

CHAPTER 1

BRIEF HISTORY OF AUTISM

PROMINENT AUTISM RESEARCHERS: 1940S - 60S

Dr. Leo Kanner (1894-1981):

- ❖ Austrian Born (his home town is now in Ukraine) Child Psychologist, who immigrated to the US (1924)
- ❖ Director of Child Psychiatry, Johns Hopkins Hospital (1930-1959)
- ❖ Published 1st English text book on child psychiatry, "*Child Psychiatry*" (1935)
- ❖ Published, "*In Defense of Mothers. How to Bring Up Children In Spite of the More Zealous Psychologists*" (1941)
- ❖ Opposed euthanasia for the "feebleminded." (1942)
- ❖ Published, "*Autistic Disturbances of Affective Contact.*" (1943)
- ❖ Published, "*Problems of Nosology and Psychodynamics in Early Childhood Autism*" (1949)

Dr. Hans Asperger (1906-1980):

- ❖ Austrian Pediatrician in Nazi Germany
- ❖ Credited for saving the lives of his 4 Autistic patients, whom he referred to as his "little professors," from the Nazis.
- ❖ Much of his research was lost due to the bombing of the hospital that he worked at during WWII.
- ❖ The stigma attached to any medical research done in Nazi Germany hinder the acceptance of his findings.
- ❖ The term, Asperger's Syndrome, was coined by Dr. Lorna Wing ("*Asperger Syndrome: A Clinical Account*" - 1981).

Bruno Bettelheim (1903-1990):

- ❖ Professor of Psychology, University of Chicago (1944-73)
- ❖ Director of the Orthogenic School (for "disturbed children"), associated with the University of Chicago. (1944-73)
- ❖ Condemned an entire generation of mothers by popularizing the "Refrigerator Mothers" HYPOTHESIS, which ASSUMED their "lack of maternal affection" caused their child's Autism.
- ❖ After his death, he was exposed for...
 - ...lying about his academic credentials.
 - ...abuse of his patients at the Orthogenic School.

Dr. Bernard Rimland (1928-2006):

- ❖ Psychologist and parent of a child with autism.
- ❖ Published, "*Infantile Autism: The Syndrome and Its Implications for a Neural Theory of Behavior*" (1964), refuting Bettelheim's HYPOTHESIS that his son's Autism was caused by the ASSUMED deficiencies in his wife's social skills.
- ❖ Founder, Autism Society of America (1965)
- ❖ Founder, Autism Research Institute (1967)

BETTELHEIM VS. RIMLAND

"Autism is a biological disorder, not an emotional illness. Refuse psychotherapy, psychoanalysis and intensive counseling. These approaches are useless." (Dr. Bernard Rimland - Health Counselor Magazine, Vol. 3 No. 6; June/July 1994) <http://www.bestbehaviour.ca/briefhistory.htm>

What compelled Dr. Rimland to utterly reject any and all help for his Autistic son from his own profession? Could it be that he still was harboring resentment towards Bettelheim for the stigma that he placed on the mothers of Autistics, including his wife whom he loved and defended from his unfounded assumptions? Believe me when I say, "I get it." I not only get what it is like for someone to falsely accuse me of something, but also when someone falsely accuses someone that I care about. In fact, I expect my

personal confidants to challenge me if they believe that my emotions are affecting my perceptions and reaction to whatever situation I bring to them. That includes those who I ask to proof all of my material.

Therefore, let no one accuse me of condemning Rimland when I suggest that his “cure” for Bettelheim’s “Refrigerator Mother” hypothesis may be as bad as the “disease.” Although I fully agree that Autism is biological/neurological in origin, I also feel that many people seem to view Autistics as being nothing more than neurological defects. Whether or not Rimland intended for his biomedical approach to Autism to be applied in a manner as extreme as it has been is impossible for me to say. However, it is clear to me that the Autism community as a whole has an imbalanced approach to dealing with the day-to-day neurological & physiological struggles of Autistics.

This imbalance became clear to me July 2010 – February 2011. In July, a training officer from Mesa PD came to the monthly adult Autistic/Aspie meeting where I went to learn about Autism after I had been diagnosed. He came to discuss the problem of unarmed Autistics being shot by law enforcement officers. These incidents are often the result of Autistics, possessing no stress management skills, having meltdowns that the responding officers feared may have been a psychotic reaction to drugs and that their personal safety may have been in danger. The leading view of not only our group, but of the entire Autism community, is that the entire burden of preventing such incidents falls on law officers. This basically requires the responding officers to make the kind of split-second assessments of situations that psychologists are trained to make in a clinical setting. The training officer tried to explain to us that this was not a realistic expectation of law enforcement.

He also had doubts about Autistics carrying wallet size cards disclosing their diagnosis because it still would not give officers the information they need to deal with these meltdowns. Another issue that never got brought up was that the Autistic would have to reach into their pocket or purse in order to provide it. What the responding officers would see is a highly agitated individual putting their hands somewhere they cannot see and are now pulling something out. How are the officers going to respond to such a scenario? By demanding that the individuals keep their hands where they can see them in a loud stern voice that, unbeknownst to the officer, is going to aggravate the situation and possibly result in a meltdown. If someone is going to reach where an officer cannot see to grab something, they need to verbally announce it to the officer in advance. If the Autistic in question was able to express themselves verbally in such a situation, then they would not need the card in the first place.

This subject was revisited in our group in February, because all of our group’s then leading Autistic self-advocates rejected what this training officer explained to us. When I suggested that Autistics could be taught coping skills that might make it easier for them to deal with such situations, something that had also been advocated by psychologist, Dr. David C. Hubbard, PhD, PLC, who co-presented with the Mesa PD training officer during the July meeting, not one person in the group stood behind me. In fact, a few of them went so far as to label me as a quack. After all, most have been led to believe that it was impossible for Autistics to deal with a stressful situation without second and/or third party intervention. If such intervention was not available, they would have no other choice but to flee the situation before they have a meltdown. I believe that this belief can be traced back to Rimland’s denunciation of his own profession in opposition to Bettelheim.

DSM (Diagnostic & Statistical Manual)

The DSM, published by the American Psychiatric Association (APA), provides the Psychological & Psychiatric establishment with diagnostic criteria for all issues that they deal with.

DSM I (1952)

DSM II (1968)

7th Printing of the DSM II (1974)

DSM III (1980)

DSM III-R (1987)

DSM IV (1994): 1st Appearance of Asperger’s in the DSM

DSM IV-TR (2000)

DSM V (May 2013): Completely overhauls the “Autism Spectrum” category.

THE CDC'S 2012 REPORT ON THE 2008 RATE OF AUTISM

A free PDF copy of this 24 page report can be downloaded from the CDC's official website:

<http://www.cdc.gov/mmwr/pdf/ss/ss6103.pdf>

Appendix I of this book is my critique of this report.

A free 6 page PDF copy of this critique can be downloaded at the ACC's official website:

<http://autismambassadors.com/wp-content/uploads/2012/11/Critiquing-the-CDC-2012-Report-on-the-2008-Autism-Rate.pdf>

The first 3 pages of my critique deal with specific issues that I have with the CDC's report. The last 3 address the question as to why I believe the official rate of Autism is on the rise.

Why is the Official Rate of Autism on the Rise?

1. **The DSM-IV:** Prior DSMs only recognized Autistics who are now referred to as "Low Functioning Autistics"/"Severely Autistic." The existence of "Asperger's" and "High Functioning Autistics"/"Mildly Autistic" was not recognized.
2. **An extreme societal emphasis on "exciting the senses":** It is a well-established fact that many Autistics can be hypersensitive to sensory input. It is also a well-established fact that you can draw larger crowds by creating an environment that excites the senses of your target group. This practice may increase a company's profit margin, but it is extremely detrimental to an Autistic's ability to function in every area of their life. As a result, Autistic characteristics that are inherently mild in many Autistics to where they might not be noticed in an Amish type society are being enflamed to an uncontrollable level.

I am not saying that we need to all live like the Amish, but I do know that there are a few movie theaters that will have an occasional "sensory friendly" showings. The Autistic community would greatly benefit if other business realized that there is a large market of those who would function a lot better if they could conduct their business in environments that are not trying to excite their senses.

3. **American society has become a more touchy feely society, especially for men:** When I grew up in the 70's and 80's, men did not hug men, period. We might give each other a high 5, high 10 or a hand shake; but we did not hug each other. To do so meant you were gay, which society used to condemn. In the 90's, societal expectations were reversed and men had to start hugging each other or else they would be labeled as having "male bonding issues." Furthermore, couples are now expected to show levels of public affection that would have been deemed inappropriate when I was growing up, which is nothing compared to what was considered appropriate and inappropriate for my parents and grandparents.

It is a well-established fact that many Autistics have sensory issues that cause them to not want to be touched. Autistics who have much milder sensitivities may not have had noticeable problems when society was not expecting them to let everyone touch them as they do now.

4. **Trying to cure all that afflicts us with medications that alter our brain chemistry:** I'm not just talking about Depression, ADD/ADHD, seizure, etc. Americans are also altering their neurology for weight control, sleep, etc. When you consider many of the side effects of these medications, it is possible that they may be causing unintended residual consequence to the neurology of their users. You should therefore expect a dramatic increase in the diagnosis of all types of neurological conditions.
5. **Over diagnosis of Autism, especially by the VECC (Vaccine/Environmental Causes Crusaders):** I am not discounting the possibility that the vaccines may cause severe side effects in some patients, but I do question whether or not these side effects constitute Autism. Contrary to what many of the VECC would have you believe, the loss of language and/or social skills does not automatically provide grounds for an Autism diagnosis.