder of powdered snow. The skiing in the Canadian Rockies is splendid. You are brought to the top the mountain by helicopter then spend the day floating down in untouched snow. Utah snow is special. The powder is so light that

you do not feel the bottom and it is as if you were skiing in a cloud. Let me say that I felt a jealousy in that I was listening to an intense and lifetime Zen experience, a slalom of the soul, which I could not share. Always the teacher, Justin has been a consultant to instructors teaching children. He has thought of the psychology of teaching parallel skiing from the start. Children go through the stages of separation-individuation, attached at first to the instructor, but the skillful teacher encourages them to separate. All three of his daughters and his two grandsons are skiers. I wondered if there was any warm weather counterpart to skiing, and he felt it was sailing his catamaran through the surf at one with the wind and the waves.

At the end of our long talk, I asked Justin whether there were any new themes in his life. Indeed, there are. For the past one 1/2 years he has studied the piano and found pleasurable confidence that his brain still works. He knew that it would be like a language, an aesthetic experience wherein you read, listened, played, and felt the sensations of your body. It was analogous to skiing. Since there just happened to be a grand piano in Eleanor Galenson's living room, I asked Justin if he would play something, and he, never bashful, favored me with the delight of a private recital, a sonatina by Clementi.

Editor's Note:

Dr. Stephen Bennett is Chief of Child Psychiatry at Harlem Hospital and Assistant Professor of Clinical Psychiatry at Columbia University. He has been a baby watcher for many years. At present, he straddles the ivory tower concerns of academe and the pressing real world problems of the inner city. His column is a regular feature of this newsletter.



President's Perspective

Joy D. Osofsky

The WAIMH Regional Meeting held in Tokyo, Japan, April 8-9, 1994, was highly successful, even more so than we anticipated, and was also very enjoyable. The participants invited from outside of Japan (Bertrand Cramer, University of Geneva; Efrain Bleiberg, Menninger School of Psychiatry; Hanus Papousek, University Munich; Howard Osofsky, Louisiana State University Medical Center; Justin Call,

able to learn about cultural traditions and experience the special way that Japanese people work, celebrate, and relax. For some of us who tend to work too much and have trouble slowing down, our hosts shared with us their special style of relaxing at the Ryokans (Japanese inns). As all of us told our Japanese colleagues, especially Dr. Keigo Okonogi, many times during our visit, we were all most appreciative of their help in organizing so many aspects of our visit for



Executive and Program Committees, Paris, June 1994.

L-R: Hi Fitzgerald, Antoine Guedeney, Peter Scheer, Peter de Chateau, Charley Zeanah, Serge Lebovici, Tuula Tamminen, Ruth Lebovici, Marguerite Dunitz, Joy Osofsky, Yvon Gautier, Mme. Gautier, Bob Emde.

University of California; Peter Fonagy, University College London; Robert Emde, University of Colorado Health Sciences Center; Serge Lebovici, Universite Paris Nord; Tiffany Field, University of Miami Medical Center; and myself), not only had the opportunity to share with Japanese colleagues, but also were

the meeting and hosting all of us so graciously. (On a personal note, Keigo Okonogi even managed to get tickets for my teenage sons to go to the opening of the Japanese baseball season!)

Approximately 600 people attended the Regional Meeting in Tokyo, although we had expected

350. The time was spent in both plenary sessions and workshops providing the opportunity for formal presentations and discussion of important issues related to clinical work and research in infant mental health. The topics for the plenaries included parent-infant psychotherapy, the development of mental representations, mother-infant interaction in normal and clinical populations, and childrearing and the development of attachment in high risk situations. The workshops continued and elaborated on these themes allowing for more specificity and a broader range of topics. All plenaries and workshops included both Japanese and non-Japanese presenters which allowed for discussion of the topics and a sharing of cultural similarities and differences. Dr. Okonogi and his colleagues are planning to edit a book in Japanese with papers from the Tokyo Regional Meeting.

For WAIMH colleagues who have not had the opportunity and pleasure to visit Japan, I want to share with you my opening comments that traced the history of our growing relationships and collaboration setting the stage for this very successful regional meeting. In this way, all WAIMH members will have a sense of the important role of our Japanese colleagues in our organization.

The relationships of the World Association for Infant Mental Health (formerly WAIPAD) in Japan have been longstanding. Currently, Dr. Keigo Okonogi is Regional Vice President and Dr. Hisako Watanabe is Executive-at-Large. Dr. Toshi Maruta has generously translated abstracts into Japanese since 1988 for our journal, the *Infant Mental Health Journal*.

In 1988, we held our first Pacific Rim Meeting in Hawaii. At that time, we had a workshop on the concept of *amae* which began a productive collaboration between WAIMH colleagues in Japan and the U.S. During that meeting, at a joint symposium by Dr. Bertrand Cramer

of Geneva and Dr. Hisako Watanabe of Japan, we expanded our understanding of parent-infant psychotherapy across different cultures.

In 1990, during the IACAPAP meeting in Kyoto, Japan, WAIMH colleagues joined together in a symposium on *amae* with Dr. Takeo Doi that resulted in publication of a special section of the *Infant Mental Health Journal* with papers by Japanese and US colleagues. Following the Kyoto symposium, we held our first Regional Meeting in Tokyo.

Our fruitful collaboration has continued. In 1993, during the meetings of the Society for Research in Child Development in New Orleans, I organized a symposium on

research collaboration between Keigo Okonogi and his colleagues, Bob Emde, Perry Butterfield, and myself has been fruitful. A Japanese version of the IFEEL Pictures, a measure of parents' perceptions of infant emotions, has been developed. We have learned a great deal about emotions specific to the Japanese culture and found the need for Japanese baby picture stimuli for parents to respond to in order to reflect the range of emotions within this culture.

We have been looking forward to this Regional Meeting in Tokyo with great anticipation and excitement. We are delighted that Dr. Okonogi and his colleagues have been able to invite so many of our WAIMH



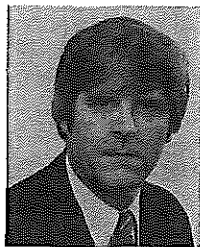
A large group of infant mental health professionals at the Tokyo Regional meeting in April.

cross-cultural perspectives related to parents and infants in which Drs. Okonogi Watanabe, and Emde participated. Also in 1993, a cross-cultural symposium on "The Development of Personality and Psychopathology in Japan" was organized by Dr. Joseph Campos at the Institute for Human Development in Berkeley, California in which Drs. Okonogi, Watanabe, Maruta, and Kazuo Miyake participated. At that time, plans were formulated for this second Regional Meeting in Tokyo.

In addition to sharing ideas and perspectives on clinical themes, the

colleagues to participate and anticipate much important intellectual sharing and growth in the next two days. We have learned profound respect for Dr. Okonogi's efficiency and admire his organizational skills. We also appreciate the warmth and caring that has gone into the planning. I look forward to an exciting and productive meeting and much future collaboration.

Since the conclusion of our most successful meeting, I am encouraged that considerable future collaboration will occur. I welcome your comments and suggestions regarding this or any other columns related to WAIMH activities.



From the Red Cedar

Hiram E. Fitzgerald
Executive Director

Happy Summer Greetings to WAIMH members who live in the Northern Hemisphere, and Happy Winter to those of you in the Southern Hemisphere. With WAIMH becoming an increasingly worldwide association, those of us living under the shadow of the North Pole need to remember that many of our colleagues live under the shadow of the opposite Pole. Although these vast differences in geography once posed momentous barriers to communication, electronic mail (Internet) and FAX rapidly are destroying such barriers. WAIMH also is attempting to reduce barriers and to enhance **communication about infant mental health**. For example, at the recent meeting of the Executive Committee in Paris, approval was given to a plan to develop an **international consortium of training programs** focusing on infant mental health and infant studies. While no definitive plan yet exists, the Executive Director was assigned the task of developing a plan for Executive Committee consideration. One of the first steps in this development process will be to conduct a survey of existing training and educational programs available internationally. We will begin this survey process in September and hopefully conclude it within six months. We will be attempting to develop a catalog of training programs worldwide that are university based or housed in other institutional settings. Every

attempt will be made to be as inclusive as possible in this first survey because we want to know what variety of formal training exists worldwide. Once we feel confident in our knowledge of the current state of affairs, then long-range planning for international collaboration and networking will take shape. I am very excited about the possibilities for development of international training programs in infant mental health. So sometime in September - November look for a survey to arrive in the mail.

WAIMH also is reaching out to colleagues in countries that currently have limited resources to support library or personal acquisitions in the general field of infancy and the specialized field of infant mental health. To that end, WAIMH established **The Beacon Club**.

The purpose of the Beacon Club is to reach out to our colleagues internationally by underwriting a WAIMH membership and subscription to the *Infant Mental Health Journal*. To date, the following individuals are 1994 members of **The Beacon Club**: Charles Zeanah, Lucile M. Ware, Hiram Fitzgerald, Robert Emde, Sonya Bemporad, Joy Osofsky, Miguel Cerro Aguerre. A special note of thanks to each of these individuals for their generous support of the this outreach effort. In some instances donors specified the recipient of the WAIMH membership, in other instances the Executive Director responded to requests received in the WAIMH office. The 1994 recipients of Beacon Club Outreach Awards are:

Karin Ammon
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I'm sure that each of these awardees would be delighted to receive communications or additional materials for their institutional libraries. In addition to the WAIMH Beacon Club Outreach Awards, Clinical Psychology Publishing Company, Inc. has donated 10 subscriptions to the *Infant Mental Health Journal* due to the international efforts of Prof. Adrien Mack at

the New School for Social Research in New York. Prof. Mack coordinates a worldwide program involving a wide range of disciplines in an effort to disseminate scientific knowledge to underdeveloped countries.

Although the membership of The Beacon Club is small, it nevertheless is mighty in that countless of our colleagues now have access to the cutting edge of infant mental health research and clinical studies as represented in the contents of the *Infant Mental Health Journal*. For WAIMH members who are United States citizens remember that your donation to the Beacon Club is tax deductible under current IRS guidelines for 501 (c) (3) tax exempt organizations. For individuals in other countries, consult your local tax regulations covering donations to international organizations.

My final comment concerns membership. To date, we are about 100 short in our membership renewals for 1994. More than ever WAIMH needs your help to recruit new members and to encourage old members to renew their commitment to WAIMH and all of its programs. The WAIMH office will begin a more assertive renewal campaign in an effort to drive our membership back to 600 and beyond. Please assist us in this effort.



Views and Announcements

First Meeting of the European Working Group On Diagnosis and Classification Issues In Infant Mental Health

Preliminary Report

A first European meeting on diagnosis and classification for 0-3 years has taken place on invitation by Dr. Maria José Cordeiro and her group in Lisbon from November 4-6, 1993.

After the first WAIMH Regional European meeting in Graz, Austria last May, a group of interested professionals was set up and met to work on these issues, using the last U.S. National Center for Clinical Infant Programs' (NCCIP) Diagnostic Classification Task Force draft as a basis for discussion.

After acknowledging the enormous impact of this diagnostic system, the group discussed especially the Regulatory and the Relationship diagnoses, as well as the assessment methods on which diagnostic evaluation can be based. A final report of the meeting, with its conclusions, will be available soon.

We plan to have another European Meeting, including representatives from the World Health Organization Classification Group of M. Schmidt and H. Remschmidt, in September or October 1994 in Munich, under the organization of Professor Mechthild Papoušek's group. We wish to promote the enrollment of further European researchers and clinical experts into the working group. Also, we would

appreciate very much the participation of one NCCIP staff member in the next meeting.

Further information can be obtained from:

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**WAIMH IS MOVING,
AFTER JULY 19, OUR NEW
ADDRESS WILL BE:**

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Michigan State University
East Lansing, MI 48824

OUR NEW TELEPHONE:
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FAX: 517-432-3694

VIDEOTAPE LIBRARY

Videotapes from the Michigan Association for Infant Mental Health are available in 1/2 in. VHS to WAIMH members. The shipping/handling fee is \$10.00 in the US and \$20.00 outside the US for a 3 day use. Videotapes must be scheduled **30 days in advance**. Inquiries re: availability can be made by phoning: 517-432-3793. Place your orders by writing the WAIMH Central Office or by fax: 517-432-3694. Written confirmation is necessary before films will be shipped.

- Lucy, 21 Months: In Foster Care for 19 Days.** Documents the gradual acceptance of very young child to substitute mother because she cannot maintain for long a clear image of the absent mother. 35 min.
- John, 17 Months: Nine Days in a Residential Nursery.** Documents responses of a 17-month-old child to nine days of residential nursery care while his mother is in hospital for birth of a second child. 45 min. B&W.
- Jane, Age 17 Months: In Foster Care for 10 Days.** The reactions of a young child in brief separation from the family. 37 min. B&W.
- Thomas, 2 Years, Months: In Foster Care for 19 Days.** Thomas defends against anxiety during the first few days by over activity and pseudo-cheerfulness, then more appropriate feelings emerge.
- Right from the Start.** 55 min. Looks at relationship between parent and child which begins at birth.
- A Better Beginning.** 38 min. Identifies social and emotional components of failure to thrive by examining clues from two babies and their parents.
- Beginnings.** 51 min. Study of parent-infant interaction.
- Benjamin.** 42 min. First 6 months in the life of a normal infant using split screen techniques to show interactions between mother and infant.
- Early Learning.** 29 min. Jean Piaget's theory of development.
- Learning to Talk.** 26 min. Infant's early attempts to imitate sounds of others begins purposeful attempt to communicate with adults.
- Visual Pursuit & Object Permanence.** 27 min.
- Tool'n Tub: Object Concepts During Sensory Motor Stage.** 20 min.

- To Have and Not To Hold.** 20 min. Parents speak about events surrounding their baby's early birth and stay in neonatal nursery.
- Development of Means for Achieving Desired Ends.** 20 min.
- Causing Events to Occur: Development of Causality.** 24 min.
- Babies Like Attention.** 13 min. Several mothers discuss using different forms of praise and encouragement with their infants.
- Building a Relationship with Family Members.** 25 min. Home visitor explains how to build relationships.
- Building a Relationship with Mother and Child.** 18 min. Specific roles and skills needed by home visitor.
- Focusing on the Baby's Action and Development.** 16 min. This program deals with basic ways of observing & interpreting babies' actions.
- Sensational Baby - Part I: From the Beginning to Birth.** Deals with fetus' sensory abilities as it grows in the uterus and during labor and delivery.
- Part II: From Birth On.** Begins with birth and focuses on the first four months of life outside the womb. (22 min. ea)
- Prematurely Yours.** 15 min. Focuses on the strengths and skills of premature infants; encourages parents to play an active part in infants' early development.
- Teen Mother Peer Educators Talk to Professionals.** Three part sequence highlighting the issue of enhancing communication between teens and professionals.
- Baby Basics.** 110 min. 8 chapters: the newborn at birth, caring for yourself postpartum, your first days at home, daily care, feeding, health and safety, crying and sleeping, growth and development.
- Teens Having Babies.** 20 min. Shows teen couple having their baby in a supportive hospital setting.
- When Teens Get Pregnant.** 18 min. Young girls speaking openly about their families, school, peer pressure of have sex, of the reality of sex as opposed to the fantasy. Explains what happens to each girl after delivery.
- Discussions with Parents of a Malformed Baby.** 37 min. Intended for medical & other professionals; illustrates how parents learn about and adapt to child's special needs & learn to cope with their feelings of grief, anger, and blame.
- Growing into Parenthood.** 29 min.
- Women, Drugs and the Unborn Child.** A two-part series on prenatal drug use.
- Psychological Birth of the Human Infant.** 48 min. Produced by Margaret Mahler Foundation.

- Infant Development: First Year Guide to Growth & Learning.** Demonstrations by T. Berry Brazelton and other child-care professionals
- Infant Health Care: A First Year Support Guide for New Parents.**
- The Nature of Human Attachments in Infancy.** Historical overview of infant mental health, with current thoughts on the process by which human infants and their primary caretakers develop a bond. 56 min.
- The Psychological Dimensions of Pregnancy and Delivery.** Describes intense but quite normal psychological work engaged in by a pregnant woman, how it changes her relationship with her mate, etc. 56 min.
- Conducting an Infant Mental Health Family Assessment.** Methods used to elicit material from families regarding the nature of their relationship with the baby and the etiology of the breakdown in their bond with the baby.
- The Newborn, the Family and the Dance.** Discusses ways in which real or imagined characteristics of the newborn affect integration into family and the nature of his relationships with primary caretakers.
- The Birth of a Sick or Handicapped Baby: Impact on the Family.** Examines struggles engaged in by parents and siblings to integrate a handicapped or sick newborn into the family. 56 min.
- Infant Mental Health: A Psychotherapeutic Model of Interventions.** 95 min. - 3 parts. For clinicians working with infants and their families Part 1: Opportunities for Intervention (23 min.), Part 2: Principles of Intervention (49 min.), Part 3: Issues in Clinical Infant Mental Health (23 min.).

ADDRESSES FROM MAIMH CONFERENCES

- The Promise of Fatherhood: Fathers in their Relationships with Infants, Toddlers, and Service Providers.** Phillip B. Davis, Ph.D. 90 min. 1991
- Strong Families, Strong Children: Lessons from Longitudinal Research.** 63 min.
- The Roots of Love and Commitment in Childhood.** Margaret Morgan Lawrence, M.D. 1991.
- Relationships from an Infant Mental Health Perspective.** Jeree Pawl, Ph.D. 54 min. 1991.
- Loss of a Baby: Understanding Maternal Grief.** Margaret Nicol 1991.
- Helping Adolescent Mothers: What Works & Why** 74 min. Judith Musick, 1992.
- The Impact of Violence on Infants and Their Families.** James Garbarino, 1993.

WAIMH 1994 MEMBERSHIP APPLICATION

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